Patient’s stem cells harvested, transplanted into jaw

By Fred Michmershuizen, Online Editor

Dr. Ivan Ho, a Southern California-based dentist and founder of Platinum Dental, recently performed a concentrated stem cell transplant for one of his patients in need of implants. The innovative procedure, called a bone marrow aspirate concentration (BMAC), is reported to be the first on the West Coast and only the second performed in the United States.

Ho harvested and transplanted stem cells from the patient’s own bone marrow into his jawbone to create a dense bone structure to which a dental implant can later be permanently set. The procedure was conducted on March 25 at Platinum Dental in Rancho Santa Margarita, Calif.

The process involved the harvest of the patient’s stem cells from the bone marrow and their concentration. These cells were then transplanted into the jawbone to promote bone growth and provide a suitable site for dental implants.

ADA calls on Congress to increase IHS funding

The Indian Health Service (IHS), the federal health program for American Indians and Alaska Natives, is getting some increased attention from the American Dental Association (ADA). John S. Findley, DDS, president of the ADA, recently told the U.S. House Committee on interior appropriations that the IHS dental workforce, already understaffed, faces a significant number of retirements by the most experienced dentists. Findley pointed out that this occurs at a time when “childhood caries and periodontal disease among diabetics are rampant.”

Findley said that nearly 65 percent of the agency’s dental specialists are eligible for retirement this year. He asked the subcommittee to increase the program by $1 million to train new specialists and to ensure future budgets include that funding.

AAE holds Root Canal Awareness Week

Ask people which dental procedure they fear most and you will invariably hear the same answer: the root canal. Such fears often keep people away from dental offices altogether, but the American Association of Endodontists (AAE) wants to change that. To help dispel such fears among the general public, the AAE recently conducted its third annual Root Canal Awareness week.

Root Canal Awareness Week provided an opportunity to dispel long-standing myths about root canal treatment and increase understanding of the procedure as one that is virtually painless. The week also sought to raise awareness of endodontics as a specialty and highlight the importance of endodontists.

Root Canal Awareness Week was held March 29 through April 4, but the AAE offers its advice to the general public all year long. For more information, visit www.rootcanalspecialists.org.

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A patient’s stem cells are harvested through a small incision in the hip bone so that Dr. Ivan Ho can perform a transplant.

bone growth in the jaw through angiogenesis to permanently support the dental implant. Because the use of dentures and bridges carry a high risk of problems in many cases — resulting in gum disease, tooth decay and the loss of viable teeth — additional costly surgical procedures are necessary. Dental implants are the most natural solution and provide the best long-term results.”

For more than 18 years, Ho has been practicing dentistry out of his Platinum Dental offices in California. He has been described as a pioneer in improving the present state of dentistry, primarily by using the most sophisticated, patient-friendly ways of delivering advanced dental care. Ho received his degree in dentistry from the University of Southern California and is a member of more than 10 professional dental societies. He achieved diplomate status from the International Congress of Oral Implantology, graduated from the MISCH Implant Institute, and received mastership training at the Las Vegas Institute (LVI) for Advanced Dental Studies. Ho is also a Fellow in the American Academy of Implant Dentistry. He offers the latest technology to his patients, and he is one of the few dentists in Orange County, Calif., to offer the PRP (platelet rich plasma) procedure.

Platinum Dental, with two locations in South Orange County, Calif., is a dental practice consisting of a team of highly trained and skilled clinicians devoted to restoring and enhancing the natural beauty of smiles using state-of-the-art procedures. Platinum Dental provides comprehensive treatment planning and uses restorative and cosmetic dentistry to achieve optimal dental health for its patients. For more information, visit www.platinum-dental.net.
GP Free Endodontics

Back in the mid-1800s, substituting feathers for GP to pack golf balls revolutionized the sport. Around the same period, GP debuted as a breakthrough endodontic filler.

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Uncover the practice profit killers

Sally McKenzie, CMC

They say the evidence never lies. Here are the clues: Production fluctuates regularly. Collections are shaky. The schedule is either feast or famine. Hygiene is booked solid yet the hygienist is spending almost as much time sitting and waiting as she/he is scraping and cleaning. All these seemingly inconsequential details of the typical dental practice are, in fact, the smoking gun, the fingerprints left behind, the DNA of a crime scene in which practice profits are the victim.

You know how the hairs stand up on the back of your neck when you’re staring at those practice financial reports that are telling you something isn’t right? Or that chill that washes over you when you realize that you may not be able to pay yourself this month? Then, seemingly without warning, there is so much red ink the books look like a crime scene. Time to bring in the investigators.

The industry standard for overhead is 55 percent of collections. If you are currently at 60 to 65 percent, you probably don’t need to notify the authorities. If yours is higher, you may be looking at doing financial laws.

Establish the following budget targets:

- Dental supplies = 5%
- Office supplies = 2%
- Rent = 5%
- Laboratory = 10%
- Payroll = 20%
- Payroll taxes & benefits = 3%
- Miscellaneous =10%

While there are several factors that influence overhead, look first at the most frequent offenders: high expenses, inconsistent production and low collections.

Still paying for the ‘Good Ol’ Days? One of the probable high expense culprits is rent that is tipping well over 5 percent of monthly collections. You say you have an alibi, but it’s probably not going to hold up during cross examination. Your story is this: You moved into this gorgeous new space that you were certain the patients would absolutely love. At the time, before the economy collapsed to be specific, you convinced yourself that a little boost in production here and there would cover the expense. You ran the numbers, did the math, it all added up just fine, at least the way you looked at it. You reasoned that you simply had to take the plunge, it was now or never. Unfortunately, now you’re wishing it had never been.

Many doctors convince themselves that because the space looks good and it’s in a good location, they will be able to improve productivity. They don’t conduct a careful investigation of the area. Worst of all, they simply disregard the importance of the 5 percent parameter.

For example, let’s say you produce $25,000 per month. You collect $21,000 per month and you want to move into a new facility with a total rent of $2,500 per month, which would be a $1,450 increase over what you are paying now. You justify the increase by telling yourself that a couple more crowns per month will take care of it, not a problem. If only it could be that simple. With a $2,500 per month rent bill, you will have to collect a handsome $50,000 each month to stay within the 5 percent guideline. Therefore, you will have to increase collections by a whopping 29 grand to cover that itty-bitty, little $1,450 per month rent increase. Feel like you’ve been robbed?

Moreover, there is no guarantee that the bigger, better space will bring in more patients, particularly when times get tough … unless you develop a plan for how you will attract new patients and, most importantly, keep the patients you already have.

If you’ve already signed your profits away for the next 50 years...
Just because the economy is unstable does not mean that your practice has to be.

LVI will steer you in the right direction!

Now is the time to take the driver's seat and invest in yourself and your future.
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Bring a new enthusiasm to yourself, your practice, your team, and your patients!
You can have the practice of your dreams, and we can show you how.

San Jose, CA  May 1-2
Palm Springs, CA  May 1-2
Nashville, TN  May 1-2
Amarillo, TX  May 15-16
Dublin, CA  May 15-16
Charleston, SC  May 15-16
Richland, WA  May 29-30
Buffalo, NY  May 29-30
Athens, GA  June 5-6
Vancouver, Canada  June 5-6
Duluth, MN  June 5-6
Sacramento, CA  June 5-6
Santa Fe, NM  June 5-6
Marina County, CA  June 19-20
Chicago, IL  June 26-27
Temecula, CA  June 26-27
San Mateo, CA  June 26-27
Grand Rapids, MI  July 17-18
Springfield, IL  August 28-29
Scottsdale, AZ  August 28-29
Oak Brook, IL  September 11-12
Denver, CO  September 11-12
Omaha, NE  September 18-19
Ventura, CA  October 2-3
Coeur d'Alene, ID  October 2-3
Pittsburgh, PA  October 2-3
Fort Wayne, IN  October 16-17
Springfield, MO  October 16-17
Cambridge, MA  October 23-24
Stevens Point, WI  October 23-24

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Reorganize your practice

By Louis Malcmacher, DDS

There is no question now that the recession has hit our economy and has hit us hard. Many dentists are reporting a slowdown in their schedules with patients putting off treatment longer and increased cancellations. Note that I said many dentists are, but not all dentists are reporting this. Some dentists are actually reporting that their numbers are up and their practices are increasing.

So why are some dentists doing better in the recession, some dentists doing the same as before, and some dentists worse and even much worse? As I meet hundreds of dentists every single week wherever I lecture, the answer always comes down to two things — attitude and reorganization.

First, your attitude will make all the difference in the world. Yes, we all know that the recession has caused huge job losses and an incredible lack of consumer confidence. If you and your dental office are going to roll up into a ball out of fear, and patients can see the fear in your eyes, I can guarantee you that they won’t go ahead with treatment and you subconsciously will steer them away from doing any dentistry at all.

What every other business and industry is doing now is reorganizing and shifting the way they do business. This is the key to survival and even to thrive. The sure way to failure is to do nothing or, worse, keep thinking that the way I have always done things is the way I will be doing them in the future.

It is time to reorganize your professional career as a dentist. When times were good, dentists used the excuse that they were too busy in their offices to learn new skills through continuing education. Stop making excuses for yourself and get out there and get trained and retrained in new areas of dentistry that you have not been involved with before. The most successful dentists we see are the ones who have invested in themselves and their teams with quality continuing education to learn new skills.

Here are some suggestions, especially for a down economy, of some procedures that are big winners for patients and for your practice.

1) Endodontics: There are so many quality endodontic courses out there that I would not even know where to begin. In terms of endodontic systems, the Twisted File system by Sybron Endo couldn’t be easier and was designed for the general dentist. If you haven’t seen Twisted Files yet, you need to learn about them and how they can boost the speed of your endodontic procedures.

2) Implants: Learn to love the edentulous and denture patient again and learn about narrow diameter implants, which are affordable and easily accepted by patients. The system I use in my own practice is Atlas Narrow Diameter Implants by Dentatus. Take one of their excellent courses and in a few hours, you will be well versed in placing these implants. Dentatus has developed an extremely easy system for general dentists that consists of only two surgical burs. The key to their system is their Tuf-Link silicon liner, which retains the denture incredibly well. There are significant advantages to this system because of its unique retention system without the challenges with housings and O-rings.

3) Botox and dermal fillers: Even in the current economy, these are very popular patient treatments that dentists around the country are now starting to learn and offer. These services are not only for medical/dental spas, but also for every routine dental practice. You can use these procedures to enhance cosmetic dentistry, treatment of TMJ and bruxism and smoothing of facial wrinkles to enhance your esthetic dental cases. This is certainly one of the hottest topics I speak about in my lectures. Hands-on training opportunities are available through a number of vendors and can be found on my Web site www.commonsensedentistry.com.

4) Lasers: Laser dentistry is here and it is time you get on board. The big advantage is that you can greatly reduce or eliminate the need for local anesthesia. You need to make a wise choice in this field. The Powerlase laser by Lares Research is a hard and soft tissue laser; it uses the right wavelengths available for all uses, which must other lasers cannot claim. Lares Research is a recognized and trusted name in dental handpieces, and now in dental lasers.

Simply put, your best investment is yourself and your training. In this economy, now is the time to look at yourself with a critical eye and see how you can improve and add to your clinical skills. By doing so, you are following a sure recipe for success for the challenges that we all have to deal with every single day.

Dr. Louis Malcmacher is a practicing general and esthetic dentist and an internationally known lecturer and author. You can contact him at (440) 892-1810 or e-mail dryowza@mail.com. His web site is www.commonsensedentistry.com where you can find information about his lecture schedule, audio CDs, botox and dermal filler training, and sign up for a free monthly e-newsletter.
or more, consider renting a portion of the space to another dentist. Consult your attorney for necessary legal guidance, but consider asking the renting dentist to pay a specified amount each month or a percentage of his/her production or collections. Determine if the renting dentist is to provide his/her own staff and telephone lines and what hours the incoming doctor will work. But don’t be too quick to take the money and run. Remember, the new dentist now appears to be associated with your practice. Make sure you are renting to someone whose standards are consistent with your own and will reflect positively on you and your practice. In addition, regularly check the interest rates, this may be an excellent time to refinance.

They don’t do the time, so you pay the crime.

Would you knowingly allow someone to steal $40,000 from you? The logical response is, “Well, of course not!” OK, so explain why you’re allowing no-shows and last minute cancellations to take at least that amount from your practice every year.

Broken appointments are the bane of virtually every practice, and one of the most expensive profit pinchers. Admittedly, you may not be able to absolutely eliminate broken appointments and no-shows, but you can take steps that will go a long way in reducing the impact of cancellations. For example, this income layer. The easiest and most efficient means is to confirm all appointments. It is also the most cost-effective method of ensuring that patients are in the chair when they are supposed to be. Here’s how to effect this.

Guidelines: First, make sure everyone is on the same page. Establish guidelines for broken appointments. Once you define the policy, be sure to communicate it clearly and regularly to both new and existing patients.

Training: Next, designate and train the appointment coordinator to handle confirmation calls. This should be viewed as an essential personal phone call from the practice, not a routine chore that some poor employee is stuck with. The importance of dental care is the focus of this phone call. Emphasis is on both the value the practice places on the appointment to the patient and the importance of this appointment and that the doctor is expecting the patient at the designated time.

Personal contact: Make personal contact with the patient 48 hours in advance of the appointment and resist the temptation to leave a message. If a message is left, the appointment cannot be confirmed until the practice makes contact personally with the patient. To avoid telephone tag, request a daytime phone number and/or cell phone number from patients.

In addition, schedule time for the coordinator to contact patients after hours at home for those who are difficult to reach during the day.

Electronic contact: Explore e-mail and text messaging appointment reminder services as well.

Fun fact: flossing

How often do you floss?

In a recent survey conducted by the Chicago Dental Society, dental professionals were asked how often they floss.

More than once a day ... 11%
Less than once a day ... 22%
Once a day ... 60%
(Source: Chicago Dental Society)

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 more articles about? Let us know by e-mailing us at feedback@dtamerica.com. If you would like to make any changes to your subscription name, address or to opt out) please send us an e-mail at database@dtamerica.com and be sure to include which publication you are referring to. Also, please note that subscription changes can take up to 6 weeks to process.
In this economy, customer service matters more than ever!

By Roger P. Levin, DDS


Truly excellent customer service doesn’t happen by accident. It requires a system that dictates how every patient every hour of every day will be treated. And that system is absolutely vital to your practice.

In today’s economy, your customer service can be nothing less than top notch. Remember that patients are looking at every dollar they spend. They are looking for reasons to skip dental appointments. Something like poor customer service is all the justification they need. You can’t afford to let that happen. Your customer service must make it clear to patients that what your practice has to offer is worth their time and hard-earned money.

The far-reaching effects of customer service

Customer service has an impact on every aspect of your practice and helps lead to total success. Office appearance, staff members, location and even parking all combine to shape your patients’ attitudes about your practice. If their perception is positive, that’s good customer service. If their view of your practice is unfavorable, you should not be surprised when patients drift away from your practice.

Improving your customer service is a sure way to strengthen your competitive advantage. Every dental office should be trying to achieve what Levin Group calls Stage III Customer Service™. You want to exceed patient expectations at all times. Patients must feel special from the moment they walk into the office, whether it is the first time or the 50th time. It’s the key to case acceptance and long-term patient retention.

The quality of your customer service determines how comfortable you make patients feel. Their level of comfort therefore determines how successful your case presentations are. Remember that patients will not accept treatment in an environment that does not meet their expectations. In this economy, your goal is to exceed those expectations.

Superior customer service requires a system

Your system for customer service must be one that can be repeated for every patient, every day. You should outline the steps that lead to exceptional customer service so that all employees know what you want to have happen for every patient, every single time.

So just how can you improve the customer service in your office? Here are six of the many recommendations from Levin Group’s Stage III Customer Service curriculum.

1) Give new patients clear instructions for getting to your office. This is easy to overlook. Some patients may become frustrated just getting to your office. Are you on a busy street or an unmarked side road? Will your patients have to pay for parking? If so, does your office validate? Give clear instructions and directions to patients when they call to avoid a negative reaction.

2) Do not make patients wait. When you fail to keep your appointment times with patients, you set the stage for their impression of your customer service — no matter what other positive experiences they had in your office. You ask that they arrive on time so make sure they can be seen on time!

3) Provide your staff members with clear job descriptions. Knowing exactly what is required of staff members will make them less stressed and friendlier to patients. Develop phone scripts so that your staff members are prepared when patients call. This will make for clearer, easier interaction with patients.

4) Be sure to greet patients warmly in the treatment area. Whether they are arriving for a hygiene visit, an evaluation or treatment, patients need to feel welcome. Something as simple as a smile or a handshake is a good beginning toward achieving this goal. Team training is the key, as I discuss in my GP Blog at www.levingroupgp.com.

5) Give patients something to help them remember your office. Pens, key chains, and notepads are just a few of the many mementos you can give your patients to keep your practice foremost in their minds. Giveaways like this don’t constitute great customer service — they merely reinforce it.

6) Think carefully about the specialists to whom you refer. If your patients have a bad customer service experience in a specialist’s office, then it will reflect poorly upon you. Make sure the specialists you work with have the same attitude toward customer service as you do.

Conclusion

Customer service goes far, far beyond simply being nice. It’s about making every interaction with every patient a pleasant experience. By consistently providing high levels of customer service, you are helping protect your greatest investment — your practice.

Superior customer service isn’t a luxury. In today’s economy, it’s a necessity.

Dental Tribune readers are entitled to receive a 50 percent courtesy on a Levin Group Total Success Practice Potential Analysis™, an office analysis and report of your unique situation conducted by a Levin Practice Development Specialist. To schedule the next available appointment, call (888) 971-0000 and mention “Dental Tribune” or e-mail customerservice@levingroup.com with “Dental Tribune” in the subject line.
Message from the president

Each FDI Annual World Dental Congress (AWDC) has a distinctive flavour and presents the unique opportunity to learn about the culture and customs, as well as oral health issues, in another part of the world, which adds to the attraction of these meetings. This is the time of the year when both our FDI staff and the members of the local organising committee (LOC) shift into top gear as the excitement of the approaching congress builds. Knowing the members of the Singapore Dental Association as I do, I can assure you that a most memorable congress is in store for us this year.

FDI’s Education Committee, working with the LOC, has an international array of speakers lined up for our scientific programme. The broad range of topics will include gerodontontology, oral cancer, salivary biomarkers, and implants. Forums conducted as workshops will address current topics, such as bisphosphonates.

Anyone who has attended an international dental meeting in Singapore, like the biennial IDEM meeting, knows what excellent hosts our colleagues in Singapore are. The social events are planned to take advantage of the remarkable tourist attractions, as well as the marvellous climate and exciting cuisine enjoyed in this exquisite city. At Singapore Night, a sunset ride on the Singapore Flyer, the world’s largest observation wheel, will give spectacular views of the tropical paradise all the way to Indonesia. You will also enjoy exotic food while networking with international colleagues. The Gala Dinner at Orchidville also promises to be a memorable event, especially for those of us for whom such stunning tropical gardens are only seen in movies or on postcards!

The Suntec Singapore International Convention and Exhibition Centre is a modern venue providing all the facilities needed under one roof. This year, even the Welcome Ceremony will be held on-site, and with many excellent hotels close to the Centre, attending all events will be very convenient.

Location, facilities, and scientific and social programmes are all important ingredients for a successful dental congress. The AWDC, however, is really all about people, and we need you in attendance to help us in Advancing Dentistry at the Crossroads of the World. FDI congresses are designed to promote oral health globally. Our Singapore colleagues are really putting out the welcome mat for us, and all our committees and staff have worked hard to deliver a first-class congress.

See you in Singapore!

Dr. Burton Conrod
FDI President

Limited attendance courses

How do limited attendance courses differ from those offered in the main scientific programme? What additional perspectives do they offer congress attendees? The FDI has created limited attendance courses to give congress attendees the opportunity to gain additional knowledge and skills from renowned international experts in their field in a more personal setting. The dental topics addressed in these courses are best delivered to smaller groups in a practical hands-on setting.

World Dental Exhibition

At this year’s FDI AWDC in Singapore—known for its advances in technology and keen business sense—the FDI World Dental Exhibition is sure to follow suit, spotlighting all of the latest innovations in the dental industry and showcasing the full range of all the top companies from around the globe.

The exhibition is free of charge to all those registered for the congress; for those who wish to explore the exhibition only, passes can be purchased on-site for a small fee.

Please look at our Web site for opening hours and the regularly updated list of exhibitors.

News in brief

Scientific programme

More than 50 sessions over six days structured around this year’s theme of Advancing Dentistry at the Crossroads of the World will highlight the latest advancements and techniques in the dentistry world.

Registration

Those wishing to attend the Congress need to complete the registration forms and return them to the FDI head office by 25 July 2009. After this date, participants are invited to register on-site at the Congress venue.

Take advantage of the early bird rates by registering before 15 May 2009.

Official Carrier

Receive up to 20 per cent discount with the Star Alliance network!
Social events, day tours & post-congress excursions

Information available online

Social events

No FDI congress would be complete without the time-honoured tradition of Local Night and Gala Dinner events. This year is no exception: each evening is one rich in Singapore culture, ambience, and cuisine.

Singapore Night will take place at the newest addition to the Singapore skyline: the Singapore Flyer! After a ride on the Flyer, experience the delicacies of Singapore cuisine in the open-air market atmosphere at the Marina Bay. A national institution in Singapore is the orchid—its national flower. What better place to enjoy the sumptuous Gala Dinner than one surrounded by the magical gardens of Orchidville? You will be immersed in a tropical atmosphere, sure to be a magical retreat from the hustle of the city.

For more information on these events, as well as the FDI Welcome Ceremony, please visit the FDI Web site.

Day tours

The Singapore Dental Association is proud to host the 2009 FDI AWDC and eager to share the rich cultural heritage of Singapore with all congress attendees. Attendees are offered the opportunity to discover Singapore by immersing themselves in its culture: in addition to the sightseeing day tours offered this year, like visits to the Singapore Zoo or the famed Orchidville, there are several day tours that allow you to participate in everyday activities, like the Tea Workshop or the What’s Cooking activities, where you will learn to cook local specialties. Places for these activities for small groups are sure to be filled quickly; book early to ensure your spot!

Post-congress excursions

For attendees wishing to explore more of what the Asia Pacific Region has to offer, we invite you to check out our post-congress excursions: be swept away by Indonesian charm on the exotic island of Bali, indulge yourself in a Malaysian getaway, or discover the appeal of the Thai culture. Each excursion can be tailored to your needs by choosing different hotels and tours for certain destinations.

Please look at the information on these tours on the FDI Web site.

Reduced hotel rates

Singapore is known for its outstanding hotels and award-winning customer service. Pacific World, the FDI’s official accommodation office, is proud to offer a large choice of hotels for our congress attendees. Many of the hotels are conveniently located within walking distance or a short taxi ride from the Congress Centre.

You can treat yourself to a luxury five-star hotel, like the famous Mandarin Oriental, or choose a more relaxed atmosphere at the Albert Court. Whatever your choice, all of our official hotels are sure to please.

For more information on the rates for most of the hotels and all of our official hotels, visit the Pacific World Web site.

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Steps to selling a dental practice

Henry Schein sales representatives are frequently asked how to go about selling a practice or bringing in an associate. Many dentists do not know where to start or what is required to successfully complete the anticipated transition. This is Henry Schein Professional Practice Transitions’ role. What follows is a partial list of the steps involved.

1. Meet with the seller/owner to determine his or her ideal transition (sales) plan and assist in identifying the most likely type of transition and candidate.

2. If a full or partial sale is involved, gather the necessary tax returns and other documents and discuss documentation and missing or unclear information with the seller’s/owner’s accountant.

3. Conduct the necessary financial analysis and appraisal calculations.

4. Discuss the appraised value, determine the asking price and list the practice for sale or that an associateship is available. (The listing agreement gives the broker the “right” to offer the practice).

5. Implement the necessary marketing plan including advertisements, Web site listings and announcements to the area.

6. Respond to various inquiries, secure confidentiality agreements and discuss opportunities with prospective candidates.

7. Qualify the candidate to their ability to secure financing, if ownership will be offered, and qualify their ability to take over the practice considering the production required and their business skills background.

8. Introduce the candidate to the seller/owner and show practice. This will typically require multiple meetings per prospective candidate.

9. Write the “offer to purchase” and any subsequent “counter-offers,” or write the proposed templates for the Employment Agreement and Letter of Intent.

10. Secure financing. Prepare the financing request (loan package), discuss the transaction with finance vendors, and secure financing commitment.

11. Draft the initial transfer document template (Practice Sale Agreement). Discuss the template with buyer and seller and negotiate the agreement between the parties, redrafting as required.

12. Present the proposed template to the individual parties’ attorneys and accountants, discuss questions and/or required changes, and present requested changes to the opposing party and their consultants, coordinating final negotiations. If required by parties’ attorneys, prepare final documents.

13. Provide guidance, checklists and other material to both parties relative to required steps prior to commencement of associateship or closing (that is, drafting of announcement, handling staff issues, printing new owner’s business cards, securing business checking account for new owner, and payroll arrangements).

14. Assist finance source in securing final loan documentation required to close loan, such as proof of satisfaction of unpaid prior liens.

15. Act as trust and closing agent for final document execution and money transfer.

The average practice sale involves 100–200 hours. A transition involving an associateship leading to a partnership may typically involve more than 200 hours. Henry Schein Professional Practice Transitions’ role is to facilitate these arrangements based upon the knowledge gained from our 15 years experience involving hundreds of transitions.

About the author

Dr. Eugene W. Heller is a 1976 graduate of Marquette University School of Dentistry. His pre-professional school background included accounting and small-business tax consulting. During his 15 years in clinical practice, his curriculum vitae in practice management was extensive. During the past 10 years, Heller has been involved as a consultant to hundreds of practice transitions involving the sale of practices and the formation of partnerships, group practices, office-sharing arrangements and other practice transitions, in addition to conducting practice appraisals for many of these transactions. He is presently the vice-president and chief operating officer for Henry Schein Professional Practice Transitions, the dental practice transition division of Henry Schein Inc. Heller can be reached at hsfs@henryschein.com or (800) 730-8885.
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The keys to early cancer diagnosis: careful examination & timely biopsy

By Sara Gordon, DDS, MSc, FRCD(C)

The young man was just 19 when he came in to see his dentist after Halloween because of a sore on the side of his tongue. A non-smoker and non-drinker, he did not seem to be at risk for cancer, so his dentist decided to re-check the lesion before Christmas. By then the lesion was bigger. When he finally had a biopsy in January, it was an invasive squamous cell carcinoma.

Oropharyngeal cancer continues to claim the life of about one American every hour, accounting for 7,590 deaths in 2008, according to the American Cancer Society. Oral cancer takes a terrible toll if it is not caught early as it can rob its survivors of the ability to eat, speak and taste.

Dentists often fail to detect oral cancer until it has invaded deeply because it can mimic common traumatic, infectious or immune diseases. When oral cancer is detected early, it can be cured; recognized in its precursor stages, it can even sometimes be prevented.

The cancer screening examination includes looking at and palpating the neck, scalp and face as well as the mouth and oropharynx. About two-thirds of oral cancers arise in the lateral/ventral tongue and the floor of the mouth, but other common sites include the retromolar pad, the tonsillar pillars, the soft palate and the oropharynx. The dentist should thoroughly examine the lateral tongue by gently pulling it forward with gauze, then depress the tongue and examine the floor of the mouth. The dentists often fail to detect oral cancers in the retromolar pad, the tonsillar pillars, and the floor of the mouth, but other common sites include the lateral/ventral tongue.

About 90 percent of oropharyngeal malignancies are squamous cell carcinoma of the surface mucosa. Precancerous mucosal lesions are often white and may appear slightly rough; unexplained white lesions are often called leukoplakia. Lesions such as that shown in Figure 1 look rough because the proliferating epithelium piles up on the surface, and the thickened epithelium hides the red color of the underlying blood vessels.

Malignancies of surface tissues, as seen in Figure 2, are often red and enlarged, and unexplained red lesions are often called erythroplakia. Unexplained red lesions are more likely than white lesions to be diagnosed as malignancies when they are biopsied because the expanding malignancy causes inflammation and secretes molecules that stimulate the formation of new blood vessels. However, both red and white lesions are capable of representing malignancy. Malignancies may also cause spontaneous pain or paraesthesia. The general rule of thumb is that unexplained red, white and/or ulcerated lesions that persist for more than 10 days should be biopsied.

Lichen planus, or lichenoid mucositis, has generated heated debate about its premalignant potential for years. It is now recognized that there are several conditions that can share the clinical appearance of lacy white lines on a red background and also the microscopic feature of a dense T-lymphocyte infiltrate along the basement membrane. Lichenoid conditions are probably not all equally likely to generate squamous cell carcinoma.

A lichenoid drug reaction, for example, is a reaction to a systemic medication that disappears when the medication is withdrawn. Lichenoid reactions also can result from contact with an allergenic material, such as a metal, in susceptible patients (Fig. 3), and for other reasons.

There are many reports in the literature of cancer arising in a patient previously diagnosed with lichen planus, but some retrospective analyses have confirmed that the original clinical or even microscopic diagnosis of lichen planus was incorrect. Apparent malignant transformation of oral lichen planus (OLP) may represent “red and white lesions that were dysplastic from their inception but that mimic OLP both clinically and histologically.” Figures 4 and 5 demonstrate this concept.

Warty-looking verrucous conditions also may confuse dentists. Many diseases in this group are caused by HPV. Benign members of this group include verruca vulgaris, the common wart (Fig. 6), which is self-limiting in most patients, and condyloma, genital warts (Fig. 7), which can be widespread in the immuno-suppressed patient.

There are also premalignancies and malignancies in this group. Proliferative verrucous leukoplakia (PVL) is a multifocal verrucous disease that eventually turns into carcinoma in a substantial proportion of cases. Figure 1 may represent a case of PVL. Verrucous carcinoma is a large warty malignancy that is slow to invade but can degenerate into squamous cell carcinoma.

A number of commercial chairside applications such as toluidine blue staining, tissue reflectance, fluorescence imaging and brush tests have appeared on the market in the past decade, and they are intended to help the dentist with early cancer detection. Despite their attractive marketing and their convenience, they have not been shown by rigorous Cochrane analysis to either help or hinder early cancer detection in the general population. Even visual screening programs have not been proven to help reduce oral cancer deaths, and more study is needed in this field. Table 1 summarizes the currently available adjunctive technologies.

This leaves the dentist with a very
powerful tool: the biopsy, which is still the only technique that definitively diagnoses oral cancer. When coupled with a thoughtful patient history as well as a thorough head and neck examination, it can allow the dentist to diagnose oral lesions with as much confidence as possible.

Table 1: Commercial techniques intended to aid oral cancer detection.

<table>
<thead>
<tr>
<th>Technique</th>
<th>Example of common brand name</th>
<th>How it works</th>
</tr>
</thead>
<tbody>
<tr>
<td>Toluidine blue vital dye</td>
<td>Orascan</td>
<td>Dyes proliferating tissues blue</td>
</tr>
<tr>
<td>Tissue reflectance</td>
<td>Vizi-lite</td>
<td>Enhances the appearance of white areas</td>
</tr>
<tr>
<td>Tissue autofluorescence</td>
<td>Velscope</td>
<td>Abnormal tissue loses normal green autofluorescence, looks black</td>
</tr>
<tr>
<td>Brush test</td>
<td>Oral CDx</td>
<td>Superficial epithelial sample is classified as positive, negative or atypical</td>
</tr>
</tbody>
</table>

Fig. 3: This lesion looks much like lichen planus, but it arose when the orthodontic brackets were placed and disappeared when they were removed. Lesions such as this are called lichenoid mucositis.

Fig. 4: This rough white lesion was initially thought to be lichen planus, but on biopsy it proved to be a microinvasive squamous cell carcinoma.

Fig. 5: This photomicrograph of squamous cell carcinoma demonstrates an area in which lymphocytes are attacking the overlying dysplastic epithelium, giving a microscopic appearance that is similar to lichen planus. Such an inflammatory reaction to dysplasia may explain why some cases are initially misdiagnosed as lichen planus and later prove to be squamous cell carcinoma.

Fig. 6: Verruca vulgaris, the common wart, is a benign discrete warty lesion that is usually self-limiting. It is caused by some types of HPV. It is more familiar on the skin, and may spread to the mouth by direct contact.

Fig. 7: Condylomata (genital warts) are also caused by HPV and may be florid in immunosuppressed patients such as this one. They are benign.

Fig. 8: Biopsy specimens should be of adequate size (3 mm or larger) and should be taken from a representative area of the lesion. The dentist should place them in formalin fixative immediately, and then transport them to the oral pathologist for microscopic diagnosis.

Fig. 8: Biopsy specimens should be of adequate size (3 mm or larger) and should be taken from a representative area of the lesion. The dentist should place them in formalin fixative immediately, and then transport them to the oral pathologist for microscopic diagnosis.
A biopsy is simply the removal of tissue from a living patient for the purposes of diagnosis. Whether the dentist uses a scalpel, surgical scissors or a surgical punch, the aim is to retrieve a piece of tissue that is representative of the entire lesion and preserve it en route to the oral pathology laboratory (Fig. 8). At the lab, the specimen is processed on a glass slide and diagnosed microscopically. Usually it takes a week or less for the oral pathologist to finalize the biopsy report.

The American Academy of Oral and Maxillofacial Pathology recommends that all tissue removed from the oral cavity should be sent to an oral pathologist as a biopsy, unless it results from a routine procedure such as a gingivectomy for esthetic and functional reasons. Most oral pathologists’ services are covered by the patient’s medical insurance. General pathologists will also accept biopsies from dentists, but oral pathologists receive at least three years of specialty training after dental school and are truly specialists in oral disease.

By routinely examining every patient thoroughly for signs of head and neck cancer, and ensuring that any potentially suspicious lesion that persists for more than 10 days is appropriately biopsied and sent to an oral pathologist for diagnosis, dentists may indeed save lives.

About the author
Dr. Sara Gordon is an associate professor in the College of Dentistry at the University of Illinois at Chicago in the Department of Oral Medicine and Diagnostic Sciences. At UIC, she is director of the Oral Pathology Biopsy Service and director of Oral Pathology Graduate Education. She is a diplomate of the American Board of Oral and Maxillofacial Pathology, a fellow in Oral Pathology and Oral Medicine of the Royal College of Dentists of Canada, and president of the Canadian Academy of Oral & Maxillofacial Pathology and Oral Medicine. Before becoming an oral pathologist, she practiced general dentistry for nearly a decade.

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Can prospective new patients find you easily on the Internet?

By Mary Kay Miller

Just because you have a dental Web site on the Internet doesn’t mean prospective new patients can find you online when searching for dental treatment providers in your demographic. Using correct keywords in the HTML source code and written content on your Web site pages is the key to driving prospective patients to your Web site on Google. Unfortunately, less than 5 percent of dental Web sites can be found on Google Maps and page one of a Google search when tested with the most common words patients use to find dental treatment providers.

It’s a fact: your Web site ranking can make or break your online presence and Internet marketing initiatives. The better your page ranking (the position your Web site appears in the search engines when someone is searching for a dentist in your area) the more clicks you will receive, which translates into more new patient opportunities to build your practice. If you are not on page one of a Google search you might as well be invisible online. Whether we like it or not, the Internet is here to stay. The Internet is the most valuable and inexpensive PR marketing tool available today to promote your practice.

Google is “king” and “rules” the Internet. It dictates the parameters of online search and Internet marketing. It is also considered the only search engine that counts. Google attracts over 80 percent of all consumers researching online for products and information. Structuring your Web site with correct keyword placement, title tags, written content, HTML design and URLs according to Google guidelines will assure better positioning of your Web site’s page ranking.

Unfortunately, as a consumer, most dentists have no idea if their Web site has correct search engine optimization (SEO) by their Webmaster to meet Google guidelines. The time has come, especially in today’s tough economic environment, to be proactive and between the Google’s rules and determining if your Web site is performing correctly on the Internet. “You don’t know what you don’t know ‘til you know it!”

Dental Tribune understands the “Power of Internet Marketing” and how it relates to dental professionals. They have asked me to present a six-part C.E. credit series on Internet marketing to educate all their subscribers. The subject of keyword optimization of your site and how to test your demographic will be addressed in Part II: Google and SEO – Can New Patients Find You Easily on the Internet? This Webinar can be accessed under www.DTStudyClub.com under Online Courses. It may be the most important marketing course you take all year. Please find additional information and registration online, or contact Julia at (416) 967-0856 or j.wehkamp@dtstudy-club.com.

Archived Webinars from successful DTSC launch now available!

On March 14, the Dental Tribune Study Club was officially launched through a full-day online C.E. festival, featuring five Webinars in succession. Some 290 participants joined in the festivities, representing 57 different nations, proving that the DT Study Club truly is a global concept.

Each Webinar included a one-hour presentation, followed by a 20-minute live Q&A session between the online audience and the speaker. Participants not only had the opportunity to interact directly with the opinion leader, but they also received C.E. credits for their participation.

In case you could not attend the live event, you will be pleased to know that the archived lectures are now available online under www.DTStudyClub.com. Please log into the Web site and complete the easy and free membership registration. You can find the archived courses under “Online Courses” or use the links below and click REGISTER > LAUNCH NOW.


Dr. Garry Rey, Safer, Smarter Endo: Tips, Tricks and Solutions for Endodontic Success: www.dtstudyclub.com/event/Safer-Smarter-Endo-Tips-Tricks-Solutions-for-Endodontic-Success/22.html


(For David Clark’s Webinar, World Class Obturation for General Dentists, will be posted online shortly. We apologize for any inconvenience.)

These five Webinars were made available through educational grants provided by VOCO, PreXion, Obtura, Discus Dental and Astra Tech.

Please don’t miss out on our upcoming live and interactive Webinars, which can be found under: www.dtstudyclub.com/events/Online-Courses/all/
Social networking for dentists made easy!

By Dan Marut, DMD

What is a social network? For as long as humans have walked the Earth we have been social creatures. We pride ourselves on family and form groups in order to survive. These groups not only allow us to survive but also thrive, leading to new ideas and innovations. The Internet and some other factors have led to the diminishment of local groups and group activities.

People became free to roam the world from their own house whenever they wanted to, but they still yearned for connection. We need it. It has become hotwired into our development as humans. The Internet fragmented us. However, human needs will not be denied. Just as the Internet diminished human grouping, it is now bringing us together like never before.

Components of online social networking

Profiles: Profiles serve as your identity on the network. In short, they are your online C.V. I would encourage you to fill in what you are comfortable with. Social networks are all about sharing and your experience will be enhanced by completing your profile.

Friends: “Friends” are the foundation of any social network. Just like in real life, your online friends become part of your social fabric. Online friends are able to keep up to date on your actions on the social network.

Groups: Online groups represent like-minded individuals coming together for collaboration, connections, sharing and learning about a specific topic. Dentistry has been called a cottage profession because the predominant model of practice is solo practice.

Online groups or online study clubs provide a way to share knowledge, meet other dentists with similar interests, access a calendar of events, share files and upload pictures and videos. For dentists, this means we can now practice solo but have the benefit of knowledge sharing and connectivity to a specific group that is of interest to us.

Online social networks are powerful tools. They have taken the Web from static Web pages and Q&A forums to a dynamic, ever-developing connected network of individuals who willingly share knowledge, interests and professional goals.

Examples of online social networks

LinkedIn: Mostly for the corporate and business-minded crowd, LinkedIn has a mature user type who is interested in business networking.

Facebook: I enjoy using Facebook to keep in contact with my personal friends. However, I find it difficult to sift through all of the non-dental chatter to find what I am looking for professionally.

MySpace: If you’ve used MySpace, perhaps you might think it is geared toward a younger crowd. There are many bells and whistles to choose from.

Professional social networks: Professional social networks are focused on a particular profession and only a particular profession. You won’t find many groups filled with clients and patients in these. Momentum once reserved for large social networks without a focus is now moving into niche social networks focused on specific interests.

Examples of professional social networks

Sermo: This is the professional social network for medicine.

Lawlink: This is for lawyers.

NewDocs: NewDocs is the professional social network for the dental profession. NewDocs is about dentistry and only about dentistry. You won’t find (or be found by) high school classmates here. You can join professional “groups” or online study clubs on NewDocs. You also have the opportunity to create your own group. Think of it as your own “mini social network.”

Share files, use the calendar of events, collaborate and discuss the topics of your choice. If you have certain information about a particular subject matter, you are able to post a blog. The download section on NewDocs has many useful tools, forms, sample contracts, business plans, etc.

How to get started?

Getting started in professional social networking is easy, and NewDocs is the premier site. NewDocs was created by a dentist and is exclusively about dentistry and the dental profession. Visit www.NewDocs.com, register (it’s free) and choose a profile image. Once registered, be sure to fill in your profile. Your profile is your online identity and will allow others on the site to connect with you and find common interests.

Once you’ve explored the site, join a group/study club or two or three. Groups/study clubs allow you to connect, collaborate and share with others over a common subject or cause. If you don’t see a group/study club you are interested in, feel free to create your own.

The tools on NewDocs make it very easy to create and manage your own group or study club. Manage a local study club or society by keeping all of your members up to date on happenings, events, discussions, etc. The best part is you don’t even need to know how to create a Web page to do this!

After you’ve accomplished the above, you’re ready to move to the next level and invite other professional friends and colleagues to join NewDocs. The power of professional social networking lies in the users and the activity of those on the site. The more people you can connect with the more you will get out of NewDocs.

In short:

1) Register on NewDocs.com and choose an “avatar” (profile picture).
2) Fill in your profile.
3) Explore the site by “clicking around.” Be sure to click on other users’ avatars.
4) Make “Friends.”
5) Join a group/study club or create one yourself.
6) Invite your professional friends and colleagues to join NewDocs. This will widen your network.

Social networking is here to stay and professional social networking is the natural progression of this powerful Web-based tool. Take the first step: become part of a network and reap the rewards of professional collaboration on a social network. For those dentists looking to manage a study club or a dental association, the tools on NewDocs make it not only easy but fun for all of its members. Start today and find out why professional social networking is changing our professional world.

Dan Marut, DMD, maintains a private practice in Ashland, Ore. He is the founder of NewDocs, the professional social network for dentistry. Marut is available to answer any questions about the social networking phenomenon. He can be reached at Dan@newdocs.com or just find him on NewDocs, he becomes your first friend when you join!
Participants attend courses in glass-enclosed workshops at the Greater New York Dental Meeting

During its record-breaking 84th annual session, the Greater New York Dental Meeting (GNYDM) attracted 57,854 registrants from all 50 states and 125 countries. The GNYDM is the largest dental congress and exposition in the United States, and its organizers feel an obligation to exhibitors and attendees to excel in hosting a conference that showcases the latest products and procedures modern dentistry has to offer.

Dr. Robert Edwab, the Greater New York Dental Meeting’s executive director, insists that new and innovative programs are constantly created and developed to ensure that the GNYDM delivers the best conference possible. To that effect, multiple new programs were instituted at the 2008 meeting.

Among the numerous new programs, and perhaps one of the most successful endeavors of 2008, was the addition of four glass-enclosed workshop classrooms. These “glass classrooms” were constructed with walls made of plexiglass so that anyone walking by on the exhibit floor could easily look in and see the dental products being used inside the workshops.

To gain the maximum amount of exposure, these classrooms were strategically placed around the exhibit floor and the educational courses ran throughout the day during normal exhibit floor hours. All four classrooms ran simultaneously and covered a broad spectrum of up-to-date, hands-on procedures including: endodontics, implants, restorations, veneers and composites.

In 2008, the exhibit floor was already jam-packed with dentists, potential product buyers, distributors and manufacturers, but the glass classrooms gave exhibitors one more reason to be excited because of the extra traffic this attracted. “We want our valued exhibitors to recognize our continued support and financial investments made to benefit their companies,” Edwab stated. With this rare opportunity for their products to be seen in action by everyone walking the exhibit floor, numerous companies jumped at the chance to have their merchandise showcased during the workshops held in these unique classrooms.

Both exhibitors and workshop participants alike were thrilled with this new addition to the already impressive array of programs, products and services available on the exhibit floor. During these workshops, attendees were able to try out the most innovative technologies and learn from some of the world’s most acclaimed health care professionals. Many of the products showcased in these classrooms were brand new, state-of-the-art tools and afforded participants the unique opportunity to be able to touch, feel and experiment with these devices and gadgets, some of which have not even been released to the general public yet.

With the huge success of 2008’s glass classrooms, plans for two additional glass-classrooms are already well under way for 2009. Be sure to check the Web site, www.gnydm.com, for information and updates on this year’s glass classrooms and all the other exciting new programs offered at the 2009 meeting.

Remember, there is never a preregistration fee. Mark your calendar for Nov. 27 to Dec. 2 and come be a part of the excitement of the 2009 Greater New York Dental Meeting and experience all that New York has to offer! For additional information, please contact the Greater New York Dental Meeting at 570 Seventh Ave., Ste. 800, New York, N.Y., 10018-1806; Tel. (212) 598-6922; Fax (212) 598-6954; e-mail info@gnydm.com.

IADR’s Williams calls out for excellence and impact in research

By Javier Martínez de Pisón
DT Latin America

President-elect of the International Association for Dental Research (IADR) Dr. David Williams has asked colleagues to focus on conducting research that has practical impact for global oral health. In his speech during the IADR’s 87th General Session and Exhibition in Miami he said that the profession has a responsibility to ensure the continuation of dental schools, as well as presidents of the FDI World Dental Federation and national dental organizations.

The president-elect said researchers have a challenge as the torchbearers of global oral health. “We are well aware that the global burden of oral disease is immense and our leadership in these issues is essential.” He added that dental caries is one of the most common chronic diseases worldwide while periodontal disease affects up to 15 percent of the population and oral cancer is the eighth most common cancer worldwide.

“We need fundamental research to improve our basic understanding of the diseases which concern us,” explained Williams. “But we also need to deliver ethical, effective, evidence-based care. We need effective prevention as well as more effective treatment, and we need to establish the kind of workforces that are appropriate in different global settings. And all of this without forgetting about the links between oral and systemic health, and the implications this could have for general health and wellbeing.”

In addition, IADR’s current president, Dr. J. M. ‘Bob’ ten Cate of the Netherlands, asked for an International Year of Oral Health within five years to bring oral health to the attention of a large audience.

The IADR’s 87th General Session and Exhibition in Miami was held from April 1-4. Future meetings will be the World Congress on Preventive Dentistry in Phuket, Thailand, September 7-10, and the IADR General Session and Exhibition in Barcelona, Spain, July 14-17, 2010.
**Review**

**IDS Cologne flourishes despite economic trouble**

After five days, the 33rd International Dental Show (IDS) at the Cologne convention center closed with an increase in exhibitors, visitors and exhibition space. More than 1,820 exhibitors, an increase of 4.5 percent, from 57 countries took part in IDS 2009.

With foreign participation at 65 percent and a more than 10 percent increase in international exhibitors, the IDS broadened its significance as a global trade and communications platform even further. The 6.9 percent growth in visitor numbers was achieved via domestic and international visitors.

Dr. Martin Rickert, chairman of the Association of German Dental Manufacturers, said, “The 33rd International Dental Show gave us, above all, the positive signal we were looking for. Our projections about a positive development in dental markets have been outstandingly confirmed. I am certain that this IDS will serve as a lasting impetus for the international health care market along with it.”

With more than 1,100 presentations, new products and advancements, the International Dental Show 2009 once again demonstrated its potential as an international innovations platform. According to Rickert, this was made up of three main trends.

First, natural teeth are being kept for as long as possible through early and comprehensive diagnostics and minimally invasive treatment methods. Second, if dentures are necessary, they should look as natural as possible and offer the highest esthetics and functionality. Finally, the digitization and networking between practice and laboratory increase efficiency in the economic production of dentures.

For Oliver P. Kuhrt, managing director of Koelnmesse GmbH, IDS 2009 was a superlative event: “The IDS is the prime example of a successful world trade fair and a magnet for the dental industry. It combines all the elements necessary for successful business and is a global communications, trade, innovations and product platform all rolled into one,” he said.

IDS takes place in Cologne every two years and is organized by the Gesellschaft zur Förderung der Dental-Industrie GmbH (GFDI), the commercial enterprise of the Association of German Dental Manufacturers (VDDI) and staged by Koelnmesse GmbH, Cologne.

“It is good news that in spite of the turbulence in the financial market, the dental industry and the health economy can, overall, sustain as solid markets,” Rickert said during a press conference in Cologne.

“IDS has confirmed its status as the leading international trade show in dentistry. We are certain that the show’s outcome will give positive signals for the global dental market and international health markets as well,” he added.

Please visit english.ids-cologne.de for information about this event.

**Preview**

**Montreal welcomes dentists from around the world**

Following a record-breaking attendance year in 2008, more than 11,000 delegates are expected to attend the 58th annual Journées dentaires internationales du Québec (JDIQ) to be held in Montreal, Canada, from May 23–26.

Canada’s largest annual meeting, JDIQ has grown exponentially in recent years. With more than 3,500 dentists in attendance from all corners of the world and 225 exhibitors occupying 100,000 square feet of exhibition space, this year’s meeting will be better than ever.

Featured speakers this year include Dr. John Kois discussing “Interdisciplinary Treatment Planning,” Dr. Stanley Malamed presenting “Medical Emergencies in the Dental Office,” Dr. Henry Gre- million lecturing on “TMD pain,” Dr. Harold Heymann on “Adhesive/Esthetic Dentistry” and Dr. Terry Tanaka speaking on “Prosthodontic Problems,” just to name a few.

In addition, there will be workshop presentations on composite resins, rotary endodontic systems, periodontal and oral surgery and the Invisalign system. All lectures are CERP approved for continuing education credits.

A multicultural city, Montreal is the second largest city in Canada and the largest French-speaking city in the world outside of France. Blending its French accent with that of many other ethnic communities, Montreal charms its visitors with its Euro-American ambiance. Montreal is definitely the place to be this Memorial Day weekend!

For more information, please visit www.odq.qc.ca and click on “Journées dentaires internationales du Québec.”
Breakthrough in bonding technology: solvent-free bonding agent

Pentron Clinical Technologies recently introduced Bond-1® SF™ Solvent Free SE Adhesive, a unique, solvent-free, self-etch, light-cure, one-coat, bonding agent to be used for all your direct composite bonding needs. Pentron Clinical Technologies has removed the solvent while preserving the high bond strengths associated with conventional bonding agents. Removing the solvent from this revolutionary product not only addresses common technique issues, such as over or under drying, but also facilitates the restoration of teeth faster than ever by requiring only a one-coat application.

Bond-1 SF forms an interactive bond between the minerals of the tooth structure and the resins of the bonding agent without the use of acetone, water or alcohol, providing a superior bond to both dentin and enamel. While many might consider this the next “generation” of bonding agents, Adrienne Collins, the Pentron Clinical Technologies product manager, states: “We didn’t feel the immediate need to assign a generation to this new bonding agent as we feel this product is in a league of its own and makes the practice of referring to bonding agents with generations obsolete.”

Bond-1 SF Solvent Free SE Adhesive is available in two convenient delivery systems. The syringe offers unique flocked needle tips that facilitate easy, direct placement into the prep, while the free-standing single dose provides the ultimate in infection control.

Pentron Clinical is an established leader in the dental industry, offering a wide variety of products to suit your restorative needs. As one of the pioneers of adhesive technologies, Pentron Clinical has successfully demonstrated its commitment to advancing dentistry one innovation at a time. Its portfolio of trusted, quality dental products includes: Breeze® self-adhesive resin cement; Build It® FR™ core build up material; FibreKleer® Posts; Correct Plus® impression materials and Artiste® Nano Composite. For more information visit the company’s Web site, www.pentron.com, or call (203) 265-7397.

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Mirror handles and kits now in stock

In our last e-mail newsletter we introduced our new Universal Mirror Handle, but they were not yet available. We now have them in stock. We showed the new handle for the first time at the CDS meeting in Chicago and they were extremely popular. We have them available individually or in kits with three mirrors.
New Mydent pouch features dual internal indicator

Mydent International has introduced the Defend-Plus Sterilization Pouch with a built-in dual internal indicator. The new pouches save time and money by eliminating the need to use separate indicator strips.

Defend-Plus pouches feature the same superior design and quality construction of standard Defend® pouches, but include a built-in dual internal indicator (steam and ETO). This allows the user to see that the correct sterilization temperature is reached within the instrument compartment without having to place an indicator strip inside the pouch. The dual internal indicator provides an extra measure of security.

Defend-Plus Pouches with built-in dual internal indicator are offered in five sizes, packaged 200 to a box and are available from most dental dealers.


For more information on Mydent International and its products, call (800) 275-0020 or go to www.defend.com.

Pulpdent introduces first invisible veneer cement

Pulpdent Corp. has released Kleer-Veneer™ Light-Cure Veneer Cement, the first invisible veneer cement. Kleer-Veneer is also available in opaque shades.

Kleer-Veneer is a unique, moisture tolerant, self-adhesive veneer cement. No bonding agents or silane are required. The distinctive consistency holds the veneer securely in place without drift before light curing.

Kleer-Veneer is available in clear, opaque white, opaque cream and opaque pink. The clear cement is invisible and does not alter tooth shade. The opaque shades can be used when neutralizing existing tooth color is desired.

The Kleer-Veneer intro kit contains four 1.2 ml syringes, one of each shade, plus 20 applicator tips. Refills contain one 1.2 ml syringe Kleer-Veneer plus 10 applicator tips.

Pulpdent manufactures high-quality products for the dental profession, including adhesives, composites, sealants, cements, etching gels, calcium hydroxide products, endodontic specialties and bonding accessories. For more information call (800) 343-4342 or visit www.pulpdent.com.

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Viewpoint: Can simpler and less expensive produce better endodontics?

By Barry Lee Musikant, DMD

Can simpler and less expensive produce better endodontics? Rotary NiTi manufacturers would be aghast at even the suggestion of this possibility. The notion that a simple, inexpensive, rugged set of instruments highly resistant to fracture could shape a canal better than rotary NiTi approaches blasphemy in the opinion of these manufacturers and the professionals they pay to advocate their products. And certainly, they reinforce the perception that anything less than rotary NiTi is primitive by compelling dentists to create the glide path necessary for the safer usage of rotary NiTi with the very K-files that are being replaced by rotary NiTi.

Most dentists would agree that the creation of the glide path is the most difficult part of shaping a canal. The fact that the glide path is still shaped the old-fashioned way drives home the inadequacy of the traditional techniques that unfortunately must still be used before employing the “advanced” technology of rotary NiTi. If we look at rotary NiTi usage analytically, we must realize that it is not a new system replacing traditional techniques. Rather it is an adjunct added on to a technique that was poorly designed from the start. From a marketing point of view, the inadequacy of the traditional approaches blasphemy in the opinion of these manufacturers and the professionals they pay to advocate their products. And certainly, they reinforce the perception that anything less than rotary NiTi is primitive by compelling dentists to create the glide path necessary for the safer usage of rotary NiTi with the very K-files that are being replaced by rotary NiTi.

Avatar this panel of experts will help attendees plan their attendance by concentrating on one area of interest or attend sessions addressing a variety of topics, educational sessions have been broken down into separate tracks — Non-surgical Endodontics, Practice Management, Regenerative Endodontics, Surgical Endodontics and Submitted Presentations. In addition, a Professional Staff track has been designed for the endodontic team.

For the first time, the AAE will present a Master Clinician Series featuring live, nonsurgical endodontic techniques in a theater-in-the-round setting. Presenters include noted endodontists James K. Bae-call, L. Stephen Buchanan, Giuseppe Cantatore, Richard E. Mounce, Ali A. Nasseh, Clifford J. Ruddle and G. John Schoefel.

“Sometimes seeing is as important as hearing when learning new skills,” Rossmann said. “The Master Clinician Series provides a unique opportunity for all dental professionals to take their endodontic abilities to new levels by learning from some of the most prestigious endodontic thought leaders.”

The annual session will be preceded by an all-day Pre-Session Symposium: Integration of Advanced Surgical Procedures in Your Endodontic Practice.” Presentations will be given by leading lecturers, including Harold S. Baumgarten, Ali Fakhry, James L. Gutmann, Gabriele Pecora, Frank C. Setzer and Peter Velvart. This panel of experts will help attendees achieve the confidence and skill to include surgical treatment options into their scope of practice and evaluate when alternatives to endodontic treatment are appropriate. The AAE exhibit hall will allow session participants to view the latest in surgical products and procedures, and companies will present numerous services and technologies that will help attendees gain a competitive edge.

For more information and to view the full annual session program, visit the AAE Web site: www.aae.org.
cient abilities of rotary NiTi once the glide path has been created to their advantage. K-files are a constant reminder to the dentist that anything less than rotary NiTi is a distinct disadvantage, and while they have to suffer through the inadequacies of old technologies so they can use the brilliant new technologies, any approach other than rotary NiTi will be looked at as archaic and consequently inefficient.

This mindset may be difficult to break through, but the advantages of our approach are so obvious to those who have tried them that it is always worth communicating with dentists who are not aware of all the options out there. If one wishes to understand why simpler and less expensive leads to superior endodontics one must start with the fact that K-files or Hedstroms, or any file for that matter, is the wrong choice as the first instruments to negotiate what may be a tight tortuous canal. We use reamers both relieved and what may be a tight tortuous canal. First instruments used to negotiate matter, is the wrong choice as the one must start with the fact that K-sive leads to superior endodontics and while they have to breakthrough, but the advantages of our approach are so obvious to those who have tried them that it is always worth communicating with dentists who have tried them that it is always

2) By having approximately half the number of flutes compared to files, the reamers have been twisted about half as much in the manufacturing process. The fewer the twists the less work hardened the instruments, and the less work hardened the instruments the more flexible they are.

3) The fewer the flutes the more vertically oriented they are. More vertically oriented flutes cut more effectively when used in a manual watch winding motion, which is the predominant manual motion used with all instruments.

4) The reamers, by design, have less engagement along their length, are more flexible under function and cut more effectively — all of which leads to a superior tactile perception giving the dentist a better sense of what the tip of the instrument is encountering, be it a solid wall or a tight canal, a crucial distinction in endodontics.

5) All the above characteristics are enhanced when the shaft is relieved along its entire working length. There is less engagement, more flexibility and more effective cutting by the incorporation of two vertical columns of chisels created where the relieved section of the instrument cuts across a flute.

6) The tactile perception is further enhanced by the addition of a cutting tip, which pierces tissue rather than impacting it the way every non-cutting tip on a file must.

7) A Kreamer with a flat along its working length is an asymmetrical instrument, which now has the ability to differentiate between a round and oval canal. While it is easy to list the advantages of a relieved Kreamer over those of a K-file, does their usage make creation of the glide path measurably easier? The answer is unequivocally yes. We know for ourselves in our own endodontic practice that the difference is night and day and even that would not be enough to make this categorical statement, but this is also the feedback from thousands of dentists we have already taught. It is a singular point in our workshops where the practical clearly confirms the theoretical.

Are these instruments the answer? In one sense that is the case, but the more profound point is that our approach truly does away with the guesswork in canal shaping beyond a 20 or 25 with wider relieved reamers does not represent challenges that can only be solved with the use of the more flexible NiTi. In fact, a perusal of the literature clearly demonstrates that in tight curved canals, rotary NiTi is generally not used beyond a 25 and then generally with

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tapers not exceeding 0.04. We routinely do better.

Rotary NiTi has limited usage because of the concern for separation and apical distortion to the outer walls as the taper and tip size of the instruments increase. We will routinely open canals to a minimum of 35. Even though the instruments are becoming stiffer, we are using them in such a narrow range of motion that we follow the precepts of balanced force, a technique that keeps the instruments centered in the canal. This technique was originally applied to K-files to accomplish the same thing. However, it works far better with relieved reamers (Fig. 2). The one area K-files can cause distortion using balanced force is the pull stroke. The horizontal flutes on K-files exaggerate cutting to the outside wall of the canal. Relieved reamers have far less potential to cut to the outside wall when the pull stroke is applied. In short, reamers work best with rotation or reciprocation while files work best with a push-pull stroke, which unfortunately also increases the likelihood of impacting debris at the constriction.

The relieved reamers are used either manually or in the reciprocating handpiece. The reciprocating handpiece is limited to a 30-degree arc of motion (Fig. 3), an arc so limited that it is difficult to match manually. Depending upon the degree of curvature, the manual stroke can be anywhere from 560 degrees down to 50 degrees, with the arcs of motion decreasing as the curvature increases. It is this flexibility of usage that allows our approach to endodontic shaping to be used in literally all types of cases without exception.

In a continual rationalization of rotary NiTi’s limitations, I recently read an article that stated canals should not be opened wide in many cases because of the chance of undermining thin dentinal walls. I not only agree with this statement, but would ask the following question: Is a system that is primarily based on 0.02 tapered instruments more likely to cause a strip perforation than one that is based on a series of tapers going as high as 0.12 tapers? Furthermore, is it more likely for a perforation to occur when 0.02 tapered instruments are used in a step-back fashion compared to greater tapered instruments used in a crown-down approach for the express purpose of reducing engagement along length out of concern for instruments separating if they engage too much along length?

Instrument separation is inherent to rotary NiTi and the single usage recommended by the manufacturers makes the cost of these instruments extraordinarily high. To use this system in the safest fashion, the dentists must invest in an expensive electric engine with torsional sensors that stop and reverse the motion in an attempt to prevent separation, commit himself to single usage, learn all the situations where they are not to be used (bifurcating, merging, dilacerating and recurved canals), take them to a conservative preparation rarely exceeding a 25/0.04 preparation even when the canals are oval in nature and be ready at a moment’s notice to drop rotary NiTi for conventional endodontic shaping, which rotary NiTi users are told is the use of K-files.

On the other hand, there are no limitations imposed on the usage of relieved reamers when used in a tight watch-winding motion (when canals are highly curved) or the 30-degree reciprocating handpiece, the preparations can always be made wide and tapered enough to secure full debridement through a combination of mechanical cleansing and chemical irrigation. The configuration of the canals never imposes limitations on their use. At its most challenging, a highly curved canal may require initial negotiation with a prebent reamer guided manually to the tip of the root. At this point, the...
In 1991, Dr. John Stropko, an endodontist, began to use the Surgical Operating Microscope (SOM) routinely in his practice. One of the first clinical obstacles he encountered while performing apical surgery was the difficulty of cleaning and drying hard-to-reach areas.

“Cleaning and drying the apical preparation prior to filling was a frustrating event,” Stropko told Endo Tribune. “Blood and debris in the root-end preparation was extremely difficult, if not impossible, to remove. The tips normally attached to the air/water syringes, and the use of bent absorbent paper points just didn’t get a good result in the attempt to satisfactorily clean the apical preparation.”

To solve this problem, Stropko made a change to the tip of the traditional air/water syringe. He designed a syringe tip with a Luer-lok at the end of it. This innovation allowed him to attach a variety of tips or needles that were designed to fit into a Luer-loc syringe. Needles of 23, 25 or 27 gauge could be bent in any desired configuration so a precise stream of water could be directed into any small, hard-to-reach area, to effectively flush it of blood or debris, and then dry it with confidence. The filling material could now be placed into a clean root end preparation with more confidence of a good seal.

Within a short time, the SOM started to be used for all retreatment and conventional endodontic procedures. Ultrasonic instrumentation was utilized to effectively locate hidden canals and remove separated instruments. The main problem encountered while using ultrasonics was the dentinal dust that was generated in the process. This dust impaired the operator’s vision.

The Stropko Irrigator was found to be invaluable for maintaining good vision during the use of these ultrasonic procedures. The dental assistant, using a controlled and precise flow of air directly at the working site, allowed the doctor the consistent vision necessary for even the most delicate procedure.

But the Stropko Irrigator is not just for endodontics. It has essential uses in any discipline of dentistry. Precise control of irrigation with water and/or air can now be achieved on a routine basis. Many dentists now use the Stropko Irrigator to make the task easier during all endodontic, restorative, periodontal, surgical, micro-adhesive and implant procedures. Thorough cleaning and/or drying of any area can be done with more precision and efficiency.

Surface management during micro-adhesive dentistry can be achieved with confidence. Cleaning and drying the sulcus prior to taking an impression is gentle and effective. Gentle airflow can be used to “thin” resin for total light cure during placement in deep areas.

During the implant process, it can be used to remove debris from the osseous sockets; clean both the drill and osteotomy for vision; flush debris out of the internal screw channel before abutment seating; and maintain tissue moisture throughout the entire procedure.

Even the hygienist can use the Stropko Irrigator to gently “fluff” sulcular tissue to check for sub-gingival calculus.

“In any procedure, inadvertent splashing, or contamination of the site is avoided,” Stropko says. “Having complete control of irrigation saves time, avoids extra work and eliminates unnecessary stress. The final result of the dental procedure is achieved easier and with more predictability.”

The Stropko Irrigator is available in two lengths: SI-XL is 4 inches, and the SI-OL is 2.5 inches long. It easily replaces any three-way syringe tip and accepts a variety of Luer-loc tips that are readily available. Adapters are included for older three-way syringes that require a nut for attachment. The SI-XL has become popular due to the ability of the operator, and/or the assistant, to remain ergonomically clear of the working site. The newer “quick disconnect” syringes make the change quick and easy.

instrument can always be reattached to the reciprocating handpiece without removing it from the root. The versatility of these instruments exceeds that of any other system.

So if we put to the test the question of whether or not simpler and less expensive instruments can produce better endodontics, the answer is yes with the added advantages of being far less expensive and far safer.

We know that not only what we are discussing, but the conclusions we have reached puts us at odds with a portion of the endodontic community that either through choice or agenda has taken far different positions. We welcome those who strongly disagree as well as all others to join our endomailmessage-board.com where a forum exists that allows no anonymity while encouraging full collegial debate on the issues we or anyone else brings up.

We also run a full gamut of courses from free two-hour workshops to intensive two-day workshops that are tuition based. Please note we use the word “workshop” to describe these courses because the major emphasis is doing endodontic procedures on extracted teeth. The average person taking our two-day course will do endodontic procedures on numerous teeth. If you are interested in the two-day course, call (888) 542-6376. If you are interested in the free two- to three-hour workshop, please call me at our endodontic office at (212) 582-8161. The two-day course produces 17 hours of C.E., while the two-hour workshop provides 2 C.E. credits. Taking any of these courses will pay rapid dividends by reducing costs, eliminating separation anxiety and, most importantly, increasing your competence and confidence so you can keep more work in your office knowing that you are going to do a good job safely.

SybronEndo, the Orange, Calif-based supplier of quality endodontic products, recently introduced new apical sizes of Twisted File (TF), the most advanced endodontic NiTi file on the market.

The new apical sizes include 0.04 taper/40 tip/27 mm; 0.04 taper/40 tip/23 mm; 0.06 taper/35 tip/27 mm; 0.06 taper/35 tip/23 mm; 0.06 taper/30 tip/27 mm; and 0.06 taper/30 tip/23 mm. In May, two new apical assorted packs will also be added to the product line.

Twisted Files combine three proprietary processes to deliver unsurpassed strength and flexibility. Using SybronEndo’s R-phase heat treatment technology, TF optimizes the properties of NiTi, making this the most flexible file on the market today. TF cutting flutes are created by twisting the file, not grinding, eliminating micro fractures for greater strength and durability.

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For information about Twisted Files, contact SybronEndo at (800) 546-ENDO (5636), or visit the company online at www.SybronEndo.com.

SybronEndo, the Orange, Calif.-based supplier of quality endodontic products, recently introduced new apical sizes of Twisted File (TF), the most advanced endodontic NiTi file on the market.
Jordco recently introduced the e-Dx™ endodontic diagnostic tool. The e-Dx is described as the next generation in endodontic diagnostic instruments. The instrument can easily cold and fracture test teeth. Using a special open cell foam insert, the e-Dx stores dental coolants longer, enabling a doctor to cold test multiple teeth. The detachable contra-angled pliers are designed to securely hold the foam insert and reach posterior teeth to provide improved visibility during cold testing. The built-in FracTester™ can be placed onto a tooth cusp or other suspected areas to help detect fractures. The e-Dx handle is constructed of a blue colored special resin that is durable and yet can be used comfortably to fracture test teeth. The handle can be reused after processing in a hospital grade disinfectant with a tuberculocidal claim. The e-Dx pliers tip is molded of a semi-transparent thermoplastic resin. The tip reversibly mounts to the handle and is designed to engage and firmly grip the foam tip. The tips can be processed in a hospital grade disinfectant with a tuberculocidal claim prior to use, but are designed to be single-use.

Foam tips are manufactured from unique open cell foam that will contain several brands of dental coolants used to cold test teeth. For more information, contact Jordco at (800) 752-2812 or visit the company online at www.jordco.com.

CJM Engineering unveils new troughing burs

Practitioners can uncover hidden canals and expose separated instruments with Munce Discovery Burs’ new 31 mm Shallow Troughers and original 34 mm deep troughers in six round durable carbide head sizes — ⅛, ⅞, #1, #2, #3 and #4.

Also new is the #6 Endodontic Cariesectomy Bur. The elongated 1 mm diameter shaft design opens a view corridor between the handpiece and the crown, preventing impingement on deep access cavity walls while preserving shaft stiffness for troughing and excavation control. These burs are heatless and create a more readable surface than ultrasonic tips while providing familiar tactile feedback of slow-speed round burs without the expense of spontaneous breakage.

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A simple, esthetic, custom implant abutment

By John Highsmith, DDS, DICOI, AAACD

In implant reconstruction, the dimension from the implant platform to the crest of tissue, especially in esthetically critical areas, is often more than 2 mm. Many implant manufacturers supply a straight abutment for cement with the implant, which significantly can reduce the cost to the dentist.

However, these abutments tend to have a margin about 1 mm tall, which limits their use to relatively thin tissue. The problem with using a short margin abutment with thick tissue is that the margin ends up in an area where it can be impossible to clean up all the excess cement, leading to periodontal infection (“cementoma”).

There are several options available currently.

- Purchase an abutment with a taller machined margin, which the dentist can prep to the desired height and contour. This can work, but there is the additional expense of the abutment and the possibility of the metal abutment showing through thin tissue.
- Zirconia abutments, which can be either prepared or custom milled, such as the Atlantis abutment. These work well, but add expense to the case. The zirconia is also always a white color.
- A third option is herein described, where the straight abutment is modified with porcelain to create a custom abutment at minimal cost and improved esthetics.

This patient desired a dental implant retained crown to replace the retained primary tooth #C (Fig. 1). The cuspid had erupted into the lateral position, which was congenitally missing. We removed the primary cuspid and immediately placed a Biohorizons 4 x 12 mm implant (Fig. 2). I wanted the implant platform to be 2-3 mm below the desired free gingival margin, which actually necessitated a slight osteotomy (Fig. 5). If this had not been done, the final crown might look too short. A healing cap was placed and a denture tooth was bonded to the adjacent teeth with composite resin. The implant was allowed to osseointegrate for six months before loading.

At uncovering, a screw-retained temporary was fabricated to form the tissue contours. A straight abutment was cut to length and sandblasted to create a tissue.

Chicago dentist provides free care one day each year

By Fred Michmershuizen, Online Editor

Dr. Theodore M. Siegel wanted to give back to the local community, but he didn’t want to just write a check to a charity. He wanted to do more. So he decided that for one day every year, he would open up his practice to all local patients and offer free services. Since his annual “Dentists With Heart” event began in 2005, Siegel said, more than 2,000 patients have received more than $1.25 million in care.

“For many, dentistry is an unaffordable luxury. Every year on Valentine’s Day, our office provides free dental care to the less fortunate people in our community,” said Siegel, whose Chicago practice, Big Smile Dental, offers a wide variety of cosmetic dentistry services, including complete smile makeovers, teeth whitening, porcelain veneers and more.
basted. A thin layer of opaque flowable (Flow-it!, Jenric Pentron) was placed to block out the metal, then the temporary crown was built up with increments of flowable composite to create the crown shape (Fig. 4).

After polishing the subgingival portion to a high shine, the temporary was screwed into place, cotton was placed over the screw, and the incisal portion was filled in and contoured with flowable composite. The temporary crown was left in place for six weeks for tissue healing (Fig. 5).

The temporary was then removed after we were satisfied that the tissue was pink and healthy, and an impression ball cap was placed on the abutment. An impression was obtained as needed for the soft tissue collapse (Figs. 6, 7). Photos were taken to communicate shade to the ceramist (Fig. 8).

The ceramist took the straight abutment that came with the implant and contoured it for clearance with the opposing dentition. The margin of this abutment would be too apical for adequate cement clearance, so he modified it with porcelain specifically developed for titanium (Vita Titanium Porcelain, Vident).

Emergence profile can be developed as needed for the soft tissue profile, as well as adding a pink color to blend in with the gingival tissue (Figs. 9, 10). That can help in the esthetics if there is any tissue recession in future years, as well as maintaining the gingival color. A porcelain-to-metal crown was fabricated with a porcelain butt margin.

At delivery, the modified abutment was placed and the crown tried in. After any adjustments and approval obtained from the patient, the abutment screw was torqued into place. The screw access was filled in with Fermit-N (Ivoclar) and light cured. The crown was cemented with RelyX luting cement.
Dr. Highsmith received his dental degree from the University of North Carolina School of Dentistry in 1984, after which he completed a general practice residency at the Veterans Administration Medical Center in Baltimore, Md. He has been in private practice in Clyde, N.C., since 1985. He is an accredited member of the AACD, a clinical instructor at LVI, a diplomate of the ICOI, and a fellow of the Misch Implant Institute. He takes more than 200 hours of continuing education annually, and considers his mentors Omer Reed, Bill Strupp, John Kois, Frank Spear, Bill Dicker son, Clayton Chan, Paul Sletten, Mark Hyman, Darryl Nabors, Steve Burch, Bill Domb and Carl Misch.

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The use of titanium porcelain on the abutment allowed the ceramist to control emergence profile, bring the margin to a cleansable level and color the subgingival material for the best esthetics, all at a cost less than a milled zirconia abutment because the abutment came with the implant.

Thanks to Mr. Kent Decker CDT for his artistry and help in developing this technique.

(3M) and final photographs taken. The “after” photograph shown (Fig. 11) demonstrated the healthy tissue. This post-op photo was two years after the case was delivered.

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Fig. 8

Fig. 9

Fig. 10

Fig. 11
"The IACA is a unique event, it was not just about Dentistry, it was about life changes. IACA is special, it is unique, and it is an experience that every dentist on this planet should experience!" - Dr. Anil Makkar

"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

Presenting Partners
The business of hygiene

By Editor in Chief Angie Stone, RDH, BS

The title of this article inevitably bothers some hygienists. After all, hygiene school does not teach anything about the “business” of hygiene, so many hygienists feel running a hygiene department as a business is wrong and impinges on the quality of care.

Dental hygiene curricula is focused on educating students to be safe clinicians upon graduation. This rigorous schedule does not allow for time to be spent on non-clinical education. What is taught in school is what clinicians feel is right. While schools need to focus on patient care in order to produce clinicians, the lack of education regarding the business side of hygiene makes it difficult for hygienists to understand that dental hygiene is a business.

Yet, in reality, dental hygiene is a business within a business. The hygiene department is responsible for bringing in enough money to pay for all the expenses incurred by the department, cover hygiene salaries and benefits, and make a profit. Industry standards state that 33 percent of total practice production should come from the hygiene department, and that hygiene wages and benefits should never exceed 33 percent of hygiene production. The last industry standard suggests that 33 percent of hygiene production should come from periodontal codes.

If these standards are met, the hygiene department should operate as a profitable business. If these standards are not met, the dentist needs to subsidize the hygiene department with his/her production. Hygienists need to be aware of their percentages. If stats are not at the level they should be, the hygienist needs to take measures to help improve them.

Recall system

Quite frequently, hygiene numbers that are below the industry standard are that way because of an inefficient recall system. One of the biggest problems an inefficient recall system causes is openings in the schedule. A chair that is sitting empty is not bringing revenue in. Even worse is that an empty chair is actually causing the department to lose existing money if the hygienist is paid while the chair is vacant. An evaluation of this system can be undertaken by answering the following questions:

- Does the office have a staff member whose job description includes responsibility for the recall system?
- Is the hygiene schedule full (less than 50 minutes open per hygienist per day)?
- Is the amount of production lost due to open time being monitored?
- How does the office determine the amount of hygiene hours needed each month to accommodate all the patients in need of a professional cleaning and oral examination?
- Is the available hygiene time based upon the number of active recall patients in the practice?
- Is the amount of hygiene hours needed determined every three months?

A “no” response to two or more of these questions points to a potentially inefficient recall system. Without fixing this system, the hygiene department will struggle to meet industry standards, and probably will always need subsidizing from the dentist’s production.

Periodontal protocol system

Another deficiency that leads to not meeting industry standards is the lack of a sound periodontal protocol system. Without a system in place, hygiene departments are prophylaxis driven. Fees collected primarily from prophys will not sustain a hygiene department. In today’s dental climate, no hygiene department should be prophylaxis based.

Research shows at least 33 percent of the adult population has some form of periodontal disease. It would make sense then that at least 33 percent of adult patients, in any given practice, should be in a periodontal program. Having patients who require periodontal services receiving necessary treatment is a win for the patient and a win for the hygiene department. Perio services are charged out at a higher rate and, therefore, can help
Dear Reader,

As spring nears, hygiene students across the country have taken written and clinical exams so they can finally become a real registered dental hygienist. Excitement looms as they anticipate being in an actual dental office, treating patients who will not be in the chair for four hours at a time. They are eager to use their newly found skills to improve the oral health of the world. What enthusiasm they carry with them out into the dental hygiene workforce!

As licensed dental hygienists, we can relate to graduating students for we have experienced the same feelings. Some of us have been in clinical practice for many years and may still feel exhilaration in the hygiene operatory. Others among us, while we may still be practicing clinically, are not completely satisfied with this setting. When thoughts turn to transitioning out of clinical hygiene, the vision of academia may be the first option that comes to mind. Teaching is a great fit for many, but it is not a great fit for all. What else then can one do with an associate’s degree in dental hygiene?

I want to invite you on an exploration regarding this question. Over the next several months, I will offer ideas of avenues to explore. The dental hygienist of today has many career options available. The trouble is we don’t always know what is available or how to get to a new level. How can we know what we haven’t been taught? Hygiene schools have a responsibility to make sure their graduates are only safe beginners. There is hardly time to provide extensive education in regard to alternative career paths available to hygienists — and as editor in chief, that’s my job.

Join me next month for the beginning of a journey that is sure to travel over roads less traveled by dental hygienists. Each month I will highlight an avenue available to colleagues who are looking to add to their clinical hygiene career. It is my hope that many readers of Hygiene Tribune will find something appealing to their particular dreams.

Best Regards,
Angie Stone, RDH, BS
Editor in Chief

Ozone therapy

By Robin Goodman, Group Editor

During the recent IDS in Cologne, Germany (read the review in DTUS on page 21), I had the opportunity to speak to Managing Director Dr. Domagoj Prebeg about his company, Biozonix, and the advantages of ozone therapy. Its Ozonix unit is currently awaiting FDA approval, but its devices have been approved for use in Europe for 10 years already.

When you say “ozone,” most people will raise their eyebrows in alarm, so how is it used in medicine?

Very few people know that ozone has been successfully used in medicine for nearly 125 years. What people have heard are “holes in the ozone layer” and “ozone warnings” in cities plagued by smog. However, ozone is no more than 1 percent of the ozone atmosphere and the reversion of ozone to oxygen. Treatment is not only painless, but shortly thereafter the patient will experience a reduction of pain in the area. Ozone therapy is the cleanest, safest, most gentle and completely natural medicine available to man.

(Visit the company’s Web site at www.biozonix.com for more information.)
Study shows flossing reduces mouth bacteria

By Dental Tribune Staff

In dental offices all over the world, patients are often instructed they are not flossing enough or instructed to floss more. As the old saying goes, you only need to floss the teeth you want to keep. After all, not flossing regularly can lead to tooth decay and to periodontal disease, the leading cause of tooth loss in adults.

A recent study published in the Journal of Periodontology (JOP), the official publication of the American Academy of Periodontology (AAP), demonstrates that including flossing as part of one’s routine oral care can actually help reduce the amount of gum disease-causing bacteria found in the mouth, therefore contributing to healthy teeth and gums.

The study, conducted at New York University, examined 51 sets of twins between the ages of 12 and 21. Each set was randomly assigned a two-week treatment regimen with one twin brushing with a manual toothbrush and toothpaste and the other twin brushing with a manual toothbrush and toothpaste and flossing. At the end of the two-week trial, samples were taken from both pairs of twins and compared for levels of bacteria commonly associated with periodontal disease.

The study findings indicated that those twins who did not floss had significantly more of the bacteria associated with periodontal disease when compared to the matching twin who flossed in addition to tooth brushing with toothpaste.

“This study illustrates the impact flossing can have on oral health. The twins experimental model is a powerful tool to help sort out genetic and environmental factors that often confound the interpretation of treatment studies. This study demonstrates that flossing can have an important and favorable impact on an individual, as compared to that of a non-flossing individual with similar genetics and possibly similar habits,” explains Dr. Kenneth Kornman, editor of the Journal of Periodontology.

“Twins tend to share the same or similar environmental factors such as dietary habits, health and life practices, as well as genetics. In this case, the only difference was flossing, and the outcome was significant. Flossing may significantly reduce the amount of bad bacteria in the mouth.”

For more information, contact the American Academy of Periodontology, www.perio.org.
This interactive DVD is written, directed, and narrated by Dr. Stanley Malamed, dentistry’s leading expert in the management of medical emergencies.

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