‘Our ultimate goal: to improve lives’

By Robin Goodman, Group Editor

You and I met at the California Dental Association convention in San Francisco at your Mobile CT Imaging van. What drew you to get involved with that business endeavor?

About two years ago, three colleagues and I saw the growing influence of cone-beam CT technology on dentistry. We felt that it would someday soon become the standard of care for implant placement and pathology detection, and eventually

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Tankersley is new president of ADA

Ronald L. Tankersley, DDS, who practices oral and maxillofacial surgery in Newport News, Williamsburg and Hampton, Va., was installed as president of the American Dental Association (ADA) and will lead the 157,000-member organization’s efforts to protect and improve the public’s oral health and promote advances in dentistry.

Tankersley’s installation took place during the ADA’s recent 150th Annual Session in Honolulu. He previously served as ADA president-elect.

Tankersley served a four-year term as a member of the ADA Board of Trustees representing the Sixteenth District, which includes North Carolina, South Carolina and Virginia. As a trustee, Tankersley served as board liaison to the Dental Economics Advisory Group, the Committee on the New Dentist, the Council on Access, Prevention & Interprofessional Relations and the Council on Ethics, Bylaws & Judicial Affairs.

Tankersley’s previous responsibilities with the ADA include serving as chair of the Council on Dental Benefits, the Strategic Planning Committee, the Advisory Committee on the Code, the Diagnostic Coding Committee, the Standing Committee for Diversity and the Dental Content Committee.

In addition, Tankersley participated on the ADA’s Future of Healthcare/Universal Coverage Taskforce.

Dr. Ronald L. Tankersley

Tankersley is a former president of the Virginia Dental Association, Virginia Society of Oral and Maxillofacial Surgeons and Southeastern Society of Oral & Maxillofacial Surgeons.

He earned his dental degree from the Medical College of Virginia School of Dentistry, where he also completed his residency in oral and maxillofacial surgery.

Tankersley is a fellow of the American College of Dentists, the International Colleges of Dentists and the Pierre Fauchard Academy, an international honorary organization for dentists.

Tankersley and his wife, Gladys, reside in Newport News and are the parents of two children, Kenneth and Christine.
I went into dentistry not because I like teeth, but because I like people.

Dr. Dennis Tartakow

In 1993, my wife, Geraldine Lim, and I share a practice in Oakland, California where we’ve been since 1996. Graduating from U.C. San Francisco being practicing for 16 years after that. Yes, I am a general dentist and have been practicing for 16 years. How has the service been received? Dentists, and especially patients, that use our service greatly appreciate the convenience of our mobile service. At their dental office, that way they don’t have to worry about finding an unfamiliar location.

Generally, we meet the patients at their dental office, that way they don’t have to worry about finding an unfamiliar location. And because the dentists know that patients will be more accepting of a referral that doesn’t involve driving to a remote lah, dentists tend to use CBCT more. Are you a general dentist? How long have you been practicing? Yes, I am a general dentist and have been practicing for 16 years after graduating from U.C. San Francisco in 1993. My wife, Geraldine Lim, and I share a practice in Oakland, California where we’ve been since 1996. Are there any aspects of dentistry that you particularly enjoy? I really enjoy keeping up on the latest technology that dentistry has to offer, including lasers. I have owned a Waterlase for years and several years ago implemented a Periolase into my practice. I think a Diagnodent is indispensable. Last year, our practice went paperless and even got certified as Oakland’s first green dental practice. In addition to ensuring that my patients receive the best treatment available, it keeps the practice of dentistry interesting for my staff and me. I understand that you are an assistant clinical professor at U.C. San Francisco, what do you teach? Three years ago, I introduced an elective course on sports dentistry and trauma management. The goal of the course was to give dental students, usually third and fourth year students, some experience in sports medicine by involving them in the care of student-athletes at U.C. Berkeley. These students help conduct pre-participation exams, take impressions for mouthguards and fabricate and deliver mouthguards. I think it offers a fun and interesting way for the students to reinforce what they have already learned about intraoral exams, impression-taking techniques and even occlusal concepts. For the university, it’s a great way to make sure that their hundreds of athletes are monitored and treated well. So what is your role at U.C. Berkeley? I am one of the team dentists. In addition to exams and mouthguards, I make myself available for dental emergencies and routine care for the student-athletes. Have you ever had to treat a player during a game? I’ve seen and addressed many oral injuries after games, including stitching up a football player’s lip in the locker room, but I have only been called to treat a player during a game once. In that case, I had to numb up a football player’s tooth at halftime so he could make it through the second half. Is sports dentistry a major part of your practice? While I do see my share of student-athletes as patients, I wouldn’t consider sports dentistry as a major part of my practice. I view it more as a way for me to involve myself in the community. I have made custom mouthguards for athletes ranging from kindergarten soccer to the NFL. I know many sports injuries are preventable with a custom mouthguard, and I would say that it is a mission of mine to spread this notion.

Any final thoughts or words of advice you’d care to share with our readers? I think it is important for us as dentists to always stay mindful of our ultimate goal: to improve lives. In the dental office, this means our patients and our staff. While the practice of dentistry can be stressful, we are very fortunate to have the opportunity to touch many lives. Last month, a patient of mine came in for a crown prep. I walked into the room and asked, “So, how have you been?” He said, “Not well.” To tell you the truth, I’m struggling just to get by.” I asked him if he wanted to talk about it. He told me that three months ago his adult son passed away. His appointment was for an hour and a half, and we spent almost all of it talking. He was sobbing, and I was taring up trying to console him. He was in so much pain that it hurt me. At the end of the appointment, we hugged and I all I could say was, “I’m so sorry. Stay strong.” He thanked me for listening. It was one of the most rewarding appointments of my career and a strong reminder of why I went into dentistry — not because I like teeth, but because I like people.
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Protecting yourself from employee theft, fraud and embezzlement (part 2)

By Eugene W. Heller, DDS

As a practice owner, a dentist will face a multitude of business-related tasks, issues and challenges. The rewards far exceed the drawbacks, but there are challenges.

One of the challenges may be employee theft. Estimates of the number of dentists who will experience theft at least once during their dental career range from 55–50 percent.

Estimates in dollar loss range from $100 to $500,000 plus. Loss due to employee dishonesty may take the form of theft, fraud or embezzlement.

With certain minimal protective measures, the majority of this theft is preventable. The key is to understand where the potential exists for theft to occur and to implement strategies to prevent the loss.

Other preventative areas

Each office should use a time clock, and the dentist must initial manual entries. Petty cash should be counted and balanced daily. The amount of receipts plus cash on hand should equal the same balance every day.

The outside of the envelope containing the petty cash should be used to monitor the daily balance.

Each day, the date, the receipt total, the cash total and the sum of receipts and cash should be listed along with the initials of the person reconciling the petty cash.

When the age of computerization came to dentistry, one of the selling points was that computers would make it more difficult to embezzle. Nothing could be further from the truth.

Whether computer-related, computer-enabled or computer-camouflaged, the use of computers has made embezzlement easier than ever unless the proper safeguards are instituted.

Preventing theft by computer requires a thorough understanding by the dentist of the security features built into the office’s software. This information must be carefully reviewed with the software vendor’s support team to ascertain that access to various features of the system is correctly restricted.

No system should allow the deletion or erasing of accounts or charges by staff or allow deletion/disabling of the entire system.

The statement generator should never be turned off. Any patient complaints relative to payments and balances must be carefully investigated.

Computer reports are designed to assist in avoiding theft problems. But to work, someone (i.e., the dentist) must review them. These will only take a few minutes to review, but this must be done.

Adjustment, refund and write-off reports should be read by the dentist daily. The dentist should scan posting reports daily. The dentist can quickly spot incorrect charges posted for procedures he/she has just performed.

The accounts receivable (A/R) aging report should be checked monthly and discussed monthly with the financial coordinator. The financial coordinator should be prepared to respond to each account over 90 days old with why, what has been done and when payment is expected.

In addition to demonstrating that the dentist is monitoring things, this also greatly assists in making certain that collection procedures are being followed, thereby keeping accounts receivable under control.

Dealing with embezzlement

Dealing with embezzlement, fraud and theft involves four steps. Discovery is the first step. It is the dentist’s responsibility to diligently observe what is going on in his/her office relative to the handling of money.

If theft is suspected or discovered, the next step is investigation. Before making any accusations, the dentist must make certain that the evidence supports the alleged crime.

This means reviewing entries, reports, patient account records, etc., to gather the hard evidence necessary to confront the thief.

Prosecution is the next step. This is sometimes harder for the dentist than the realization that his/her trust has been betrayed. However, it is an irreversible step. If not, the thief will continue, either from you or another dentist. This means calling the police.

Reasons dentists do not prosecute

Why do some dentists elect to forgo prosecution? Topping the list is the fear of a slander suit. Avoiding this allegation is the purpose of the investigation stage.

If you have the evidence, you are not guilty of nor can you be accused of slander. Involving the police once you are certain you have become a victim will aid in protection against these false allegations.

In addition, many dentists fear to prosecute because of fear of the IRS. After all, they have unreported income. If one fails to report and prosecute the theft, the IRS takes the position that income has been fraudulently under-reported.

If one reports the loss to the authorities, the IRS views this as proof that a loss by theft has occurred and therefore the under-reported income is offset by the theft loss and no charges will be levied by the IRS.

Non-reporting of employee theft can also be the fear of blackmail. Some of the dentists suffering losses from theft are themselves involved in insurance fraud, unreported income and/or income tax evasion. They know the offending staff member is aware of this and, out of fear of retaliation, they elect to terminate the employee but not prosecute.

Recovery

The last of the four steps of dealing with employee theft is recovery. Total recovery is usually not possible.

Even if successfully prosecuted involving a judgment requiring repayment, most staff members involved in theft no longer have the money nor do they possess the ability to repay, even if spread over a lifetime.

Actual judgments issued such as $50 per month until the amount embezzled has been repaid would require 100 years of monthly payments to recover a $60,000 loss (that does not even include interest).

The best chance of partial recovery comes from the office insurance policy. Limits of $10,000 to $25,000 are common. The policy will pay the actual amount of loss or the policy limit, whichever is lower.

However, most policies require the reporting of the loss to police and prosecution if advised by the local district attorney.

Conclusion

Most theft, fraud and embezzlement is avoidable if minimal safeguards are instituted.

However, the dentist must take an active role. Dentists who blindly trust their employees are the easiest targets and may suffer the greatest losses.

Many new dentists who acquire their dental practice by purchasing an existing practice face the same problem relative to implementing safeguards as older dentists in practice for many years face.

How can you solve this dilemma? Blame it on your accountant.

Tell your staff that your accountant has recommended certain changes be made in how things are done because this represents better compliance with GAAP (generally accepted accounting principles).

In this manner, these changes will barely be questioned, except perhaps by a staff person who is guilty of theft.

About the author

Dr. Eugene W. Heller is a 1976 graduate of Marquette University School of Dentistry. He has been involved in transition consulting since 1985 and left private practice in 1996 to pursue practice management and practice transition consulting on a full-time basis. He has lectured extensively to both state dental associations and numerous dental schools. Heller is presently the national director of Transition Services for Henry Schein Professional Practice Transitions. For further information, please call (800) 750-8885 or send an e-mail to ppt@henryschein.com.
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They stew, they fume, they leave …
What drives good employees away?

By Sally McKenzie, CMC

It’s one of the most frustrating and unpredictable situations dentists face.

Everything is humming along just fine. The schedule is full. Production is solid. Collections are good, and treatment acceptance is even better. The team members have their moments, but overall appear to be functioning reasonably well.

Then, as they say, the other shoe drops.

Your long-term business employee — the one who is the expert on the computer systems, a master scheduler and overall great employee — hands in her two-weeks notice. There’s no hiding your shock and disappointment. Why is she leaving? And how is it that you did not see it coming? What happened to trigger this?

The scenario is all too common in dental practices in every major city, small town and growing metropolis. Employee turnover is nothing new — in fact, it happens about every 18 months in most dental offices. After the initial shock and feelings of betrayal subside, most dentists shrug their shoulders and resign themselves to the “good help is hard to keep” attitude.

As most of you know, it’s even harder to find good help. Estimates for replacing an employee range from $20,000 to 1.5 times the team member’s annual salary. In addition, when it comes to quality personnel, you’re losing far more than money when they walk out the door.

As McKenzie Management consultants have seen time and again, when dentists ignore problems, the good team members silently fume and eventually leave. They see that the clinician doesn’t address other employees’ negative behaviors. They become concerned, disappointed and angry. Eventually they just start looking for another job.

What’s more, in most practices, there’s no mechanism or process in place for employees to effectively share concerns or grievances.

Typically, most doctors or office managers mistakenly believe that if they claim the office has an “open door policy” they’ve done all that’s necessary to encourage employees to come forward with concerns. That’s not going to do it.

To keep good employees, team members need to know that if they have concerns or complaints, there are procedures in place in which they can voice their concerns and know that they will be addressed without fear of punishment.

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“Employee Concerns Policy.” This is a defined procedure in which employees complete a form that is available to them and give it to the dentist anonymously if they choose.

Rather than saying, “We have an open door policy,” the policy needs to say that the employee will be protected if he/she comes forward with a concern. There will not be any retaliation.

The dentist wants the employee to come forward so that they can discuss the issue. It may be as small a concern as how staff breaks are handled to the more serious issues, such as reporting harassment.

The most important aspect of this is that there is a section in which the employee writes down his/her concern and the dentist writes down the practice’s response to the employee’s concern. The employee knows that the problem will get a response, it won’t just be ignored.

One of the major benefits of a process such as this is that it enables the dentist or office manager to learn much more about what’s happening in the practice and among the team.

However, the greatest benefit is that both employees and the dentist genuinely appreciate the policy because it makes it much easier for the entire team to deal with problems as they arise.

Let’s face it, when it comes to dealing with concerns and problems, if you’re just making it up as you go along you are certainly going to face many more obstacles than if you have a policy in writing that you consistently follow.

Unfortunately, as virtually every dentist has learned, often the biggest practice problems are the walking, talking, breathing kind that you must work with day-after-day.

And that leads me to my next point: when you have problem employees, how do you deal with them? Read on.

Turning up the heat before the fire

In many practices, dentists do everything in their power to ignore problem employees as long as humanly possible. Oftentimes, the situation is not addressed until circumstances become so bad that it is affecting practice profitability.

Usually by the time it reaches this point, morale is in the cellar, employee and patient turnover has skyrocketed, and that problem employee isn’t just a problem anymore. He/she is a full-blown, raging disaster that is draining the life out of the practice.

At this point, the dentist can no longer hide in the patients’ mouths. So, he/she resolves to Google “progressive discipline plan” and start firing off those warning notices.

Moreover, that would be about the time that the problem employee hires an equally problematic attorney and starts laying the groundwork for one very long and expensive nightmare for the dentist and the Practice.

Yes, it can and often does happen to small employers, even dentists. In the few practices that actually have employment policies, most have been pulled from some other business’ manual and are typically very punitive in nature. Essentially, they put the employee on the defensive before an issue even arises.

Equally troublesome is the fact that oftentimes employees don’t receive a complete policy handbook. They might get a list of do’s and don’ts, but the actual policy book is kept under lock and key in the dentist’s private office.

Sally McKenzie is CEO of McKenzie Management, which provides success proven management services to dentists nationwide.

In addition, the company offers a vast array of practice enrichment programs and team training.

McKenzie is also the editor of an e-Management newsletter and The Dentist’s Network newsletter, sent complimentary to practices nationwide.

To subscribe, visit www.mckenziemgmt.com and www.thedentistsnetwork.net. She is also the publisher of the New Dentist™ magazine, www.thenewdentist.net.

McKenzie welcomes specific practice questions and can be reached toll free at (877) 777-6151 or at sallymck@mckenziemgmt.com.
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Every employee needs to have every policy in hand. The policy handbook the employee is given needs to be identical to the one the dentist has. In addition, those policies should be affirmative rather than punitive. For example, most progressive discipline policies are typically a series of “warnings” that do far more to derail the employment relationship than foster improvement in the employee’s behavior. Everything says “Warning! Warning! Warning! We are going to impose this on you if you don’t change!” In most cases, all these warnings do is make the employee angry and create hostility toward the dentist. An affirmative approach, however, treats employees as human beings and gives them the opportunity to take responsibility for their behavior. And what warnings don’t accomplish, oftentimes a conversation will. It can be as simple as comments made in the office to the employee about his or her behavior. It can be time you schedule with the employee to go over a concern, but you don’t raise it in terms of “We’re giving you a verbal warning.” The primary goal of these “counseling sessions” is to exchange information. The communication aspect is particularly important in situations in which a good employee begins to slip. Virtually every employer has seen an outstanding team member start to lose effectiveness. This is the time for dialogue, not progressive discipline. You’ve invested tens of thousands of dollars in this long-term employee. You want to know what’s going on and you need to approach it in a manner that will put the employee at ease. Take the employee out of the office for coffee and have a conversation about what you’ve observed. Make this conversation as non-threatening as you can. While the conversation is noted in the employee’s file, nothing is given to the employee in writing. However, if the employee’s behavior is disruptive to the practice, the dentist needs to have a more formal meeting with the employee. You will want something in writing at this point to outline behaviors that need to be corrected and what needs to be done. Specifically state the behaviors and the actions the employee needs to take, but don’t refer to it as a warning. The key is preparation. Waiting until employee behaviors are so problematic that they are damaging the practice, or dealing inconsistently with issues such as tardiness, family leave, unprofessional conduct, dress code, etc., make the dentist and practice highly vulnerable to litigation. Instead of waiting until you reach the end of your rope, reach for your practice’s employment policy handbook instead. Learn more at www.mckenziemgmt.com.

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JIM DUNN, DDS  
Loma Linda University  
Loma Linda, CA

“\text{I have used the Picasso for over a year and have been extremely satisfied with its performance. It is a great addition to my practice, allowing me to provide outstanding care to my patients.}”
A new generation of athletic mouthguards

Today’s mouthguards enhance performance, offer more protection and are more marketable

By Eric Yabu, DDS

Time to play a little “Dental Jeopardy!” Answer: gutta percha.

Question: What were the first athletic mouthguards made of? (OK, even Alex Trebek would’ve had a tough time with this one.)

Double Jeopardy! Answer: Has his own line of custom mouthguards.

Question: Who is Shaquille O’Neal?

Indeed, there is little doubt that today’s athletic mouthguards are not like your granddaddy’s mouthguards, but more like Shaq Daddy’s.

Mouthguard history
Athletic mouthguards, or mouthpieces, have been around for nearly 120 years since a London dentist named Woolf Krause developed them in 1890 to protect boxers from lip lacerations. Known as “gum shields,” they were made from gutta-percha. Krause’s son Philip, also a dentist and an amateur boxer, refined the design and began making the shields from vella rubber.

Mouthguards were first introduced in the United States by Chicago dentist Thomas Carlos in 1916. For decades, mouthguards remained largely unchanged.

It was not until the early 1960s that a Canadian pediatric dentist named Arthur Wood, appalled by the number of dental injuries he saw in hockey players, developed a “mug guard” or “teeth guard” for which he became known as the father of the modern mouthguard.

Since then, mouthguard materials, fabrication techniques and subsequent fit have been improved to increase both protection and comfort.

Mouthguards today
Most recently, mouthguard design has been studied in an attempt to enhance athletic performance as well as decrease the incidence of concussions.

The central focus has been on the role of the mouthguard to guide occlusion and, in turn, condylar position within the fossa.

There are three major players in the performance-enhancing mouthpiece arena: Mahercor Laboratories, Pure Power Mouthguards, and Under Armour Performance Mouthwear® by Bite Tech. Each attempts to enhance athletic performance by improving strength, endurance, balance, flexibility and reaction time while decreasing injury risk from concussions and jaw injuries.

Maher guards and splints
Dr. Gerald Maher, a Massachusetts dentist who specializes in TMJ and facial pain, was one of the first to explore how an athletic mouthpiece can affect performance and protection. As the team dentist for the New England Patriots, his primary goal was to reduce the number of concussions the players suffered.

He concluded that 64 percent of adults have misaligned mandibles where the condyles do not sit on the cartilage discs; and, if someone suffers a blow to the jaw in this position, the condyles are more likely to be driven into the base of the skull, causing a concussion.

The Maher guards and splints (www.mahercorlabs.com) are designed so that the opposing teeth are seated in a centric relation position so that the condyles are in alignment with the discs. These discs will then act as shock absorbers to cushion the impact of the condyles on the skull.

In addition, because of the thickness of the appliance, the condyles are moved from a position where they are resting directly against the articular disc — or even against the fossa in the case of patients with internal derangements where the disc is displaced, usually anteriorly — to a position farther away from the fossa on the articular eminence.

This would mean that it would take a greater force to drive the condyles into the skull.

Each year, Maher, along with Drs. G. Dave Singh and Ray Padilla, published a preliminary study that suggests a customized mandibular orthotic may decrease the incidence of concussions. The study, however, did not attempt to explain the mechanism of protection.

While Mahercor Laboratories does not market their line of mouthpieces and mouthguards for their performance-enhancing effects and doesn’t claim to have specific studies to substantiate these benefits, some of the athletes that have been outfitted with their mouthpieces claim to have noticed a significant increase in strength, balance and speed.

They attribute this effect to the full-body benefits of a properly, CR-positioned mandible and point to a 1995 paper by Dr. Harold Gelb that favors the premise that jaw repositioning can enhance appendage muscular strength and athletic performance.

The Maher splint design is a Gelb splint or MORA (mandibular orthopedic repositioning appliance). It is not designed to offer soft tissue protection, but Maher’s line also includes upper full coverage mouthguards.

The Maher appliances may be fabricated by dentists who are skilled in neuromuscular dentistry. Simply put, this philosophy and treatment paradigm is based on the principle that the mandible is in its optimal position when the muscles of the head and neck are at rest. This “physiologic rest position” is achieved by using a TENS (transcutaneous electrical nerve stimulator) unit.

Makkar and his company claim to have a soon-to-be-released research study that confirms the performance-enhancing effects of their mouthguard versus traditionally fitted custom mouthguards.

They say that this study will show a significant increase in vertical jump as well as peak and average power, which should be appreciated by their marquee client Shaquille O’Neal. They also claim their mouthguard can improve balance, flexibility, endurance, agility and recovery.

The PPM’s come as an upper mouthguard for contact sports or a lower splint-type mouthpiece for other sports such as golf or running. These guards may only be made by a certified PPM dentist who is trained in neuromuscular dentistry and generally retail in the $1,500 to $2,000 range.

Under Armour Performance Mouthwear
The most recent mouthpiece to enter the marketplace is the Under Armour Performance MouthwearTM by Bite Tech (www.pattersondental.com/UnderArmour). The design is neither innovative nor proprietary, however, Bite Tech is the only manufacturer of the three that can claim peer-reviewed, placebo-controlled studies to support their claims for performance enhancement.

Their mouthpieces do not rely on a CR or neuromuscularly determined bite, but simply the lack of pressure in the fossa area created...
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**Fatigue and Durability Study, Fritz C. Guerra, Ricarda Zanenelli, 1999 Silva and Van P. Throop, NYU
by a multicomposite reverse wedge bite plate over the molars. This, their research claims, prevents the neuroreceptors in the brain from feeling pressure upon clenching.

That lack of pressure prevents the hypothalamic-pituitary-adrenal (HPA) axis from triggering, effectively interrupting the fight-or-flight response.

Their studies showed a trend for lowered cortisol levels and a significant reduction in lactic acid with the wedge appliance.

Like Maher and PPM, Under Armour’s Mouthwear comes in two different designs: an upper mouthguard for contact sports and a lower mouthpiece for non-contact sports. These appliances may be distributed by authorized providers who purchase a Launch Kit from Patterson Dental for $995. The laboratory fee is $120 per guard and the recommended retail price is $499.

Comparing the options
Overall, the three different manufacturers offer mouthguards that are very similar in design. However, Maher recommends a CR-driven occlusal scheme to orthodontically correct the TMJ. PPM is based on neuromuscular principles and Bite Tech’s research concludes that performance enhancement is not related to a CR or neuromuscular bite.

Maher’s primary focus is on protection, studying its mouthpieces’ ability to reduce incidences of concussions in NFL players and even soldiers in Afghanistan. PPM markets its appliances for their performance-enhancing benefits, boasting a cadre of loyal professional athlete users. Under Armour also concentrates on performance enhancement, referencing its literature and an assortment of patents to back up its claims.

Evolving technology
From gum shields to mouthwear, from gutta-percha to multicomposites, from Woolf Krause to Shaquille O’Neal, mouthguard technology has evolved to produce appliances that are more protective, performance-enhancing and, maybe most of all, more marketable.

About the author
Dr. Eric Yabu is a general dentist in Oakland, Calif. His practice is the city of Oakland’s first certified “green” dental office. He is an assistant clinical professor at the U.C. San Francisco School of Dentistry and a team dentist for the University of California at Berkeley Sports Medicine Program.

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Get ready for live demos at the Greater N. Y. Dental Meeting

Once again, 21st century dentistry is available with no tuition fees. The Greater New York Dental Meeting (GNYDM) is the only meeting where you can pre-register and attend continuing education programs each day for free.

Following the success of last year, the GNYDM, to be held Nov. 27 to Dec. 2 at the Jacob K. Javits Center, will again showcase a Live Dentistry Arena that will be bigger and better than ever.

Move beyond recorded surgeries
While many dental meetings offer workshops where attendees watch a pre-recorded surgery, the GNYDM leads the way out of the “recorded past” and into the “living now!”

The Live Dentistry Arena will allow attendees to feel as if they are seated right beside the world-renowned clinicians performing procedures on live patients in real time.

Eighteen 60-inch displays will be strategically placed for easy viewing around the Live Dentistry Arena so attendees can watch these live demonstrations up close.

Why should you attend?
This unique educational experience is conducted right on the exhibit floor and is offered with no tuition costs.

No one will want to miss these procedures, which will feature the latest materials and equipment available on the market.

Limited seating
Last year, this history-making program not only easily filled the arena’s 300 seats during the entire four days of the exhibition, but also had up to another 100 attendees standing or seated on the floor outside the seating area.

The arena’s capacity is limited to 350 persons this year and will be filled on a “first-come, first-seated” basis, so attendees should plan to arrive early to avoid disappointment.

GNYDM is the first to offer this
As the first dental meeting to offer such an experience in 2008, Executive Director of the Greater New York Dental Meeting Dr. Robert Edwab commented, “The chance to watch dental procedures performed live — not pre-recorded or on an inert model — affords an amazing educational opportunity, and we are thrilled to bring it back for 2009.”

For more information, contact the Greater New York Dental Meeting at (212) 598-6922 or visit www.gnydm.com.
New York City is a place of constant change. For those who are coming to town this year for the Greater New York Dental Meeting (GNYDM), to be held Nov. 27 to Dec. 2, the Big Apple has a number of new — or improved — attractions to keep things interesting after the show closes for the day.

The first thing you might notice upon walking around a bit is that cars have been banned from large portions of Times Square, Herald Square and many other high-traffic spots around town. In place of all those honking vehicles are lots of potted plants, tons of chairs and abundant elbow room. That’s right — you can now stroll or sit leisurely around now in Times Square. There are even chairs to lounge in as you watch the hustle and bustle. (Photo courtesy of NYC and Company)

The High Line
If you would like to take in some fresh air, visit The High Line. The High Line is an elevated rail platform for freight trains that was constructed in the 1930s. It runs above the streets along the West Side of Manhattan between 10th and 11th Avenues. For decades nobody knew about it. It sat abandoned and overgrown with weeds. Today, it is being transformed into an urban park.

Section 1 of the High Line, which runs from Gansevoort Street to 20th Street, was officially opened to the public in June. It features an integrated landscape that combines meandering concrete pathways, seating areas and lots and lots of plants. As you take your stroll, you’ll see a few older buildings in shocking states of disrepair.

Then, only a few steps later, you’ll walk by (or under) brand new office buildings and hotels that look like they belong in architectural magazines. You’ll also have a pigeon’s eye view of the happenings on the streets below.

The best way to experience the High Line is to enter via the stairs at Gansevoort and Washington streets and walk north to the access point at 20th Street just west of 10th Avenue. Or, you can start at the northern end and walk south. There are also entries at 14th, 16th and 18th streets. The only elevator access currently open is at 18th Street.

For more information, call (212) 500-6055 or visit www.thehighline.org.

New and improved TKTS Booth
The TKTS Discount Booth, which sells discounted tickets to Broadway and off-Broadway productions, has been popular with locals and tourists alike for ages. The good news is that the booth has been completely renovated.

The lighted displays are much easier to read now and there are additional sales windows, making the line move much faster than it used to. There is even a lightning-quick “play only” window.

Available shows change daily or even several times each day, and there is no guarantee that tickets for any particular show will be available. But there are usually dozens of productions to choose from, so chances are good that you will be quite pleased.

The tickets, which are for day-of-performance showings only, are discounted up to 50 percent plus a $4 per ticket service charge. They now take credit cards in addition to cash and travelers checks.

For more information, visit www.tdf.org — or better yet, just show up. Tickets go on sale for evening performances every day at 5 p.m. (except Tuesdays, when they go on sale at 2 p.m.) For matinee performances (Wednesdays and Saturdays only) tickets are on sale from 10 a.m. to 2 p.m.

While you are in the area, walk directly behind the booth to the giant red staircase. That’s new — and it is certainly worth a look. Climb to the top, and you might just feel like you are in the center of the universe.

Because it’s in the very heart of the Theater District, you might even be tempted to face all of New York City as you hold your arms out like Carol Channing and sing a few lines from “Hello, Dolly!”

The new Yankee Stadium
Up in the Bronx, the New York Yankees — who, as this issue went to press, were playing the Philadelphia Phillies in the World Series — have a brand new, state-of-the-art stadium that opened this year.

To get there, hop any B, D or 4 subway train to the Bronx and get off at the Yankee Stadium stop. While you are there, you can also see the old Yankee Stadium, which has not been torn down yet.

If you are a baseball fan and are so inclined, you can take a tour of the new home of the legendary ball club. The stadium tour includes visits to the New York Yankees Museum, the dugout and Monument Park (relocated from across the street), which is arguably the most historic place in all of sports.

It contains the monuments of five baseball icons — Babe Ruth, Lou Gehrig, Joe DiMaggio, Mickey Mantle and Miller Huggins — as well as a memorial to the victims of Sept. 11, 2001. There are plaques that recognize the careers of 20 other pinstriped legends, including Yogi Berra, Reggie Jackson, Don Mattingly, Whitey Ford and Elston Howard, and three commemorative plaques marking visits made by three popes.

In addition to Jackie Robinson’s No. 42, which is retired throughout Major League Baseball, Monument Park also commemorates the retired uniform numbers of 16 players and managers who have made outstanding contributions to the Yankees’ illustrious history.

The cost for the tour is $20 per person. To buy tickets, call Ticketmaster at (877) 468-8849 or visit newyork.yankees.mlb.com.

Citi Field
If you are not a Yankees fan, don’t fret. The New York Mets also have a brand new stadium that opened this year — Citi Field, which was built adjacent to the old Shea Stadium in Flushing Meadows, Queens.

You might not be able to get inside, but it’s worth a look nonetheless. To get there, take the 7 subway train to Mets/Willets Point Station.

While you are in the neighborhood, you can also visit the adjacent flushing Meadows Corona Park — site of the 1964/1965 New York World’s Fair and current home to the USTA Billie Jean King National Tennis Center.

Also nearby is the Queens Museum of Art, which houses the magnificently accurate panorama of the city of New York, a scale model of every building, bridge, park and street in all five boroughs of New York City. (Yes, it’s been updated this year with the new Citi Field.)
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www.cetylite.com
Plenty to look forward to at DTSC Symposia

• Nov. 29, 10-11 a.m.; One-Step Adhesion, One-step Cemation, George Freedman, DDS

Seventh generation adhesive materials have simplified the process of dental bonding and made esthetic procedures very predictable. These new products etch, bond and desensitize in a single step, and virtually eliminate postoperative sensitivity while decreasing the potential for marginal breakdown.

• Nov. 29, 11:30 a.m.-12:30 p.m.; High-resolution Cone Beam with Prevision 3-D, Dan McEwen, DDS

Cone-beam computed tomography (CBCT) offers for comprehensive care. With the introduction of CBCT, the specialist and general dentist alike can now afford to own and enjoy the benefits of this fantastic diagnostic tool.

• Nov. 29, 1:30-2:30 p.m.; Simply Esthetic Dentistry, Steven Weinberg, DDS

Dr. Weinberg’s presentation is a comprehensive, clinically-oriented program addressing the constant state of evolution in esthetic materials and restorative techniques. Participants will learn about a variety of materials, techniques and philosophies to create beautiful, long-lasting anterior esthetic restorations in an exciting educational environment.

• Nov. 29, 3-4 p.m.; The Beauty of Bonding, Howard Glazer, DDS

This presentation will encompass the science of adhesion, the art of composite restoration and the finesse of finishing and polishing. Using the most state-of-the-art materials, Dr. Glazer will explain the advantages and methods used to achieve the maximum esthetic and functional results for patients.

• Nov. 30, 10-11 a.m.; EAD Sky: Dentistry’s Destination, Gary Severance, DDS and Lee Culp, DDS

Demonstrating everything that dental professionals need for the design and fabrication of single-unit glass ceramic restorations, either chairside or benchtop, the program will be an informative and visually stunning display of all that modern dentistry offers for comprehensive care.

• Nov. 30, 11:30 a.m.-12:30 p.m.; Know Your Products & Tools for Today’s Healing Dentistry, Gary Goldstein, DDS

This program focuses on the new technological advances that have made healing possible: scientific, accurate, reproducible and clinically significant caries detection; the potpourri of the latest ingredients and tools that the dentist needs for healing therapies; gomers, the new healing composite resin; photo-activated disinfection to promote remineralization and healing; and user-friendly laser technology to keep periio treatment in your office.

• Nov. 30, 1:30-2:30 p.m.; Oralverse: In Practice, Steven Glassman, DDS

OralVerse is a local anesthesia revers- al agent that accelerates the return to normal sensation after routine dental procedures. Clinical documentation showing the safety and efficacy of the drug in clinical trials will be highlighted.

• Nov. 30, 3-4 p.m.; The Advantage of Small F0v High-resolution CBCT Imaging, Dan McEwen, DDS

This presentation will instruct you on how to take a 360 degree rotation with either 512 or 1,024 projections during the scanning time. You will learn how to produce ready-to-go 3-D, sagittal and coronal images within 50 seconds after the scan axial.

Dr. McEwen will introduce PreX- ion 3-D, the only CBCT scanning unit using X-ray built-in graphics, as well as 3-D rendering boards, which result in the highest resolution when considering all smaller FoV CBCT scanning devices.

• Dec. 1, 10-11 a.m.; Technologi- cal Resources and Biological Concepts in Minimally Invasive Endodontics, Renato Leonardo, DDS

This course is ideal for the progressive general practitioner with a minimally-invasive practice.

Along with hands-on training, clear demonstrations and an educational presentation, lecture participants can expect information about vital and non-vital pulp therapy, the Anatomic Endodontic Technology (AET) System and the Apical Delivered Obtura- tion (A.D.O.) System.

• Dec. 1, 11:30 a.m.-12:30 p.m.; Affordable Soft-tissue Diode Lasers, Speaker TBA

The newest diode lasers cover the widest range of clinical indications. They’re easy to use and incorporate into every practice. In fact, they’re so easy to afford that they should be installed in every operatory.

• Dec. 1, 1:30-2:30 p.m.; Esthetics Using Cosmetic Periodontal Surgery, David Hoexter, DMD

A beautiful smile — the desired image — must be healthy and maintainable. In today’s society this goal is subjective and influenced by our interpretation of esthetics. Using periodontal techniques, specifically cosmetic periodontal surgical techniques, Dr. Hoexter will show how changing the background of the desired image will enhance it to appear brighter, cleaner, healthier, yet physiologically, as well.

• Dec. 1, 3-4 p.m.; You’ve Taken Implant Training...What Do You Do Next?, Lynn D. Mortilla, RDH

This course will discuss integrating implants into your practice. Staff education, auxiliaries’ responsibilities, identifying implant patients, case presentation skills, documentation and record keeping will be discussed. Focus will also be given to the tools that can aid the implant focused prac- tice.

• Dec. 2, 10-11 a.m.; Icon – Innova- tive Caries Treatment without Drilling, George Freedman, DDS

The course topics include: from research to chair-side; preserving healthy tooth structure; interproximal and smooth surface treatment options; step-by-step clinical procedure; caries infiltration: present and future.

• Dec. 2, 11:30 a.m.-12:30 p.m.; Immediate Tooth Replacement in the Esthetic Zone, Barry Levin, DDS

The time frame of three to six months of unloaded healing is not always transitory any longer. With osteoconductive implant surfaces, newer implant materials and proper diagnoses, patients can often experience implant therapy without the inconvenience of removable tempo- rary appliances and bonded provisional- restoration.

• Dec. 2, 1:30-2:30 p.m.; More Than Just Teeth and Gums, Ron Schefhvore, DDS

Dental professionals are now incor- porating blood screening, evidence- based supplementation, laser therapy, DNA testing and physician referrals into their office protocol to improve dental treatment outcomes and improve the overall health of dental patients. Amazing patient testimonials and treatment outcomes discussed.

• Dec. 2, 3-4 p.m.; My First Esthetic Implant Case: Why, How and When?, Marius Steigmann, DDS

Esthetic dental implants are of increasing importance in today’s den- tistry. Success from the esthetic aspect requires bone height and width, soft-tissue architecture and prosthetic res- toration minimally invasive.

Out of these three elements, it is the soft-tissue frame that can be main- tained or reconstructed not only using surgery, but also with the right prosthe- tetic elements.

The DTSC program is made avail- able through educational grants pro- vided by: SHOFU, PreXion, VOCO, D4D, Novodar Pharmaceuticals, Ultra- dent, Chase, AMD Lasers, DMG, Straumann. For registration — it’s free for GNYDMA attendees — please visit www.gnydm.com or send an e-mail to info@ gnydm.com.
The Internet has changed, but have you changed with it?

USA Today and the Wall Street Journal report that the Internet is now America's No. 1 vertical marketing channel. Dentistry is a vertical market. Internet marketing is more effective and less costly than any form of print, media or broadcast advertising.

Patients expect their dentist to have a Web site. Today’s dentist needs to pay attention to the Internet. It can produce big results.

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A successful Web page requires four ingredients: 1) immediate appeal, 2) ease of use, 3) entertaining content, and 4) it has to be found.

Just like in baking, leave out a necessary ingredient and your cake will taste funny.

Well, if your Web page isn’t competitive with immediate appeal or it’s difficult to navigate or the content is boring, it will not matter if your Web site can be found because people will leave the site and go on to the next site.

On the other hand, if you have all of the ingredients for a great Web site, but no one can find it, your Web site will not produce the desired results.

How is a Web site found?

Every Web page has thousands, if not tens of thousands, of constantly changing algorithm values connected to it. For the sake of simplicity, think of an algorithm value like a credit score.

Everything connected with your Web page has an algorithm value. It is the aggregation of these algorithm values that ranks a Web site when searched.

Keywords, meta-tags and matching content are important and contribute to the site algorithm value.

For example, if someone types in a search for “Chicago dentist,” every dental Web site in Chicago with those same common keywords is recognized; however, each site is ranked based on its overall algorithm value.

Assuming that every Web site is created correctly, which they are not, how does a site climb over the Web sites listed above it to eventually be listed on page one?

There is no scientific answer

The Internet changes so often in an effort to create a level playing field that it is impossible to pinpoint a constant solution.

You need a Web page design and SEO (search engine optimization) company that understands how to do everything possible within the framework of the actual Web page design as well as how to work outside of the box to create additional site value.

Who can help?

InfoStar, a 16-year-old company located in Fair Oaks, Calif., administers more than 500 dental Web sites. The company provides SEO for the Web sites that it administers, ensuring security, no third-party involvement and immediate service.

InfoStar applies high-value algorithm factors such as time-on-site, reciprocal link networking, social Web site links and bookmarks, and some magic of its own, with results being Web pages steadily climbing to page one.

InfoStar sets up a Google Analytics account for each of its SEO accounts. Google Analytics is the Internet report card — and it’s free.

It reports the keywords that were searched to access a Web page, number of site hits, which pages were reviewed, how long someone was on a specific page, etc. It’s necessary information to properly manage a Web site’s performance.

InfoStar provides each client direct access to the same information it uses to manage the Web page.

InfoStar thinks SEO should be a service center rather than a profit center and its monthly SEO fees reflect that philosophy.

There is no guarantee on how
Case presentation is the key to success

By Roger P. Levin, DDS

Today’s economy has certainly made the practice of dentistry more challenging. To grow, a practice must focus on the fundamentals and remain adept at the skills required in good times and bad.

One of those disciplines is case presentation. Successfully communicating and convincing more patients to accept the care they need can make a tremendous difference in the profitability of any practice in any economy. Levin Group has helped thousands of practices refine their case presentation skills. These strategies can grow a practice in the toughest economic environments.

Educate every patient at every opportunity. No one feels comfortable blindly making a major decision. Accepting a course of care at a dental practice is no exception.

Routine hygiene visits and check-ups may or may not reveal the need to present a case. They always offer the opportunity to inform patients about the full range of services offered.

Emphasize the benefits to the patient. Patients do need to be informed of what actually happens in a given procedure, but a detailed explanation of the reasons why must accompany the description. Patients want to know what the end result will be, understanding the time, expense and even the discomfort they may experience. Focusing on the benefits will help to convince the most reluctant patients.

Use internal marketing. Brochures and fact sheets alone do not secure a patient’s decision. This information can help them make their choice at home or in the office.

They can reinforce what the patient learned in consultation and contribute the last little bit of certitude he or she needs to say yes.

Follow up. Follow up. Follow up. Just because a patient left the office without making a decision does not mean he/she has decided against the treatment. After thinking it over or discussing it with family, a phone call the next day may be the nudge needed to make the decision in favor of the case.

Ease the financial impact. The price tag of treatment can be a significant stumbling block for a patient. Offering options like a discount for payment in full, outside financing and other financial arrangements can soften the role expenses play in making the final decision to accept treatment.

Successful case presentation is the cornerstone of a thriving practice. Stop by the Levin Group booth during the Greater New York Dental Meeting to learn how these strategies can make the difference for your practice in the months and years ahead.

Dental Tribune readers are entitled to receive a 50 percent courtesy on a Levin Group Total Success Practice Potential Analysis™, an in-office analysis and report of your unique situation conducted by a Levin Group Senior Practice Analyst.

To schedule the next available appointment, call (888) 973-0000 and mention “Dental Tribune” or e-mail customerservice@levingroup.com with “Dental Tribune” in the subject line.

AMD LASERS: Bart Waclawik, New Chief Operating Officer

AMD LASERS, the world leader in comprehensive and affordable dental laser technology, announced the addition of Bart Waclawik as chief operating officer.

In this newly created role Waclawik will be responsible for daily global operations, procurement, production, quality assurance and general financial operations.
Medidenta now offers refining and waste disposal

With 65 plus years and counting, the company Medidenta has truly stood the test of time and earned the trust of dental professionals around the world. The company has recently acquired a precious metal refining and waste disposal operation, which will now provide the entire dental community a service that will be unsurpassed in integrity and value, bar none.

Since 1944, Medidenta has morphed into a boutique of dental products where it dares to be different. Some of its products from the 1940s included copper bands, pre-fabricated jacket crowns and posts that sold for 15 cents each. And yes, the original product line even included Karat, a pure gold filling material, to not mention genuine silver points for root canal obturation, which in fact was the endodontic standard of care in the "40s and 50s.

Some of these items can be viewed on the "Nostalgia" section on the company’s Web site, www.medidenta.com. Medidenta’s product line has been synonymous with value because of "direct to the dentist" pricing. The company’s most significant breakthrough came in 1969 when Medidenta introduced the Girromatic®, the first automated device for root canal therapy; however, its start was with precious metals used in dental appliances and root canal therapy.

In July 2007, Robert Achtziger, an employee of Medidenta since 1973, became the sole owner, president and CEO. He has implemented many changes, from streamlining and improving customer service to increasing the research and development budget, which will result in some major dental product introductions in the coming months. Through personal hobbies and friends, Achtziger has developed a deep-rooted commitment to environmental issues facing our world.

"Precious metals are a natural resource of our Earth. Our planet has indeed experienced significant advances in technology, but not without a price because our environment is exhausting and neglecting its natural resources, and this will take an effort by all to save and conserve our natural resources for future generations," Achtziger said.

While some corporations have only just begun to initiate conservation and recycling procedures, Medidenta has already integrated these measures in its daily business operations, knowing it’s extremely desirous to implement environmentally conscious changes within the dental community it has served since 1946.

As mentioned, Medidenta is announcing it has acquired a refining and waste disposal operation that will now be integrated into Medidenta’s respected product and service line. This division will encourage recycling and create initiatives, internally and externally, that are kinder to the environment and enable dental offices to earn top dollar on precious metal scraps that are refined and recycled.

When Achtziger was asked, "Why refining and precious metals and recycling?" his response was, "Some of Medidenta’s roots are with precious metals, and the overwhelming major- ity of our product line is, in fact, recyclable so this was a natural fit for us." Thus, Medidenta is currently offering some new services.

Refining precious metal scrap. Medi- denta can now smelt and assay scrap to determine the precious metal content, and pay the dental professional the highest dollar amount within a week. As a bonus, the practitioner will receive valuable discount coupons for other products listed in the Medidenta catalog.

In-office amalgam separator. The BOSS Amalgam Separator offers up to three years of safety, convenience, simplicity and environmental compli- ance for the ultimate protection for the entire dental office.

Dental waste. Dental offices can now forget about expensive long-term contracts for disposal of dental waste. The company’s Sharps PLUS system is very easy. Fill it. Seal it. Ship it! Everything is included, including the device, at a substantial savings.

In an era of financial uncertainty and mistrust of public conglomerates, dental professionals have a trusted name like Medidenta. This family-run company that has served the profession for more than 65 years can now recycle products and facilitate their scrap and waste. This service offers a profit center for the entire staff because even old jewelry can be turned into instant cash.

Medidenta is the home for direct pricing and huge incentives. Take advantage of Medidenta’s refining services and qualify for a bonus 10 percent off products, including current incen- tive programs available at www.medidenta.com.

The company wants your www.medidenta.com experience to be rewarding and pleasant. The Web site allows you to explore in more detail the new refining and recycling services and browse the general product catalog filled with time-saving, cost-effective products used in your everyday practice. You can browse the Web site 24/7, and the company looks forward to serving all your needs today, tomorrow and well into the future.

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They are doing business the American way

Triodent is not quite as American as apple pie — try apple and kiwifruit pie. This little company from Down Under has from the beginning embraced the American way. Founder Dr. Simon McDonald drew his inspira- tion from American dental and busi- ness leaders and lists companies like Apple and Google as his models. When McDonald took his first den- tal invention, the Tri-Clip, to market in 1989 when Medidenta introduced the Girromatic®, the first automated device for root canal therapy; however, its start was with precious metals used in dental appliances and root canal therapy.

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Committed to the U.S. market, he persevered, developed new products and strategies and has hardly looked back.

“We just wouldn’t be where we are without the U.S.,” McDonald says. “American dentists are open minded and have a receptiveness to change that makes them the leaders they are. They are willing to help and share their knowledge and experience. That makes them our customers and our friends.”

Today Triodent Corporation is a United States company, with fulfillment houses on the East and West coasts that have delivery times of just three days to anywhere in America. A Triodent booth will be found at just about every U.S. trade show and Triodent representatives are present at many C.E. events across the nation.

Group headquarters are still based in the small town of Katikati in New Zealand’s beautiful Bay of Plenty, but from there Triodent stands on the world stage as a designer and manu-
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Case kindly submitted by Dr Graeme Milicich BDS

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**2010 Regional Events**

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and McDonald is hopeful that these
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Every year in the United States, 30,608 emergencies occur in dental offices, according to the American Dental Association. So that they can respond when one of them inevitably occurs in their office, dentists must have an appropriate emergency response plan and appropriate emergency response equipment to match.

Savalife’s Quick Response M100 emergency drug kit includes the pre-filled syringes, sprays and inhalants needed to quickly and effectively treat common patient emergencies, including those related to angina, asthma, insulin problems, allergic reactions, fainting, heart attacks and more.

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For more information or to order, call (800) 933-5885 or visit www.savalife.com.

Savalife M100: Save time, money … and lives

Boost success with sedation dentistry and team training

By Alex Harris

Taking your dental practice to a higher level requires a thorough examination of what your practice may be missing and what can be done better. For most dentists, it isn’t giving their office a new look, playing relaxing music or conducting more marketing. Attaining a high level of success requires taking the steps necessary to stand out from the rest.

More and more dentists are finding that step to be training in sedation dentistry. Through these learned skills, protocols and acquired certifications, dentists are able to meet the needs of the 90,000,000 people in the United States who suffer from dental fear or anxiety.

In addition to the millions of healthy adult patients who can benefit from sedation dentistry, there are millions of others who have unique needs that necessitate specific training.

This type of training is available nationwide from top C.E. programs like DOCS Education — North America’s leading provider of sedation dentistry and dental emergency preparedness education.

The organization offers courses on oral sedation, IV sedation, medically complex and pediatric patients, advanced cardiac life support (ACLS), pediatric advanced life support (PALS) and much more.

continued
The adaptability of methods and protocols based on a patient's unique characteristics benefits both patient and dentist. A strong understanding of needs, risks and behavior makes treatment easy and efficient for the dentist as well as safe and pain-free for the patient.

In a perfect world, a dentist receiving training in a particular area or method would be able to effectively implement his or her new skills immediately upon returning to the practice. However, anyone who has worked in the dental profession knows that a dentist is not just a “one-man-band.” A dentist’s entire team has a hand in ensuring the successful outcome of all procedures. Lack of knowledge or resistance to implementation of new methods can be detrimental to office productivity.

While most training programs include segments designed for the dentists to relay to their teams, effective implementation can only be ensured by educating the team firsthand.

When dealing with high-fear patients for sedation dentistry, team members need to be educated in communication skills, patient monitoring, emergency training and necessary documentation before, after and during procedures.

Team training helps boost implementation by allowing the dentist to focus on incorporating his or her new skills rather than educating the team. The dentist can hit the ground running because his or her team is already up to speed and ready to go.

Team members can also serve as resources for each other rather than monopolizing the dentist’s time.

Equally important to a successful practice is team morale. Attending training creates excitement among team members and allows them to take ownership of their role in the office. Morale is boosted when team members feel valued as an integral part of the process. Team members who do not receive training are much more likely to be resistant to implementation.

All of these factors combined create a 55 percent higher success rate in implementation for dentists who bring their teams to training sessions.1

To learn more about sedation dentistry, team training and available courses offered nationwide, contact DOCS Education at (866) 592-9617 or visit DOCSeducation.org.

References
2. Statistic based on DOCS Education sales and equipment records using purchase of a pulse oximeter as an indication of sedation implementation.
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