‘Dental caries is not easily prevented or treated in the most susceptible children’

An interview with Prof. Jill Fernandez and Drs. Neal Herman and Lily Lim of New York University

By Daniel Zimmermann, Dental Tribune International

In July, pediatric dentistry specialists will gather in Pasay City, the Philippines, for the seventh biennial congress of the Pediatric Dentistry Association of Asia.

Group Editor Daniel Zimmermann spoke with presenters Prof. Jill Fernandez and Drs. Neal Herman and Lily Kim from the New York University College of Dentistry about their participation and recent developments in the field.

The U.S. congress recently approved a new proposal for health care reform. In your opinion, what impact will this policy change have on children’s dental care?

Prof. Jill Fernandez: It is still too early to know what the final health reform bill will entail exactly, but as of now it does include mandatory pediatric dental care that requires dental coverage be offered as part of any essential benefits package for children younger than age 21.

The new law will enable stand-alone dental plans to offer dental benefits as part of any health insurance exchange and/or subcontract with medical plans.

The impact of this on the public and the profession could be monumental — the message is to begin oral health preventive interventions early in the lives of children, and that oral health is an integral part of overall health.

The oral health of children in the epidemic of pediatric dental disease and to help break its cycle.

NCOHF is a nonprofit organization dedicated to raising awareness of and fighting pediatric dental disease — the No. 1 chronic childhood illness — by facilitating delivery of comprehensive dental care.

So you’ve graduated from dental school and are ready to dive into private practice? Or perhaps you’ve been out of school for a year? Well, even if you’ve practiced for 10 years already, we’re willing to bet you’ll find some pearls of wisdom in this article by Sally McKenzie.

See page 4A

National Children’s Oral Health Foundation: America’s Toothfairy (NCOHF) was recently featured in a special section dedicated to oral health in The Wall Street Journal. As America’s Toothfairy, NCOHF is positioned to help shed light on the silent epidemic of pediatric dental disease and to help break its cycle.

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Secrets of success for the new dentist

So you’ve graduated from dental school and are ready to dive into private practice? Or perhaps you’ve been out of school for a year? Well, even if you’ve practiced for 10 years already, we’re willing to bet you’ll find some pearls of wisdom in this article by Sally McKenzie.

See page 4A
AAE uses Root Canal Awareness Week to dispel myths

By Fred Michmershuizen, Online Editor

Everyone’s heard the jokes, the innuendos and the comparisons to unpleasant things. Nothing can be so bad, according to popular perception, as having to undergo a root canal procedure. (Except perhaps an IRS audit.) That’s why every spring, the American Association of Endodontists (AAE) holds Root Canal Awareness Week.

The idea behind the event, according to the AAE, is to help dispel long-standing myths about root canal treatment and increase the public’s understanding of the procedure as one that is virtually painless. The week also seeks to raise awareness of endodontics as a specialty and highlight the importance of endodontists.

This year in particular, the AAE used its Root Canal Awareness Week, held in the spring, to help encourage general practitioners to refer more cases to endodontists and to help patients make more informed decisions about whether to see a specialist.

With their use of advanced technologies and expertise in administering anesthesia, the AAE pointed out that endodontists perform virtually painless root canal treatments that can last a lifetime. The AAE also says that patients who require endodontic therapy should ask general dentists about the benefits of consulting an endodontist, even if the GP does not recommend a specialist.

After all, the AAE pointed out, when it comes to many serious health needs, family physicians turn to specialists such as cardiologists for heart disease and podiatrists for foot troubles. However, when it comes to dentistry, general practitioners refer less than half of patients who need root canals to colleagues who specialize in the procedure, according to a recent survey by the AAE.

According to the survey, dentists refer an average of 46 percent of root canal patients to endodontists, yet almost all general dentist surveyed, 94 percent, say they have a positive or very positive perception of endodontists as well as the care they provide.

With more than 15 million root canals performed annually, the AAE used Root Canal Awareness Week — which ran March 28 to April 3 this year — to remind dental patients of the advanced painless root canal therapies that can last a lifetime. The AAE also says that patients who require endodontic therapy should ask general dentists about the benefits of consulting an endodontist, even if the GP does not recommend a specialist.

Reacting to remark by Obama

Speaking of the public’s perception of root canal treatment, the AAE did not let a negative reference to the procedure by President Barack Obama in his first State of the Union address earlier this year go unchecked.

Obama uttered the phrase “as popular as a root canal” when outlining the many difficult challenges facing the nation. The AAE pointed out that Obama unintentionally reinforced a myth and outdated misconception about the “unpopular” nature of root canal procedures.

“While we certainly understand the president’s intent, people need to know that root canals don’t cause pain, they relieve it,” remarked Dr. Gerald N. Glickman of the AAE, after Obama’s address. “Root canals may sound daunting, but endodontic procedures can do this procedure quickly, efficiently and with virtually no pain involved. The result is a restored natural tooth that can last a lifetime.”

The AAE also explained that most root canal treatments can be completed in one visit and are entirely comfortable. A national consumer survey published in 2009 shows that an overwhelming majority of root canal patients use positive words to describe the experience.

According to a previous AAE poll, those who had a root canal performed by an endodontist were six times more likely to describe it as “painless” than those who had never had the procedure.
Sybron is proud to support NCOHF, an NCOHF founding underwriter, past chairman of NCOHF, said: “As an NCOHF founding underwriter, Sybron is proud to support NCOHF’s innovative preventive programs to a growing network of not-for-profit university- and community-based dental clinics, health centers and mobile programs throughout the United States. Christian J. Drake, chief operating officer of NCOHF, told Dental Tribune that the exposure in The Wall Street Journal, which appeared in the paper’s Eastern edition on June 19, helped shed light among members of the public at large about the silent epidemic.

“It is also tremendously valuable to our work to help break the cycle of its devastating effects through supporting our national network of affiliates, which provide vital prevention, education and treatment services,” Drake said.

Since 2006, NCOHF has distributed more than $86.5 million in direct funding, donated dental products and technical resources to the affiliate network to expand and enhance critical oral health services for their local communities. In only four years, NCOHF affiliates have provided critical preventive, restorative and educational oral health services to more than 1 million children. The 10-year plan for the NCOHF affiliate network includes treating more than 5 million children through more than 500 centers throughout the United States and to begin providing global support to developing nations.

In addition, NCOHF aims to educate and screen more than 20 million children through schools, community events and ongoing, community-based prevention activities.

Corporate donations

The NCOHF recently announced it has received dental product donations from two of the largest dental products manufacturers in the United States.

Sybron Dental Specialties has donated dental products valued at more than $39,000 to NCOHF to provide vital dental treatment for underserved children across the country. Twenty-two NCOHF affiliate nonprofit oral health care centers received donated dental products throughout the year from DENTSPLY International.

Christopher Clark, president and chief operating officer of DENTSPLY, said: “DENTSPLY is proud to serve as a longstanding partner for the NCOHF affiliate network, providing both financial and product support. “NCOHF programs for underserved children meet the goals of DENTSPLY’s corporate philanthropy by improving dental prevention, education and access to care in our most vulnerable children. Only by working together can we eliminate the oral health crisis plaguing our nation.”

“We are very grateful that DENTSPLY has been a dedicated NCOHF underwriting partner since our founding in 2006,” Ingber said. “The continued generosity of DENTSPLY, through product donations as well as financial and technical support, has played a significant role in our affiliates’ ability to reach more than 1 million children with prevention, education and treatment services that give them hope for a pain-free and bright future.”

Thanks to generous corporate underwriters such as Sybron, DENTSPLY and many others, 100 percent of all contributions to America’s Toothfairy go directly to fund life-changing oral health care for the children in the United States who need it most.

More information about NCOHF is available online at www.ncohf.org.
Three essential lessons for every new dentist

By Sally McKenzie, CEO

After years of schooling, thousands of dollars in tuition, hours upon hours of clinics and exams, and tests and on and on, finally you entered the working world as a dentist. Just you and the patients. Wouldn’t it be great if it could really be that simple? It’s likely that it didn’t take you long to realize that once your tour in dental school was over, the learning process had only just begun.

Moreover, there are at least three key lessons that were probably barely touched upon in the dental school curriculum.

Lesson No. 1: How to deal with people
I’m not talking about the patients. You’ve been trained to manage the people you see every day, the ones you work with to elbow, those you depend on to represent you, to be sure you have enough money to pay your bills, to keep your schedule on track, etc.

Obviously, I’m talking about your team. Your success as a dentist is directly dependent upon your employees’ success. Unfortunately, one bad hiring decision can cost you a small fortune — estimates range between 1.5 to 5 times annual compensation — it can also damage patient relations, staff morale, and overall effectiveness of the practice.

Given what’s at stake, pay close attention to Lesson No. 1: Do your best to hire the best and never hire under pressure. Follow these steps and take a clear and measured approach to ensure that every employee you hire is the best fit for your growing practice.

Assess the systems before you bring in a new employee. If you’re hiring an office manager, look at business operations first. Are the business systems, scheduling, collections, recall, etc., working efficiently? If not, this is your chance to fix them, to integrate new protocols and establish up front how to handle those handled in your practice.

Take 15 minutes. Set aside 15 minutes to think about what you want the person in this position to do. Make a list. Consider what you are looking for in your ideal employee. Write a job description. Once you’ve given some thought to the position, update or write a job description for the job tailored to attract the employee you need. Include the job title, job summary and specific duties. This clarifies what skills the applicant must possess and explains what duties she/ he would perform.

Conduct interviews using a written set of standard questions for each applicant so you are able to compare responses to the same questions. Take advantage of Internet testing tools that are available to dentists. Such testing has been used in the business sector for years to help companies identify the better candidates for specific positions.

Lesson No. 2: Lead your team to excellence
If you're frustrated by what you perceive as average or below average team performance, determine if you've given them the foundation to achieve the standards you expect.

First, avoid the most common pitfalls in leading employees: Assuming you know best, and will save you from multiple hiring horrors.

Budget for training. Give your new employee the tools and the knowledge to achieve her/his best, and you’ll both benefit significantly.

Above all else, when it comes to staff hiring, make your decisions based on real data, not a candidate’s sunny disposition or your “gut feelings.”

Lesson No. 3: Document the process
Include the job title, job summary and specific duties. This clarifies what skills the applicant must possess and explains what duties she/he would perform.

Conduct interviews using a written set of standard questions for each applicant so you are able to compare responses to the same questions.

Avoid asking any personal questions. Ask follow-up questions based on the applicant’s responses. Jot down personal details to keep track of who’s who. The candidate is likely to be on her/his best behavior in the interview. If the applicant doesn’t impress you, you won’t get better after she/he is hired.

Test for the best. Take advantage of Internet testing tools that are available to dentists. Such testing has been used in the business sector for years to help companies identify the better candidates for specific positions.

Check ‘em out. Once the interview and testing process has enabled you to narrow the selection down to a couple of candidates, check their references and work histories. This step can yield tremendously helpful information and will save you from multiple hiring horrors.

Budget for training. Give your new employee the tools and the knowledge to achieve her/his best, and you’ll both benefit significantly.

Above all else, when it comes to staff hiring, make your decisions based on real data, not a candidate’s sunny disposition or your “gut feelings.”
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from the beginning. Do not convince yourself that because they’ve worked in this dental practice for X number of years, they know how you want things done.

They don’t, and they will simply keep performing their responsibilities according to what they think you want unless they are directed otherwise.

Recognize the strengths and weaknesses among your team members. All employees bring both to their positions. The fact is that some people are much better suited for certain responsibilities and not others. Just because “Rebecca” has been handling insurance and collections for the practice doesn’t mean she’s effective in those areas. Look at results.

Rebecca may be much more successful at scheduling and recall in your side. If an employee is not fulfilling her/his responsibilities, address the issue privately and directly with her/him. Be prepared to discuss the key points of the problem as you see it as well as possible resolutions.

Use performance reviews to motivate and encourage your team to thrive in their positions. Base your performance measurements on individual jobs. Focus on specific job-related goals and how those relate to improving the total practice.

Use effectively, employee performance measurements and reviews offer critical information that is essential in your efforts to make major decisions regarding patients, financial concerns, management systems, productivity and staff in your new practice.

Lesson No. 3: Keep your hands in the business

Certainly, it doesn’t take long to recognize that there are many hats for the dentist to wear. The hat that says “The CEO” is just as important as the hat that says “The Dentist.” It is critical that you completely understand the business of your practice.

There are 22 practice systems and you should be well-versed in each. If not, seek out courses for new dentists. The effectiveness of the practice systems will directly, and profoundly, affect your own success today and through the entirety of your career.

For starters, routinely monitor practice overhead. It should breakdown according to the following benchmarks to ensure that it is within the industry standard of 55 percent of collections:

- Dental supplies: 5 percent
- Office supplies: 2 percent
- Rent: 5 percent
- Laboratory: 10 percent
- Payroll: 20 percent
- Payroll taxes and benefits: 5 percent
- Miscellaneous: 10 percent

Keep a particularly close eye on staff salaries. Payroll should be between 20 and 22 percent of gross income. Tack on an additional 5 to 7 percent for payroll taxes and benefits. If your payroll costs are higher than that, they are hammering your profits. Here’s what may be happening:

- You have too many employees.
- You are giving raises based on longevity rather than productivity/performance.
- The hygiene department is not meeting the industry standard for production, which is 53 percent of total practice production.

The recall system, if there is one, is not structured to ensure that the hygiene schedule is full and appointments are kept.

Maximizing productivity: Hand-in-hand with practice overhead is production, and one area that directly affects your production is your schedule. Oftentimes, new dentists simply want to be busy, but it’s more important to be productive. Follow these steps to maximize productivity.

First, establish a goal. Let’s say yours is to break $700,000 in clinical production. This calculates to $1,875 per week, not including four weeks for vacation. Working 40 hours per week means you’ll need to produce about $564 per hour. If you want to work fewer hours, obviously per-hour production will need to be higher.

A crown charged out at $900, which takes two appointments for a total of two hours, exceeds the per hour production goal by $86. This excess can be applied to any shortfall caused by smaller ticket procedures. Use the steps below to determine the rate of hourly production in your practice.

The assistant logs the amount of time it takes to perform specific procedures. If the procedure takes the dentist three appointments, she should record the time needed for all three appointments.

Record the total fee for the procedure.

Determine the procedure value per hourly goal. To do this, take the cost of the procedure (for example, $900) divide it by the total time to perform the procedure ($900 + 120 minutes). That will give you your production per minute value ($7.50). Multiply that by 60 minutes ($7.50 x 70 = $450).

Compare that amount to the dentist’s hourly production goal. It must equal or exceed the identified goal.

Now you can identify tasks that can be delegated and opportunities for training that will maximize the assistant’s functions. You also should be able to see more clearly how set up and tasks can be made more efficient.

A career in dentistry is one of the most personally and professionally fulfilling fields you can choose. With the right team, clear leadership and effective business systems, you can enjoy tremendous personal success and lifelong financial security for you and your family.
The Future of Dentistry
What's In, What's Out: Materials and Methods to Keep You on the Cutting Edge

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Achievers
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Simple estate and tax planning for dentists

Failing to plan can have a devastating effect on your dental practice and your loved ones

By Stuart Oberman, Esq.

Statistically, 70 percent of all dentists will die without a will, and that number could be higher for dentists who fail to implement tax-saving strategies during their lifetime.

A failure to plan could directly affect the amount of estate taxes your estate may be required to pay to the IRS, and the amount of taxes you may be required to personally pay on a yearly basis. In some cases, estate taxes may be substantial.

Outlined below is essential estate planning and tax information you need to know today, so you can plan for tomorrow.

Make a will
You should state precisely who will receive your property at the time of your death (i.e., spouse, children, etc.). If you have minor children, you should appoint a guardian for your children. By preparing a will, you not only plan for the distribution of your property, but you also plan for your children’s future.

Consider a trust
There are two kinds of trusts, an irrevocable trust and a living trust. An irrevocable trust may be used for a variety of reasons, such as to avoid potential estate taxes, as well as asset protection.

If you have a life insurance policy, one of the easiest ways to avoid estate taxes on your life insurance proceeds is to establish an irrevocable life insurance trust (ILIT).

A properly prepared life insurance trust may protect your life insurance proceeds from estate taxes. A living trust is used to control your property while you are living and to avoid probate.

Make health-care directives
By creating a health-care directive, you will be able to set forth in writing your health care wishes and intentions.

Unless you outline in writing your health care wishes and intentions (life support, coma, vegetative state), someone other than a loved one may be forced to make life and death decisions for you.

Make financial power of attorney
A general power of attorney will allow you to appoint a trusted person to handle your finances if you are unable to do so yourself.

If you become incapacitated or disabled, who has the authority to handle the day-to-day operations of your dental practice?

Protect your children’s property
If you have minor children, you should appoint a trustee in your will (or trust) to handle the disposition of your children’s property in the event of your death.

If you fail to plan, your children may receive a substantial amount of property (land, dental practice, etc.) when they turn 18 years old. How long would $500,000 last in the hands of an 18 or 20 year old? Your will (or trust) should state what age(s) you wish your children to receive their property (21? 25? 50?)

File beneficiary forms
If you have a bank account or investment account, you may be able to designate a beneficiary for those accounts.

Many bank and investment accounts are “pay on death accounts,” which will allow the funds in such accounts to be paid directly to your designated beneficiary. In most cases, “pay on death accounts” are excluded from the probate process.

Consider life insurance
If you have substantial assets (home, investments, dental practice), you must have life insurance. However, in order to avoid estate taxes (which may be as high as 51 percent of your estate), you should consider establishing an ILIT (irrevocable life insurance trust).

Understand estate taxes
If you have accumulated any type of assets whatsoever (house, bank account, investments, life insurance and especially a dental practice), you must take the necessary steps in order to reduce your estate taxes. You have worked hard all of your life, and if you fail to plan, your family may lose everything.

Protect your business
If you are the sole owner of a dental practice or have a partner, you must have a business succession plan.

A succession plan should specifically outline what happens to your dental practice or your ownership interest in the dental practice at the time of your death. If you have a partner, you must have a shareholder’s agreement.

Store your documents
In order to ensure a smooth estate planning transition, the following records should be easily accessible:

- Will
- Trusts
- Insurance policies
- Real estate deeds
- Certificates for stocks, bonds, annuities
- Information on bank accounts, mutual funds and safe-deposit boxes
- Information on retirement plans, 401(k) accounts or IRAs
- Information on debts: credit cards, mortgages and loans, utilities and unpaid taxes

As the owner of a dental practice, you constantly deal with the day-to-day pressure (accounts receivable, employee problems, marketing, patients, etc.). In the rough and tumble world of dental practice management, don’t forget to manage your own estate.

Key estate planning numbers for the year 2010

Estate tax reform: As of December 31, 2009, Congress had not yet acted to reform the existing estate tax law.
You Need A Partner On Your Side

ILOISI shelf
Chicago-The 1 Phys., GR $750K, Sale Price $61K $2126
Chicago-Multi specialty practice, 14 ops, tremendous growth $2121
1 fl SW of Chicago-3 Ops, 2007 GR $410K, 28 years old $2121
Chicago-3 Ops, GR $600K, 3-4 day work week $2121
Galesie-GR $100K, located in Historic Bed & Breakfast Community $2129
Western Suburbs-3 Ops, 2-2000 sq ft, GR Approx $1.5M $2120
CONTACT: Al Breen @ 610-781-2176

INDIANA
Southern Dentist-soliciting practice purchase opportunity #29210
CONTACT: Joe Paul @ 856-297-0198

MAIN
Waverlye-High End Practice, GR $900K - Bidg also for sale $21212
CONTACT: Peter Goldberg @ 617-680-2950

MICHIGAN
Suburban Detroit-3 Ops, 1 Hygiene, GR $213K $31105
Ann Arbor Area-Awful Overhaul, Well Run Practice, GR $600K
CONTACT: Jim David @ 564-509-0080

MINNESOTA
Crow Wing County-4 Ops, Sale Price $412K $2108
Fargo/Moorhead Area-1 Op, GR $185K $21071
Central/Mobile Practice GR $111K $32108
Twin Cities-Move-in & practice immediately, GR $800K $32110
CONTACT: Mike Minor @ 612-961-2123

MISSISSIPPI
Eastern Central-10 Ops, 405 sq ft, GR $119K $31011
CONTACT: Donna Wright @ 800-750-8885

NEVADA
Reno-Standing Bidg., 2 Ops, 750 sq ft, GR $800K $31014
CONTACT: Jim David @ 564-509-0080

NEW HAMPSHIRE
Lakes Region-Nice fee for service practice plus real estate, GR $700K $32108
CONTACT: Peter Goldberg @ 617-680-2950

NEW JERSEY
Gloucester County-3 Ops, Extremely Busy Office, GR $119K $31014
Marboro-Associate position available $3102
Mercer Cty-3 Ops, good location, turn key, GR $191K $31012
Mercer County-1 Op, GR $800K $39012
Burlington-4-1 Ops, in 1000 sq ft, GR $600K $39212
Burlington-4-1 Ops, in 1000 sq ft, GR $600K $39212
CONTACT: Donna Couna @ 800-988-5074 x 151

NEW YORK
Ducks-1100 sq ft, completely automated, GR $800K $31292
Erie-6 ops in two story bldg, GR $33K $31332
Cattaraugus-600 sq ft, bldg avail, GR $35K $31232
CONTACT: Donna Couna @ 800-988-5074 x 151
Woodstock-2 Ops, Building also available for sale, GR $600K $31112
CONTACT: Don Cohen @ 691-460-3041
Syracuse-4 Ops, 1800 sq ft, GR over $700K $31107
CONTACT: Marty Hare @ 315-263-1313
New York City Specialty practice, 3 Ops, GR $500K $31109
CONTACT: Richard Zollik @ 651-931-4924

Suburbs of Syracuse-Great practice, growing community, GR $620K $31117
CONTACT: Donna Bambri @ 515-430-5643

NORTHER CAROLINA
New Hanover County-A practice on the coast, growing area $21125
Lake Norman Area-Highly productive practice, desirable location $2126
Pittsboro-Small Community Practice, stand alone bldg downtown, 3 ops $2128
Raleigh, Cary, Durham-Doctor looking to purchase $2127
CONTACT: Barbara Hardie Parker @ 919-818-1353
Mecklenburg-Great Eds practice w/huge referral base, GR $412K $32310
CONTACT: Donna Couna @ 800-986-5671 Ext. 131

OHIO
Medina-Associate to buy 1/3, rest of practice in future $4150
North Canton-GR $600K, 4 Ops, well established $4159
North Central-GR $700K, 5 Ops, well established $4157
CONTACT: Dr. Don Mooreland @ 414-823-8057

PENNSYLVANIA
Adams County-4 ops in stand alone bldg (also for sale), GR $629K $47208
Cumberland-Younger 4 op practice in stand alone bldg; GR $62K $47260
Delaware County-2700 sq ft with 7 ops, GR $69K $47208
Franklin County-4 ops in 2200 sq ft, GR $615K $47208
Monongahala County-6-1 ops in 1600 sq ft, fast growing area; GR $617K $472079
North Hampton-4 newly renovated ops, fully automated, GR $1.2M $47282
Northwestern PA/College Town-5 ops, GR $532K $472076
CONTACT: Donna Couna @ 800-986-5671 Ext. 131
Chester County-High End office, 4 doctors, Dphants, F/S + a few PHS
Lancaster County-Very established practice, newly reincorporated $47145
CONTACT: Sharon MacCrone @ 484-788-4071

SOUTH CAROLINA
Hhi-Dentist seeking to purchase a practice, producing $500K a year $49103
CONTACT: Scott Carringer @ 704-814-4756
Columbia-7 Ops, 2200 sq ft, GR $675K $49102
CONTACT: Jim Cole @ 803-513-1573

TENNESSEE
Elizabethton-GR $350K $51107
Memphis-Large profitable practice GR $2M $51112
Suburban Memphis-Leading practice in area, GR $946K $51113
CONTACT: George Lane @ 615-41-157

TEXAS
Houston Area-GR $1.1M w/djy net income over $500K $51205
CONTACT: Donna Wright @ 800-750-8885

VERMONT
Wildes, VT (near Hanover, NH)-GR $600K, w/condo $54104
CONTACT: Peter Goldberg @ 617-680-2950

VIRGINIA
Greater Roanoke Valley-2500 sq ft, GR $942K updated
Tappahannock-very nice practice, GR $428K, 1500 sq ft
CONTACT: Bob Anderson @ 804-640-2573

WISCONSIN
Milwaukee County-3100 Sq Ft, 5 Ops, Digital X-Ray, Laser $58111
CONTACT: Donna Wright @ 800-750-8885
Proper estate planning can be very easy.

Accordingly, as of Jan. 1, there is a one-year repeal of the estate tax. After 2010, unless Congress has acted, the estate tax will revert to the rules that existed before the Economic Growth and Tax Relief Reconciliation Act of 2001 where the highest estate and gift tax bracket is 55 percent, and the applicable exclusion amount is $1,000,000.

Annual gift tax exclusion
The gift tax annual exclusion remains at $13,000 for 2010.

Generation skipping transfer tax
As of Jan. 1, there is a one-year repeal of the generation skipping tax. Congress may attempt to reform the estate and generation skipping tax law in 2010.

If Congress does not act, the generation skipping tax will revert to the rules in effect before the Economic Growth and Tax Relief Reconciliation Act of 2001.

Retirement plans/defined benefit dollar amount
For defined benefit plans in 2010, the maximum benefit at age 65 under IRC Sec. 415(b) cannot exceed the lesser of (1) $195,000 or (2) 100 percent of the participant's average compensation for his/her high three years of active participation.

Defined contribution annual maximum
The annual limitation applicable to defined contributions plans for 2010 remains at the lesser of (1) $49,000 or (2) 100 percent of the participant's annual compensation.

Election deferral limit for SIMPLE IRAs and simple 401(k) plans
The limit on SIMPLE plan contributions remains at $11,500 in 2010. Catch-up contribution limits for individuals age 50 and older is $2,500.

Traditional IRA and Roth IRA
The traditional IRA and Roth IRA contribution limit for 2010 remains at $5,000. The IRA catch-up limit is $1,000 in 2010.

Personal exemption phase-out
Taxpayers are entitled to claim a personal exemption for themselves and for their dependents.

This personal exemption decreases their income subject to tax. The personal exemption amount remains at $3,650 for 2010. The personal exemption phase out is repealed for 2010.

A final word
As with any type of estate planning and yearly tax planning, you should always seek the assistance of a CPA, financial planner, your financial advisor and an attorney.

Proper estate and tax planning can be very easy. However, the consequences of failing to plan can have a devastating effect on your dental practice and your loved ones.

About the author
Stuart J. Oberman, Esq., has extensive experience in representing dentists during dental partnership agreements, partnership buy-ins, dental MSOs, commercial leasing, entity formation (professional corporations, limited liability companies), real estate transactions, employment law, dental board defense, estate planning, and other business transactions that a dentist will face during his or her career.

For questions or comments regarding this article, visit www.godentalattorney.com.
United States is poor and carries figures are at an all-time high. What are the reasons for this?

Fernandez: Actually, the oral health of children in the U.S. has improved significantly over the past few decades when you look at a national sample across all age groups. Today, most American children have excellent oral health, but a significant subset suffers from a high level of oral disease.

The recent advanced disease is found primarily amongst children living in poverty, some racial/ethnic minority populations, children with special health-care needs, and children with HIV/AIDS infection.

You might be referring to the National Health and Nutrition Examination Survey (NHANES) that demonstrated an increase in dental caries from 24 percent to 28 percent in the 2- to 5-year-old group.

The reasons for this are presently unclear, but this increase has reignited efforts in the U.S. to improve access to care for this age group and children in the U.S. to treat very young children in our population.

Early childhood caries (ECC) has increased not only in the U.S., but also worldwide. Should this area be considered a new priority in pediatric dentistry?

Fernandez: Early childhood caries, and efforts in the intervention and treatment of early dental decay, has always been a priority.

In order to combat the current national epidemic of ECC in young children effectively, a more comprehensive, collaborative approach to the education of parents by all newborn and pediatric health-care providers, such as nurses, pediatricians, pediatric general dentists, dental hygienists, pediatricians, pediatric nurse practitioners, obstetricians and gynecologists, is essential.

The American Academy of Pediatrics (AAP) began a collaborative effort with pediatric dentists to address the issue of ECC. The AAP has made strides in developing educational programs for pediatricians and family physicians to identify at-risk children and refer them for dental treatment.

However, for many children, access to dental care remains a problem and the number with dental caries seems to be growing. Many dentists do not have dental insurance; thus, they postpone dental treatments until the problem is so advanced that it can no longer be repaired.

It is unfortunate that even parents who have third-party coverage for dental care (Medicaid, Child Health Plus) and are from lower socioeconomic backgrounds often fail to seek dental care as part of general health-care services. As a result, pre-school children with Medicaid may still have untreated decayed teeth.

Frequent bottle feeding at night has been identified as a driving factor for ECC. Other studies have found a microbiological connection between mother and child, labeling ECC a transmissible disease. What is your opinion on this latest research and will it affect the way children should be treated?

Dr. Neal Herman: The nursing bottle has the potential of many other causative factors in ECC. What we conclude from the latest research is that dental caries is highly complex and perplexing, not easily prevented or treated in the most susceptible children.

It is believed these days that there are nutritional, behavioral, immunological and bacterial factors that must be considered in order to understand and prevent dental caries.

The traditional approach to ECC — the “drill and fill” solution of placing restorations in teeth as they become cavitated — has long been proven futile and often counterproductive. Therapeutic interventions, particularly utilizing fluoride varnish, have shown promise in preventing, arresting and reversing carious lesions.

Much more work must be done to document its success, but at least this “medical model” has begun to address the fact that ECC is a bacterial disease that requires more than just filling up the holes that are merely its symptoms.

Root-canal treatments in primary teeth are also becoming more common. Does the treatment differ in any way from that of permanent teeth?

Dr. Lily Lim: We’re not sure that pulp therapy is on the increase but if it is, it’s probably because more parents and dentists realize it’s best to try to preserve a primary tooth rather than extract it whenever possible.

The goals of treatment for primary teeth are not much different to that for permanent teeth. In both cases, diseased portions of the dental pulp are removed in an effort to preserve the hard structure of the tooth for functional or cosmetic purposes. Anatomical and physiological differences between primary and permanent teeth make a difference to the principle of root-canal treatment.

A permanent tooth requires an inert, solid, nonresorbable material that can last a lifetime, and gutta-percha fits that bill.

The ideal root-canal filling material for primary teeth should resorb at a similar rate to the primary root in order to permit normal eruption of the successor tooth; not be harmful to the underlying tissues or to the permanent tooth germ; fill the root canals easily, adhere to the walls and not shrink; be easily removed, if necessary; be radiopaque; be anti-septic; and not cause discoloration of the tooth.

There is currently no material that meets all these criteria, but the filling materials most commonly used for primary pulpectomies are non-reinforced zinc-oxide-eugenol paste, iodoform-based paste [KRI], and iodoform and calcium hydroxide [Vitapex].

A study in the Netherlands has found that prevention involving the counseling of parents on caries-promoting feeding behavior is often ineffective in the long term. Is there a lack of quality intervention strategies?

Herman: If we, or the World Health Organization, could answer this question, we’d have found the key to unlocking the mystery of improving oral health in human populations. It is probably true that without continual and periodic follow-up, counseling will wear off even amongst highly motivated individuals.

We think the key lies with education that begins early and promotes a sound nutritional and sustainable oral-hygiene model for parent and child alike. As you might imagine, this is a task not well-suited to the traditional dental care delivery model, and will require some serious paradigm changes to permit effective implementation.

What preventative measures do you recommend based on your clinical experience in New York?

Herman: Preventive measures and conservative therapies that confront the cause of the disease, rather than treat the symptoms, are the most effective and work the best.

Fluoride varnish has proven to be a godsend, although most of the evidence to date is empirical and anecdotal. Good long-term longitudinal studies are needed to prove conclusively what we already know as clinicians — an intensive regimen of fluoride varnish, along with advice on the measures, can control and often reverse dental decay, as well as prevent it.

Lim: Starting in infancy, children at risk for dental decay should be receiving twice yearly applications of fluoride varnish, whether by a dentist or dental professional, or as part of the preventive care from their pediatricians. More than 40 states in the U.S. have implemented such programs, and the outcomes are impressive — as much as 40 percent fewer children with early signs of ECC.

Fernandez: Collaboration between other health providers and the dental professions is key to combating the incidence of ECC.

You will be presenting at this year’s PDAAP Congress in Passy City. What will the participant be able to take home from your presentation?

Lim: At New York University [NYU] through education, outreach, training and collaboration with other health professionals, we have developed a multi-faceted approach to the many aspects of oral-health problems. Our presentation will describe the coordination of the strategies and programs that NYU employs, particularly in combating ECC.

Herman: Our presentation will examine and offer solutions to the management of ECC. We will offer a clinical therapeutic protocol that effectively stabilizes and/or arrests active caries, and that suggests a disease-intervention model of care that replaces restoration of teeth as the primary approach to the treatment of ECC in infants, toddlers and pre-school children.

Fernandez: Participants will learn about setting up an infant oral-health program in their offices using an auxiliary. The auxiliary should be able to conduct a risk assessment, provide anticipatory guidance and prescribe an individualized preventive program. Our presentation will outline the steps in establishing an infant oral-health program in the dental office.
‘Savor the flavors’ of dentistry in New Orleans

By Robin Goodman, Group Editor

As the second largest dental organization in the world, the AGD’s 2009 annual meeting attracted more than 3,000 attendees, which the AGD notes was its second most successful meeting in 10 years.

This year’s event in New Orleans the AGD has augmented its course offerings and events. Here are few highlights of note for the upcoming event.

**Dates to note**
- July 6 to 8: AGD House of Delegates
- July 8 to 11: AGD Annual Meeting & Exhibits

**Featured speakers**
- "Clear Aligner Therapy: How to Use it Successfully in Your Practice"
  - Willis J. Pumphrey, DDS
  - 8 a.m.–5 p.m., Friday, July 9
  - Learn the basic concepts of Clear Aligner Therapy and gain a better understanding of how it works and how to apply it
- "The Artistry of Direct Composite Veneers: Contour is King"
  - Michael R. Sesemann, DDS and Elizabeth M. Bakeman, DDS, FAGD
  - 8 a.m.–5 p.m., Friday, July 9
  - Learn to place, sculpt and contour for to six direct resin veneers.
- "Materials Selection for Esthetic Efficient Composite Resin Dentistry"
  - John O. Burgess, DDS, MS
  - 8 a.m.–5 p.m., Friday, July 9
  - This is a demonstration as well as a hands-on course. Create life-like anterior and posterior restoration by using new composite resin materials, adhesives, finishing materials and matrix systems.
  - Learn why some materials work and other don’t, and get answers to your most difficult clinical questions.

**Special events**
- Welcome Reception
  - 5 to 7 p.m., Thursday, July 8
  - Hobnob with those of a like mind over cocktails and conversation. As you wander, you can also peruse the newest products and technological advancements in the Exhibit Hall.
  - There will be hor d’oeuvres and a cash bar, as well as entertainment.
  - If you have kids along, the Kids’ Corner will be open during the cocktail hours.
- 5K Fun Run/Walk 5K
  - 6 a.m., Saturday, July 10
  - You’ll need a ticket to run or walk along the Mississippi River at this early hour, but know that it will benefit the AGD Foundation.
- Convocation
  - 4:30 p.m., Saturday, July 10
  - Held at the Hilton New Orleans Riverside, join in honoring the AGD fellows, masters, and lifelong learning and service recognition recipients. Your friends and family are also welcome to attend.
- Savor Your Saturday Night
  - 8 to 11 p.m., Saturday, July 10
  - Join the AGD at Mardi Gras World, which overlooks the Mississippi River.
  - The site features an indoor plantation that translated into fun for the entire family. Browse Mardi Gras floats from the days of yore to the present and indulge in Creole cuisine.
  - For more information about the meeting, visit [www.agd.org](http://www.agd.org).

For more information about the meeting, visit [www.agd.org](http://www.agd.org).
10:30 a.m.–12 p.m.  
• “The Critical Missing Element to Complete Care: What You Need to Know About Orofacial Myofunctional Therapy,” Barbara Green  
• “Six Steps to A Paperless Practice,” Dr. Lorne Lavine  
• “Periodontal Therapy for the Laser Hygienist,” Angie Mott

1:30–3 p.m.  
• “Advanced Cosmetic Smile Design: Let’s Take It To The Next Level,” Dr. David Buek  
• “Implants: How to Incorporate Them Into Your Practice for An Immediate ROI,” Dr. Leo Malin  
• “Team Environments: Dramatic, Draconian or Down-Right Amazing,” Tim Twigg

3:30–5 p.m.  
• “The Real Truth About Success,” Garrison Wynn

July 22
8:30–10 a.m.  
• “Heart Attack, Stroke, Obesity: Is Dentistry to Blame?” Dr. J. Brian Allman  
• “Building a Practice that Fits Your Personality,” Dr. Kent Johnson

10:30 a.m.–12 p.m.  
• “Scan 18: Friend or Foe?” Dr. Anne-Marie Cole  
• “Sleep in Your Practice,” Dr. Volinder Dhesi

3:30–5 p.m.  
• “Solving All Whitening Frustrations,” Dr. Rod Kurthy  
• “Dental Alchemy: Using Prime-Speak to transform an apathetic patient into your ideal patient,” Dr. Michael Sernik

July 23
8:30–10 a.m.  
• “Insurance Panel: How To Soar in an Insurance Controlled World Where They Want to Keep You Down,” Drs. Kurt Doolin, Jeffrey Haddad, Amy Norman, John Pawlowski, Shahin Safarian and Ed Suh with Dr. Bill Dickerson moderating

10:30 a.m.–12 p.m.  
• “Dr Thomas Understood: The Signs and Symptoms of TMD,” Drs. Norman Thomas and Heide Dickerson  
• “The 5 Ms of a Successful Practice,” Sally McKenzie

1:30–3 p.m.  
• “IDS: Immediate Dental Seal – An Important Adhesion Update,” Dr. Ron Jackson  
• “Perio Update,” Dr. Dee Nishimine Seminars: Imaging Systems; Cadent iTero

3:30–5 p.m.  
• “3-D Cone-beam CT and Neuromuscular Occlusion,” Dr. Dick Greenan  
• “Marketing: Just When You Think You Know It All, the Game Keeps Changing,” Dr. Curtis Westersund Seminars: Loyal Patients (3:30 p.m.); Compliance Services (4:15 p.m.)

July 24
8:30–10 a.m.  
• “Why Are Women So Strange and Men So Weird?” Dr. Bruce Christopher  
• “Why Are Women So Strange and Men So Weird?” Dr. Bruce Christopher
Isolite dryfield illuminator

The Isolite dryfield illuminator is an innovative dental isolation tool that combines the functions of light, suction and retraction into a single device, solving many of the frustrations that dental professionals deal with on a daily basis.

Isolite gently holds the patient’s mouth open, keeps the tongue out of the working field and guards the patient’s airway, all while continuously evacuating saliva and excess moisture.

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Latex-free Isolite mouthpieces are available in five sizes and position in seconds to provide complete, comfortable tongue and cheek retraction while shielding the airway.

Recently, the company debuted an even brighter, more technically advanced LED Smart Stick for the Isolite. The LED Smart Stick is a key component of the Isolite system and hosts the system’s light source, cooling technology and illumination settings.

In addition to boosting the LED Smart Stick’s light output by 100 percent, the engineering team at Isolite Systems made improvements to the structure and strength of the polycarbonate lens, improved the self-regulating cooling technology and made the electronic component almost completely resistant to water/spray. To learn more, call (800) 560-6066 or visit www.isolite systems.com.

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@dental-tribune.com. If you would like to make any change to your subscription (name, address or to opt out) please send us an e-mail at database@dental-tribune.com and be sure to include which publication you are referring to. Also, please note that subscription changes can take up to six weeks to process.

Fight oral cancer!

Prove to your patients just how committed you are to fighting the disease of oral cancer by signing up to be listed at www.oralcancerselfexam.com. This website was developed for consumers in order to show them how to do self-examinations for oral cancer.

Self-examination can help your patients to detect abnormalities or incipient oral cancer lesions early. Early detection in the fight against cancer is crucial and a primary benefit in encouraging your patients to engage in self-examinations. Secondly, as dental patients become more familiar with their oral cavity, it will stimulate them to receive treatment much faster.

Conducting your own inspection of patients’ oral cavities provides the perfect opportunity to mention that this is something they can easily do themselves as well. You can explain the procedure in brief and then let them know about the website, www.oralcancerselfexam.com, that can provide them with all the details they need.

If dental professionals do not take the lead in the fight against oral cancer, who will? And in the eyes of our patients, they likely would not expect anyone else to do so — would you?
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STA System

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- Dr. Jay Gerber
Director of Orthodontics

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Curve Dental, developers of Web-based dental software announced the company was one of 15 companies to receive the Pride Institute’s Best of Class Technology Award for 2010. Curve Dental was a winner in the emerging technology class.

“We’re honored to have been selected by the Pride Institute and recognized for the accomplishments we have made in dental software,” said Brad Pack, CEO of Curve Dental.

“We like nothing more than to create web-based tools that improve productivity, are more flexible to the doctor’s lifestyle and much more convenient. A web-based platform lets us think outside the box and deliver on our promise to provide a fresh alternative to dental software.

“And as a result, doctors every day are choosing Curve Dental over traditional software because they see us as a solution with less stress and more freedom. Pride Institute’s acknowledgment of what we are bringing to dentistry is a major achievement for Curve Dental.”

A panel of dental technology experts, organized by the Pride Institute, a dental practice management consulting firm based in Novato, Calif., placed Curve Dental on the list of winners in the emerging technologies class.

The winning companies and their products were chosen through an unbiased, rigorous assessment selection process in conjunction with a distinguished panel of known technology experts. The winning technologies were selected by majority vote and divided into four categories: foundational, diagnostic, therapeutic and emerging.

The Pride Institute Best of Class Technology awards were launched in 2009 as a new concept to provide an unbiased, non-profit assessment of available technologies in the dental space. Winners of the award are invited to participate in a technology fair showcased at the American Dental Association’s annual meeting.

“We deeply felt a gap in the area of technology education and integration,” said Lou Shuman, DMD, CAGS, President of the Pride Institute.

“We feel the technology awards are fair and are an ideal model to fill that gap. Pride Institute’s commitment is to provide the finest information and counsel in all areas of practice management.”

The panel consists of seven dentists with significant knowledge of and experience in dental technology, including Dr. Shuman; John Flucke, DDS, writer, speaker and technology editor for Dental Products Report; Paul Child, DMD, CDT, CEO of Clinician’s Report; Titus Schleyer, DMD, PhD, associate professor and director, Center for Dental Informatics at the University of Pittsburg, School of Dental Medicine; Marty Jahlow, DMD, technology writer and speaker; Para Kashalia, DDS, assistant professor of restorative dentistry at the University of the Pacific, School of Dentistry; and Larry Emmott, DDS, technology writer, speaker and dental marketing consulting.

“I feel very fortunate that a panel of this magnitude has agreed to contribute to the selection process,” said Dr. Shuman.

About Curve Dental

Founded in 2005, Curve Dental provides web-based dental software and related services to dental practices within the United States and Canada.

The company is privately held, headquartered in Orem, Utah, with offices in Calgary, Canada and Dunedin, New Zealand. Dentists can call (888) 910-4576 or visit www.curvedental.com for more information.

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In addition, Duration is backed by a five-year warranty, and a percentage of Duration sales is donated to the World Wildlife Fund.

To place an order for Duration air/water syringe tips, please call your preferred dental dealer.

For more information on this or any product from Hager Worldwide, e-mail info@hagerworldwide.com, visit www.hagerworldwide.com, or call (800) 3280-2555.

Pulpdent website features case studies

The Pulpdent website now includes case studies from Save That Tooth, the popular book by Pulpdent founder Dr. Harold Berk. The excerpts describe evidence-based, research-supported techniques for treating the vital pulp and the pulpless tooth.

Case studies on the site include “Congenital Defect, Youngest Pulpotomy Case Ever Reported” (Baby Gilbert), “Traumatic Injury” (Johnny the Newspaper Boy), and “Ectopic Eruption of a Dilacerated Central Incisor” (Kirk). The online content can be accessed at www.pulpdent.com.

Berk practiced dentistry for nearly 65 years and taught on the faculty of Tufts University School of Dental Medicine from 1946 to 2005. Save That Tooth contains his clinical memoirs and chronicles the original research in vital pulp therapy and root canal therapy, the techniques he pioneered and some of the fascinating and often complicated cases that were routinely treated by this most talented of educators and dental practitioners.
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Erosion comes to the fore

A report from a symposium dedicated to enamel erosion in children and adolescents

By Lisa Townshend, Dental Tribune U.K. Edition

Tooth wear due to factors such as acid erosion has become one of the hot topics of dentistry in recent years. With the recent appearance of products such as toothpastes, mouth rinses and mousses in the consumer market, the profile of enamel erosion has risen in both the public consciousness and clinical spheres.

Duggal's pre-congress symposium of the 10th Congress of the European Academy of Paediatric Dentistry, held jointly with the British Society of Paediatric Dentistry, focused entirely on the issue of tooth surface loss in children and adolescents.

The event was well attended for a Friday afternoon with almost 500 people ignoring the pull of beautiful sunshine in the Yorkshire moors to attend.

A first for paediatric dentistry, and chaired by Sven Poulsen and Jack Toumba, the afternoon started off with a look at the general issues surrounding tooth wear and some of the different products on offer that clinicians can recommend to patients presented by Prof. Monty Duggal.

The science of erosion

Duggal is currently professor and head of paediatric dentistry at Leeds Dental Institute and spoke about “The Science of Erosion and Challenges for Children,” discussing the significance of the introduction of consumer products aimed at combating tooth erosion. These products have caused massive interest research-wise about the efficacy of the products, and many discussions of the importance of tooth surface loss as a condition.

Duggal discussed how it is becoming a significant problem globally, and the size of the challenge faced by clinicians both in prevention and management of tooth surface loss.

Duggal looked at the aetiology of the condition, citing that one of the main difficulties in dealing with surface loss is that it is multi-factorial; a combination of acid erosion, attrition, abrasion and abfraction. An interesting point he made is that clinicians are not necessarily “programmed” to look for tooth wear, being more “addicted to caries.”

In terms of research, Duggal detailed a study he has been under-taking looking at a combination of products aimed at treating the condition to see what was more efficacious and in what combinations.

Duggal is very clear in his thoughts that the use of a combination of products and advice in a patient-tailored regimen is the most beneficial to patients. From the study, he found that one of the best combinations was a mix of GSK’s Pronamel toothpaste and GSK’s mouth mousse for helping to manage surface loss.

Solving the mystery

Next to the stage was Dr. Martha Ann Keels. Keels is currently the division chief of paediatric dentistry at Duke Children’s Hospital, located in North Carolina in the United States. Her presentation, “Solving the Mystery of Tooth Surface Loss, Role of Non-dietary Factors such as GORD and its Management,” was very specific in its look at gastroesophageal reflux disease (GORD), or GERD as the U.S. spelling variant, as the major causal factor of tooth surface loss.

Keels treats the oral damage caused by GORD in children and sees the various levels of tooth wear that it can cause. She detailed some of the risk factors, including eating habits, emotional stress (school, family issues, etc.), asthma sufferers and special needs patients. It has been noted that the condition is more prevalent in boys.

In case studies, Keels highlighted some of the treatment options available for sufferers and explained the indices used to monitor the progress of tooth surface loss. While her preference is dietary change over medication or surgical interventions, the list of treatments available is fairly broad. The 3, 2, 1, almost none lifestyle mantra is used at Duke Hospital:

- 5 portions of fruit/vegetables
- 4 glasses of water
- 3 structured meals
- 2 hours or less of screen time
- 1 hour of activity
- almost none: sugar

In addition, trying to treat child stress using easy breathing techniques, or relaxing before bedtime, is used to help alleviate any condition.

Keels looked at various medications that have been prescribed to help reduce the acid production in the patient’s stomach, including acid reducers and acid blockers. In some patient cases, surgery is necessary in the form of a Nissen Fundoplication.

When managing the dental effects of GORD, Keels described her simplified index, which can be utilised by team members to chart the progression of surface loss, be verified by the clinician and then used as a patient and parent visual aid to describe what’s going on.

Preventing dental erosion

After a short break for coffee, the delegates were treated to a presentation from Prof. David Bartlett, head of prosthodontics at Kings College London Dental Institute as well as a consultant in restorative dentistry and specialist in prosthodontics.

His presentation focused on “A Risky Situation: Aetiology and Prevention of Dental Erosion.” He discussed the different causes of erosion and what actually happens to a tooth as the enamel is eroded, using a series of images from a scanning electron microscope.

Bartlett looked at the need for the dietary advice given to patients, emphasising the need for the advice to not conflict with medical advice for healthy eating. His opinion was that it’s not what is eaten or drunk, but the frequency and how it is consumed. Using photos of tooth wear, he illustrated his points with anecdotes of patients he had seen in his career, including one who would take all day to eat an orange segment by segment.

He then discussed the research into tooth erosion he had been involved in over the years, and the three-step systems were better for permanent teeth.

In addition, he detailed a study he has been undertaking looking at a combination of products aimed at treating the condition to see what was more efficacious and in what combinations.

Bartlett discussed how it is becoming a significant problem globally, and the size of the challenge faced by clinicians both in prevention and management of tooth surface loss.

The final speaker of the afternoon was Dr. Martha Ann Keels. Keels is currently the division chief of paediatric dentistry at Duke Children’s Hospital, located in North Carolina in the United States. Her presentation, “Solving the Mystery of Tooth Surface Loss, Role of Non-dietary Factors such as GORD and its Management,” was very specific in its look at gastroesophageal reflux disease (GORD), or GERD as the U.S. spelling variant, as the major causal factor of tooth surface loss.

Keels treats the oral damage caused by GORD in children and sees the various levels of tooth wear that it can cause. She detailed some of the risk factors, including eating habits, emotional stress (school, family issues, etc.), asthma sufferers and special needs patients. It has been noted that the condition is more prevalent in boys.

In case studies, Keels highlighted some of the treatment options available for sufferers and explained the indices used to monitor the progress of tooth surface loss. While her preference is dietary change over medication or surgical interventions, the list of treatments available is fairly broad. The 3, 2, 1, almost none lifestyle mantra is used at Duke Hospital:

- 5 portions of fruit/vegetables
- 4 glasses of water
- 3 structured meals
- 2 hours or less of screen time
- 1 hour of activity
- almost none: sugar

In addition, trying to treat child stress using easy breathing techniques, or relaxing before bedtime, is used to help alleviate any condition.

Keels looked at various medications that have been prescribed to help reduce the acid production in the patient’s stomach, including acid reducers and acid blockers. In some patient cases, surgery is necessary in the form of a Nissen Fundoplication.

When managing the dental effects of GORD, Keels described her simplified index, which can be utilised by team members to chart the progression of surface loss, be verified by the clinician and then used as a patient and parent visual aid to describe what’s going on.

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Bartlett’s final message to delegates was very clear: clinicians can have an effect on preventing tooth erosion with a combination of treatment and advice.

Adhesion to dentine

The final speaker of the afternoon caused much excitement with the handing out of 3-D glasses for his presentation, “Adhesion to Dentine in Primary and Permanent Teeth.”

Prof. Dr. Roland Frankenberger is professor and chairman of operative dentistry at the University of Marburg in Germany and began his presentation with the acknowledgement that restorative therapy in children is not an easy task. Much of his talk centred on the relative merits of the different etch and bonding systems on both primary and permanent dentition.

Frankenberger stated that self-etch adhesives are very successful for primary teeth, but that the three-step systems were better for permanent teeth. “Use more bottles for permanent teeth” was his mantra.

He also used many images to illustrate the bonding strengths under different conditions, some in 3-D to fully demonstrate the processes taking place between tooth and adhesive.

A relevant topic

This pre-congress symposium was a fascinating look into the topic of tooth wear in children’s teeth, and raised many discussion points amongst the delegates.

As a topic that is becoming more relevant in today’s paediatric dentistry, the four presentations gave a very thorough grounding in what clinicians should be looking for, as well as providing a guiding hand in finding the evidence base needed to do the best for patients.
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Dr. Len Litkowski, DDS, and director of professional relations for DENTSPLY Professional stated: “This is the greatest breakthrough in high-speed, air-driven handpieces since their introduction by Midwest in the 1950s. Bringing electronic control to the dental handpiece to provide a constant speed, even under load, will make the dentist’s experience more efficient, effective and stress-free.”

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For more information, please contact your local DENTSPLY Professional Field Sales Representative or your local dealer representative, call DENTSPLY Professional Customer Service at (800) 9890-8825 or visit www.StylusATC.com.

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**System works well for P-ASA injections**

The STA Injection System, a computer-controlled local anesthetic delivery or C-CLAD (Fig. 1), is not only great for single-tooth anesthesia but is also very useful for administering multiple-tooth anesthesia injections such as the palatal-approach anterior superior alveolar nerve block (P-ASA).

The P-ASA is a single-site palatal injection into the nasopalatine canal (Fig. 2), which can produce bilateral anesthesia to six anterior teeth and the related facial and palatal gingival tissues (Fig. 3) without causing collateral numbness to the patient’s upper lip, face and muscles of facial expression (Fig. 4). Patients have said they really appreciate this.

Using significantly less anesthetic, this easy-to-administer injection can take the place of at least four supraperiosteal buccal infiltrations and a palatal injection.

It is valuable for cosmetic restorative dentistry procedures such as composites, veneers and crowns because you can immediately assess the patient’s smile line when the lip is used as a reference point.

The P-ASA is also useful for endodontic, periodontal and implant procedures. In fact, it is recommended as the primary injection for any or all of the six maxillary anterior teeth.

During administration and post-operatively, the P-ASA is a very comfortable injection for your patients because of the STA computer-controlled flow rate below the patient’s pain threshold, the use of minimal pressure and the ability to easily control the needle using the wand handpiece.

Check out the simple injection technique for the P-ASA on the STAis4U.com website.

Milestone Scientific asserts it’s easy to do, you’ll like it and so will your patients.
Air polishing primer

By Stephanie Wall, RDH, MSDH, MEd

Studies have shown that adequate plaque control can prevent gingivitis, periodontal disease and dental caries. Plaque control is achieved one of two ways — mechanically or professionally.

Mechanical control includes the self-care methods of proper brushing and flossing by an individual.

Professional control includes the in-office use of rubber cups or brushes, scalers and curets, or ultrasonic devices by a dental professional. Air polishing was introduced as an alternative that is less time-consuming and labor-intensive than the previously mentioned professional methods.

The air polishing system uses air and water pressure to deliver a controlled stream of specially processed sodium bicarbonate in a slurry through a handpiece nozzle. Fine particles of sodium bicarbonate are propelled by compressed air in a warm spray.

Water temperature is controlled and maintained at about 37 degrees Celsius or 100 degrees Fahrenheit. Air polishing has been firmly established as an equally safe and effective alternative to traditional methods of plaque and stain removal.

The first air polishing devices became available in the 1970s with mechanics that have not changed much since that time. The device uses pressurized air, water and sodium bicarbonate powder as the polishing medium. The inlet air pressure from the device is about 60 psi with the outlet pressure being delivered at about 58-60 psi. The water pressure ranges from 10-50 psi.

The sodium bicarbonate is a food grade tribasic combined with small amounts of calcium phosphate and silica that allow the powder to remain free flowing. This powder, combined with the pressurized air and water, will remove surface stains, plaque and other soft deposits frequently found on the tooth surfaces.

The decision to use air polishing should be based on the patient’s medical history and patient assessment. Indications for use include:

- General post-scaling procedures
- Cleaning of pits and fissures
- Interproximal cleaning
- Tooth preparation prior to etching
- Neutralization of acids prior to other procedures
- Removal of temporary cement residue
- Surface cleaning
- Cleaning of orthodontic bands and brackets

Contraindications for use include:

- Patients with respiratory, renal or metabolic disease
- Patients with exposed cementum or dentin
- Patients with metal restorations who require nickel-free applications
- Patients taking potassium, antacids, or diuretics or steroid therapy

Air polishing is safe for use on amalgam, gold, porcelain and orthodontic bands and brackets. It is not safe for use on all types of composite, glass ionomers, and luting agents.

Air polishing with the recommended sodium bicarbonate mixture does not damage titanium used for implants and is the method of choice for decontamination.

Recently new air polishing powders have been developed that include glycine, calcium carbonate and calcium sodium phosphate-silicate (NovaMin®). Glycine crystals can be grown using a solvent of water and sodium salt and then prepared for use in powder formulations.

Calcium carbonate, a naturally occurring substance, is often used as a filler for pharmaceutical drugs and as a main ingredient in antacids.

Calcium sodium phosphosilicate is a bioactive glass. It has the ability to interact with oral fluids and release sodium, calcium and phosphate ions resulting in remineralization of tooth enamel.

Consider including air polishing in your professional armamentarium as an effective and safe

JUNE 2010

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www.dental-tribune.com
alternative to traditional methods.

References
- Barnes, C. An In-depth Look at Air Polishing. Dimensions of DH, March 2010.

About the author
Stephanie Wall has been a dental hygienist for more than 20 years. She recently completed training as an orofacial myologist and will be opening her practice, The Orofacial Myology Center of South Carolina, this year. She is also an active member of Career-Fusion.

Wall resides with her two cats in Mount Pleasant, S.C. You may contact her at rdhms@live.com.
Xylitol, the dietary substance long used in the management of diabetes and weight control, is proving to be a healthcare powerhouse, say scientists and dental professionals around the world. Repeated studies indicate the sugar substitute has strong cavity-fighting properties when used several times a day. Studies have also shown xylitol to reduce sinus and ear infections.

“The action of sugarless gum and candy containing xylitol has been a happy surprise to the healthcare community,” said Dr. Allan Melnick, a clinical dentist from Encino, Calif. “This therapeutic sweetener substantially reduces the bacteria streptococcus mutans in the mouth. It lowers oral acid levels, adjusts pH and reduces tooth plaque, resulting in less tooth decay and gum disease.”

Xylitol is a sugar alcohol found in plants such as berries, corn and plums. It also is produced in humans during normal metabolism. Dental experts say it to all my patients.”

Melnick said. “In a follow-up study five years later by the University of Washington, xylitol subjects showed a 70 percent reduction in tooth decay for children chewing xylitol gum in comparison to those who chewed none or had gum sweetened with other substances.”

“A 40-month, multinational chewing gum study published in the Journal of Dental Research showed decreased tooth decay for children chewing xylitol gum in comparison to those who chewed none or had gum sweetened with other substances,” Melnick said. “In a follow-up study five years later by the University of Washington, xylitol subjects showed a 70 percent reduction in tooth decay — evidence of long-term benefits. That’s huge, especially for high-risk groups.”

The sweetener has been linked to tooth self-repair, reduction in bacterial levels, improved saliva levels in dry mouth patients and reduced ear infection cases in children, said Trisha O’Hehir of Arizona, a dental hygienist, educator and a well-known xylitol expert. She noted that there is no aftertaste and xylitol has only half the calories of sucrose. Xylitol also has a slower rate of absorption than sugar — 88 percent slower — which helps to keep blood sugar levels stable.

Additional research has shown that xylitol — like bacteria — has the ability to adhere to body tissues. In a controlled study, solutions of xylitol were able to reduce the presence of staph bacteria. Lab animals given xylitol also exhibited an increase in white blood cells, which are part of a body’s natural defense against bacterial infections.

Animal studies in Finland indicate xylitol in the diet promotes the intestinal absorption of calcium and has the potential to reduce or reverse bone loss in humans. Its use is being considered as a preventive measure to deal with osteoporosis, which affects more than 10 million people in the United States.

“Xylitol a superhero in crusade against cavities

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The properties of xylitol, a five-carbon sugar alcohol.

The U.S. Army promotes the use of this sweetener in its “Look for Xylitol First” initiative, and in the last two years dental associations in Wisconsin, Hawaii, California and Arizona have endorsed xylitol for its preventive benefits. Several other state dental associations are planning the same endorsement shortly.

“The average American consumes half a cup of sugar a day in some form or other. It’s having a devastating effect on our teeth and overall health,” Melnick said.

“So, it’s crucial that we make changes. While diet modification, brushing and dental office visits are obvious, something as simple as chewing xylitol gum a couple times a day can help dramatically. It tastes good, it’s something you can carry in your pocket, and you don’t have to make an appointment. I recommend it to all my patients.”

(Source: PRWeb)

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By John Aitchison, CDT, Minot Dental Laboratory
and Bob Steingart, SensAble Dental Products

To date, dental CAD/CAM systems have primarily focused on creating only one specific type of fixed restoration — zirconia copings. As the digital evolution in the dental industry continues, innovative software combined with tightly integrated hardware, as well as new materials and fabrication techniques, are making it possible for dental labs to purchase one system and use it to create multiple types of restorations.

For example, newer systems allow the digital design of removable restorations — metal and flexible partials — along with full-contour crowns and bridges.

With Baby Boomers and the current economic conditions fueling demand for removable prosthetics, along with the ability to design removables digitally instead of painstakingly by hand, many labs that may have outsourced partials in recent years now view investing in CAD/CAM to produce them in-house as a viable way to grow their businesses.

Our lab has been using the SensAble Dental Lab system since late 2008. We have completed almost 14,000 restorations with it — including both partials and crown and bridge work — and the time savings is tremendous.

We digitally design and wax a three-unit bridge in less than 10 minutes, compared to hand waxing, which used to take us 90 minutes. We can complete a press over metal (PoM) crown in less than four minutes.

We start with a tooth from one of the fully integrated digital tooth libraries; design the crown; and then simply press a button to create the anatomical coping. One technician digitally designed a porcelain fused metal (PFM) coping in literally 45 seconds. We are also seeing incredible efficiencies when digitally designing partials. The system gives us the creative freedom to tackle even the most challenging cases. We don’t have to make any special changes to our system to accommodate partials, compared to crown and bridge work.

Two of our most recent cases illustrate the system’s flexibility and the time-savings we are able to achieve — time that frees us to do other cases — as well as the added efficiencies and economies of scale that virtual dentistry can provide to grow our businesses.

Fig. 1a

Fig. 1b

(Photos/Provided by SensAble Dental Products)
An introduction to the Lab Tribune

Dear fellow dental professional,
Welcome to the inaugural issue of Lab Tribune! Both dentists and laboratory technicians alike can agree that a commitment to invest in developing an excellent working relationship is time well spent.

As dental professionals, we need to recognize the important contribution we make together for the patients we serve and continue to expand our knowledge and develop our skills to excel in the dental profession.

With that in mind, we have launched Lab Tribune as a monthly insert for our Dental Tribune biweekly.

Our purpose is to bring to our readers — both technicians and dentists — information on topics that are of utmost importance toward fostering an excellent working relationship between the laboratory team and the dentists they work with.

In addition, we would also like to create an open forum that presents the current discussions on new technologies, challenges we face and solutions to everyday situations we encounter.

We look forward to hearing any suggestions you might have for article topics, as well as hearing any general feedback you would like to share with us. Please do not hesitate to contact me at laura@lkdentalstudio.com.

Sincerely,
Laura Kelly
Accredited Technician, ACD

Sirona also enlisted an impressive who’s-who list of dental industry speakers for the seminars, including:
• Eddie Corrales
• Russell Giordano, DMD, DMSc, FADM
• Greg Harris, vice president, Novadent Group
• Intlaz Manji, CEO, Scottsdale Center for Dentistry
• William R. Mrazek, BS, CDT
• Matt Roberts, CDT, Aacd
• Mike Skramstad, DDS

For more information about Sirona and future Sirona events, check www.sirona.com periodically.

About Sirona Dental Systems
Recognized as a leading global manufacturer of technologically advanced, high-quality dental equipment, Sirona has served equipment dealers and dentists worldwide for more than 125 years. Sirona develops, manufactures, and markets a complete line of dental products. Visit www.sirona.com for more information about Sirona and its products.

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precision that comes from working digitally.

Partial case
In the first case (Figs. 1a, 1b), the patient had only six of his natural teeth remaining on his lower arch, and was about to lose two more—the first bicuspids on each side (#21 and #28). These two teeth were helping to retain the patient’s current restoration in place.

SensAble’s system made it fast and straightforward to design a new removable restoration specifically to meet the challenges of this case.

Our technician designed a partial with four I-bar clasps that contact the four remaining teeth to provide ample retention, while still being positioned low enough as to not show when the patient smiles.

Additionally, we added lingual plates for the required bracing on all four teeth. These lingual plates will also be incorporated into each bridge design that the patient will need in the future.

Built in time-saving features such as digital survey and block out; presets for clasps, mesh designs and lingual bars; a digital waxing tool that allows us to precisely set wax thickness; and a special tool that rapidly creates sprues on the digital model, enable us to complete our digital designs in record time.

On this case, we surveyed and blocked out in less than one minute and digitally designed the partial in less than 20 minutes — compared to 45 minutes to 1 hour using traditional methods.

We also saved more time, and reduced costs, because we didn’t have to create or wait for a refractory model before we could get started or purchase the refractory material. When you hand wax a partial, there’s plenty of opportunity for human error, but with the SensAble system, the accuracy is superb! Once the digital design is complete, the system prints a resin pattern, which is then invested and cast using traditional methods and materials. The metal frameworks are so accurate that we literally take them out of the casting oven and sandblast them, and they’re ready to polish.

We save time and completely eliminate the possible errors associated with using grinding wheels and stones to finish the metal partials. Additionally, because we have a digital file of this partial, we can easily modify this design to accom-

Fig. 2
moderate any future loss of dentition that this patient may have. If we were hand-waxing this partial, we would basically have to start anew.

With the SensAble system, our technician can simply recall the original design and change it as needed, without requiring the patient to return to the dentist — making it easier for the patient and freeing up the dentist to see other patients. Having digital files of our designs also saves us time in the case of a miscast.

Full-contour crown case
One of our other cases (Fig. 2) involved a patient who completely sheared off the top of a molar, and required a crown to restore the tooth.

In this case, we felt an all-ceramic pressed restoration (monolithic) would provide a better solution than a porcelain-fused-to-metal (PFM) crown because the high tensile strength of a ceramic pressable restoration could withstand the constant pressure of chewing, required of a molar.

Also, an all-ceramic crown would be more esthetically pleasing — all-white as opposed to white with an unappealing, thin, black metal line where the crown and gum tissue meet.

In this case, the dentist prepared the top of the patient’s remaining tooth.

Using one of the integrated tooth libraries in the SensAble system, the technician designed a full contour crown (Fig. 2), literally in two minutes — a crown that anatomically matches the patient’s other teeth and fits perfectly.

Next, the digital design was printed in resin, which was used to create an investment mold. Then, in one final step, the heated ceramic ingot was pressed into the pre-heated mold to produce the final pearly, luminous restoration.

Conclusion
In today’s economy, labs are seeking more ways to work smarter as well as more efficiently to produce precise, high-quality restorations. New, highly versatile dental CAD/CAM systems that deliver multiple types of restorations, along with consistent results, regardless of which technician does the work, give labs a greater return on their technology investment.

Labs that purchase with an eye toward maximizing the use of their CAD/CAM systems will ultimately win out as our industry continues to transition to a digital future.

John Aitchison, CDT, owner of Minot Dental Laboratory, has more than 55 years of experience in the dental lab industry. Minot Dental Laboratory is one of the oldest continually operating full-service dental labs in the United States, founded in 1906, with more than 20 staffers and a commitment to quality and innovation.

Bob Steingart, president of SensAble Dental Products, has more than 25 years experience in successfully transforming innovative technologies into commercial solutions. He has held executive positions in business development, product management and marketing at Avid Technologies, EMC, Lotus Development, Sitara Networks and Kurzweil Applied Intelligence. Steingart holds an MBA from Harvard Business School and BSEE and MSEE from MIT.
Emdin International Corporation is celebrating its 25th anniversary of providing premium quality dental laboratory products.

The company manufactures dental casting investments, gypsum stones and plasters, alginate impression material and an assortment of other products including die lubricant, gypsum hardener and debubblizer for dentists and dental laboratories.

As an added convenience to its customers, the company now also provides premium non-precious alloys, waxes, aluminum oxide and other products to meet the needs of laboratories.

Emdin specializes in developing and manufacturing investments to maintain the high standards of the industry.

For the past 25 years, Emdin has been providing Starvest, its premier micro-fine phosphate-bonded universal investment for all alloys and pressable ceramics, to the dental laboratory industry.

Since its introduction in 1986, millions of castings have been made in Starvest by thousands of dental laboratories and jewelers in more than 20 countries and, according to the company, it remains a very popular crown and bridge casting investment in the United States.

Laboratories appreciate the versatility of the material as it can be used for both standard and rapid burnout, overnight and repeated burnout, ring or ringless technique, for precious and non-precious alloys, as well as pressable ceramics and implants.

Starvest is known for having the smallest particle size on the market, smooth and bubble-free castings, an easy-to-mix and creamy consistency, excellent working and setting time, ultra smooth castings, superb batch-to-batch consistency, reduced finishing time and materials and far less rework.

To learn more about Starvest and other Emdin products, please visit the website at www.emdin.com or e-mail info@emdin.com.
Flexible partials were first developed in the early 1950s. Arpad Nagy of New York commercialized the first nylon-based flexible partial denture system, called Valplast, in 1953. At the time, academics felt that a partial denture must be rigid in order to distribute masticatory forces to the remaining dentition. As a result, the usage of flexible plastic partial dentures was limited. Another New York-based company introduced a product in the early 1960s called Flexite. It was similar to Valplast, but offered several varieties of materials.

As the “Hollywood Smile” became a quest for dental patients in the 1970s and ’80s, dentists were forced to look for prosthetic solutions that were both esthetic and functional. Flexible partial dentures were becoming an accepted treatment plan for some patients who demanded high esthetics and had healthy remaining dentition. In 1999, DENTSPLY International introduced FRS, a flexible partial system based on the “Success” injection system. One objective of this system was to address a common complaint among dental professionals using flexible partial denture materials: adjustments/polishing.

Valplast has a relatively low melting temperature, so when a clinician adjusts the material chairside, the heat of a bur causes the material to melt and form small balls on the surface. These surface defects are difficult to remove, leaving users frustrated. The FRS material has a higher melting temperature, thus this problem was reduced. However, the higher melting temperature of FRS results in more potential for fracture as compared to Valplast.

While an acrylic complete denture is easily repaired with methylmethacrylate, with a nylon-based flexible partial it is very difficult, if not impossible, to make a permanent repair.

The growth of flexible partials is now in full swing. The newest material on the market, introduced in 2008, is called FlexStar, from Nobilium in Albany, N.Y. This material uses advancements in plastics technology that result in slightly higher melting temperatures as compared to Valplast.

These features result in a material that is easier to adjust and polish chairside. In addition, it retains flexibility in the mouth and is virtually unbreakable. There is a limit to the clinical indication for a flexible partial denture. Some patients with severe periodontic problems are not good candidates.

However, as long as “Hollywood” is producing smiles, there will be a demand for esthetic and functional removable appliances.
Aurident Incorporated was founded by Howard and Fredelle Hoffman in 1974 with one basic philosophy — to manufacture dental alloys that provide crown and bridge laboratories and dentists nationwide with excellent quality and service, and competitive prices. In the past 35 years, Aurident has grown extensively worldwide, and has developed a wide range of PFM and casting alloys.

“We’re committed to superior customer service and satisfaction,” said Leonard Hoffman, general manager of Aurident. “Our goal is to become a primary source for alloys and dental materials in the years ahead. Dental laboratories reliant on fast service, quality and competitive prices continue to benefit from purchasing Aurident alloys.”

Recently, Aurident reinstated its rewards program, which provides points for each alloy purchase. Points can be redeemed for free silver or gold coins. Aurident is based in Fullerton Calif. Local dental laboratories enjoy same-day delivery as alloy orders are placed, or they may pick up anytime during business hours for same-day convenience.

For more information on Aurident, call (800) 422-7375 or visit www.aurident.com.

(Source: Aurident Incorporated)

Aurident’s Auritex-40 reduces costs on a high noble PFM alloy

Auritex-40 from Aurident is an affordable white high noble alloy for PFM applications. Containing 40 percent gold, 40 percent palladium and 10 percent silver, Auritex-40 is designed to help laboratories reduce costs for a white high noble alloy. Compatible with a wide range of porcelains, Auritex-40 is easy to use and work with. The alloy is ideal for high-stress applications such as longspan bridges and as single units. Earn six Aurident Rewards Points for each ounce of Auritex-40 ordered.

For more details on Auritex-40 or to place an order, call Aurident at (800) 422-7375 or visit www.aurident.com.

Aurident’s GH gold casting alloy lowers costs

Aurident’s GH is a high noble, fine-grain, type III crown and bridge gold alloy containing 52 percent gold, 0.1 percent platinum, 8 percent palladium and 21.5 percent silver. Excellent castings with a rich gold color can be produced at a lower cost than higher gold content alloys, without compromising quality. Outstanding mechanical properties make GH suitable for single units and bridges. GH is easy to cast and work with, resistant to tarnishing and can be efficiently used by either high- or low-production laboratories.

You also earn six Aurident Rewards Points for each ounce of GH alloy ordered.

For more information on GH or to place an order, call (800) 422-7375 or visit www.aurident.com.