Avoid practice ‘passivity’

Should dental practices simply “sit tight” until the economy improves? Absolutely not! Even if the economy is down, you hold within your hands the power to grow your practice. Page 4

Shrapnel detection in veterans

Few of the medical reports and studies that describe patients treated for shrapnel wounds, including potential toxicological implications, are illustrated from an oral and maxillofacial perspective. Page 11

Using electric handpieces

Following a regular maintenance schedule will ensure the safe use of your electric handpieces. Staff members should learn how to clean these instruments, and record the dates of regular cleanings. Page 11

Ortho in months rather than years

I n May of 1998, Pennsylvania periodontist Tom Wilcko introduced his now trademarked Wilckodontics procedure at a table clinic during the American Association of Orthodontic's Annual Session. This surgical procedure is now a part of the accelerated orthodontics used for adult patients with mature bones in order to reduce their amount of time in braces.

Ten years later, in the May 2008 issue of Compendium of Continuing Education in Dentistry, a team of USC researchers at the School of Dentistry published a case study that appears to have improved upon Wilckodontics. Led by Director of the USC School of Dentistry and Advanced Education in Periodontology Sam Nowyari (DDS, PhD), the team used the Periodontally Accelerated Osteogenic Orthodontics (PAOO) procedure. During the PAOO procedure, an oral surgeon or periodontist scores the bone holding teeth in place and applies bovine bone and bioactive glass particles in the grooves. The bone healing process makes the bone softer, and this is what allows for faster movement when braces are then applied, thus shortening years into months. However, in the newly published study, Nowyari's team used the patient's own bone rather than bovine bone, an improvement that eliminates the risk of any disease transmission.

By Robin Goodman, Group Editor

How one dentist improves patient health by using early detection

On Scheftore, DDS, in Westmont, Ill. was the first dentist certified with a Clinical Laboratory Improvement Amendments (CLIA) Certificate to perform moderately complex blood tests in a dental office. For accuracy and to eliminate dentist liability he uses the new FDA-approved blood kits to screen for hsCRP, full panel cholesterol and diabetes risk assessment. He also created the Healthy Heart Dentistry program that is taught to dentists across the United States Recently, Dental Tribune caught up with Dr. Scheftore for a little chat.

How long have you been practicing dentistry and why did you choose to become certified to perform diabetes screening in your dental office?

I have been in private practice for 25 years. It will help if I can give you a little history. I realized at the beginning of my career that scaling and root planning were not enough to keep my periodontal patients well long term. So 20 years ago I added an electric brush and interdental cleaners to their home care, which improved treatment outcome.

Eighteen years ago I added stabilized chlorine dioxide mouthwash and toothpaste (Closys) and periodontal nutraceuticals to patient home care. This really improved treatment outcomes and long-term periodontal health. However, there was still a portion of my patients that did not respond well to treatment or I had to rescale them after two to three years on compliant patients. I knew there was another missing piece of the puzzle.

Recently it was shown that periodontal disease can elevate cholesterol, glucose levels and high sensitivity C-reactive protein (hsCRP). I had the idea that maybe some of my periodontal patients had an underlying medical issue. So I started screening for hsCRP, cholesterol and glucose before and after periodontal treatment.

Patients often complained to me they would have to make a separate appointment at the blood lab, pay $550 for tests, and have to give the lab a vial of blood. So I looked into performing lab accurate blood tests in my office with only a few drops of blood, and so it would be inexpensive for the patient. Over 50 percent of the patients I sent for blood work would never go.

When should a diabetes screening be done in the dental office?

We do not want to practice medicine and we never want to diagnose diabetes.

See How, Page 2

By Robin Goodman

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