Everybody’s going to be there: GNYDM

Greater New York Dental Meeting could attract 54,000

It’s a pretty straightforward formula: Start with one of the world’s most interesting cities during one of its most enchanting times of the year, then add a major dental meeting — and take away the preregistration fee. The result is not just the biggest dental congress and exhibition in the United States but one of the biggest gatherings across all sectors of health care: the Greater New York Dental Meeting (GNYDM).

New this year is a CollAllution high-tech lab area on the exhibit floor that puts technicians and dentists side-by-side for a hands-on experience. Also new are tech labs and hands-on experience. Also new are tech labs and hands-on experience.

To better serve these international attendees, there are programs in Italian, French, Portuguese, Russian and Spanish. But the real appeal for all GNYDM attendees, of course, is the meeting’s broad range of seminars and workshops. Educational offerings feature renowned clinicians from across the world delivering presentations on the latest advances in dentistry and health care.

The doors open wide at the Jacob K. Javits Convention Center for attendees at the Greater New York Dental Meeting (2012 meeting is pictured). Educational offerings feature renowned clinicians from across the world delivering presentations on the latest advances in dentistry and health care. The scope of the meeting is immediately apparent simply by glancing through a partial listing of the major subject areas: anesthesia, coding, cosmetic dentistry, medical emergencies, craniofacial pain, dental hygiene, endodontics, esthetics, implant dentistry, lasers, local anesthesia, occlusion, oral medicine, oral pathology, oral surgery, orthodontics, pain management, pediatric dentistry, periodontics, practice management, prosthodontics, radiology, restorative dentistry, sleep apnea, social media, special needs dentistry and more.

(Source: Greater New York Dental Meeting)
Research reveals new clues about the power of fluoride

Poor oral health tied to cancer-causing oral HPV infection

Poor oral health, including gum disease and dental problems, was found to be associated with oral human papillomavirus (HPV) infection, which causes about 40 to 80 percent of oropharyngeal cancers, according to a study published in Cancer Prevention Research, a journal of the American Association for Cancer Research.

“Poor oral health is a new independent risk factor for oral HPV infection, and, to our knowledge, this is the first study to examine this association,” said Thanh Cong Bui, DrPH, postdoctoral research fellow in the School of Public Health at the University of Texas Health Science Center in Houston. “The good news is, this risk factor is modifiable — by maintaining good oral hygiene and good oral health, one can prevent HPV infection and subsequent HPV-related cancers.”

The researchers found that among the study participants, those who reported poor oral health had a 56 percent higher prevalence of oral HPV infection, and those who had gum disease and dental problems had a 51 and 28 percent higher prevalence of oral HPV infection, respectively. In addition, the researchers were able to associate oral HPV infections with number of teeth lost.

Similar to genital HPV infection, oral HPV infection can be of two kinds: infection with low-risk HPV types that do not cause cancer but can cause a variety of benign tumors or warts in the oral cavity, and infection with high-risk HPV types that can cause oropharyngeal cancers.

Bui, Christine Markham, PhD, and colleagues used data from the 2009–2010 National Health and Nutrition Examination Survey (NHANES) conducted by the National Center for Health Statistics of the Centers for Disease Control and Prevention. This survey consisted of a nationally representative sample of about 5,000 people recruited each year, located in counties across the United States.

The researchers identified 3,439 participants aged 30 to 69 years from NHANES, for whom data on oral health and the presence or absence of low-risk HPV types and high-risk HPV types in the oral cavity were available. Oral health data included four measures of oral health: self-ratings of overall oral health, presence of gum disease, use of mouthwash to treat dental problems within past seven days of the survey, and number of teeth lost. They examined data on age, gender, marital status, marijuana use, cigarette smoking, and oral sex habits and other factors that can influence HPV infection.

The researchers found that being male, smoking cigarettes, using marijuana and having oral sex increased the likelihood of oral HPV infection. They also found that self-rated overall oral health was an independent risk factor for oral HPV infection, because this association did not change regardless of whether or not the participants smoked or had multiple oral sex partners.

Because HPV needs wounds in the mouth to enter and infect the oral cavity, poor oral health, which may include ulcers, mucosal disruption or chronic inflammation, may create an entry portal for HPV, said Bui. There is, however, currently not enough evidence to support this, and further research is needed to understand this relationship, he said.

“Although more research is needed to confirm the causal relationship between oral health and oral HPV infection, people may want to maintain good oral health for a variety of health benefits,” said Bui. “Oral hygiene is fundamental for oral health, so good oral hygiene practices should become a personal habit.”

(Source: University of Texas School of Public Health)

Poor oral health tied to cancer-causing oral HPV infection

Poor oral health, including gum disease and dental problems, was found to be associated with oral human papillomavirus (HPV) infection, which causes about 40 to 80 percent of oropharyngeal cancers, according to a study published in Cancer Prevention Research, a journal of the American Association for Cancer Research. ‘Poor oral health is a new independent risk factor for oral HPV infection, and, to our knowledge, this is the first study to examine this association.’ — Thanh Cong Bui, DrPH, postdoctoral research fellow in the School of Public Health at the University of Texas Health Science Center in Houston.

The researchers found that among the study participants, those who reported poor oral health had a 56 percent higher prevalence of oral HPV infection, and those who had gum disease and dental problems had a 51 and 28 percent higher prevalence of oral HPV infection, respectively. In addition, the researchers were able to associate oral HPV infections with number of teeth lost.

Similar to genital HPV infection, oral HPV infection can be of two kinds: infection with low-risk HPV types that do not cause cancer but can cause a variety of benign tumors or warts in the oral cavity, and infection with high-risk HPV types that can cause oropharyngeal cancers.

Bui, Christine Markham, PhD, and colleagues used data from the 2009–2010 National Health and Nutrition Examination Survey (NHANES) conducted by the National Center for Health Statistics of the Centers for Disease Control and Prevention. This survey consisted of a nationally representative sample of about 5,000 people recruited each year, located in counties across the United States.

The researchers identified 3,439 participants aged 30 to 69 years from NHANES, for whom data on oral health and the presence or absence of low-risk HPV types and high-risk HPV types in the oral cavity were available. Oral health data included four measures of oral health: self-ratings of overall oral health, presence of gum disease, use of mouthwash to treat dental problems within past seven days of the survey, and number of teeth lost. They examined data on age, gender, marital status, marijuana use, cigarette smoking, and oral sex habits and other factors that can influence HPV infection.

The researchers found that being male, smoking cigarettes, using marijuana and having oral sex increased the likelihood of oral HPV infection. They also found that self-rated overall oral health was an independent risk factor for oral HPV infection, because this association did not change regardless of whether or not the participants smoked or had multiple oral sex partners.

Because HPV needs wounds in the mouth to enter and infect the oral cavity, poor oral health, which may include ulcers, mucosal disruption or chronic inflammation, may create an entry portal for HPV, said Bui. There is, however, currently not enough evidence to support this, and further research is needed to understand this relationship, he said.

“Although more research is needed to confirm the causal relationship between oral health and oral HPV infection, people may want to maintain good oral health for a variety of health benefits,” said Bui. “Oral hygiene is fundamental for oral health, so good oral hygiene practices should become a personal habit.”

(Source: University of Texas School of Public Health)
Cosmetic periodontal surgery (Part 4A):

Barriers of success

By David L. Hoexter, DMD, FACD, FICD, Editor in Chief

Part 4A of this series on cosmetic periodontal surgery deals with various barriers that have historically been used to aid periodontal regeneration. This article is limited to the use of barriers to achieve predictable regenerative coverage of nonesthetic root recession using the guided tissue regeneration (GTR) technique with resorbable barriers. It also includes a case study on the use of a polytetrafluoroethylene (ePTFE) membrane to regenerate gingival root coverage where root recession is clinically noted.

Periodontal disease leads to destruction that causes a void in which undesired cells have diminished the supportive periodontia. Proper periodontal surgery to correct this hinders on proper regeneration of lost tissue.

Restoration of the lost periodontia involves regenerating the lost supporting structures, including alveolar bone, connective tissue, keratinized epithelium, periodontal ligament and cementum. By placing a barrier to inhibit the undesired cells — and enabling the desired progenitor cells to proceed — we can selectively guide the desired restoration of the lost periodontia.

For the past 50 years or so, regeneration of the periodontia, including both osseous and soft tissue, has been achieved successfully by the use of barriers. The most popular barrier to date is a membrane, although there have been several other barriers used as the technique has developed.

A barrier should create and maintain a sufficient space where an adequate blood supply can form to enable regeneration to occur. The space must be preserved for a certain period of time, and the barrier should be immobile for that same time period. The barrier needs to preserve this space while preventing epithelial cells and connective tissue cells from migrating into it. But the barrier also must be porous, so that metabolites can penetrate through it to keep the underlying developing regrowth alive.

With the GTR technique, popularized by Dr. Nieman, we can inhibit the causal factors of the periodontal disease, thus preventing recurrance and enabling proper cellular regeneration. This technique involves forming a porous barrier membrane that excludes the undesired cells, yet allows nutrients through its porous membrane to aid the selective population by undifferentiated mesenchymal — advancing the regenerative goal.

Historically, different materials were developed to act as barriers for use in the GTR technique. Initially, nonresorbable membranes were used. A Teflon barrier expanded polytetrafluoroethylene (ePTFE) membrane that was porous was popularized by Gore. This ePTFE, like its more economical equal, Sartorius, as well as other nonresorbable barriers, such as Millipore filters, worked well. However, because they are nonresorbable, they required a second surgical procedure after the healing process was complete, usually months later, to remove the nonresorbable membranes. This second procedure required another round of local anesthetic and another uncomfortable healing period.

Other Teflon membranes, which were nonporous and nonresorbable, also were available, but they were not recommend ed for GTR because their lack of porosity inhibited essential nutrition from passing through, thus blocking newly forming blood supply from regenerating. These Teflon membranes have, in fact, the same regenerative properties as a rubber dam and should not be used or contemplated for GTR.

The limitations of these early barriers prompted companies to develop resorbable barrier membranes that eliminated the necessity of a second surgical procedure, much to the appreciation of patient and practitioner alike. These membranes have all the desired qualities of the nonresorbable group but do not need a second surgical procedure to be removed.

Different materials lead to different rates of absorption time, resulting in different times of inhibition of epithelium and/or connective tissue invagination. Different materials may result in different consistency of results.

The resorbable membrane barriers used most frequently in cosmetic root recession coverage are divided into three main groups, based on the materials: 1) polyglyactin acid, 2) polyactic acid, and 3) collagen.

The polyglactin and polymeric membranes are similar except that polyactic acid membranes contain a citric acid ester that enables them to be malleable. Resorbable polyactic barrier membranes were the first popular resorbable membranes approved by the FDA. Produced under the commercial name of Guidor, the product was developed for GTR procedures, and its malleability made clinical handling easier. The resorption of this material is through hydrolysis. Results show no soft-tissue reactions during healing, and yet, there are reduced probing depths during healing, and a definite gain of clinical attachment. This article is limited to the use of GTR specifically in recession-coverge regeneration.

Membrane barriers of polyglyactin acid were still used after Guidor received approval from the FDA. However, one of the principles of a regenerative membrane is its period of longevity. It is accepted that the barrier should be stable and present in the desired position for at least six to eight weeks. The polyglyactin barriers of the era resorbed inconsistently. Reports of resorption varied in ranges of time. The barriers were not present long enough to consistently meet the time required for success. Therefore, this article limits its focus to the use of polymeric membrane, which consistently meets the required time period for retention.

Case presentation

The patient, a 31-year-old male, presented at my office with gingival recession. His chief complaint was his gingival recession in his upper left cuspid (#11). There was no sensitivity to temperature change. He was aggressive in his oral hygiene, especially with his brushing. Noted was the abrasion of the #11 at the recessed root exposed area. He was concerned with the appearance of looking older than he was and with the probability of living with the longer-appearing tooth (#11).

The upper left first bicuspid (#12) also had recession and root exposure, although it was not noticeable to the patient. Both the #11 and #12 were asymptomatic, but only the more noticeable #11 bothered the patient visually (Fig. 1). Local anesthetic was administered. Then, using a #15 blade, the succular incision was performed from the gingiva to the osseous crest (Fig. 3). This is done to preserve the keratinized gingiva necessary for our final goal.

Buccal flap reflection, using the Hoexter art 4A of this series on cosmetic periodontal surgery deals with various barriers that have histori- cally been used to aid periodonal-regeneration. This article is limited to the use of barriers to achieve predictable regenerative coverage of nonesthetic root recession using the guided tissue regenera- tion (GTR) technique with resorbable bar- riers. It also includes a case study on the use of a polytetrafluoroethylene (ePTFE) membrane that was porous was
periosteal elevator by Hu-Friedy, revealed the extent of the recession of both the cuspids and the bicuspid buccally. Most important is the preservation of the interproximal tissue. Keeping the interproximal gingiva is paramount for the blood supply of the interproximal tissue. This avoids loss of interproximal tissue, which would result in darkappearing interproximal voids, referred to as “black diamonds.”

Placement of the Guidor membrane covering the recessed labial root of #11 is done next (Fig. 4). The labial recession of #12 was left without a membrane. No scaling was done nor chemicals applied to either root.

Next, the coronal repositioned flap technique was performed. This coronally repositions the gingival tissue, especially the preserved keratinized gingiva. The tissue was then sutured in the desired position. The tissue now will cover all the recession as well as the membrane (Fig. 5).

Figure 6 shows how the color of the newly attached keratinized gingiva achieved on the previous recessed root of #11 blends in with the symmetrical background tissue, giving the esthetic appearance desired while restoring health. Note also that #12, without using the barrier GTR, does not regenerate gingival coverage and returns to the original recession level.

The patient was thrilled with the results and continued to maintain his oral hygiene with our professional help. The results remained consistent for more than 11 years before the patient changed locations.

**Conclusion**

Root recession coverage using the GTR technique (with a polylactic barrier by Guidor in this case study), resulted in regeneration of the gingival coverage of the recessed root. In the same patient on an adjacent tooth, using the same technique but without the barrier utilized on the first tooth, the technique resulted in the recession returning to its original level.

It should be noted that, before doing any root coverage technique, the cause of the recession, such as toothbrush abrasion or other oral-hygiene habits (especially occlusal trauma), or any local causes that might have led to the recession, should first be addressed. In this case, with cosmetic periodontal surgery, the patient was thrilled with the results.

Simplant app now available
FREE iPad Air with every i-Max Touch 3D purchase. Offer ends December 31, 2013

In addition to its elegant and stylish design, its ease-of-use, its high image resolution and its reliability, the i-Max Touch 3D offers the ideal field of view (FOV) for use in dental imaging. With SimPlant® software pre-loaded, the i-Max Touch 3D is a MUST-HAVE for your implant planning.

Get a 9x8 FOV for the price of 5x3 FOV
Offer ends December 31, 2013

877-828-2986
www.owandyusa.com
Greater New York Dental Meeting exhibit hall packs in more events

By Jayme McNiff Spicciatie
Greater New York Dental Meeting

The Greater New York Dental Meeting (GNYDM), Nov. 29–Dec. 4, expands to more than 1,500 exhibit booths housing more than 600 companies. The ongoing partnership between the GNYDM and the U.S. Department of Commerce International Buyer Program provides an opportunity to meet worldwide senior level volume buyers as well as receive export counseling from government specialists to increase sales.

Free C.E. in exhibit hall ... and more

- **New dentists’ program** focuses on start-up strategies and pathways to practice ownership for the new dentist.
- **Women’s program** focuses on challenges facing the female practitioner, including personal stories and professional advice on women’s lifestyles in dentistry.
- **Dental assistant pavilion** will be open on the exhibit floor each day of the meeting.
- “**Real World Dentistry for the Restorative Practice**” will be presented by Dr. Robert Lowe at the Friday, Nov. 29, opening session, at the New York Marriott Marquis Hotel in the Westside Ballroom fifth floor.
- **Collaboration** brings dentists and technicians together in a laboratory exhibit area on the exhibit floor with specialized education, demonstrations, digital dentistry and technology that will engage technicians and dentists side-by-side in an integrated, hands-on experience.
- Three tech pavilions are being added to the exhibit floor, focusing on CAD/CAM, cone-beam and lasers.
- **Three tech pavilions** are being added to the exhibit floor, focusing on CAD/CAM, cone-beam and lasers.
- **New dentists’ program** focuses on start-up strategies and pathways to practice ownership for the new dentist.
- **Women’s program** focuses on challenges facing the female practitioner, including personal stories and professional advice on women’s lifestyles in dentistry.
- **Dental assistant pavilion** will be open on the exhibit floor each day of the meeting.
- “**Real World Dentistry for the Restorative Practice**” will be presented by Dr. Robert Lowe at the Friday, Nov. 29, opening session, at the New York Marriott Marquis Hotel in the Westside Ballroom fifth floor.

- **Free C.E. in exhibit hall ... and more**
  - **ColLABoration** brings dentists and technicians together in a laboratory exhibit area on the exhibit floor with specialized education, demonstrations, digital dentistry and technology that will engage technicians and dentists side-by-side in an integrated, hands-on experience.
  - Three tech pavilions are being added to the exhibit floor, focusing on CAD/CAM, cone-beam and lasers.
  - **Free C.E. in exhibit hall ... and more**
    - **ColLABoration** brings dentists and technicians together in a laboratory exhibit area on the exhibit floor with specialized education, demonstrations, digital dentistry and technology that will engage technicians and dentists side-by-side in an integrated, hands-on experience.
    - Three tech pavilions are being added to the exhibit floor, focusing on CAD/CAM, cone-beam and lasers.

- **Women’s program** focuses on challenges facing the female practitioner, including personal stories and professional advice on women’s lifestyles in dentistry.
- **Dental assistant pavilion** will be open on the exhibit floor each day of the meeting.
- “**Real World Dentistry for the Restorative Practice**” will be presented by Dr. Robert Lowe at the Friday, Nov. 29, opening session, at the New York Marriott Marquis Hotel in the Westside Ballroom fifth floor.

- **Free C.E. in exhibit hall ... and more**
  - **ColLABoration** brings dentists and technicians together in a laboratory exhibit area on the exhibit floor with specialized education, demonstrations, digital dentistry and technology that will engage technicians and dentists side-by-side in an integrated, hands-on experience.
  - Three tech pavilions are being added to the exhibit floor, focusing on CAD/CAM, cone-beam and lasers.
  - **New dentists’ program** focuses on start-up strategies and pathways to practice ownership for the new dentist.

The live dentistry arena, a 430-seat high-tech patient demonstration area, offers revolutionary concepts in treating patients with new materials and applications. The demonstrations take place on the exhibit show floor every morning and afternoon Sunday through Wednesday.

- **Learning and lunch panel discussions** are being offered Sunday and Tuesday. Attendees receive free C.E. and a free lunch at the close of the program. Space is limited.
- **An Invisalign Expo** will take place Sunday, Monday and Tuesday. Invisalign programming will be available for the entire dental team, enabling you to learn how to incorporate Invisalign into your practice.

To expand hospitality to attendees from across the world, the GNYDM is offering free multilanguage courses in French, Italian, Portuguese, Russian and Spanish.

The free multilanguage courses in French, Italian, Portuguese, Russian and Spanish.

The free multilanguage courses in French, Italian, Portuguese, Russian and Spanish.

The GNYDM has room blocks at 39 hotels in Manhattan, with free round-trip bus service to the convention center. Visit the hotels and transportation page online at www.gnydm.com for room rates. And, as always, registration for the GNYDM is free.
2014 YDC: ‘It all starts here’

By Yankee Dental Congress Staff

“It All Starts Here” is the theme of the 2014 Yankee Dental Congress (YDC), New England’s largest dental meeting, Jan. 29 through Feb. 2 at the Boston Convention and Exhibition Center.

The YDC is the fifth largest dental meeting in the country and is sponsored by the Massachusetts Dental Society, in cooperation with the dental associations of Connecticut, Maine, New Hampshire, Rhode Island and Vermont. Nearly 28,000 dental professionals from across the United States are expected to attend, attracted to the opportunity to choose from more than 500 dental continuing education courses and events taught by leading experts in dentistry.

New to YDC 2014 are live-patient hands-on courses on Botox and dermal fillers, Wednesday, Jan. 29. Dentists and dental teams will have the chance to learn the anatomy, physiology, pharmacology, diagnosis, treatment planning and delivery of Botox and dermal fillers, sponsored by the American Academy of Facial Esthetics.

On Thursday, Jan. 30, YDC is once again offering a Fast Track series, this year centered on the “Diagnosis and Treatment of Oral and Facial Lesions.” This is an opportunity for dental professionals to learn about oral and facial lesions in six one-hour sessions presented by several different speakers.

The YDC has also added “Master the Skills of Marketing Your Practice: A One-Day Marketing Symposium” on Thursday. This new program is designed for dental professionals who want to learn the essentials of marketing a dental practice using both conventional strategies and modern, Web-based tactics.

“Dental Team Playbook,” also on Thursday, is a spin-off of last year’s “Team Development Day” and is perfect for dental assistants, dental hygienists and office personnel. Each team member will join his or her respective team for a session with an expert in the field, followed by a luncheon and “All-Team Huddle” for everyone.

Yankee’s Conference for Women in Dentistry is back for its ninth year on three days: Thursday, Jan. 30, through Saturday, Feb. 1. The theme of the women’s conference is “Surviving and Thriving: Treating Ourselves as Well as We Treat Our Patients.” The conference will feature a luncheon with Elizabeth Somer, RD, author of “Eat Your Way to Sexy.”

Hands-on cadaver programs will be featured on Thursday, Friday and Saturday during the YDC. Alan Budenz, DDS, and Mel Hawkins, DDS, will demonstrate “Local Anesthesia: Human Cadaver Dissection” twice on Thursday. On Friday, Sharona Dayan, DDS, and Jon Suzuki, DDS, PhD, will teach “Crown-Lengthening and Mucogingival Surgery Using Cadavers” in the morning and afternoon. Saturday’s full-day hands-on cadaver program, “Anatomy of the Masticatory System II: Clinical Application and Cadaver Dissection,” will be led by Henry Grennill, DDS.

The YDC also features a robust exhibit hall floor with the latest in dental products and technologies from 450-plus exhibitors, along with a variety of continuing education programs on the show floor. “Healthy Living Pavilion,” “Live Dentistry” and “Dental Office Pavilion” are back again by popular demand. New to the show floor for YDC 2014 is “Social Media Hot Spot,” a chance to earn continuing education credits while learning the value of social media in marketing a practice.

Entertainment and fun are large parts of YDC 2014. On Thursday, Jan. 30, join “Gone Girl” author Gillian Flynn for a “Lunch with Author” session in the afternoon. On Thursday evening, come together in fellowship and friendly competition for interactive games, music, stage acts, light snacks, prize giveaways and more — free for everyone at “Going for the Gold at Yankee!” Join Dan Abrams with “Man Down” for a fun and interesting afternoon on Friday, Jan. 31. Celebrate the Massachusetts Dental Society’s 150th anniversary at its free commemoration on Friday evening.

YDC 2014 offers free admission to select courses, alumni events and computerized continuing education record-keeping.

For more information on Yankee Dental Congress 2014, call (877) 515-9071 or visit www.yankeedental.com.
Always a big draw at the Pacific Dental Conference, the exhibit hall’s live dentistry stage features a wide range of procedures. Pictured from 2012 is Dr. Robert Lowe during his ‘Anterior and Posterior Composite’ demonstration. Lowe is scheduled to deliver two sessions at the 2014 PDC — one with an extra fee and limited attendance and another a general-attendance session.

Photo/Provided by the Pacific Dental Conference

PDC schedules two days of live dentistry

Pacific Dental Conference to run from March 6–8

The 2014 Pacific Dental Conference, from March 6–8 (Thursday, Friday and Saturday) in Vancouver, British Columbia, features a varied selection of open C.E. sessions, hands-on courses and a live dentistry stage. One registration fee gives access to all 144 open sessions, which means no pre-selection of courses is necessary.

The variety of topics covered by more than 135 speakers means the entire dental team can access the latest information on dental technology, techniques and materials. Speakers in the 2014 lineup include John Kois, John Cranham, Sergio Kuttler, Greg Psaltis, Ross Nash, Derek Mahony, Rob Roda, Louis Malcmacher, Bart Johnson, Jesse Miller, Rhonda Savage and Nancy Andrews.

Two days of ‘live dentistry’ on stage

With the University of British Columbia Faculty of Dentistry celebrating its 50th anniversary, the PDC will present the “UBC Speakers Series,” featuring UBC alumni addressing a variety of topics.

The Live Dentistry Stage is back in the exhibit hall, with demonstrations on Thursday and Friday. On Saturday, the “So You Think You Can Speak?” program features 50-minute presentations by speakers who responded to a call for presentations and were accepted by the meeting’s scientific committee. A number of timely dentistry topics will be covered.

The exhibit hall should be busy with more than 300 companies projected to fill approximately 600 booths. Exhibition hours are 8:30 a.m. to 6 p.m. on Thursday and 8:30 a.m. to 5:30 p.m. on Friday.

Booking early recommended

Special hotel rates are available to PDC attendees, with early booking recommended to ensure availability. Reservations can be made directly with conference hotels via the links on www.pdconf.com. Registration is now open with early bird rates for all members of the dental team.

(Source: Pacific Dental Conference)

Smiles in the Sun keeps family first

Quality location plus quality education plus quality family time equals Smiles in the Sun 2014 in Longboat Key, Fla., April 24–27. Now you can earn C.E. credit while your family has a vacation that you can enjoy with them. All the programs are in the morning — leaving you the balance of your day to spend time with your family. In the past several years, many of the event’s attendees have brought their children and enjoyed the reduced resort rates and the family-friendly accommodations and facilities of the Longboat Key Club and Resort.

Come early or stay late — either way, the event organizers should be able to accommodate your requests.

The education, in addition to matching the caliber of the major dental meetings according to event organizers, also delivers an opportunity for attendees to interact directly with the presenters in informal settings. Whether at the social events, by the pool or on the beach, all of the presenters visit with the attendees “after class” — in a more of a relaxed environment. Smiles in the Sun also invites select vendors that represent some of the leading-edge materials and equipment being put to use in the profession. Attendees are able to learn about the values of these materials from both the experienced clinician and the manufacturer’s representative — all in the same room.

When you’re planning your spring vacation with the family, the Smiles in the Sun organizers encourage you to combine that time with a minimal educational obligation on Thursday, Friday and Saturday mornings. All credits are PACE/CERP approved.

For more information you can visit www.smilesinthesun.net or contact Dr. Richard Weledniger at (631) 423-5200. Plan now to join the next event in April 2014 for what the organizers describe as a “sunsational” educational experience.

(Source: Smiles in the Sun)
Visit us: GNYDM Booth #5614

“ContacEZ Strips are elegantly designed, flexible, and small enough to fit into hard-to-reach areas.”
Dr. Mark Elmore

“ContacEZ Strips are the best out there. Restorative, composite, ortho; I use them every day.”
Dr. George Zehak

“ContacEZ Dental Strips simplify my life. Every dentist should use ContacEZ and enjoy this great product.”
Dr. Steven Spivack

“ContacEZ is so important for modern dentistry.”
Dr. David Clark

“I love ContacEZ and use them every day!”
Dr. Martin P. Bleckner

360 694 1000
www.contaceez.com
Next JDIQ to include national gathering of prosthodontists

Meeting adds more sessions on implants, restorative dentistry

Following what meeting organizers describe as a highly successful convention this past spring, planning is now in full force for the 44th edition of the Journées dentaires internationales du Québec, which will take place from May 23–27 at the Palais des congrès de Montréal.

Hosting the Association of Prosthodontists of Canada

At the 2014 meeting, JDIQ will host the Association of Prosthodontists of Canada. Among the benefits expected from this joint venture, which also involves the Association of Prosthodontists of Quebec, will be a larger number of top speakers in implant and restorative dentistry — and a presence at the meeting of a larger number of prosthodontists from across Canada.

The annual meeting of the Ordre des dentistes du Québec continues to be one of the highest-attended dental meetings in North America. In 2014, meeting organizers expect to host more than 12,000 delegates from around the world.

More than 100 lectures and workshops in English and French

The meeting will feature a scientific program with more than 100 lectures and workshops presented in English and French. The JDIQ meeting is described by organizers as being Canada’s most highly attended bilingual convention.

More than 225 exhibitors will occupy approximately 500 booths in the exhibit hall, making it one of the largest in Canada. The exhibition will be open Monday and Tuesday, May 26 and 27, and it will feature a continental breakfast on both days for the early risers as well as a wine and cheese reception to close out both afternoons.

Featured 2014 speakers already in the lineup include Drs. Dale Miles, Robert Langlais, Steven Olmos, Stephen Niemczyk, Manor Hass, Jonathan Bregman, Michael Di Tolla, Gerry Kugel, Karl Koerner, Joe Blaes, Jason Smithson, Brian Novy, Ken Hargreaves, Thomas Dusinberie, Robert Gutneck, Tieraona Low-Dog and James Mah, to name just a few.

For more information about the meeting, you can call (800) 361-4887, visit www.odq.qc.ca — or you can send an email to congres@odq.qc.ca.

(Source: Ordre des dentistes du Québec)
NOMAD Pro 2: Holds charge longer, is more durable and reliable

For almost a decade, Aribex has been quietly ripping the X-ray system off the wall and putting it into the hands of the dental team. Aribex manufactures a handheld, completely mobile X-ray system called the NOMAD.

According to the company, one NOMAD does the work of multiple, wall-mounted X-ray systems, which can save the typical dental practice thousands of dollars in equipment costs. Moreover, because the NOMAD enables dental team members to safely and effectively stay with their patients during X-ray procedures, a bitewing series can be completed in half the time required by a wall-mounted system.

Unlike conventional wall-mount and portable X-ray systems, the NOMAD is lightweight, rechargeable (battery-powered) and can go anywhere. Dental professionals around the world have been choosing the NOMAD as their preferred X-ray device, in and out of the office, with almost 13,000 NOMADs now in use.

Building upon the successes of previous innovation and design, Aribex recently introduced the NOMAD Pro 2, providing the same mobile convenience and cost savings as previous models while increasing durability and performance.

“The Pro 2 is exactly what our customers want,” said Ken Kaufman, general manager of Aribex. “We asked our customers how we could improve our marquee product. We listened, designed prototypes, asked for feedback and iterated until we met their requests. The end result of all of that hard work is the Pro 2. It’s simply the world’s best handheld X-ray system yet.”

The newly designed battery handset, with infrared connectors, together with a new charging cradle, improves the system’s durability and boosts battery performance. “One consistent comment we heard from our customers focused on the charging station,” said Kaufman. “Our engineers spent hours working with customers, researching new solutions. Our final design is a big improvement, and our customers will agree.”

Durability also is enhanced by a re-engineered user interface that is more scratch and moisture resistant. “The operatory environment can be hard on equipment, particularly with our products that are easily carried from operatory to operatory,” said Kaufman. “The NOMAD Pro 2 will stand up to repetitive antisepctic and cross-contamination control.”

Use your old NOMAD Dental to save on (or win) a new NOMAD Pro 2

If you have an old, 8.5-pound, working NOMAD Dental, and the improved, sleeker, 5.5-pound NOMAD Pro 2 sounds appealing, visit www.aribex.com/trade-in to learn how you can get a $1,400 rebate when you trade in for a NOMAD Pro 2.

Trade in the oldest working NOMAD out there, and you'll be in the running to win a free NOMAD Pro 2.
Owandy, SimPlant Pro, Apple put total imaging control in your hands

iPad app and cloud keep treatment plan accessible and secure

Owandy is a manufacturer of dental imaging solutions, and its leadership team describes its latest imaging system as being one of the most unique imaging units available today. According to the company, with the launch of the I-Max Touch 3D panoramic imaging unit earlier this year, dental professionals everywhere have been able to experience unprecedented simplicity and functionality, thanks in part to the innovative product’s SimPlant Pro software.

SimPlant Pro – by Materialise, a supplier of treatment planning software – provides a library that continues to grow, with a combination of more than 8,000 compatible implants and abutments. It creates surgical drill guides (stents) for effective placement planning and technical assistance.

All of this functionality can be easily accessed in the palm of your hand with the new Team-Up! app from SIMPLANT. The app facilitates team communication on SIMPLANT cases and is described as being an effective communication tool to use with patients to compellingly explain the benefits of the dental implant treatment plan.

This application for iPad® not only enables you to share and view SIMPLANT cases but also helps you easily communicate with everybody involved in the process.

Implant surgeons can now easily team up with their referral dentists, labs and other professional colleagues to discuss an implant planning case—all within the secure environment of the SIMPLANT cloud.

The I-Max Touch 3D is the evolution of the I-Max Touch, a 2-D panoramic/cephalometric unit with a long record of success, according to the company. The reliable, user-friendly system enables dental professionals to plan an implant procedure quickly, accurately and effectively. The end result is a safer procedure for patients with better outcomes for the clinician.

The mini implant system is the most versatile system offering numerous cement over abutments as well as one-piece 2.5- and 3-mm implant designs. For more information about mini implants and their services, please contact Shatkin F.I.R.S.T. at 888-4SHATKIN or visit www.shatkinfirst.com.

How does Shatkin F.I.R.S.T. compare in cost to other mini implant systems?

Shatkin F.I.R.S.T.: The mini implants, from Intra-Lock International, are stronger than the competing brands, have an advanced patented coating (OSSEAN Hybrid Bioactive Surface) for the critical initial implant stability and are $89 each, which includes the O-ring and housing. (Unlike other brands, these aren't add-ons with extra costs.)

For additional information about the I-Max Touch 3D, you can visit the company online at www.owandyusa.com.

(Source: Ashtel Dental/Owandy USA)
Register for our Upcoming Courses in a city near YOU!
Increase Your Practice Revenue & Learn How To Place Mini Dental Implants!

One & Two Day TRAINING COURSES AVAILABLE

- FREE Case Consultation by TODD E. SHATKIN, DDS
- Single & Multiple Tooth Replacements in ONE VISIT
- Denture Stabilization Procedures in ONE HOUR
- EARN 7-14 CONTINUING EDUCATION CREDITS

If you are not using Shatkin F.R.S.T.® Think Again!

Call Now to Register!
1-888-4-SHATKIN
(1-888-474-2854)
or visit www.shatkinfirst.com
Henry Schein Cares helps ‘Youth With a Mission Medical Ships — Australia’

Donated supplies help aid those in need in Papua New Guinea

Henry Schein Halas, the Australian dental business of Henry Schein Inc., has donated oral health care products and equipment to “Youth With a Mission Medical Ships — Australia” through Henry Schein Cares, the company’s global corporate social responsibility program. Based in Townsville, Australia, YWAM MSA brings free health care, including oral screenings and treatment, by ship to underserved populations in Papua New Guinea. Since 2010, Henry Schein Cares has donated oral care supplies and equipment to YWAM MSA valued at more than $300,000.

For three and a half years, YWAM MSA has performed more than 11,500 dental procedures and more than 129,000 community, training and health outreach missions in Papua New Guinea. With only 32 dentists in all of Papua New Guinea, local dentists as well as dentists from neighboring Australia and around the world have come to work at YWAM MSA clinics.

“Henry Schein Halas is honored to support YWAM MSA’s important and impactful work to provide care for thousands of patients in need in Papua New Guinea,” said Gordon Anderson, general manager, Henry Schein Halas. “We are proud of our long-term partnership with YWAM MSA through our Henry Schein Cares program, and we look forward to continuing to join forces to improve the lives of thousands for many years to come. We are also grateful for our supplier partners and their support of this program, including Kerr Australia, 3M ESPE, GC Australasia & Hu-Friedy.”

With the help of the donations from Henry Schein Halas, the Australian YWAM medical ship set sail to the Gulf Province of Papua New Guinea in May to provide access to dental care for thousands of Papua New Guinea locals who would not otherwise have been able to get the essential oral care they need.

“Even when people do find the means and the ways to get to these clinics, they arrive and often there are just no supplies,” said Hannah Peart, medical coordinator of YWAM MSA. “Thanks to donations made by Henry Schein Halas, YWAM MSA has now fully stocked and refurbished its onboard clinic, creating efficiency and improved functionality for dentists along with better access to supplies.”

About Henry Schein Cares

Henry Schein Cares, Henry Schein’s global corporate social responsibility program, stands on four pillars: engaging Team Schein Members to reach their full potential, ensuring accountability by extending ethical business practices to all levels within Henry Schein, promoting environmental sustainability and expanding access to health care for underserved and at-risk communities around the world. Health care activities supported by Henry Schein Cares focus on three main areas: advancing wellness, building capacity in the delivery of health care services and assisting in emergency preparedness and relief.

Firmly rooted in a deep commitment to social responsibility and the concept of enlightened self-interest championed by Benjamin Franklin, the philosophy behind Henry Schein Cares is a vision of “doing well by doing good.” Through the work of Henry Schein Cares to enhance access to care for those in need, the company believes that it is furthering its long-term success.

About Henry Schein Inc.

Henry Schein Inc. serves dental laboratories, government and institutional health care clinics, and other alternate care sites. A Fortune 500 Company and a member of the NASDAQ 100 Index, Henry Schein employs nearly 16,000 Team Schein Members and serves more than 775,000 customers.

The company offers a comprehensive selection of products and services, including value-added solutions for operating efficient practices and delivering high-quality care.

Henry Schein operates through a centralized and automated distribution network, with a selection of more than 36,000 branded products and Henry Schein private-brand products in stock, as well as more than 110,000 additional products available as special-order items.

The company also offers its customers exclusive technology solutions, including practice management software and e-commerce solutions, as well as a broad range of financial services.

Headquartered in Melville, N.Y., Henry Schein has operations or affiliates in 24 countries. The company’s sales reached a record $8.9 billion in 2012 and have grown at a compound annual rate of 17 percent since Henry Schein became a public company in 1995.

To learn more, visit online at www.henryschein.com.

(Source: Henry Schein Cares)
Interproximal relief shown to inhibit decay under crown

ContacEZ systems restore the natural microscopic clearance to relieve pressure between the proximal contact surfaces of the restoration and the adjacent teeth

More than 30 years ago, a patient who had lost a crown was assigned to a young dentist, Dr. Daniel Kim. During the examination, Kim found that the dentin of the prepared portion of the tooth under the crown had decayed and was completely gone, causing the crown to fall off after only two years. The cause of decay beneath the crown puzzled Kim. It was the beginning of his lifelong search for a better crown seating method.

After many years of research and experience in his own dental practice, Kim determined that incomplete marginal seating with heavy proximal contact is a common cause of dental decay under a crown. In proximal contact adjustment, Kim believes that it is important to restore the natural microscopic clearance or passive contact to relieve pressure between the proximal contact surfaces of the restoration and the adjacent teeth. He refers to this relief of pressure in the interproximal space as “interproximal relief.”

Kim invented the ContacEZ Black Diamond Strip to achieve interproximal relief and adjust ideal proximal contact. According to the company, the single-handed design of the ContacEZ Dental Strips offers optimal tactile control, allows easy access to anterior and posterior spaces and makes crown seating simple and easy.

Since its debut in October 2006, the ContacEZ company has been steadily expanding its product line. With a mission to “make excellent dentistry simple and easy,” the company continuously invests in research and development of innovative techniques to deliver value to dentists — backed by a commitment to excellence and a 100 percent satisfaction guarantee.

Today, ContacEZ is a leading manufacturer of dental strips used for achieving ideal proximal contacts, complete marginal seating and accurate occlusion, interproximal space cleaning and contouring, interproximal reduction, and polishing of proximal surfaces — simply, safely and easily.

Following are descriptions of the company’s various ContacEZ product lines.

ContacEZ Restorative Strip System

The ContacEZ Restorative Strip System is an innovative new precision dental strip system designed to achieve ideal proximal contact adjustment and complete marginal seating of crowns, veneers, inlays/onlays and proximal contouring of composite fillings accurately with minimum time and effort. Features include:

• Elimination of the need to hold small restorations, use rotary instruments or articulating films.
• Central opening for better visual perception and access for tools.
• All ContacEZ Strips are autoclavable up to 280 degrees F (steam heat only, not dry heat) and multi-usable.

ContacEZ IPR Strip System and Optional Strips

The ContacEZ IPR Strip System is an innovative new interproximal reduction system that makes IPR safer and more accurate without creating sharp corners. Designed for use with Invisible®, ClearCorrect®, eCligner®, Inman Aligner™ and other clear aligner treatment systems, these strips curve and flex along the natural contours of the teeth to prevent soft-tissue irritation, avoid cutting excessive enamel and maximize patient comfort. Features include:

• Will not cut lips or gums — and eliminates gagging.
• Flexible strip will contour the curvature of the tooth without creating subgingival ledges or sharp corners.
• Reduce binding and prevent residual crowding.
• Pass the strips back and forth gently and buccolingually only.

ContacEZ Narrow Strips

Overhanging dental restorations contribute to gingival inflammation due to the retentive capacity for bacterial plaque, which can result in bone loss. The severity of the bone loss is directly related to the severity of the overhang. It is critically important, therefore, to remove the overhangs. ContacEZ Narrow Strips are designed to clean out the remains of overhang and polish the restorations in the subgingival area.

Practitioners can use the ContacEZ Copper and Blue Narrow Strips in the sub-gingival area where the overhang is detected. Pass them buccolingually back and forth until the overhang is cut and cleaned out and the restoration is polished. According to the company, the ContacEZ Narrow Strips are the perfect tools for cleaning overhangs safely, easily and conveniently.

ContacEZ Wide Strips (Black Triangle Strips)

The Orange and Red Sanders are extra-

See RELIEF, page A16

Kim invented the ContacEZ Black Diamond Strip to achieve interproximal relief and adjust ideal proximal contact.
Dental Tribune U.S. Edition | November 2013

The ContacEZ IPR Strip System makes IPR safer and more accurate without creating sharp corners. Designed for use with Invisalign, ClearCorrect, eCligner, Inman Aligner and other clear aligner treatment systems, these strips curve and flex along the natural contours of the teeth to prevent soft tissue irritation, avoid cutting excessive enamel and maximize patient comfort.

wide composite diamond strips designed to prepare the entire proximal contact surface for composite restorations. The Blue Heavy Saw is designed to clean out excess resin cement from the interproximal space. These are the only ContacEZ Dental Strips that will allow you to apply vertical pressure during use.

ContacEZ IPR accessories
ContacEZ offers the following accessories to assist in complete interproximal reduction:

- ContacEZ Incremental Thickness Gauge (set of six) — measure the amount of interproximal enamel removed.
- Slow Speed Diamond Discs (top, bottom and dual-coated) — create space by grinding down enamel.
- ContacEZ Disc Safety Guard — ensure the patient’s safety when using Diamond Discs.

ContacEZ LAB Strip System
The ContacEZ LAB Strip System is designed to eliminate the guesswork and worry of inaccuracy of proximal contact of crowns. According to the company, using this system will enable you to achieve consistent results, and it’s fully compatible with your own internal procedures.

‘It was the beginning of his lifelong search for a better crown seating method.’

(Source: ContacEZ)

Mydent International supports breast cancer awareness with its ‘Defend yourself with pink’ program

Mydent International is raising breast cancer awareness through its website, “Defend Yourself with Pink.” The program, available through Mydent’s distribution network, features a selection of pink Defend products, including face masks, lab coats, jackets, tray covers and more. Health care professionals get access to special prices on these products through Dec. 31.

Mydent International will be donating a portion of proceeds to the National Breast Cancer Foundation to support education, breast health services and other programs provided by the foundation. In addition to this donation, Mydent International also supports Autism Speaks, the nation’s largest and most effective autism science and advocacy organization.

To learn more about Mydent’s “Defend Yourself with Pink” program, call (800) 275-0020 or you can visit the dedicated website for the program at www.defendyourselfwithpink.com.

(Source: Mydent International)
Sesame Communications ranks among fastest growing tech companies in 2013

Investment in innovative cloud-based SaaS solutions helps lead to 158 percent revenue growth

Sesame Communications, a provider of cloud-based solutions that help dental and orthodontic practices accelerate new patient acquisition and build patient loyalty, recently announced that it ranked No. 453 on Deloitte’s Technology Fast 500, a ranking of the 500 fastest growing technology, media, telecommunications, life sciences and clean technology companies in North America.

Sesame Communications grew 158 percent during the period the ranking was looking at.

Sesame Communications CEO Diana P. Friedman credits the strong year-over-year growth to strategic investments in the company’s cloud-based patient engagement management platform, which enabled the company to rapidly scale the business, create innovative products and expand sales and marketing efforts.

“Sesame Communications is honored to be named once again to the Deloitte Technology Fast 500,” Friedman said. “This recognition is a testament to the continued market acceptance of our solutions and the ongoing mission everyone at Sesame has to drive great value for our members through state-of-the-art SaaS solutions.”

“The 2013 Deloitte Technology Fast 500 companies are exemplary cases of those spurring growth in a tough market through innovation,” said Eric Openshaw, vice chairman, Deloitte. “This year’s list is a who’s who of companies behind the most exciting and innovative products and services in the technology space. We congratulate the Fast 500 companies and look forward to what they do next.”

“The fastest growing companies in the U.S. are drivers of constant innovation and operate with the agility to stay ahead of a quickly evolving marketplace, and software, biotech/pharma and Internet companies continue to be at the forefront,” added James Atwell, national managing partner of the emerging growth company practice, Deloitte Services. “The companies excelling in these sectors have a startup mentality that allows them to be nimble and adapt quickly, which is why they consistently lead the list of fast-growing companies each year.”

About Deloitte’s 2013 Technology Fast 500

Technology Fast 500, conducted by Deloitte, provides a ranking of the fastest growing technology, media, telecommunications, life sciences and clean technology companies — both public and private — in North America. Technology Fast 500 award winners are selected based on percentage fiscal year revenue growth from 2008 to 2012.

To be eligible for Technology Fast 500 recognition, companies must own proprietary intellectual property or technology that is sold to customers in products that contribute to a majority of the company’s operating revenues. Companies must have base-year operating revenues of at least $50,000 (U.S. or Canadian dollars), and current-year operating revenues of at least $5 million. Additionally, companies must be in business for a minimum of five years and be headquartered within North America.
Barrier protection is critical in dental professionals’ gloves

Gloves should enhance safety of both patients and users

While caring for their patients, dental and health care professionals are constantly exposed to bodily fluids that may carry viruses and other infectious agents. It is therefore critical that the gloves these professionals use provide the best possible barrier protection.

Many types of gloves are available today, but it is important to know that not all gloves have the same barrier capability, depending on the type of material used. For example, natural rubber latex gloves have long been acknowledged for their very effective barrier properties, while non-latex gloves, such as vinyl (polyvinyl chloride), have inferior barrier capability as shown by numerous studies. Other synthetic gloves, such as nitrile and polysoprene, perform much better than vinyl but are more costly, especially polysoprene gloves. Using gloves with inferior barrier capability could expose both the patient and user to harmful infections.

Quality, safety top priorities

Malaysia is the world’s largest medical gloves exporter (latex and nitrile). Both quality and users’ safety are of top priority to the nation’s glove industry. To this end, a quality certification program (the Standard Malaysian Gloves, or the SMG) has currently been formulated for latex examination gloves. All SMG-certified gloves must comply with stringent technical specifications to ensure the gloves are high in barrier effectiveness, low in protein and low in allergy risks, in addition to having excellent comfort, fit and durability – qualities that manufacturers of many synthetic gloves are trying to replicate.

Natural, sustainable resource

Latex gloves are green products, derived from a natural and sustainable resource, and are environmentally friendly. (You can learn more online at www.smg-gloves.com and at www.latex-glove.info). The use of low-protein, powder-free gloves has been demonstrated by many independent hospital studies to vastly reduce the incidence of latex sensitization and allergic reactions in workplaces.

More importantly, latex allergic individuals donning non-latex gloves can now work alongside their co-workers wearing the improved low-protein gloves without any heightened allergy concern. However, for latex-allergic individuals, it is still important they use appropriate non-latex gloves, such as quality nitrile and polysoprene gloves, that provide them with effective barrier protection.

Extensive array of brands, features and prices

Selecting the right gloves should be an educated consideration to enhance safety of both patients and users. For decades, gloves made in Malaysia have been synonymous with quality and excellence, and they are widely available in an extensive array of brands, features and prices. They can be sourced either factory direct (www.mrepc.com/trade and click ‘medical devices’) or from established dental product distributors in the United States.

(Source: Malaysian Rubber Export Promotion Council)
Work with confidence

Malaysia:
Your #1 Source For Quality Medical Gloves
Protection and Performance You Can Trust

Malaysia is the largest source for U.S. imports of natural and synthetic rubber gloves as reported in tariff and trade data by the U.S. Department of Commerce and the U.S. International Trade Commission

www.mrepc.com
www.smg-online.biz
www.latexglove.info

BUY MALAYSIA
SMARTCHOICE

MALAYSIAN RUBBER EXPORT PROMOTION COUNCIL

3516 International Court NW Washington DC 20008  (202) 572-9771  (202) 572-9787  mrepcusa1@aol.com
The nose knows

*Big-picture look at myofunctional orthodontics*

By Dr. Barry Raphael, Clifton, N.J.

According to myofunctional orthodontics, traditional orthodontics often operates as a compensation for misshapen jaws and, in the case of using extractions to relieve the crowding, is actually locking in the problem permanently by collapsing the dental arches to match the collapsed skeletal arches. Photo/Provided by Myofunctional Research

After three decades practicing orthodontics, including experience with the "muscle-centric" philosophy of orofacial development, I was recently asked to provide a summary of the "big picture" for a group of Burkeyo practitioners who were not familiar with myofunctional orthodontics. Here is my response:

At issue is the head-on collision of the human face with the modern environment. Anthropology demonstrates how the human face has changed in the past several hundred years, presumably as a result of the many stressors that have

- See KNOWS, page A21

The career dilemma for graduating residents: Academe or private practice

By Dennis J. Tartakow, DMD, MED, EdD, PhD, Ortho Tribune U.S. Editor in Chief

There are compelling advantages to both private practice and academics. For each graduating resident, career decisions come down to determining which environment is best suited to his or her personality with regard to orthodontics.

Choosing a path that coincides with one’s beliefs, philosophy, personal- ity and lifestyle is omnipotent. However, the process of education itself is changing. No longer can an orthodontist teach by the way he or she learned (show, tell, do).

We are moving toward an age where new academic skills, such as learning the methods of teaching and the process of course-designing, have become new goals and standards of education. Yet as educational programs continue to be improved, old problems still linger in academics and have a direct bearing on who will direct our future and become our successors.

A new era of orthodontic education is dawning, and just how it will go is a conundrum — anyone’s guess. There are new creative programs in orthodontic education that address the reduction of “qualified” orthodontic faculty members. Historically, at least since the 1990s, issues regarding recruitment and retention of qualified orthodontic faculty members have been and still are important and challenging topics at many orthodontic conferences, as noted by Roberts in 1997.

When an environment for both academic and research can become a reasonable career choice for graduating residents, the future of orthodontics will be positive (Bednar, 2007; Turpin, 2007; Peck, 2003). In past years, many residents had solid interests in teaching and research as a career choice (Larson, 1998). However, those days are gone.

Orthodontic education has been in a state of flux — academics and research have not become competitive with full-time clinical practice as career options (Peck, 2003). Specifically, the problems associated with recruitment and retention of full-time orthodontic faculty members have been and are still on a spiraling decline (Turpin, 2007). The preservation of pedagogy in orthodontic education, the potential social justice implications, and impact on the public are directly related to (a) education of well-trained orthodontists, (b) health care delivery, (c) outreach programs, (d) welfare agencies, and (e) public service communication.

When applicants are interviewed for a residency position, many speak about their aspirations of joining a faculty and becoming active in research after graduation. For an applicant holding a PhD, he or she often mentions full-time teaching in addition to becoming a researcher. However, by the end of his or her educational program, goals soon become more about clinical practice and making money rather than an academic career; no longer is teaching or research a priority. Bednar (2007) stated, “In 2004-2005 there were 250 funded yet unfilled full-time faculty positions at dental schools across the country, 19 of which were vacancies in orthodontic programs.”

According to Turpin (2007), two of the most urgent problems facing orthodontics were attracting more qualified individuals for careers in orthodontic education and replenishing the attrition of full-time postgraduate faculty positions. Our leadership has addressed these educational issues but has not been able to reverse the declining number of well-trained, full-time faculty members. If faculty vacancies continue to rise, it would have a negative impact upon the (a) education of orthodontic residents, (b) future of the profession and (c) health care and educational resources for the public and society (Trotman et al., 2002).

On a different but related issue, most postgraduate orthodontic program faculty members have never had any formal training in the methodology of teaching or course design; they teach what they learned from their own clinical experiences. With this in mind, it is encouraging to see a few new and novel educational programs for junior and mid-career orthodontic faculty members to learn about such academic skills.

One of the first workshops on faculty career enrichment in orthodontics (FACE) occurred in October 2012. The second FACE workshop was held this year on March 7 at the University of Michigan School of Dentistry. These workshops, led by recognized orthodontic teaching experts, included an interactive format with topics such as:

- Principles of course design starting with the end in mind
- Methods to encourage active learning in the classroom and clinic setting
- Methods for successfully incorporating technology into the classroom

Another related program for faculty

- See CAREER, page 21
created the over-breathing that Buteyko addresses. The ensuing open mouth posture prevents the tongue from ful-
filling its role as scaffolding for the de-
veloping maxilla (just as the eyes are the scaffold for the orbits and the brain for the cranium) and allows this bone to collapse downward and back into the face, severely restricting space for erupting teeth. As a result, the mandible is forced to cope with a distorted upper partner. It compensates in a variety of ways, all of which result in facial devia-
tions from ideal.

The biggest concern is that this dam-
age starts very early in life. So by the time a child’s teeth have crowded — and are considered ready for braces — it is too late to prevent it. Consequently, traditional orthodontics operates as a compensation for misshapen jaws (80 percent of the time to my estimation) and, in the case of using extractions to relieve the crowding, is actually locking in the problem permanently by collapsing the dental arches in order to match the collapsed skeletal arches.

In addition to the esthetic problems associated with profile and smile, a missshapen face can cause a variety of health issues. An elongated face is a risk factor for sleep breathing disorders be-
cause the airway is often more narrow in the throat. Stresses are placed on the jaw joints, often creating dysfunction or causing pain. A lowered tongue posture leads to muscular dysfunctions that place additional stress on the teeth, jaws, cranial bones, joints and airway. It is a messy situation, and it seems in-
creasing in frequency and severity with each generation.

In my opinion, the best treatment ap-
proach is preventive. Even when or-
thodontists try to intercept the issues leading to open mouth posture (a dis-
sertation in itself), the longer the delay in starting treatment the more damage that must be dealt with. By adulthood, not only is the original facial damage present, but so are all of the second-
ary effects these stresses have created, including wear and tear on the teeth and joints, long-standing muscle and breathing dysfunction, musculoskeletal issues and chronic inflammation in all parts of the body.

There are several treat-
ment techniques designed to help the jaws grow to their full genetic potential. These, of course, work best in young, growing children, but can be beneficial at any age, albeit with varying degrees of success, since even a 5 percent positive change can have a large impact on an out-of-balance system. At the base of these efforts has to be the restoration of nasal breathing and correct breathing dynamics, with-
out which all issues remain refractory.

DR. BARRY RAPHAEL has practiced orthodontics for close to three decades. During this time he has benefi-
ed from all the advances modern orthodontic treatment has to offer, including functional orthodontics and low-force, low-friction techniques. Although Raphael has been practicing orthodontics for nearly 30 years, he has only recently begun to recognize the benefits of myofunctional therapy in his practice. He also has first-hand experience with moving from a “tooth-centric” philosophy of orthodontic mechanotherapy to a “muscle-centric” philosophy of orofacial development. Raphael can offer clinical insights into the changes he has made in his own practice and where he thinks orthodontic practice and education are heading. He may be contacted at drbary@alignmine.com.

members was the James L. Vaden Edu-
cational Leadership Conference, held on May 3. This conference emphasized excellence in orthodontic education, concentr-
ing on graduate program standards. These programs will hope-
fully change the decline of “educated” orthodontic faculty members and the increased attrition of full-time post-
graduate faculty positions.

However, at the present time, olea iacta est — the die has been cast. Why would a graduating resident forgo the incentives of private practice and a de-
cent starting salary to accept a low pay-
ing academic position with little hope of advancement and a mounting finan-
cial struggle, especially when the major focus of his or her education has been to treat patients?

As noted 10 years ago by Johnston (2002), sadly there is still no market for a career in academe as there was prior to the 21st century. If experience has taught us anything, it is that money talks. Most new graduates make deci-
sions that are personal matters, i.e., supporting a family, paying back edu-
cational loans and living a decent life-
style. One measure of an individual is how well he or she can overcome adversity; the future of orthodontic education is also at the crossroad of adversity — the trying times associated with academic careers in education.

Until profitable career options in edu-
cation become a reality, the supply of orthodontic educators and research-

ers will be limited. American-educated residents are blinded by future pros-
pects of earning a living and may never regain their sight toward considering a career in academics.

Until academe becomes a profitable career option, orthodontic education may experience a diminished or daunt-
ing outlook. For the new orthodontic graduates, regardless of whether their path leads to academics or private prac-
tice, aspirations should be concentrated on practicing to the best of his or her ability.

References are available from the pub-
lisher upon request.
OrthoVOICE group plans to expand its 2014 meeting

Two ancillary group meetings to be offered on the day before the OrthoVOICE event

By Davin Bickford, Advisory Board Member, OrthoVOICE

You can mark down another great OrthoVOICE! This year’s meeting was host to more than 250 orthodontist teams and exhibitors. Planet Hollywood Resort, in the heart of the Vegas Strip, is the perfect host venue for this progressive-focused meeting.

Opening the lecture series was this year’s “VOICE of Excellence” lecturer, Dr. Kate Vig, past department chair of the Ohio State University orthodontic department. She was followed by a blend of well-established and new speakers. OrthoVOICE also hosted a special series highlighting three recent-graduate board presentations.

Each resident gave a 15-minute presentation followed by a 10-minute question-and-answer session with the presentation attendees.

Educational offerings in ‘relaxing, fun’ environment

“Of all the meetings we attend each fall, OrthoVOICE consistently has the best speakers and topics available to attendees,” said one OrthoVOICE exhibitor. With its focus on creating a relaxing and fun environment, the OrthoVOICE meeting also offers a dynamic educational component that is hard to beat among fall meetings, organizers said.

Having hosted some of the industry’s top educators as part of the “VOICE of Excellence Series,” OrthoVOICE has kicked off its meeting with names such as Dr. Bill Proffit, Dr. Lysle Johnston and Vig. Each has been followed by a creative mix of company-sponsored and OrthoVOICE-invited speakers, creating a well-rounded and progressive set of topics, organizers said.

“The takeaway from OrthoVOICE has made a tremendous impact on my practice,” said one of this year’s attendees. “Each year brings new ideas that cause me to think differently about growing my practice.”

2014 meeting VOICE of Excellence speaker announced

OrthoVOICE is already focusing on the 2014 rendition of the meeting. Dr. Henry Fields was recently announced as next year’s “VOICE of Excellence” speaker, and OrthoVOICE will announce the rest of its 2014 speakers and topics in early 2014.

OrthoVOICE also announced something new for next year’s meeting. Two groups will be hosting seminars alongside OrthoVOICE, creating added value for OrthoVOICE attendees. OrthoClassic and Orthotown will be offering their own meetings the day before OrthoVOICE and will provide attendees greater variety beyond a traditional user meeting.

Sept. 18–20 at Planet Hollywood Resort in Las Vegas

More information will be released in early 2014 about the full program. OrthoVOICE 2014 will be held Sept. 18–20 at the Planet Hollywood Resort in Las Vegas.

Mark your calendar and check www.orthovoice.com in January for more information. Dentists and exhibitors can also call OrthoVOICE at (402) 992-1298.
American Dental Association offers updated coding books

The American Dental Association (ADA) is offering two updated dental coding books to help dentists stay up-to-date on the proper codes to use when billing their patients for dental procedures.

The new "CDT 2014" contains the Code on Dental Procedures and Nomenclature, which is the standard for recording dental services in patient records, on paper claim forms and on HIPAA standard electronic claim transactions. The new book is the only official source for the latest dental procedure codes. The manual has been improved to reflect real-world dentistry such as:

- Providing codes that clearly document a service to a patient.
- Considering how the latest clinical advances and evidence-based dentistry affect the way you code.
- Reducing your workload by eliminating the need for narrative reports for certain codes.
- Developing specific codes to procedures you perform, including new codes for caries risk assessment and implants, and a new subcategory for carriers.

The ADA worked with the American Association of Endodontists and the American Association of Orthodontists to revamp the endodontic and orthodontic sections to convey recent developments in these specialties. "CDT 2014" is a spiral bound book that lays flat for easy reference and includes a searchable CD-ROM for quick code look up. The CDT book (J014) is available for $39.95 for ADA members and $59.95 retail price. "CDT 2014" includes:

- 29 new procedure codes.
- 18 revised procedure codes.
- Four deleted procedure codes.
- Seven changes to the subcategories and their descriptors.
- Fillable 2012 ADA Dental Claim Form.

The ADA is also offering the "Dental Coding Made Simple: Resource Guide and Training Manual, 2013–2014" to help dentists and their staffs understand the basics — and the complexities — of today’s dental coding system. "Dental Coding Made Simple" (J443) is available for $49.95 to ADA members and $74.95 retail price. Key features include:

- 151 of the most common questions and answers.
- More than 25 coding exercises.
- An illustrated dental implant section.
- New HIPAA Compliant 2012 ADA Dental Claim Form and completion instructions.
- Continuing education (C.E.) examination with five C.E. credits.

The "CDT 2014/Dental Coding Made Simple Kit" (K214), which includes both the "CDT 2014" and "Dental Coding Made Simple" books, is $75 for ADA members and $112.50 retail price.

To purchase any of the books, visit www.adacatalog.org or call the ADA Member Service Center at (800) 947-4746. All CDT products became available in mid-August.

About the ADA

The ADA is the nation’s largest dental association, representing 157,000 members. The ADA has advocated for the public’s health and promoted the art and science of dentistry since 1859. The ADA’s state-of-the-art research facilities develop and test dental products and materials that have advanced the practice of dentistry and made the patient experience more positive. The ADA Seal of Acceptance is considered a respected guide to consumer dental care products. The Journal of the American Dental Association (JADA) is the ADA’s flagship publication and one of the best read scientific journal in dentistry. To learn more, visit www.ada.org. The ADA’s consumer website covering prevention, care and treatment of dental disease is at www.mouthhealthy.org.

(Source: American Dental Association)
Curve Dental, developer of Web-based dental software, has introduced a new package of patient communication features called Curve Connex, which includes a patient portal for online payments and an automated appointment reminder system that can help the practice reduce missed appointments.

The portal is an online extension of the practice where patients can make a payment, review current and past statements, view past payments and see when the next appointment is scheduled for the family or individual. In addition, the portal provides the visiting patient with a library of more than 60 fully automated and professionally narrated patient education videos. Whenever a visiting patient watches a video, the date, time and video title are noted in the patient’s record. The Web-based application enables Curve Dental to securely pass data to the patient portal in real time, so synching with a local server isn’t needed.

Automated appointment reminders
Curve Connex also includes a fully automated appointment reminder system. Patients can be reminded of appointments by email or text message. With few limitations, Curve Dental customers determine how often they wish a patient to be reminded, when they are to be reminded and how they are to be reminded.

“Curve Connex allows our customers to practice outside the walls of their office,” said Ian Zipursky, president and chief operating officer of Curve Dental. “Consumers use the web because it is much more convenient and flexible, which are hallmark benefits of managing the practice on the cloud rather than with traditional software. More and more of us would rather pay our bills online and learn more about our account at a time and place that fits our lifestyle. We don’t want to be restricted by business hours and weekends. Additionally, our customers should experience a reduction in missed appointments with Curve Connex’s automated appointment reminder capabilities.”

As an accessory to Curve Dental’s practice management system, Curve Dental customers have the option to add Curve Connex to their monthly subscription at an additional charge. Curve Dental customers only need to call and ask to add the service to their current subscription.

Command central of the practice
Curve Dental is quickly becoming command central in the dental office by seamlessly integrating a growing range of practice-management tasks into its software platform. Recent expansions come via arrangements with Intuit’s DemandForce marketing/communications services and Bluefin Payment Systems’ PayConex all-in-one payment-processing services.

Real-time marketing
The two-way integration between Curve Dental’s management software and Intuit’s DemandForce marketing and communication service enables DemandForce users to access appointment information in Curve Dental software to send automated appointment reminders to patients via email or text messages — and also help practices build their online reputation.

The two-way data integration is significant for Curve Dental customers because it enables DemandForce and Curve Dental systems to sync data in real time. That means that when a patient confirms an appointment through DemandForce, the Curve management system will automatically update — leaving the practice to focus more on patient satisfaction.

“We are pleased to offer our customers a way to easily and seamlessly link their practice information with DemandForce,” Zipursky said. “DemandForce offers a wide array of services that can help our customers avoid appointment cancellations and no-shows and thereby increase practice productivity. Moreover, DemandForce’s practice-marketing features can assist our customers in successfully competing on Google, social media and other popular sites.”

All-in-one payment solution
The partnership between Bluefin Payment Systems and Curve Dental creates an integrated, all-in-one payment solution within the Curve Dental software interface. Through the partnership with Bluefin, Curve Dental clients can process debit card, credit card and ACH payments right within the software interface. They can also easily set up schedules for recurring billing, choose to tokenize transactions for extra security, offer clients enhanced security features (such as point-to-point encryption) and provide online payment capabilities via a patient portal hosted by Curve Dental.

“Curve Dental is on the cutting-edge of innovation in dental software and is an ideal partner for Bluefin,” said Bluefin CEO John Perry. “We seek to partner with companies that offer differentiated products that allow customers to accomplish tasks in less time and with more efficiency.”

In addition to having access to a high-secure integrated payment product, Curve Dental clients will also benefit from a transparent and competitive pricing structure and one-on-one support from Bluefin and Curve Dental team members.

DemandForce and Intuit
DemandForce, an award-winning communication platform combined with best-in-class reputation and networking tools, is a powerful Web-based application that seamlessly integrates with existing workflow systems to help strengthen a business’s online reputation and leverage local network marketing.

Founded in 2003, DemandForce has collected more than 4 million consumer reviews, which are published across the Web, and has generated more than $3 billion dollars for its clients. Through the DemandForce Network, its end clients are connected to more than 45 million local consumers.

Intuit is a leading provider of business and financial management solutions for small- and mid-sized businesses, financial institutions, including banks and credit unions; accounting professionals, and consumers. Its flagship products and services include QuickBooks, Quicken and TurboTax. Founded in 1983, Intuit had annual revenue of $3.5 billion in its fiscal year 2010.

The company has approximately 8,300 employees with major offices in the United States, Canada, the United Kingdom, India and other locations. More information can be found at www.intuit.com.

Bluefin Payment Systems
Based out of Atlanta with offices in New York, Chicago and Tulsa, Bluefin is a leading payment processor in the United States and Canada, providing secure payment solutions to Integrated Software Vendors, Saas’ providers and enterprise management platforms in a variety of verticals including medical, dentistry, health/fitness and more.

Through the company’s PayConex payment gateway, partners and merchants enjoy all major processing products, such as credit/debit/ACH, with the convenience of acceptance through the point-of-sale, virtual terminal or hosted e-commerce pay page. Bluefin’s security suite includes point-to-point encryption, transparent redirection, tokenization and store-and-convert processes. Bluefin partners with more than 100 software companies and serves 15,000 merchants.

Curve Dental
Founded in 2004, Curve Dental offers dental practices in the United States and Canada web-based alternatives to traditional dental software applications. Its dental-practice management solutions include cloud-based features such as scheduling, billing, reporting and digital imaging, enabling the practice to access data from any location at any time.

Privately held, with offices in Orem, Utah and Calgary, Alberta, Canada, the company strives to make dental software less about computers and more about the user experience. Its creative thinking can be seen in the design of its software, which is built only for the Web. Contact Curve Dental at (888) 930-4376 or online at www.curvedental.com.

(Source: Curve Dental)
Universal registration product earns honors

R-dental’s METAL-BITE collects multiple awards

In addition to being indicated for standard universal registrations, the dark grey A-silicone METAL-BITE® is recommended for dynamic registrations, antagonist registrations and the biteplate of face bow registrations. The product is also optional scanable for CAD/CAM applications.

According to manufacturer R-dental, METAL-BITE® is extremely hard and fast, thixotropic and high standable. The product is also radiopaque for the manufacturing of surgical guides for implantology.

Although it is a universal registration material, the product is optionally scannable for CAD/CAM applications.

According to the company, the well-balanced physical properties guarantee a precise registration in combination with a comfortable working time.

The material is without any taste, and the company reports that cutting and contouring can be performed easily after setting.

In recent years, according to the company, METAL-BITE® has become an international standard for occlusal registrations. In 2013, the product received awards from the Dental Advisor and REALITY, helping it to become known to a growing number of dentists worldwide.

The product is recommended by the German opinion leader Prof. (HR) Dr. Alexander Gutowski.

Professional success center opens online

The American Dental Association has launched the ADA Center for Professional Success. The free, online resource launched in September to provide ADA member dentists a one-stop resource center to help them succeed as dental practitioners and small business owners. Help covers areas such as choosing a career path, balancing personal and professional lives and planning for retirement.

“Dentists spend their days making clinical decisions to provide the best treatment for their patients,” said ADA President Robert A. Fuess, DMD, MMSc. “While caring for patients is dentists’ primary goal, they are also juggling business and personal tasks every day. The ADA Center for Professional Success allows members to focus on being a dentist while we help to streamline the rest.”

ADA members can expect to find something new each time they visit because new content is added regularly. Members can also take a virtual tour and use an “Ask the ADA” feature to ask practice management and wellness questions to ADA staff.

Founding sponsors include ADA Business Resources and ADA Members Insurance Plans, and Gold Sponsors are AXA Equitable — ADA Members Retirement Programs and Procter & Gamble.

American Dental Association

(DS Thomsen/Dental Tribune U.S.)

The universal registration material is available in commercial cartridges and can be applied with standard mixing pistols (dispenser).

To learn more, you can contact manufacturer R-dental Dentalerzeugnisse, in Germany, by telephone at +49 (402) 275-7617 or by email at info@r-dental.com.

You can learn more online by visiting the website www.r-dental.com.

(Photos/Provided by R-dental)
Avoiding the noise

By David Keator, Partner
Keator Group LLC

Shortly after reviewing some economic data from the first half of 2013, I had a meeting with a client. She started our meeting saying, “People say the market is going to crash.” I was a bit surprised. From an academic perspective, I’m seeing many positive signs. I asked, “Who are ‘people’ and what exactly are they saying?” I didn’t get an answer.

This exchange is indicative of many that we might have on a monthly basis with clients from all walks of life. Whether a professional or retiree, it seems to matter little. There is still this impending sense of dread, and it seems to be directed at the equity markets. Maybe it is residual from the Great Recession, or maybe it’s just the byproduct of the 24/7 financial news cycle. I wish I knew; however, just like you’re taught when first learning golf: You need to keep your head down, focus and drive the ball. Other than that, everything else is a distraction in that one moment in time.

Let’s look at some of the current economic data. I always like to start with revenue and earnings, then put it in perspective. You can’t have profits without revenue, and profits are what conceptually drive a market higher.

Operating earnings for the Standard & Poor’s 500 was $116.12 per share as of June 30. This is an increase of approximately 16 percent from the previous stock market highs in 2007. All this translates into a price/earnings ratio (stock value relative to stock price) that moved from approximately 15 times earnings to a valuation of 13.9 times earnings. Yes, even with the S&P 500 Index hitting fresh highs we are still trading almost 7 percent below 2007’s peak earnings valuation as well as approximately 7 percent below a 30-year price/earnings average.

Furthermore, corporate profits are near 10 percent of the country’s GDP compared with the 50-year average of 6.2 percent.

Let’s put this in perspective. Corporate revenues are strong, profits are at record levels, corporate debt is at 20-year lows, employment is recovering, and the ratio of earnings to stock price is signaling a discounted stock market valuation. Granted, “corrections” are a normal part of any market environment but from this point of view I’m not seeing “crash.” Maybe it’s just hyperbole and we understand that many people feel nervous.

The question is: Where does this heightened sensitivity to volatility come from? Taking into consideration the economy as a whole might help further develop the picture. Seventy percent is the often-quoted statistic of what consumer spending represents in our economy. It is important when reviewing corporate revenue and profits to look at the health of the consumer because so much profit is a result of consumer spending that trickles through the economy.

In looking at the consumer balance sheet in the aggregate, we see assets increasing from $82.1 trillion in the third quarter of 2007 to a current $83.7 trillion. This 2 percent, although not enormous, is significant in light of the $16 trillion worth of wealth destruction that took place between the third quarter of 2007 and the first quarter of 2009. Furthermore, the portion of the consumer’s income needed for debt-service has fallen from 14 percent to slightly more than 10 percent (a 28 percent decline), thus giving consumers more purchasing power. In a consumer-driven economy, this fact combined with slowly falling unemployment should be further catalyst for increased corporate revenue and profits.

So, where is the downside? It is our belief that the average investor has more to fear from the fixed-income side of the market than the equity side of the market. The Federal Reserve Board is still being accommodative, and this has artificially inflated the price of government bonds and has had a similar ef-
fect on all fixed-income investments by extension. Although the yields are still near historic lows, the Federal Reserve’s comments hinting at the easing of stimulus has caused bond yields to rise and, therefore, prices to fall. We are seeing this more pronounced at the longer end of the yield curve with a change in the Barclays Long Index of -6.47 percent through July 2013 versus the Barclays Intermediate index of -1.10 percent for the same period.

So what are the next steps? Do you have an investment plan? Have you figured out your “risk profile” and adjusted your investments accordingly? Do you have a “bunker”? If the market drops by 10–20 percent, do you have enough cash and liquid investments as a reserve so that you can avoid selling “undervalued” assets to meet emergency or even day-to-day needs? Are you properly diversified?

We advocate that investors work with financial professionals who understand both historic market patterns as well as how markets react in a rising interest rate environment. There is little substitute for education, investment product knowledge, experience and a strong understanding of helping people reach long-term goals.

It is painful to see CDs and short-term Treasurys paying less than 1 percent. If it is part of your “bunker” you have to stay disciplined. If your investment time-frame is short, you must be very careful of volatility. With a longer time-frame you could possibly take advantage of high-quality stocks with dividend potential or short-term corporate bonds. Remember, we are in a global economy so do not overlook investment opportunities throughout the world. These are all issues that investors should be seeking help with through a qualified professional.

We believe that one of the safest ways to invest is with a long-term horizon. We don’t see the “crash” that many fear but we do see volatility in the equity side of the market and we flash caution on the fixed income side of the market. With care and the proper maintenance, we hear the dull thud of the corporate ball.

Remember, head down, focus, drive the ball.

You can visit the Keator Group online at www.keatorgroup.com.

Disclaimers and notices
This article was provided by David Keator, a partner with Keator Group LLC in Lenox, Mass. For more information, please call The Keator Group at (877) 532-8671. Investment products and services are offered through Wells Fargo Advisors Financial Network LLC (WFAFN), member SIPC, a registered broker-dealer and separate non-bank affiliate of Wells Fargo Corporation. Keator Group LLC is a separate entity from WFAFN. Data provided by JP Morgan Asset Management, Market Insights 3Q/2013, as of June 30, 2013.

The accuracy and completeness of this material are not guaranteed. The opinions expressed in this article are those of the author and are not necessarily those of Wells Fargo Advisors Financial Network or its affiliates.

The material has been prepared or is distributed solely for information purposes and is not a solicitation or an offer to buy any security or instrument or to participate in any trading strategy. Additional information is available upon request.

Investing in fixed-income securities involves certain risks such as market risk if sold prior to maturity and credit risk, especially if investing in high-yield bonds, which have lower ratings and are subject to greater volatility. All fixed-income investments may be worth less than original cost upon redemption or maturity.

U.S. Treasury securities are guaranteed by the full faith and credit of the U.S. government for the timely payment of interest and principal if held to maturity.

Investing in foreign securities presents certain risks not associated with domestic investments, such as currency fluctuation, political and economic instability, and different accounting standards. This may result in greater volatility.

Stocks offer long-term growth potential, but may fluctuate more and provide less current income than other investments. An investment in the stock market should be made with an understanding of the risks associated with common stocks, including market fluctuations.

The S&P 500 Index consists of 500 stocks chosen for market size, liquidity and industry group representation. It is a market value weighted index with each stock’s weight in the index proportionate to its market value.

The Barclays Capital Intermediate U.S. Aggregate Bond Index represents securities in the intermediate maturity range of the Barclays Capital Aggregate Index. The Aggregate Index represents securities that are U.S. domestic, taxable and dollar denominated. The index covers the U.S. investment-grade, fixed-rate bond market, with index components for government and corporate securities, mortgage pass-through securities and asset-backed securities. These major sectors are subdivided into more specific indices that are calculated and reported on a regular basis. Securities in this index must have a maturity from one to ten years.

The Barclays Capital U.S. Long Government/Credit Index is the long component of the U.S. Government/Credit Index. It consists of securities in the long maturity range of the Government/Credit Index that must have a maturity of ten years or more. Keator Group LLC and Wells Fargo Advisors Financial Network do not render legal, accounting or tax advice. Please consult your CPA or attorney on such matters. Past performance is no guarantee of future results. Investments in securities and insurance products are not FDIC insured, not bank guaranteed and may lose value.
Send us your impression scans

Sending digital impression scans to Glidewell Laboratories improves clinical accuracy, while reducing case turnaround time and costs.

When your digital impression scan is ready, call us and we'll help you transmit the data file to our lab so we can immediately begin work on your case.

Using your digital impression scan, one of our technicians will identify the margins and design a final crown for milling that will require little to no chairside adjustment.

BruxZir Solid Zirconia or IPS e.max crowns made from digital impression scans without a model are priced at just $79 per unit.
for these clinical advantages

1. **Documented improvement in clinical accuracy compared to conventional elastomeric impressions***
   - 80% reduction in crown returns to lab for margin errors
   - 60% reduction in crown returns to lab for occlusion issues
   - 55% reduction in crown returns to lab for fit issues
   - 30% reduction in overall crown remakes

2. **No inbound impression shipping cost and quicker case turnaround**
   Your cases are transmitted electronically via the Internet, so you save on the cost of overnight inbound shipping ($7). Plus, your monolithic BruxZir® Solid Zirconia, IPS e.max®, Obsidian™ lithium silicate ceramic, Inclusive® Custom Abutment or implant case can be fabricated and shipped back to your office in as little as two days.†

3. **Save $20 per unit off the list price**
   When you transmit a digital impression and request a model-less restoration, we deduct the cost of the model and die work, saving you $20 off the list price. BruxZir, IPS e.max® or Obsidian restorations made via digital impressions and without a model will cost you $79 per unit instead of $99. You’ll also save $40 per unit off the $299 per unit list price of Inclusive Custom Abutments or screw-retained implant crowns.

*Send us your next digital impressions and put these benefits to work for your practice!*

---

*Data is based on 123,767 BruxZir crowns manufactured digitally at Glidewell Laboratories through June 2013.†Projected shipping return date for your case should be verified with a Glidewell Laboratories representative. BruxZir is a registered trademark of Glidewell Laboratories. Obsidian is a trademark of Glidewell Laboratories. Inclusive is a registered trademark of Prismatic Dentalcraft, Inc. IPS e.max is a registered trademark of Ivoclar Vivadent.

---

For more information
888-786-2177
www.glidewelldental.com

GLIDEWELL LABORATORIES
Premium Products - Outstanding Value
Together, We’re Helping Health Happen

Through participation in our Calendar of Caring programs, our valued customers have helped raise over $800,000 to help health happen!

Henry Schein Cares, our global corporate social responsibility program, is a source of pride for Team Schein Members around the world. Through many activities, we “help health happen” by expanding care to underserved populations.

One way our customers can assist the important work of Henry Schein Cares is through participating in our Calendar of Caring programs. Throughout the year, we offer special products for purchase, a portion of which will be donated to the Henry Schein Cares Foundation in support of health-related causes. **Together, we can do more!**

---

**Make an impact!**

Help us broaden access to health care around the world.

Please visit [www.hscaresfoundation.org](http://www.hscaresfoundation.org) to make a donation or learn more about our programs.

---

The Henry Schein Cares Foundation, is a tax-exempt organization under Section 501(c)(3) of the Internal Revenue Code of 1986, as amended. Contributions are tax-deductible as provided by law.
Oral Health America pushes to expand dental hygiene services

‘State of Decay’ study prompts support of ‘mid-level oral health care providers’

Oral Health America (OHA) in early October issued a recommendation that supports the expansion of oral health services through the utilization of dental hygienists and dental therapists, a recommendation strongly supported by the American Dental Hygienists’ Association (ADHA).

The recommendation comes from “A State of Decay,” an OHA report on the oral health of older Americans. The report is a state-by-state analysis of oral health care delivery and public health factors that affect the oral health of older adults. Among its findings is that more than half of the country received a “fair” or “poor” assessment when it came to meeting the minimal standards affecting dental care access for older adults.

“A State of Decay” highlights both public health and health care delivery factors affecting the oral health of older adults. The methodology for determining each state’s total score was based on a formula that weighted a number of selected factors contributing to older adult oral health. Those factors are state oral health plans, edentulism, community water fluoridation and dental health professional shortage areas. Specifically regarding these shortage areas, the ADHA supports OHA’s recommendation to mitigate such shortages by improving the primary health care workforce through the expansion of the services provided by dental hygienists and dental therapists.

Minnesota, which ranked highest of all states surveyed in providing dental care access for older adults, is the first state in the nation to approve the licensing of a mid-level oral health care provider, known in Minnesota as an Advanced Dental Therapist (ADT). The ADT is dually licensed as a dental hygienist and an ADT. Their education and training allow them to perform such duties as filling cavities and extracting teeth. Policymakers in other states, such as Washington and Maine, are viewing Minnesota’s law as one of several potential solutions to the lack of access to dental care for millions of Americans, particularly the poor and uninsured.

“Using the dental hygiene workforce in a manner that allows dental hygienists to work with flexibility and up to the level they are educated will help to open the doors of access for many. Patients will benefit from a provider who can deliver both the preventive scope of a dental hygienist and the focused restorative scope of an advanced dental therapist,” said ADHA President Denise Bowers, RDH, PhD.

In conjunction with the report release, OHA launched a new online resource, www.toothwisdom.org. A first-of-its-kind website focusing on older adults and oral health, the site connects older adults and their caregivers to local care and education about the oral health issues they face, the importance of continuing prevention as we age and the impact of oral health on overall health. ADHA is a sponsor and partner with Special Care Dentistry Association and OHA in the efforts to address the issues facing older adults and oral health.

About the American Dental Hygienists’ Association

The American Dental Hygienists’ Association is the largest national organization representing the professional interests of more than 150,000 dental hygienists across the country. Dental hygienists are preventive oral health professionals, licensed in dental hygiene, who provide educational, clinical and therapeutic services that support total health through the promotion of optimal oral health. For more information about ADHA, dental hygiene and the link between oral health and general health, visit ADHA at www.adha.org.

(Source: ADHA, Oral Health America)

Hygienist awards program extended

Crest Oral-B plans to honor four top hygienists in year ahead

Crest Oral-B continues to recognize registered dental hygienists who go above and beyond the call of duty with the third year of the Pros in the Profession awards program. These awards acknowledge the pivotal role hygienists play in their patients’ lives in addition to their unwavering personal commitment to promoting good oral health.

“We have seen extraordinary entries over the past several years, which is why we must continue to honor those hygienists whose passion shine through in their everyday work,” said John Scharchill, with scientific communications for P&G Oral Care. “These individuals dedicate countless hours to furthering the oral health cause, so we are pleased to be able to applaud them publicly.”

In 2014, Crest Oral-B will reward four exceptional dental hygienists who consistently display dedication to their patients and their craft. Winners receive an all-expense paid trip to visit the Procter & Gamble German Innovation Center at Kronberg, Germany; $1,000, a recognition plaque, recognition in dental periodicals and announcements on the Crest Oral-B for Dental Professionals Facebook page and on the www.dentalcare.com consumer website.

From now until March 2014, nominations can be submitted via a nomination tab on the Crest Oral-B for Dental Professionals Facebook page. For the first time in the program, hygienists may nominate themselves. Nominations can also be submitted by dentists, fellow hygienists, dental assistants, professional colleagues and academic colleagues. Additionally, Crest Oral-B will be present at dental conventions throughout the year, where applications can be submitted onsite.

To be considered for the program, nominees must meet the following criteria: RDH with two or more years of clinical/professional experience after graduation from dental hygiene school, participation in community service, examples of work that is above and beyond the call of duty.

“It is an honor, as a previous recipient of the award, that Crest Oral-B has decided to continue rewarding those in our profession,” said Ann Benson Ross. “I’ve learned an immense amount from my mentor, and I look forward to sharing this opportunity with others.”

To learn more about Pros in the Profession, including how to nominate yourself or a colleague for consideration, along with rules and regulations, visit www.facebook.com/professionalcrestoralb or visit www.prosintheprofession.com. For more about Crest Oral-B products and resources, you can visit the recently updated www.dentalcare.com consumer website.

About Crest and Oral-B

Crest was the first oral care brand to secure the ADA Seal of Acceptance for a clinically proven fluoride toothpaste. Since introducing fluoride toothpaste 54 years ago, it is estimated that Crest has helped prevent more than half a billion cavities in the United States. Headquartered in Cincinnati, Crest is owned and operated by Procter & Gamble.
Mydent develops new ordering website for dental professionals

For limited time, get a $50 eGift card with $250-minimum orders

Mydent International has developed an ordering website for health care professionals to conveniently place DEFEND dealer orders. The website, available 24/7, enables users to identify their dealer for order fulfillment.

For a limited time, Mydent International is giving away $50 eGift cards for www.restaurant.com to health care professionals who order $250 or more (suggested retail) on the website of DEFEND products through their dealer. The eGift card will be issued within one business day.

Mydent’s new ordering website enables users to save their favorite products and view prior dealer orders. The website is free to sign up and easy to use on computers, tablets and smartphones.

All orders will be processed through an authorized DEFEND dealer within two business hours. Access the website at www.defend.com/order or call (800) 275-0020 for further information.

According to the company, Mydent International is dedicated to fully maintaining its brand promise: “To provide the health care professional with the highest quality infection control products, disposables, preventive and impression materials at affordable prices, supported by superior service and 100 percent customer satisfaction.” The company’s slogan for its DEFEND products is: “Works Better. Lasts Longer. Costs Less.”

New DEFEND products available

Mydent International recently launched a number of new DEFEND products.

Krazy Cone Face Masks feature four characters designed to delight pediatric patients. Choices include a dog, cat, rabbit or a pig. Advantages include non-glare pliable nosepiece, cool, comfortable breathing, fluid resistant, soft inner layer for facial comfort, fiberglass and latex free, 99 percent bacterial filtration efficiency, and 99 percent particulate filtration efficiency. They come 50 per box each, or there is an assorted box of 40.

Four-ply patient towels are three-ply tissue and one-ply poly. According to the company, a unique technique is used to securely bond the layers of tissue and poly to eliminate separation of the layers. Reinforced edges provide added strength and durability. They’re sized at 13 by 18 inches to maximize absorption and patient protection. They come 500 to a case, all blue.

DEFEND+PLUS Prophy Angles are contra designed to reduce hand fatigue, micro traumas. They’re disposable, latex free, smooth running, vibration free and have a flared cup to reduce splatter. They come 100 per box in a firm cup (purple) or soft cup (green).

Omnicare™ Antibacterial Foam Soap (400 ml) is formulated with Bag-on-Valve Instant Foam Technology™ for circumstances where hand hygiene is paramount. According to the company, powerful antibacterial action helps control the growth of microorganisms and bacteria. The complementary Omnicare Hand Sanitizer Spray (400 ml) is for disinfecting hands when soap and water aren’t readily available. It kills 99.9999 percent of bacteria. And it contains skin conditioners to not dehydrate the skin, making it suitable for frequent use.

There also is an Omnicare Automatic Dispenser, which comes standard with touch-free mechanism. It requires eight AA batteries (included). Also included are mounting brackets and/or double-sided foam tape that will stick on most surfaces.

All of the new products are available on www.defend.com or by calling the company at (800) 275-0020. Or call or visit the website for more information on Mydent International and all of the the DEFEND brand of products.

(Source: Mydent International)
Now you can prescribe ORAL B in a new AUTOMATIC model

RECHARGEABLE • CORDLESS • SAFE

After two years of research, the Oral-B toothbrush is now available to your patients in an Automatic model. This cordless unit features the up-and-down brushing technique you recommend.

Constantly on guard against jagged, pointed filaments, Oral B uses brush attachments (A) with the same flat-trim design which is incorporated in the hand models. This minimizes abrasion of the tooth structure and laceration of the gingival tissue.

Each Toothbrushing Kit carries home dental care one step further than ever possible before. This is due to extra protection provided by the new massager-polisher (B), and interproximal stain remover brush (C), plus proper action built into all attachments. Send for a unit at the professional rate and make an evaluation of its effectiveness.

At Crest + Oral-B, we’re proud of the innovations we’ve developed to help improve patients’ oral health:

- Oral-B manual toothbrush, introduced in 1949
- Crest, the first fluoride toothpaste proven effective to fight caries, introduced in 1955
- Oral-B automatic toothbrush, introduced in 1963
- Oral-B oscillating/rotating technology, 1998

And we're excited about the innovations we'll bring to light in the future...

Visit www.dentalcare.com to learn about all of the Crest + Oral-B product innovations, continuing education and more!
Awesomely Simple Software.

The coolest thing about Curve Dental? Some say it’s “the sexiest” software ever with very clean and innovative tools that help you keep your practice in order. And because it’s web-based, you’ll enjoy unlimited access to x-rays, charts, schedules, notes, and everything else from anywhere, any time. Call 888-910-4376 to learn more about Curve Dental: ultra convenient, super flexible dental software for the modern dentist.

FREE Chart Comparison & Analysis
When you see our chart side by side with others it’s a no brainer! Our chart is sexier, easier, and perfect for your practice! Call us and we’ll send you the comparison via e-mail today. 1-888-910-4376