NCOHF grants support community-based children’s care

By Fred Michmershuizen, Online Editor

The money donated to National Children’s Oral Health Foundation: America’s Toothfairy is being put to good use. NCOHF recently announced it has awarded grants totaling $109,050 to eight not-for-profit community, university and hospital-based dental programs nationwide.

The grants are as follows:
- Catholic Healthcare West, Chandler, Ariz., $15,000
- Community Oral Health Services, Salinas, Calif., $15,000
- Sonrisas Community Dental Center, Half Moon Bay, Calif., $9,050
- The Children’s Dental Center, Inglewood, Calif., $15,000
- The Gary Center, La Habra, Calif., $10,000
- Indiana University School of Dentistry, Indianapolis, $15,000
- Community Dentistry on Wheels, Largo, Md., $15,000
- A Fluoride Connection Non Profit Corp., Madison, Wis., $15,000

According to the NCOHF, the grant recipients are members of the growing affiliate network delivering comprehensive preventive, restorative and education.

Hello, San Antonio!

The Henry B. Gonzalez Convention Center in San Antonio will host the Texas Dental Association’s meeting May 6–9. Read about what there is to do in the city when you have some spare time.

⇒ See page 3A

Economic hardship takes toll on teeth

Is it true that people postpone or forgo dental treatment in difficult economic times? According to one recent survey of dental practitioners, the answer is, unfortunately, yes.

The Chicago Dental Society conducted a poll of 250 members to learn more about their opinions on current trends, dental topics and more. According to the survey, the effects of the recession on the dental industry have worsened over the last year.

More than 90 percent of dentists surveyed said their clients are putting off cosmetic procedures, the Chicago Dental Society reported. In addition, more than 75 percent of
More should be done to improve children’s oral health, AGD says

By Fred Michmershuizen, Online Editor

According to the Academy of General Dentistry, more needs to be done to improve children’s oral health as oral diseases negatively impact learning, interfere with eating and contribute to poor self-esteem.

AGD President David F. Halpern, DMD, FAGD, testified in the nation’s capital recently during the first meeting of the Institute of Medicine (IOM) Committee on Oral Health Initiative. During his testimony, Halpern emphasized access to care and oral health literacy.

“Public schools have played a critical role in keeping our children healthy,” Halpern said. “Schools routinely hold programs to ensure that our children can hear properly, see properly and are free from other diseases. However, dental diseases, the most prevalent of all, do not receive the same attention.”

Halpern asked the Department of Health and Human Services (HHS) to consider mandating oral health programs in all public schools. Additionally, Halpern expressed his support for initiatives that ensure that minority and rural populations receive quality oral health care services from dentists. Such initiatives, he said, could include loan repayment programs to dentists working in community health and underserved settings, the restoration of Title VII, and patient transportation and non-dental social services programs.

Halpern also spoke about the importance of shifting from a treatment-based concept of medicine to one based on prevention. He stated that this transformation can be achieved by assisting patients, physicians and communities to become oral health literate.

“Yes, the HHS must continue its water fluoridation programs as a fallback to maintain a minimal level of oral health in communities, but this is not nearly sufficient — utilization through greater oral health literacy is mandatory,” Halpern said.

Halpern also expressed his disappointment over the lack of a practicing private-practice dentist on the committee and encouraged the committee to reconsider appointing a general dentist from the private-practice community.

“IT is only through the continued generosity of NCOHF individual, organizational and corporate partners that America’s Tooth fairy grant awards are possible,” said Fern Ingber, NCOHF president and CEO, in expressing gratitude to supporters.

“We are honored to serve as a comprehensive resource provider for our affiliate network of nonprofit health-care facilities, and we are grateful that so many donors share in the NCOHF mission to eliminate children’s unnecessary suffering from pediatric dental disease.”

A representative of A Flouride Connection Non Profit Corp., one of the grant recipients, expressed gratitude to NCOHF for the financial support.

“We work in an area that has many rural poor farm families. Many don’t qualify for the state-offered dental health plan, and as a result our organization receives very little reimbursement from the state program,” said Kathleen Traut, executive director of A Flouride Connection.

“We won’t turn any child away if they are uninsured or otherwise aren’t on the program, we simply get paid less. Funding from America’s Toothfairy has eased our financial worries in providing vital services for the little ones who won’t otherwise have any dental experiences at all. It is gratifying to share such a passion for children’s oral health with America’s Toothfairy.”

Dental health initiatives and contributions also are on the decline according to more than half of dentists.

The survey also revealed that nearly 75 percent of dentists surveyed said their patients are reporting increased stress in their lives, and 65 percent of dentists are seeing an increase in jaw clenching and teeth grinding among their patients, signs that stress may be taking its toll on the mouth.

By Fred Michmershuizen, Online Editor

**Notes:**
- Page 1A, ‘NCOHF’
- Page 1A, ‘Economic’
- Dentists said their patients are putting off needed dental work and visits for preventative dental care are also on the decline according to more than half of dentists.
- The survey also revealed that nearly 75 percent of dentists surveyed said their patients are reporting increased stress in their lives, and 65 percent of dentists are seeing an increase in jaw clenching and teeth grinding among their patients, signs that stress may be taking its toll on the mouth.

**Contact:**
Fred Michmershuizen
f.michmershuizen@dental-tribune.com

**Images:**
- Oral Health Initiative. During his testimony, Halpern emphasized access to care and oral health literacy.
- Halpern also spoke about the importance of shifting from a treatment-based concept of medicine to one based on prevention.

**Sources:**
- NCOHF
- A Flouride Connection Non Profit Corp.
- America’s Toothfairy

**Contact:**
Fred Michmershuizen
f.michmershuizen@dental-tribune.com
Hello, San Antonio!

By Robin Goodman, Group Editor

San Antonio is Texas’ second most-populated city and is best known for the Alamo and the River Walk — a three-mile stretch of waterside paths laden with shops, restaurants and nightclubs.

For those attending the upcoming Texas Dental Association meeting, here are some free things to do in the city, but you can also head out to visit some nearby towns. (There’s even one that will let you be a cowboy for a day, Giddyup!)

The Missions & the Alamo
San Antonio’s beginnings are found in the five Spanish colonial missions that were built along the San Antonio River. These missions and the Alamo offer free admission. If you are feeling energetic, grab a bike (or your hiking boots) and cruise the 12-mile Mission Trail that links them all.

The River Walk
Complete with shade-filled parks, the sound of splashing water and lots of people watching, the River Walk is worth a trip. Browse the wares and take your pick of one of the many restaurants and dessert options along the way.

La Villita
Along the River Walk is la villita, which means “the little village.” Today this historical site is an art village with galleries, shops and private residences.

Live music
The Main Plaza, found near the River Walk and San Fernando Cathedral, features free music concerts on the weekends. Marvel at the wise, old oak trees and the tinkling of water in nearby fountains.

Glass blowing
Gini Garcia is a renowned glass blower who you might be able to catch a glimpse of in action in Southtown at Garcia Art Glass.

Mexican artists
Head to Market Square to view the cornucopia of works presented by local working artists. This happens to be the largest Mexican market in the nation too.

Japanese Tea Garden
Located next to Brackenridge Park, you’ll find Koi ponds strewn around stone paths that wander through the gardens. (The San Antonio Zoo is nearby too.)

Gruene Market Days
Revel in arts and crafts galore just 20 miles outside of San Antonio in the town of Gruene. Painting, sculpture and everything in between are part of the monthly juried art show called Gruene Market Days. Hit downtown for music and German cuisine, and shuffle over to the Gruene Dance Hall for country and Tejano music.

Cowboy for a day
Just 40 miles outside of San Antonio is Bandera. Bring your cowboy hat to enjoy horseback riding or a longer trail ride through the Texas Hill Country. There are rodeo shows every night at Lightning Ranch or Twin Elm Guest Ranch. (Source: www.visitsanantonio.com)
Where did all the periodontists go?

By Louis Malemacher, DDS, MAGD

Through my weekly travels to different cities across America, I speak to many dental specialists and their groups on the hottest topics in dentistry, practice management and total facial esthetics.

There are definite trends that are changing in all specialties across the board, whether it is short-term orthodontics versus long-term orthodontics, adhesive resin endodontics versus traditional gutta-percha endodontics or the conversation as to whether or not general dentists should be providing some of these specialty services.

I would have to say that the biggest change of any single dental specialty that I have seen has been in the periodontal field. There has been a real mind-set change that deeply affects the profession. I am not commenting here on whether this change is good or bad — I will leave that up to the reader to decide.

It is certainly something to consider as general dentists who refer patients to periodontists on what your treatment will be for the long run.

I have always believed that general dentists are the quarterbacks of any patient treatment case and we certainly rely on the skills and input of dental specialists, but the ultimate responsibility should be on the general dentist.

Here is what I am being told by many periodontists whom I have spoken to over the last couple of years: they would rather remove teeth and place implants than actually treat patients through traditional periodontal surgery and try having them maintain their dentition.

The reason for this is quite simple and every dentist knows this inherently. Patients refuse to take good care of their teeth even after they have gone through the time, cost, commitment and pain of traditional periodontal surgery. This is certainly not earth-shattering news to any of you.

For years in our own practice, we have had patients who did not want periodontal surgery and would rather maintain the state of their oral health with three-to four-month recall prophylaxis visits. We would often predict that their teeth would fall out within two to three years.

Surprisingly, many of these patients have done reasonably well 20 years later, with the occasional loss of a tooth here or there. This thought was blasphemy to periodontists for years and years, but certainly it seems that conservative non-surgical periodontal recall visits and treatment has helped many patients maintain their dentition in a reasonable state so that they can function and smile with their original teeth for years.

As general dentists we have known that even with the best periodontal surgery treatment, patients would often fall into their old habits and eventually their dentition would fail anyway. Not all patients, but many of them.

We have learned that we have to treat people as people and sometimes you just cannot change them no matter what you do.

It seems to me that periodontists have now caught up with this concept and that is where this mind-set has really changed.
periodontics today. Patients like the concept of implants, which are still vastly underused in North America.

Many patients would rather not have to take care of their teeth and have these unsightly, mobile teeth extracted and replaced with implants, which would restore their function and their esthetics. With a 94 percent implant success rate, it is hard to argue when that success rate is so high compared to the poor long-term success rate of traditional periodontal surgery.

This is primarily because we have to depend upon the patients to keep up their regimen for the long-term success of their natural dentition.

New procedures — such as the wavelength optimized periodontal therapy (WPT) procedure with the Powerlase AT Laser by Lares Research, and LANAP procedures done with the Periolase laser by Millennium Dental — have brought periodontal services into the minimally invasive realm as a solution for patients who do want to keep their teeth without heavily invasive periodontal surgery.

Laser periodontal treatment will continue to develop and become even more effective in the future. Procedures such as implants and minimally invasive laser periodontal therapy will continue to improve and change the way we practice in this new decade.

Is this good or bad? You are the dental clinician, so this is for you, the periodontist and the patient to decide.
Offer pediatric patients a ‘NuSmile’

Esthetic crowns provide a durable restoration for decayed primary teeth

By Sierra Rendon, Managing Editor

NuSmile offers practitioners easy placement of esthetic stainless-steel crowns for children, said CEO/President Diane Johnson Krueger.

“Stainless-steel crowns have always been the restoration of choice for ease and durability for children whose teeth are affected by early childhood caries (ECC), but parents and doctors have never been happy with the esthetics of these restorations,” she said.

NuSmile was first introduced in 1991, and though other companies have similar products, Krueger said NuSmile is set apart by its quality and durability.

“There are a few other companies that have similar products, but NuSmile has performed with consistently higher results in laboratory studies that measure things such as fracture and fatigue resistance, color stability and wear,” she said.

“Also, in two separate surveys of pediatric dentists, more dentists preferred NuSmile crowns than any other esthetic pediatric crowns offered.”

Dentists can quickly learn the NuSmile technique for properly fitting crowns.

“The technique for placing Nu-Smile crowns differs a bit from the technique for placing standard stainless-steel crowns,” Krueger said. “We have a great instructional DVD with actual patient cases that demonstrates exactly how to prepare the tooth and seat a NuSmile crown. NuSmile crowns are offered for both anterior and posterior deciduous teeth.

“There are currently two shades offered; they are sold in kits and individually with no minimum order,” she said.

What’s the main thing to remember when considering NuSmile crowns?

“Easy placement, not technique-sensitive like a strip crown. Full coverage protection of remaining tooth structure, just like a stainless-steel crown,” Krueger said.

“Good esthetics for many years; these crowns are extremely durable ... more so than strip crowns or any other esthetic-coated crowns available.

“Our company is dedicated to beautiful, healthy smiles for all children. NuSmile anterior and posterior crowns are anatomically correct, stainless-steel crowns with the most natural-looking, tooth-colored facing available.”

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This website was developed for consumers in order to show them how to do self-examinations for oral cancer.

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During Class II preparation there is a major risk for damaging the adjacent tooth. Research shows adjacent teeth are damaged in up to 70 percent of all cases.

Until now, protection methods have the disadvantage that the shield loosens when the proximal contact point is cut away, increasing the risk of accidental aspiration of the shield.

The need for improved protection methods led Directa to design and develop FenderWedge, a plastic wedge with an attached vertical stainless-steel band that protects the adjacent teeth and, at the same time, separates the teeth for an optimal restoration of the contact point. FenderWedge is securely held in place throughout the entire preparation.

FenderWedge is inserted into the approximal space as easily as any other wedge. As the wedge creates interdental separation, the vertical steel band automatically establishes correct positioning for a good contact point.

The comfort of knowing that 0.08 mm of metal protection will help avoid needless damage to healthy teeth is simply priceless. FenderWedge is available in four different sizes from extra small (1.0 mm) to large (2.3 mm). They accommodate all interdental spaces.

In Directa’s quest to design and develop high-quality useful products, the logical next step after the use of FenderWedge is the introduction of FenderMate, an innovative wedge and section matrix combined. FenderMate offers a two-in-one-step procedure like nothing else in the market.

After pre-separation of the interdental space with FenderWedge, FenderWedge is removed and replaced by FenderMate. After insertion, FenderMate adapts around the tooth and holds shape without the use of a retention ring.

FenderMate’s flexible wing separates the teeth and firmly seals the cervical margin. A good contact point is created by the unique pre-shaped indentation in the matrix. No burnishing is necessary.

FenderMate is available in two wedge widths, regular and narrow, and for left or right application. The new innovative design accommodates most approximal spaces.

The combined use of FenderWedge and FenderMate sets a new standard in dentistry with a tissue-friendly approach for the preparation and filling of Class II cavities. FenderWedge protects the adjacent tooth and separates the teeth, thus creating a perfect contact point, while FenderMate aids fast and efficient restorations with a one-piece wedge and matrix application.

Information about Directa products and distributors may be found at www.directadental.com or by calling (203) 788-4224.

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Arizona—Doctor seeking to purchase general dentist practice, #21110
Shaw Low—2 Ops, 2 Hygiene Rooms, GR in 2007 $455,999
Phoenix—General Dentist seeking Practice Purchase Opportunity #21108
Phoenix—3 Ops, Equipped, GR $515K +3 Working Days #21113
North Scottsdale—General Dentist seeking Practice Purchase Opportunity #21109
Urban Tucson—6 Ops - 1 Equipped, 1 Hygiene, GR $900K #21112
Tucson—1,300 active patients, GR $800K Asking $655K #21116
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Citrus Heights—5 Ops, 1,500 sq. ft, 2-3 days hygiene #14511
Fresno—3 Ops, 1,300 sq. ft, GR $1,604,500 #14230
Madera—7 Ops, GR $1,921,667 #14281
Merced—1 Op, GR $684K, 1,500 sq. ft, 4 days hygiene #14121
N California Wine Country—4 Ops, 1,500 sq. ft, GR $956K #14126
Pine Grove—Nice 3 Op fully equipped office/practice GR $110,100 #14609
Porterville—6 Ops, 2,000 sq. ft, GR $2,820,000 #14291
Real Bluff—4 Ops, 2008 GR $1,000,000, Hygiene 10 days a week #14252
San Francisco—Patient Base for Sale - Owner Decided #14312
CONTACT: Dr. Dennis Hoover @ 908-513-5438
San Joaquin—6 Ops, 1,000 sq. ft, GR $1,222K #14265
Grass Valley—3 Ops, 1,500 sq. ft, GR $714K #14272
Orange County—7 Ops, 8 hygiene, 3000 sq. ft, Bldg. #14310
Redding—5 Ops, 2,200 sq. ft, GR $1 Million #14293
CONTACT: Dr. Thomas Wagner @ 916-412-3253
Laguna Beach—GR $895K 2008, 4 Ops, 2,000 sq. ft, GR #14314
Laguna Hills—GR $695K 2008, 6 Ops, Remodeled Office 2004 #14310
San Diego—GR $1,350K 2009, 5 Ops, PPO and Fee for Service #14315
CONTACT: Think Triad @ 949-533-8300

CONNECTICUT
Fairfield Area—General practice doing $800K #16106
Southbury—2 Ops, GR $255K #16111
Wallingford—2 Ops, GR $600K #16113
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Jacksonville—GR $1.3 Million, 3,800 sq. ft, 7 Ops, 8 days hygiene #18118
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GEORGIA
Atlanta Suburb—3 Ops, 2 Hygiene Rooms, GR $893K #19125
Atlanta Suburb—2 Ops, 2 Hygiene Rooms, GR $653K #19128
Atlanta Suburb—3 Ops, 1,270 sq. ft, GR $484K #19051
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Macon—3 Ops, 1,625K sq. ft, State of the art equipment #19103

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Ann Arbor—Low Overhead - Well Run Practice GR $600K #13018
CONTACT: Dr. Jim David @ 586-550-0800

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NEVADA
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NEW JERSEY
Mercer County—1 Op, Good Location, Trenton, GR $191K #31112
CONTACT: Shawn Mascetti @ 609-788-0471

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Brooklyn—3 Ops (1 Fully equipped), GR $175K #41113
Woodstock—2 Ops, Building also available for sale, GR $600K #41118
CONTACT: Dr. Dan Cohen @ 845-450-3034
Syracuse—1 Op, 1,800 sq. ft, GR over $700K #41107
CONTACT: Matt Han @ 315-265-1313
New York City—Specialty Practice, 5 Ops, GR $502K #41109
CONTACT: Richard Zafke @ 631-451-9524

NORTH CAROLINA
Charlotte—7 Ops, 5 Equipped #24142
Foothills—5 Ops #24122
Foothills—Dental emergency clinic, 3 Ops, GR in 2007 $737K #24114
New Hanover County—A practice on the coast, Growing Area #24135
Raleigh, Cary, Durham—Doctor looking to purchase #24127
CONTACT: Barbara Hardesty Parker @ 919-840-1555

OHIO
Medina—Associate to buy 1/3, rest of practice in future #41435
North Central—GR $679K, 4 Ops, Well Established #41439
North Central—GR $700K, 5 Ops, Well Established #41457
CONTACT: Dr. Dennis Hammer @ 614-825-8037

PENNSYLVANIA
Northwest of Pittsburgh—3 Ops, Victorian Mansion GR $1.2 Million #47160
CONTACT: Dr. Alan Shub @ 412-835-6237
Chester County—High End Office, 4 Ops, Digital, PPO #47148
Lackawanna County—1 Op, 1 Hygiene, GR $313K #47113
Lancaster County—Very Established Practice, Newly redecorated #47124
Montgomery County—Sports office, 2,000 sq. ft, 4 ops #47146
Philadelphia County (NE)—4 Ops, GR $500K, Est 25 years #47142
CONTACT: Shawn Mascetti @ 609-788-0471

RHODE ISLAND
Southern Rhode Island—4 Ops, GR $756K, Sale $860K #48102
CONTACT: Dr. Peter Goldberg @ 617-680-2930

SOUTH CAROLINA
Hhi—Doctor seeking to purchase a practice doing $300K a year #49103
CONTACT: Scott Carringer @ 704-814-4796
Columbia—7 Ops, 2,000 sq. ft, GR $678K #49102
CONTACT: Jim Cole @ 404-513-1573

TENNESSEE
Elizabeth—GR $385K #51107
Memphis—Large profitable practice GR $2 Million #51112
Suburban Memphis—Leading Practice in Area GR $396K #51113
CONTACT: George Lante @ 805-414-1524

TEXAS
Houston Area—GR $1.1 Million w/adj net income over $500K #52103
CONTACT: Deanna Wright @ 617-680-6883

VIRGINIA
Greater Roanoke Valley—2,500 sq. ft, GR $942K Updated #52111
CONTACT: Bob Anderson @ 804-640-2573

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CHANGING DENTISTRY. CHANGING LIVES.
Smile Design Wheel

A practical approach to smile design

By Sushil Koirala, Nepal

Modern trends in cosmetic dentistry and media coverage of smile makeovers have increased public awareness of dental esthetics. People now know that smile esthetics plays a key role in their sense of well-being, social acceptance, success at work, in relationships and self-confidence.

The esthetic expectations and demands of dental patients have increased substantially. Now, a glowing, healthy and vibrant smile is no longer available only to millionaires and movie stars. Therefore, many dentists are incorporating various smile design protocols in their daily practices to meet the increasing esthetic demands of their patients.

Smile esthetics

A smile is a facial expression that is closely related to the emotions and psychological state of a person. A smile is exhibited when a person expresses happiness, pleasure or amusement. It is the most important of facial expressions and is essential in expressing friendliness, agreement and appreciation.

A smile requires the coordination of facial, gingival and dental components that are stimulated voluntarily or involuntarily by various emotions.

It is evident that each smile is different and particular to each individual. On the other hand, an impaired smile has been associated with higher incidences of depression.

Esthetics deals with objective and subjective beauty. Objective beauty is based on the appreciable properties possessed by the object itself. Perception, however, in smile esthetics is based on the observable properties of the object in question.

Dentists share their thoughts on veneers

What do you charge for porcelain veneers?

By Fred Michmershuizen, Online Editor

The average price dentists charge their patients for porcelain veneers is about $1,100 per tooth, according to a survey conducted by The Wealthy Dentist, a website offering continuing education and marketing resources to dental professionals.

In the survey, dentists were also asked to share their thoughts about offering veneers. Responses included the following:

• “I wish I could do them cheaper, but good lab work and planning takes time and money,” said a Michigan dentist who responded to the survey.
• “The fee is not enough for the time it takes,” said another dentist, from Mississippi. “It is a lot more complicated than a dental crown.”
• “Depending upon the number of teeth to be done, I will discount my per-tooth fee,” said an Oklahoma dentist who responded to the survey.

The survey noted that porcelain veneers cost about the same as Luminers, a brand of teeth veneers that have become a popular part of cosmetic dentistry. Yet some dentists charge significantly more for Luminers veneers, while others charge significantly less.

Prosthodontists in the survey reported charging several hundred dollars more per tooth veneer than general dentists.

“We never say ‘crown’ in our prosthodontic practice. Our patients come back and say they ‘just love their new veneers.’ Think about it, crowns are really full veneers,” said a Tennessee prosthodontist.

“Veneers are the best tool available for doing an extreme dental makeover,” said Jim Du Molin, founder of The Wealthy Dentist. “With veneers, patients can change the size, shape and color of their teeth, giving them the smile of their dreams.”

The Wealthy Dentist is located at www.thewealthydentist.com.
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on personal beliefs, cultural influences, esthetic trends and fashion, and input from the media. Hence, smile esthetics is a multifaceted issue, which needs to be adequately addressed for any esthetic treatment. The objective beauty of a smile can be established with the application of various principles of smile design, and the creation of subjective beauty may enhance cosmetic value.

Smile design

Smile design has been defined in various ways in the literature; I would like to summarise it as follows: “Smile design is a systematic process governed by the psychology, health, function and rules of natural esthetics to bring about some changes in soft- and hard-oral tissue within anatomical, physiological and psychological limitations, thereby creating a positive influence on the overall esthetics of a person’s face and personality as a whole.”

We all appreciate a beautiful smile when we see it, but it is difficult to explain exactly what makes a smile beautiful. It is evident that a pleasing smile depends on the following features: the quality of the dental and gingival components, their conformity to the rules of structural beauty, the relationship between teeth and lips, and their harmonious integration with the facial components.

Overall facial beauty and smile esthetics are normally judged by psychological aspects — perception, personality, desire — the state of health, the mathematical ratio of the facial, dento-facial and dentogingival components. The psychological aspects are highly subjective and fluctuate constantly because of identity, peer and media pressure. Hence, the only objective method of esthetic analysis is mathematical.

Indeed, mathematics has been considered the only frame of reference for comprehending nature. Therefore, the cosmetic dentist needs to be familiar with various mathematical and geometric concepts for achieving smile esthetics and their clinical protocols.

The Smile Design Wheel

For any smile design procedure, the clinician needs to consider the elements of the smile design pyramids — psychology, health, function and esthetics (PHFA), listed here according to order of importance.

It is necessary to determine the patient’s psychological status, establish a healthy oral environment, restore function and then give attention to enhancing the aesthetic aspect. All four pyramids should be accorded equal importance to achieve a desirable clinical result.

By integrating these PHFA pyramids, I developed the Smile Design Wheel (Fig. 1), in which each pyramid is subdivided into three related zones. The Smile Design Wheel was devised as a simple guide to the most important components of smile design, their clinical significance and sequence to be maintained during the smile design procedure.

I believe that the Smile Design Wheel will help clinicians to closely comprehend the “complex” smile design procedures of aesthetic dentistry. In the next section, I will briefly explain the Smile Design Wheel protocols with PHFA pyramids assessment and their basic objectives.

Step No. 1: Understand the pyramids of psychology

According to Prof. Robert A. Baron, psychology is best defined as the science of behaviour and cognitive processes. Behaviour deals with any action or reaction of a living organism that can be observed or measured.

Cognitive processes deal with every aspect of our mental life: our thoughts, memories, mental images, reasoning, decision-making, and so on, in short, with all aspects of the human mind. In smile design, we normally try to understand the second part of psychology, i.e., the human mind or rather the minds of our patients. There are three fundamental zones we consider in detail for the psychological pyramid assessment: perception, personality and desire.

Perception

Perception is the process through which a person can select, organise and interpret input from their sensory receptors. A person cannot imagine beauty and esthetics without some input in advance. The media is the most common source of information at present regarding beauty and esthetics.

A patient usually conceives his or her own perception of smile esthetics based on his or her own personal influences, cultural trends, esthetic trends within society and information from the media.

Dentists need to communicate with their patients to determine such information during the initial consultation, which helps in understanding the patient’s perception of the treatment result.

The use of questionnaires, visual aids, such as previous clinical cases or smiles of various celebrities, can aid immensely in this process.

Personality

According to the human psycholgy, personality is an individual’s unique and relatively stable pattern of behaviour, thoughts and emotions. It is to be noted that each patient’s problem or concern should be comprehensively evaluated with respect to his or her personality type. According to Roger P. Levin, there are four personality types.

Driven: This type of person focuses on results, makes decisions quickly and dislikes small talk. They are highly organised, like details in condenced form, are businesslike and assertive.

Expressive: This type of person wants to feel good, is highly emotional, makes decisions quickly, dislikes details or paperwork, and likes to have a good time.

Amiable: People with this personality type are attracted by people with similar interests, fear consequences, are slow in decision-making, react poorly to pressure, are emotional and slow to change.

Analytical: This type of person requires endless details and information.
Desire
Desire is a subjective component. Increased public awareness of smile esthetics through the media has lead to a rapid increase in patients’ desires and levels of expectation. Patients are now willing to pay for the enhancement of their smile esthetics.

Therefore, the ethical responsibilities of cosmetic dentists in identifying the need- or want-based desires of patients have also increased. The desires and levels of expectation in many patients are higher than what is clinically achievable, and it is the clinician’s duty to explain and guide patients towards a realistic esthetic goal.

The psychological assessment of any person is very subjective; however, aspects like perception, personality, expectation or desire are important for the smile design procedure.

Patient satisfaction is closely related to these aspects. Hence, understanding the pyramid of psychology is an integral aspect in smile design.

**Step No. 2: Establish the pyramid of health**
The pyramid of health is divided into three zones: general health, specific health and dento-gingival health. The health pyramid assessment and its management play a vital role in most cases, as patients may have certain limitations owing to their health, such as uncontrolled diabetes, soft-tissue pathology, poor bone structure, poor oral hygiene, tooth decay, periodontal disease etc., which should be addressed prior to functional and esthetic treatment.

The health pyramid assessment process includes patient history (medical, dental, nutritional), examinations (extra-oral, intra-oral) and investigations (radiographs, pulp vitality test, study models analysis). Various types of questionnaires and clinical examination and investigation protocols can be used to obtain the necessary information relating to the patient’s health.

The clinician can use this information to prepare a personalised treatment protocol. All three components of the pyramid of health should be established within normal limits before starting any esthetic restorative procedure on a patient.

**Macro-esthetics**
Macro-esthetics deals with the overall structure of the face and its relation to the smile (Fig. 6). To appreciate the macro-esthetic components of any smile, the visual macro-esthetics distance should be more than 5 feet.

However, in clinical practice the assessment of the macro-esthetic components is done using various facial photographs with geometric and mathematical appraisals, using reference points and their interrelation.

Various facial reference points and guidelines are used for esthetic assessment for orthognathic and facial cosmetic surgery; however, in smile design the following macro-esthetic guidelines are considered fundamental: facial midline; facial thirds; interpupillary line; naso-labial angle; and Rickett’s E-plane.

**Mini-esthetics**
Mini-esthetics deals with the esthetic correlation of the lips, teeth and gums at rest and in smile position (Fig. 7). The esthetic correlation can be appreciated properly when viewed at a closer distance than the visual macro-esthetics distance.

The visual mini-esthetics distance is similar to the across-the-table distance, which is normally within 2 to 5 feet. There are various guidelines in esthetics based on the relationship and ratio between lips, teeth and gingival tissue. These can be analysed during mini-esthetic assessment using frontal, vertical and transverse characteristics of the smile. Clinical photographs are the basic tools for mini-esthetic analysis. The smile can be analysed at rest (M-position) or smile (E-position).

**Step No. 3: Restore the pyramid of function**
Function is related to force and movement. Hence, for the pyramid of function assessment, the existing occlusion, comfort and phonetics are properly examined with the evaluation of para-functional habits, level of comfort during chewing and deglutition, and temporomandibular joint movement.

The clarity of normal speech and pronunciation are also examined. The occlusion, comfort and phonetic components of the functional pyramid should be restored and maintained at an acceptable level before starting the treatment of any esthetic component.

**Step No. 4: Enhance the pyramid of esthetics**
The pyramid of esthetics is the last but most sensitive pyramid of the Smile Design Wheel, as esthetics has both subjective and objective aspects. The assessment of the subjective aspects — perception, personality, desire — is carried out during the pyramid of psychology assessment.

It is to be noted that the assessment of the objective aspects depends on the distance (focal length) used to visualise the esthetic component. Hence, the esthetics pyramid can broadly be divided into three major zones: macro, mini and micro.
of golden ratio; axial inclination; incisal embrasures; contact point progression; connector progression; shade progression; and surface micro-texture.

In smile design, the esthetic conditions related to gingival health and appearance are an essential component. The gingival shape, position, embrasure and contour in relation to the teeth are interdependent. The following are major aspects that should be addressed during smile design to achieve gingival or pink esthetics: gingival shape; gingival contour; gingival embrasure; gingival zenith; and gingival height (position or level).

To achieve higher patient satisfaction and long-lasting treatment results, the following should be the sequence in any smile design procedure: proper comprehension of psychological aspects, the establishment of health and the restoration of function within its normal limit, and the subsequent enhancement of esthetic components.

Conclusion

Today, various protocols of smile design are available in cosmetic dentistry. However, most clinicians wish to use the simplest protocol with the most predictable results. It is to be noted that smile design should always be a multifactorial decision-making process that allows the clinician to treat patients with an individualised and interdisciplinary approach.

The Smile Design Wheel presented in this article clearly indicates the most important components (PHFA pyramids) of smile design, their clinical significance and sequence to be maintained during the smile design procedure.

I believe that the Smile Design Wheel is a simple and practical protocol in smile design that can help the clinician to easily comprehend the ‘complex’ smile design procedures of esthetic dentistry.

Editorial note: A complete list of references is available from the publisher.
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