Today’s hygienist is doing much more than just peri and scaling. The number of risk factors that hygienists test for and assess requires the speed of a superhero to get these done in addition to standard procedures. In order to handle all these tasks better, perhaps it’s time to introduce a new position, the ‘risk factor manager,’ to dental hygiene practice.

A new model for dental hygiene?

The American Dental Association (ADA) has joined forces with Sharecare, a new online resource that invites the public to submit health-related questions and have them answered by health professionals. The website was created by Mehmet Oz, MD, a physician who first began fielding questions on “The Oprah Show” and now hosts “The Dr. Oz Show,” and Jeff Arnold, founder of WebMD. Investors include Harpo Productions, which produces Oprah Winfrey’s talk show, and Discovery Communications. Sharecare’s goal is to provide accurate, clear and concise health information from multiple points of view.

The website is located at www.sharecare.com.

“Sharecare’s partnership with the American Dental Association completes a necessary circle in total practice — no typodont theoreticals, here. The three-hour sessions will feature cutting-edge technology and award C.E. credits for attendance.

Expanded offerings

With more than 100 lectures and workshops, attendees will have even more to choose from when they purchase a full conference badge. Earn up to 14 credits in two days.

Exhibit hall

More than just the home of some 200 exhibitors, the exhibit hall is the place to be for drawings, giveaways and gifts. The PNDC will be reviving up attendees with coffee, massages and taking pictures of you with your
Pike Place Market: One of the oldest continuously operated farmer’s markets in the United States, Pike Place Market (www.pikeplacemarket.org) presides over a 9-acre historic district in the heart of downtown. The market features fresh fish and produce stands, arts and crafts, ethnic groceries and gift stores, vintage clothing, antiques and collectibles, international restaurants, cafes and food bars. Street musicians entertain at designated locales throughout the market.

The Seattle waterfront: Seattle’s natural deep-water harbor, Elliott Bay (www.seattlewaterfront.org), teems with trade, ferry boats, luxury cruise liners, sightseeing tour boats and myriad pleasure craft. Prime harbor locations throughout the market.

Antiques and collectibles, international restaurants, cafes and food bars. Street musicians entertain at designated locales throughout the market.

New exhibit hall and registration locations
Once again, the PNDC is sharing the convention facility this year. Registration will now be located on the Fourth Floor Sky Bridge, and the exhibit hall will be housed on the Fourth Floor, North Wing.

Table clinics
Six post-graduate residents in the Advanced Education in General Dentistry program at Joint Base Lewis McChord (JBLM), will present table clinics inside the exhibit hall. These clinics, a popular way to learn from peers, will make their debut this year in the exhibit hall.

Golf tournament
Come play for the WSDA Component Cup with your peers and contemporaries at the PNDC Golf Classic, presented by Viking Bank on June 18 at Harbour Pointe Golf Club. Benefiting the Washington Oral Health Foundation, golfers will have a shot at prizes and be invited to participate in contests throughout the day. The tournament begins with lunch where participants will find out who won the first WSDA Component Cup.

Keep your official program (OP)
The PNDC has found that most attendees already know which lectures they plan to attend prior to the event, and the vast majority of on-site programs were wasted. Rather than print both the OP and the on-site program, the PNDC is asking attendees to hand on the OP and bring it to the conference if you need course descriptions while in attendance. The PNDC will distribute a map with lectures and workshops locations, the schedule at a glance and a complete map/listing of the exhibit hall.

“For the 124th year, the Pacific Northwest Dental Conference is still recognized as one of the finest dental meetings in the country and will offer you the perfect venue to learn the skills necessary to provide your patients with the best possible care,” Walsh said.

(Source: Washington State Dental Association)

Dental attractions

staff and spouse — all for free.

Buyer incentive program
For the first time, the PNDC will reward its biggest exhibit hall spenders. The three attendees who spend the most money inside the exhibit hall by the end of the conference will be awarded with $500 Apple gift cards.

.health as we learn more and more the importance of oral health in overall wellness,” Oz said. “Sharecare will provide a platform for the American Dental Association to provide essential information from multiple points of view and provide consumers with vital resources.”

The ADA will be a leading resource for the oral health content on the site, which launched in 2010, answering questions and providing information about various topics.

The ADA will join other top health associations currently on the site as Sharecare resources, including the American Cancer Society, American Heart Association, the American Association of Retired Persons, American Diabetes Association and several leading hospitals.

“In Sharecare, we saw the opportunity to bring the voice of the ADA and dentists to millions of people, providing them with the most credible and trustworthy oral health information there is and helping them achieve optimal oral health,” said Dr. Raymond F. Gist, ADA president.

The Sharecare platform not only will provide the credible oral health perspective from the ADA, but links to www.ada.org to expand upon answers and guide people to the in-depth dental information resources of the ADA.

Oral health will be among 48 topics covered on the site. Consumers can also ask questions pertaining to cancers, fitness and exercise and mental health, among many other areas.

The ADA and Sharecare will immediately collaborate to add ADA answers to visitor questions about oral health and dental care.

Sharecare was founded in 2009 and is based in Atlanta. Its mission is to greatly simplify the search for high-quality health-care information and answer the world’s questions about health.

(Source: American Dental Association)
The American Dental Implant Association is an organization that encourages collaboration and communication among dental implant professionals. It supports education and research to improve implant techniques and products as well as increase public awareness concerning the benefits of implant dentistry. This symposium will allow you the opportunity to hear from numerous experienced lecturers on the advancements and cutting edge techniques in implant dentistry of today and the chance to network, exchange information and socialize with colleagues and friends from around the country and the world.

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Switzerland’s Electro Medical Systems (EMS) wants to demonstrate how treatment with an ultrasonic scaler can be enhanced even more with the brand new Piezon Master 700. EMS points to the special refinements of integrated i.Piezont technology. It is designed to assure smooth interaction between the original Piezon handpieces and the EMS Swiss instruments made of bio-compatible surgical steel to ensure the best in patient comfort.

The company says that the i.Piezont module assures that instrument movements are perfectly aligned with the tooth surface, and vibrates 32,000 times per second to make it extremely effective.

The intelligent feedback control minimizes damage to the tooth surface. The result is a uniquely smooth tooth surface and maximum soft-tissue protection. As EMS explains, this is the formula for incomparable precision and therapy that is practically painless thanks to optimum instrument movements.

The balanced Piezon handpieces show how substantially improved illumination of the oral cavity can be achieved with the six LEDs arranged around the tip of the handpiece.

In the words of the manufacturer, which describes itself as the leading maker of dental hygiene systems, this advance enables dentists to handle ultrasonic instruments with even greater precision. This means even greater precision for periodontal and root canal treatments, calculus removal, cavity preparation and other conservative treatments.

The seamless housing of the Piezon Master 700 has an esthetic, ergonomic and hygienic design, which promises a high degree of operator comfort.

The touch panel can be rapidly and precisely operated by simply touching the self-explanatory operating elements or tapping on the desired action. This enables the system to meet all the requirements in respect to ease of use, and especially hygiene.

The two replacement bottles with a capacity of 350 ml or 500 ml for holding various antiseptic solutions are resistant to UV radiation and can be replaced easily and quickly thanks to their snap-shut caps.

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Fig. 1: The Piezon Master 700: a new ultrasonic scaler with integrated i.Piezont technology.

Fig. 2: The balanced Piezon handpieces show how substantially improved illumination of the oral cavity can be achieved with the six LEDs arranged around the tip of the handpiece.

The EMS promise: painless ultrasonic therapy
New universal self-etch bonding agent does not need a separate activator

Oxford Scientific Dental Products introduces Oxford Bond SE, a simple-to-use, self-etching bonding agent. Oxford Bond SE is designed for use in both direct and indirect techniques. The agent provides strong, reliable bonding of composites, compomers and resin-reinforced glass ionomer materials to dentin and enamel. Unlike most self-etching bonding systems, Oxford Bond SE can be used for indirect procedures without adding a separate adhesive or dual-cure activator. This simplifies the procedure and makes it more reliable by eliminating any variability in mixing by various staff members, ensuring a tenacious bond with every procedure.

Proven to be superior
Oxford Bond SE provides all the benefits of a cutting-edge self-etch adhesive: less patient sensitivity, ease of use and fewer application steps. It exhibits superior bond strengths to both dentin and enamel. In a laboratory study (data available upon request), Oxford Bond SE showed bond strengths superior to six of the leading self-etch adhesives on the market. Oxford Bond SE received a ++++ rating from The Dental Advisor. More than 50 percent of the evaluators stated they would switch from their current self-etch bonding agent to Oxford Bond SE.

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GC America announced a promotion that will help the victims of the recent earthquake and tsunami in Japan. The RESTORE Japan promotion will feature many of GC America’s popular products, including the new G-aenial™ Universal Flo composite and GC Fuji IX™ glass ionomer.

“GC America is very concerned for the welfare of all the people of Japan, including our GC associates and their families who have been affected by this terrible tragedy. We recognize the continuing need for support and we want to provide a simple way for the dental industry to contribute. We want them to feel confident that their donations are reaching people in need,” says John O’Neill, vice president of sales and marketing at GC America.

In the philosophy of Semui, GC Corp. and GC America have total commitment to its customers. Semui is a Japanese ideology that essentially means, “always do the right thing for your customers without any regard to oneself.” The promotion begins June 1 and will continue through the summer. Contact your authorized GC America dealer for more information.

GC Corp. is celebrating its 90th anniversary as a leader in the science and technology of dental materials. In 1921, three young Japanese chemists in Tokyo laid the foundation of what today can be considered one of the world’s largest suppliers of dental products with around 2,400 employees and four production sites in Japan, the United States, China and Europe.

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Alternative treatment options with nanohybrid composites

By Bruce J. LeBlanc, DDS

In the past few years, the economic condition of many of our patients has changed, thus limiting their options when making dental treatment choices.

Situations where lab-processed restorations may be the optimal long-term option, patients may be forced to choose dentistry that will transition them, not only spreading out treatment over a longer period of time, but choosing restorations that require less immediate cost. For many of us practicing dentists, this can include our family and friends.

In my practice, I have always developed patient-friendly choices both for financing as well as the treatment offered. We use digital X-rays and photographs to triage and explain treatment needs and solutions, encouraging our patients to be involved with treatment decisions.

There is little doubt that today’s porcelain crowns offer maximized esthetics for the longest period of time. However, these types of restorations, especially when multiple teeth are involved, may be beyond a patient’s ability to pay.

Recognizing that a current financial limitation can be temporary should be considered when charting a path that hopefully assists a patient in keeping his or her teeth for a lifetime in comfort.

Our ability to offer different treatment options to solve the same clinical condition can be a tremendous service to our patients and creates some of our most satisfying success stories.

In that regard, I am sharing in this article two situations that I encountered where the need for restorations was immediate and yet the patients were financially limited as to how much they could afford.

In my practice, nanohybrid composites are my preferred restorative materials of choice when creating alternatives to lab-processed porcelain. These restorations can be sculpted in a way that minimizes the amount of tooth structure removed while providing durable long-term success when done with bonding agents and techniques that maximize adhesion.

The following cases offer insight into how we use these materials to offer treatment

Wanted: whiter, brighter teeth

Teeth whitening seems to be on everyone’s wish list — and this momentum is likely to continue through 2011, according to a quick poll of members at the American Academy of Cosmetic Dentistry (AACD).

AACD members performed an average of 77 whitening treatments last year, and 57 percent said they expect this number to rise.

“We are doing more whitening than ever before in our practice,” says Shannon Pace Brinker, certified dental assistant and clinical editor for CPS magazine.

Pace Brinker performed more than 400 whitening treatments in the past year, and gives credit for the treatment acceptance due to the ability to offer a high-quality whitening system with options to treat her patients based on bleaching strength, time, finances and patient compliance systems within her practice at Greenbrier Dental in Chesapeake, Va.

Pace Brinker says that her practice has reduced its whitening fees, which has not only brought in more patients seeking whitening — but it’s also opened their eyes to other cosmetic dental treatments.

“Our existing patients are saying ‘yes’ to other procedures after the whitening, such as bonding, replacing amalgam fillings and replacing porcelain restorations to match the whitening they have achieved,” she said.

While the number of patients seeking whitening treatments will likely increase this year, Pace Brinker expects that the fees for whitening will actually decrease, due to specials offered by dental practices through deal-a-day sites such as Groupon and LivingSocial.

The average price for a whitening treatment is about $150 for take-home whitening and $550 for in-office, Pace Brinker says. Since her practice adjusted the fees for treatment, she sees up to 12 to 14 patients per day on Mondays and Tuesdays just for whitening.

“Our case acceptance has exceeded our expectations with these adjusted fees,” Pace Brinker said.

AACD members said their practices generated about $19,100 on average from whitening last year.

The majority of AACD members polled said they provide in-office and take-home whitening treatments. Twenty-two percent said their patients have told them they use over-the-counter or commercially available whitening treatments.

Gender-wise, it seems that women are more concerned with a white smile. Roughly 65 percent of dental patients seeking whitening treatment last year were female, according to the poll.

“Currently, men are more concerned about costs; however, as the market continues to be concerned with whiter teeth, I think you will see a trend from our male patients that is more equal to our female clients’ philosophy.”

“Women are used to paying higher fees for services to make us look and feel better,” Pace Brinker says.

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This allows the shaping of the lateral incisor to have proper mesial cantiing in appearance. Figure 2 shows the final condition after braces were removed.

At this point, I would ask you to consider what options you would offer for a similar case in your practice. In my opinion, it was necessary to address not only the peg laterals and spacing, but the shape of the cuspsids.

Prescribing multiple porcelain restorations was not only financially unrealistic for the patient, but also required considerable removal of sound tooth structure. Our initial treatment was to use take-home bleaching to lighten the tooth color to a "realistic to maintain" B1 range.

It is my belief, based on what I see clinically at recalls of treatment we have previously provided, that nanohybrid direct composite restorations offer durable outcomes while removing minimal tooth structure.

In my practice, Kerr Premise, Herculite Ultra and Cosmedent Nano are materials of choice that sculpt nicely, blend easily and maintain a gloss polish at recall that maximizes appearance while minimizing plaque retention.

I am convinced that it is crucial to use bonding agents that maximize etching and sealing of enamel. For that reason, I continue to use etch/rinse multi-bottle systems that allow proper application and drying of primers to eliminate solvents and minimize sensitivity.

I believe proper enamel sealing and adhesion is a critical component of durable adhesive restorations and an important barrier in protecting the underlying dentin.

This case required no tooth removal. For many patients, conserving tooth structure makes direct composite dentistry very appealing. Treatment was completed with one shade of nanohybrid.

The relaxed posture of the smile, shown at completion of treatment in Figure 3, indicates the patient was comfortable with her appearance. For this patient, the outcome was life changing.

Follow-up photos taken at one-year post-op shown in Figures 4 and 5 show close-up views of the completed restorations exhibiting a retained polish and esthetics that can be typical and predictable with nanohybrid composites.
Case No. 2
In my practice, I am seeing more patients with decay that I believe to be related to taking or abusing medications that dry the mouth in combination with high sugar intake.

We as dentists have recognized for a long time the implications of reduced salivary flow in increasing caries as related to radiation treatment and have become more aware in recent years of similar clinical conditions related to medications that cause decreased salivary output.

Figure 6 shows our patient with decay that was limited to facial areas yet quite severe. Her history indicated using medications that decrease salivary output while drinking an excessive amount of sugary drinks.

Although the preparation to remove decay was extensive, as shown in Figure 7, much more tooth structure was retained by doing direct nanohybrid restorations as compared with preparations for lab-processed restorations.

Gingival hemorrhaging from tissue contouring was quickly arrested with Ultradent Astringedent X, followed by cleaning the remaining residue with Ultradent Consepsis. I have found no matrix system to compare to the Greater Curve band for doing these types of whole tooth composites. Figure 8 shows how we positioned the matrix in a way that a gingival seal was achieved and a perimeter created to mold the composite.

The case was completed with a rinse/etch multi bottle bonding system and a single shade A3.5 of nanohybrid composite. The final picture in Figure 9 shows restorations that blend seamlessly with the teeth and are natural in appearance.

With this treatment, the patient was offered a final chance to save her teeth. We discussed at length the dietary changes and maintenance requirements that would offer the best long-term clinical outcome.

Conclusion
Direct bonding with nanohybrid composites create exciting opportunities in our practices to offer multiple treatment options that are extremely predictable when done with products and techniques that maximize adhesion and prevent microleakage.

Patients appreciate the cost savings, conservation of tooth structure and immediate esthetic improvements.

Helping patients through challenging financial times with multiple treatment options that match their financial condition can create the kind of trust that creates patients for life. For me, this adds to the enjoyment of practicing dentistry. Happy bonding!

About the author
Dr. Bruce J. LeBlanc provides seminars nationally on adhesive dental techniques. His practice offers adhesive and cosmetic solutions that minimize tooth removal. He is a product consultant to dental manufacturers and has published internationally on his adhesive technique.

LeBlanc is course director and presenter for “Mastering Posterior Esthetics” at LSU School of Dentistry as well as presenter for the LSU Cosmetic Continuum.

He is also the president of the F. Harold Wirth Foundation established at LSU School of Dentistry to enhance the dentist patient relationship and the enjoyment of practicing dentistry.

LeBlanc may be reached via e-mail at bjleb@cox.net.

About the AACD
The AACD is the world’s largest non-profit member organization dedicated to advancing excellence in comprehensive oral care that combines art and science to optimally improve dental health, esthetics and function. Composed of more than 6,500 cosmetic dental professionals in 70 countries worldwide, the AACD fulfills its mission by offering superior educational opportunities, promoting and supporting a respected accreditation credential, serving as a user-friendly and inviting forum for the creative exchange of knowledge and ideas, and providing accurate and useful information to the public and the profession.
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Dental hygiene practice: Is there a new model?

By Shirley Gutkowski, RDH, BSDH, FACE

You’ve been learning about all the new products and risk assessment tools in lectures, articles in magazines and on the Internet. Saliva tests have evolved from simple litmus paper evaluating the oral pH to tests that measure the periodontal pathogens and whether the patient has an HPV infection. Encouragement from thought leaders has dental hygienists taking blood pressure, perio charting, saliva testing and even taking blood samples for periodontal therapy management.

Testing occlusion, checking for signs of sleep apnea, joint vibration analysis, oxygenation of the blood, carries manifestation and engaging in small talk are all good dental hygiene practice, but when do you get to scale and polish? The bread and butter of dental hygiene appointments can’t go away, can it?

The framework of dental hygiene is changing. Dr. Fons thought having someone around who could clean the teeth, often, would be a great adjunct to a dental practice. That idea evolved to someone who could educate and clean the teeth then to someone who could do some diagnostics, educate and clean the teeth.

The cleaning alone in Dr. Fons’ time took the better part of an hour. Adding these other processes into the dental hygiene appointment is just getting crazy, right? How is a dedicated dental hygienist going to get everything done without resorting to heroic efforts?

It is time to rethink the status quo. The number of diagnostic tools and instruments we have in dentistry today, the level of technology and the incredible information they provide is proving to be very time consuming.

A simple saliva test to show the health of someone’s saliva takes about 10 minutes, add to that a good oral cancer screening of at least 5 minutes, then a perio chart and blood pressure check and most of the appointment time is gone. A new position in the office called a Risk Factor Manager (RFM) may be the answer to alleviate the time crunch during dental hygiene appointments. (Image/Provided by Shirley Gutkowski)

Crest® Oral-B® announced its recognition of RDH Linda Maciel of Hudson, N.H., as the recipient of the fourth Pros in the Profession award for registered dental hygienists who go above and beyond the call of duty.

Throughout her 11 years of practice, Maciel has established a screening protocol to detect early signs of oral cancer and has developed a passion for educating members of her community about the many factors that affect oral hygiene.

“I’m honored that Crest Oral-B chose me,” said Maciel. “I feel very fortunate to love what I do on a daily basis. Making a difference in patients’ lives is rewarding, and providing the most comprehensive care is a high priority of mine.”

Maciel has a strong relationship with each of her patients and considers this to be a key part of her role as an RDH. Her focus during patients’ checkups is screening for oral cancer. Through this process, Maciel has caught basal-cell carcinoma and detected early signs of thyroid cancer.

Additionally, she has inspired people to quit harmful habits such as chewing tobacco and smoking cigarettes. Patients and her colleagues appreciate Maciel’s sharp eye and attention to detail.

“Linda’s oral cancer exam is a signature service to her patients and she regards this service as the most important aspect of her job,” said Dr. Cara Coleman, a dentist at Merrimack Smiles, who nominated Maciel for this award. “Her patients and their families appreciate how they benefit from her pursuit of knowledge.”

Maciel realizes that oral health goes beyond the dentist’s office so she extends her passion for dental care to the public through education. She frequently works with new mothers, educating them about the importance of good oral hygiene for their children. Maciel also volunteers with her office at community events and works to promote having a healthy mouth by discussing the links between periodontal health and systemic concerns.

With this honor, Maciel will join previous Pros in the Profession winners Ann Benson, Trudy Meinberg and Mary Lynne Murray-Ryder on a VIP all-expense-paid trip to ADHA’s 88th Annual Session in Nashville.

In addition, she will receive a $1,500 monetary prize, a pampering spa experience, an award and recognition at major conferences and in dental trade publications throughout the year, plus an exclusive trip to P&G headquarters.

Fourth ‘Pros in the Profession’ winner

Crest® Oral-B® (Image/Provided by Shirley Gutkowski)
Whose choice is it anyway?

Let’s imagine you went to your doctor for an annual checkup. Nothing was wrong, you just needed to have a once over. While the doctor was checking you out, he noticed a mole on your back that looked a little strange … you know, the infamous, “suspicious mole.” For me, that saying always conjures up a vision of a mole in a trench coat with only its eyes sticking out above the collar.

The doctor recommended you have the mole removed and biopsied, but you were getting ready to go on vacation and didn’t really want to deal with a bandage over it. Also, you were not all that concerned about the mole. You mentioned these things to your doctor and he said, “OK, well we really want to do a once over. While the doctor was checking you out, he noticed a mole in a trench coat. I was never taught to judge patients if they opted not to accept recommended therapies. I am not sure at what point all of this became OK in our profession.

We need to remember it is our responsibility to inform patients about their oral situation. I just because we tell them does not mean they need to do anything about it. Remember something called informed consent? Patients need to be advised of their situation, informed of the recommended treatment and what the expected outcome is, what the risks of treatment are and what the risk of no treatment is. Nowhere in informed consent does it say the patient must choose to do something.

Dental professionals need to operate more like medical professionals: the patient decides what is right for them and we honor their wishes because it is not our decision to make.

Best Regards,

Angie Stone, RDH, BS

Taking blood pressure, saliva and occlusion testing, checking for signs of sleep apnea, joint vibration analysis and engaging in small talk — how is a dedicated dental hygienist going to get everything done in the standard appointment time? (Photo/Provided by Shirley Gutowsky)

Perio charting and scaling are the bread and butter of dental hygiene appointments, but how does one fit in all of the other diagnostics expected during a hygiene appointment? (Photo/Provided by Angie Stone)
The benefit to this RFM model at this time in health care is a boon. Synchronizing new research is nearly impossible in the current dental practice model. Having a RFM on the team will make it a little easier as this person could also be tasked with monthly reporting of new findings during the team meetings.

Keeping up with the advances in health care is everyone’s job in a small practice, which often turns out to have been “nobody’s job.” Having one person researching, considering and reporting on all of the changes, as well as having a total focus on managing patient risks while collecting diagnostic data, is a win for everyone in the office.

Hold up to the scrutiny of medical records. Actual diagnosis, not just treatment plans, will be part of the insurance model of payment as well.

We won’t be able to be paid for periodontal therapy without a diagnosis of periodontal therapy and lab proof of an inflammatory response and pathogens. The current model of dental hygiene as a part of dentistry doesn’t allow time for this level of data gathering.

We also know that there are many interrelationships between oral and systemic health. Patients don’t know all there is to know about the links, and we don’t expect them to. However, we do know that it sure would be nice to have that data.

For instance, if we have patients present with periodontal disease and they do not know they have diabetes, or if they do know, it’s important to us. An interoperable electronic health record would allow us to go into their health records and find out before treating diabetes as if it were periodontal disease. A RFM would have time to locate that information and share it with the dentist before the patient sees the dental hygienist.

Here’s an example: There’s a new correlation between obstructive sleep apnea (OSA) and periodontal disease. Having access to a patient’s health record could allow a dental practitioner to encourage that patient to have treatment for his/her OSA, which will allow the periodontal condition to improve.

About the author

Shirley Gutkowski, RDH, BS DH, FACE is an international speaker and award-winning writer. She travels to speak on Minimal Intervention Dental Hygiene. Her work is also in nursing journals. She is co-creator of Adopt A Nursing Home, a board member and Fellow of ACE and a member of the World Congress of Minimally Invasive Dentistry. Gutkowski is also co-director of CareerFusion, a retreat for clinicians interested in evolving their clinical career. You may contact her at croslinkpres@aol.com.
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