CDA Foundation names Cathy Mudge executive director

The California Dental Association Foundation recently named Cathy Mudge as its new executive director. The foundation’s board of directors unanimously voted to hire Mudge during its recent board meeting. Mudge, who is also chief administrative officer of the California Dental Association (CDA), will be taking on the additional duties of the foundation’s executive director while continuing her current role.

“I’m thrilled with this new opportunity to work with the foundation and its mission to improve the oral health of all Californians through innovative programs that link dentistry to community needs,” said Mudge, who has worked at CDA since 1997.

Founded in 2000, the California Dental Association Foundation has made a number of significant contributions to oral health care in California, including its work in community water fluoridation, CAMBRA (Caries Management by Risk Assessment), the development of Perinatal Oral Health Guidelines and the Student Loan Repayment Program, which awards grants to new dentists in exchange for a commitment to provide services to those who experience barriers to care.

“Cathy is well respected for her leadership and management abilities. She has an excellent grasp of public policy, community relations and the serious challenges of eliminating oral health-care barriers for the underserved,” said Cindy Lyon, DDS, chair of the CDA Foundation. “She will be a tremendous asset in implementing the foundation’s strategic initiatives as we work to address disparities in oral health care, particularly among California’s children.”

Thanks to generous donations to the CDA Foundation, nearly 85,000 underserved Californians who otherwise

Pitt School of Dental Medicine isolates steps in enamel formation

Researchers at the University of Pittsburgh School of Dental Medicine are piecing together the process of tooth enamel biomineralization, which could lead to novel nanoscale approaches to developing biomaterials. The findings were reported online in the first week of August in the Proceedings of the National Academy of Sciences.

Dental enamel is the most mineralized tissue in the body and combines high hardness with resilience, said Elia Beniash, PhD, associate professor of oral biology, Pitt School of Dental Medicine. Those properties are the result of its unique structure, which resembles a complex ceramic microfabric.

“Enamel starts out as an organic gel that has tiny mineral crystals suspended in it,” Beniash said. “In
Dentists, pharmacists raise awareness of xerostomia

Older adults have a higher risk of medication-induced xerostomia

Leading dental and pharmacy organizations are teaming up to promote oral health and raise public awareness of xerostomia, a side effect commonly caused by taking prescription and over-the-counter medications. More than 500 medications can contribute to oral dryness, including antihistamines (for allergy or asthma), antihypertensive medications (for blood pressure), decongestants, pain medications, diuretics and anti-depressants.

Nearly half of all Americans regularly take at least one prescription medication daily, including many that produce xerostomia, and more than 90 percent of adults over age 65 do the same. Because older adults frequently use one or more of these medications, they are considered at significantly higher risk of experiencing xerostomia.

The American Dental Association (ADA), Academy of General Dentistry (AGD), American Academy of Periodontology (AAP) and the American Pharmacists Association (APhA) are collaborating to expand awareness of the impact of medications on xerostomia. At least 25 million Americans have inadequate salivary flow or composition and lack the cleansing and protective functions provided by this important fluid.

“Each day, a healthy adult normally produces around 1.5 liters of saliva, making it easier to talk, swallow, taste, digest food and perform other important functions that often go unnoticed,” notes Dr. Fares Elias, president of the Academy of General Dentistry.

Signs and symptoms

At some experience the short-term sensation of oral dryness because of nervousness, stress or just being upset. This is normal and does not have any long-term consequences. But chronic cases of xerostomia persist for longer periods of time. Common symptoms include trouble eating, speaking and chewing, burning sensations, or a frequent need to sip water while eating.

“Dry mouth becomes a problem when symptoms occur all or most of the time and can cause serious problems for your oral health,” explained Dr. Matthew Messina, ADA consumer advisor. “Drying irritates the soft tissues in the mouth, which can make them inflamed and more susceptible to infection.” According to Dr. Messina, who practices general dentistry in the Cleveland area, without the cleansing and shielding effects of adequate saliva flow, tooth decay and periodontal disease become much more common. “Constant dryness and the lack of protection provided by saliva can contribute to bad breath. Dry mouth can make full dentures become less comfortable to wear because there is no thin film of saliva to help them adhere properly to oral tissues,” he adds. “Insufficient saliva can also result in painful denture sores, dry and cracked lips, and increased risks of oral infection.”

Common causes

Once considered an inevitable part of aging, xerostomia is now commonly associated with certain medications and autoimmune conditions, such as Sjögren’s syndrome. Both of these can reduce saliva flow and alter its composition, but experts agree that the primary cause of xerostomia is the use of medications.

Radiation treatment for head and neck cancer is also an important cause of xerostomia.

The CDA Foundation was formed as the philanthropic affiliate of the California Dental Association in 2001 with the mission to improve the oral health of Californians by supporting the dental health profession and its efforts to increase access to care for the state’s most vulnerable people. The CDA Foundation works with experts in the dental profession, private business, academic institutions and government to produce programs that increase access to care; promote prevention, education and intervention; advance health policy research; and build a sustainable oral health workforce. More information is available at www.cdafoundation.org.

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tant cause of severe xerostomia. The treatment can produce significant damage to the salivary glands, resulting in diminished saliva production and extreme xerostomia in many cases.

“Saliva plays an important role in maintaining oral health,” said Dr. Donald Clem, president of the American Academy of Periodontology. “With decreased saliva flow, we can see an increase in plaque accumulation and the incidence and severity of periodontal diseases.”

How to relieve xerostomia

Individuals with xerostomia should have regular dental checkups for evaluation and treatment. Patients should carry an up-to-date medication list at all times, and dental offices should review this information at every appointment to make sure there have not been any changes.

“In some cases, a different medication can be provided or dosage modified to alleviate dry mouth symptoms,” said Thomas Menighan, executive vice president and chief executive officer of the American Pharmacists Association. Patients should talk to their pharmacist if they have any questions regarding their medication.

Increasing fluid intake, chewing sugarless gum, taking frequent sips of water or sucking on ice chips can also help relieve dry mouth symptoms. Avoiding tobacco and intake of caffeine, alcohol and carbonated beverages may also help those with the condition.

Dentists may recommend using saliva substitutes or oral moisturizers to keep the mouth wet and local pharmacists are also a helpful source for information on products to help manage dry mouth.

About the American Dental Association

The not-for-profit ADA is the nation’s largest dental association, representing more than 156,000 dentist members. The premier source of oral health information, 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 long has been a valuable and respected guide to consumer dental care products. The monthly Journal of the American Dental Association (JADA) is the ADA’s flagship publication and the best-read scientific journal in dentistry.

For more information about the ADA, visit the Association’s Web site at www.ada.org.

About the Academy of General Dentistry

The Academy of General Dentistry (AGD) is a professional association of more than 57,000 general dentists dedicated to staying up to date in the profession through continuing education to better serve the public.

Founded in 1952, the AGD has grown to become the second-largest dental association in the United States, and it is the only association that exclusively represents the needs and interests of general dentists. More than 772,000 people in the United States are employed directly in the field of dentistry.

A general dentist is the primary care provider for patients of all ages and is responsible for the diagnosis, treatment, management and overall coordination of services related to patients’ oral health needs.

For more information about the AGD, please visit www.agd.org.

About the American Academy of Periodontology

The American Academy of Periodontology (AAP) is the professional organization for periodontists — specialists in the prevention, diagnosis, and treatment of diseases affecting the gums and supporting structures of the teeth, and in the placement of dental implants.

Periodontists are also dentistry’s experts in the treatment of oral inflammation. They receive three additional years of specialized training following dental school, and periodontics is one of the nine dental specialties recognized by the American Dental Association.

The AAP has 8,000 members worldwide. Visit the AAP online at www.perio.org.

(Selected from American Dental Association)
The School of Dental Medicine’s comprehensive clinical offerings include the new Multidisciplinary Implant Center and the Center for Patients with Special Needs, one of the few centers in the United States dedicated to training future dentists to care for patients with disabilities.

Recognized for excellence in research, the School of Dental Medicine ranked 13th in National Institute of Dental and Craniofacial Research funding for fiscal year 2008.

For more information about the School of Dental Medicine, please visit www.dental.pitt.edu.

About University of Pittsburgh School of Dental Medicine

Established in 1896 as an independent institution named the Pittsburgh Dental College, the School of Dental Medicine was incorporated into the University of Pittsburgh in 1905. The school offers a four-year predoctoral program leading to a Doctor of Dental Medicine (DMD) degree, an international and advanced standing program for graduates of foreign dental schools, and post-graduate residency programs in 10 disciplines.

The school of Dental Medicine offers the only dental hygiene certificate program in Pennsylvania affiliated with a major university, in addition to a dental hygiene baccalaureate degree program.

New AGD president

Howard Gamble, DMD, FAGD, of Sheffield, Ala., was installed as president of the Academy of General Dentistry (AGD) during the July meeting in San Diego.

“Being chosen to lead the AGD’s 37,000 members is one of the greatest achievements of my career,” Gamble said. “Our members can take solace in knowing that the organization is working tirelessly every day, advocating and protecting the rights of general dentists. We also foster our members’ ongoing learning through quality continuing dental education so that they may better serve their patients and the public.”

A member of the AGD since 1979, Gamble has served the organization in many capacities, including as speaker of the house and national spokesperson for the AGD. Gamble has also served the AGD on the National Sponsor Approval and Internet Committees; the Marketplace Task Force; and the Legislative and Governmental Affairs, Dental Practice, and Communications Councils.

He is a past president of both the Alabama AGD and the Alabama Dental Association and has served as a delegate or alternate delegate to the American Dental Association (ADA) for 10 years and the AGD for 17 years.

Gamble has also presented lectures on the use of technology in the dental office at numerous dental meetings, including those presented by the ADA and the AGD. He has written articles for AGD Impact, the AGD’s monthly newsmagazine, and other dental publications, as well.

Gamble is an active member of the ADA and is a Fellow in the American College of Dentists, the International College of Dentists, and the Academy of Dentistry International. He graduated from the University of Alabama School of Dentistry in 1967 and has been practicing dentistry in Sheffield for more than 42 years.

(Source: AGD)
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Want long-term patients?
Address the obvious ...

By Sally McKenzie, CEO McKenzie Management

While many dentists tend to be overly concerned about the number of new patients coming into the practice each month, patient retention is where practice profitability is best achieved. The ability to retain patients makes a big difference in the patients’ average value.

It’s been shown that if patient retention is at 50 percent, the average value is $1,200 per patient. If you retain 75 percent of patients, the average value jumps to $2,500. In other words, patient value more than doubles.

Two things in particular are essential to retaining long-term loyal patients: First, address the common dislikes and frustrations. Second, build positive personal relationships. Chatting with the patient for five minutes or less every six months is not building a relationship. It requires a bit more consideration and effort than that, but will pay huge dividends in the longrun.

Start with your new patients by establishing a system in your office in which every new patient is sent a handwritten personal thank you note from the dentist, no exceptions. Keep it simple and straightforward, but also personal, for example.

Dear [Patient Name],
It was a pleasure meeting you at your new patient appointment on Wednesday. Thank you for choosing our practice. If you have any questions, please feel free to contact us at any time. And best of luck to your daughter in her upcoming soccer season!

Sincerely,
Dr. GoodDoc

Better yet, give new patients a brief call a couple of days before their appointment to introduce yourself. I guarantee the patient will be utterly stunned and thoroughly impressed. The key is personalization. A personal phone call and a handwritten, personalized note carries far more weight and value to the recipient.

While I’m on the topic of thanking patients, don’t overlook your referring patients. They have paid you and your team the highest compliment. Sending flowers or other “showy” gift to the workplace is one of the best ways to generate a “buzz” about your practice.

The fact is that anytime someone receives flowers, everyone wants to know what the occasion is and whom they are from. In addition, if everyone is talking about your practice, it’s likely to generate even more referrals.

Address the realities of fear and pain

Next, minimize those aspects of the dental visit that patients dislike the most, starting with injections. There are products on the market today that enable you to give injections that are truly painless. This is particularly important when giving a shot in highly sensitive areas, such as the palate or upper incisors. These are experiences that patients remember for better or worse. Moreover, don’t overlook topical anesthetics for dental hygiene visits to minimize discomfort as much as possible.

Consider fearful patients. Many dentists would rather avoid them as much as such patients want to avoid the dentist. Certainly, anxious patients are a common source of stress for dentists who receive very little training in managing and caring for them. One of the most critical steps a dentist can take in handling anxious or phobic patients is to listen to them.

The fears of the patient will be as individualized and unique as the patients themselves. Taking extra care and time to build a relationship with the patients first and address their dental needs second is vital. It’s a process of gaining and keeping the patients’ trust.

Give patients the opportunity to talk about their fears. Ask them if they have had any negative experiences in the past, if they have concerns about dental treatment, about injections, anesthesia, drilling, etc.
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Shade matching for indirect restorations using a remote laboratory

By Barry F. McArdle, DMD

Ideally, shade matching for indirect restorations would occur with a laboratory technician in the dental operatory performing this function directly. Yet, in reality, according to the most recent statistics on the subject published by the American Dental Association in July of 2009, less than 5 percent of all dental offices in the United States have an in-house dental laboratory.

The reality dictates that the vast majority of the more than 40 million indirect restorations placed each year in this country are fabricated at remote dental laboratories and because an exceedingly high percentage of those are tooth colored, shade matching becomes a critical challenge for the dentist in these situations.

There are four key areas involved with accurately accomplishing a shade match for an indirect restoration: the quality of the clinical preparation, the restorative material used, the skills of the lab technician involved and the quality of the clinical records provided to that technician.

This article will explore the last consideration as it is very often the most demanding of the four and to my mind the least well elucidated.

The answers to those questions can be every bit as important as the routine health history questions posed. Not only will the patients’ stress levels go down, so too will the dentist’s.

Many anxious or phobic patients feel more at ease in the dental chair and this can be particularly traumatic. Helping them to feel that they have some control is critical. The most common approach is to establish a signaling system in which the dentist will stop working if patients raise a hand for any reason — perhaps to ask a question or because they might want to rinse. The key is to ease their fears by emphasizing they have more control of their circumstances.

In addition, it is vital that team members are sensitized to the special needs of this type of patient. Putting the patient at ease the moment he/she walks in the door will go a long way in improving the entire experience. Dental teams should tune into the patient’s body language such as breathing rates, perspiration, and not if the patient is unusually quiet or particularly boisterous.

How is the patient holding his/her body? Is he/she gripping his/her hands? Do you see muscle tension? Dentists and dental teams that take the time to get to know and understand fearful patients often find that they become the most loyal patients, your biggest fans and a fantastic source for patient referrals.

Subtle messages have a big impact
Watch your timing. Neither the patient nor the dental team appreciates it when staff runs behind schedule. It’s essential that the scheduling coordinator fully understand how much time is required for procedures.

Additionally, consider checking hygiene patients when it is convenient for you, the dentist, not at the end of the hygiene appointment. This requires a little adjustment at first, but can significantly improve efficiency.

In addition, pay attention to the subtle messages that the employees send to patients, specifically, their smiles. If your assistant can smile with confidence and tell the patient that Dr. GoodDoc is her dentist and he is absolutely the best, this has a huge positive impact chairside in selling treatment. Moreover, it will make the team member feel good about working for your practice.

Most importantly, make it easy for your patients to pursue treatment. They like you. They like your team. They trust your recommendations, but they are afraid of the price tag. Provide financial options. Offer 10 percent off if they pay with cash or check. Consider 5 percent off if they use a credit card and pay at the time of service.

Provide outside financing options as well. The 12-months interest-free financing option through CareCredit is my personal favorite. All you have to say to the patient is, “How does 12-months interest-free financing sound to you?” and he/she is usually thrilled to pursue your recommended care.

Finally, don’t disappear for six months. Keep your name in front of your patients. Send birthday cards, articles, magnets, electronic newsletters, recipes, etc.

Color
What is shade matching? Shade matching is all about color and so a review of the Munsell color system would be a good place to start. Color is described as the energy of visible light (at varying wavelengths) reflected off a surface as expressed in the elements of that system: hue, chroma and value.

Hue is what the layman calls “color,” and it corresponds to the particular wavelengths (expressed in nanometers) at which light is visibly reflected. The visible spectrum of light energy is from about 580 nanometers (shorter, violet spectrum light) to about 750 nanometers (longer, red spectrum light). The hues of natural tooth shades fall between the mid 570s to about the mid 580s (Fig. 1).

Chroma refers to the depth or strength of the hue. The higher the chroma, the more intense the hue (color), while a low chroma results in a more diluted hue (Fig. 2).

Value is the concentration of gray or black in the hue, or directly correlated with the amount of light energy an object reflects (Fig. 3).

Dental patients are notably more sensitive to the value parameter of the Munsell color system rather than hue and chroma in how they perceive a dental restoration’s shade. Thus, the shade matching process is all about the value of a tooth.

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it is crucially important to match the value of adjacent teeth in shade selection of an indirect restoration as this is of the greatest significance in its acceptability to the patient.

In other words, whereas the restorative dentist may have some small latitude when it comes to matching hue and chroma in the porcelain, his/her leeway when it comes to value is almost zero for the typical dental patient. Therefore, when selecting hues for shade down to the closest alternatives, A.5 and B3 are often the finalists (Fig. 4) as their value levels are nearly indistinguishable.

For instance, when looking at a basic Vita shade guide, it is divided into four sections signified by different letters (A through D), and each division is further subdivided by number (1 through 4). The letter designations specify different hues, while the ascending numbers represent degrees of chroma and value.

The vast majority of individuals perceive these changes primarily as they relate to value and much less so in regard to chroma. Those who are color blind, while they probably cannot perceive any significant differences between the guide’s letters, will almost certainly do so between its numbers.

As another example, consider the crown shown on tooth #11 (Figs. 5, 6). This longstanding patient in my practice, whom I had always deemed to be somewhat difficult over the years, regarded the crown as “excellent” on insertion. Obviously, this was not true. While checking the photo in Figure 5 for a PowerPoint presentation I was putting together, I accidentally changed it to an eight-bit grayscale image as shown in Figure 6.

As it happened, the cause of our different perceptions of this same restoration was that this patient was actually quite colorblind. Since the value of both tooth #10 and the crown’s shade were very close, this patient saw no shade inconsistency here and so the hue disparity between the two was immaterial for him.

The process

When I graduated from dental school in 1985, single shade tabs were still being used in the clinic to match the porcelain for crowns to my patients’ adjacent natural teeth. While this method may rarely produce an accurate result (Fig. 7), under most circumstances it is just a case of “close enough” (Fig. 8).

Today, with the newer crown and bridge materials available on the market, the higher sums being charged for their use in fee-for-service dentistry, this obsolete approach to shade selection is no longer the standard of care. Although most dentists I know are more critical of the final results than their patients, “close enough” plainly is not adequate anymore.

After my first few years out of school, having experienced several remarks because of shade concerns, I began taking multiple shades for each unit with the basic Vita shade guide. I reasoned that while I sometimes might match one or two of the three sections (gingival, body and incisal) on a natural tooth with one shade tab, I would very rarely match all three.

In assigning different shades to the three regions of a tooth for each crown, as I had thought, only rarely did I select the same tab for all. Now I was coming much closer on a consistent basis to the natural teeth I was trying to match, but there was still room for improvement (Fig. 9).

Remember that this method takes more time intraorally and dessication of the teeth can occur, which will distort the match. Teeth should always be wet with saliva when shade taking. Not too long after that, I read an article by a Dr. Alvin Pensler* that caused me to think about other factors involved with shade taking that included lighting and background. Lipstick and heavy makeup should be removed before placing shade tabs, while loudly colored clothing should be hidden under a bib. Light blue works best for this as its value is rather neutral, its chroma will not overly bias your evaluation and its hue does not fall within the wavelengths of visible light reflected by enamel or cementum.

The hues of natural teeth are redish brown (A shades), reddish yellow (B shades), gray (C shades) and reddish gray (D shades), which are equivalent to the wavelengths of light noted previously. Color-corrected fluorescent operatory lights are also important to the three-tab method of shade selection. Their impact on shade matching when using such tabs cannot be overrated. Your dental supply representative should be able to help you with such lighting.

Shade mapping

Another important point I gleaned from Pensler’s article was the use of “shade mapping” on the laboratory slip (Fig. 10). Instead of having the laboratory technician guess at where the three different shade regions on the restoration should be transitioned, I was marking them on the prescription. This longstanding patient in my practice, whom I had always deemed to be somewhat difficult over the years, regarded the crown as “excellent” on insertion. Obviously, this was not true. While checking the photo in Figure 5 for a PowerPoint presentation I was putting together, I accidentally changed it to an eight-bit grayscale image as shown in Figure 6.

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Fig. 1: Value indicates the amount of darkness in the shade.

Fig. 3: The hues of tooth #10 and the crown on #11 are obviously different.

Fig. 4: Different shades are perceived as equivalent primarily based on value.

Fig. 5: The hues of tooth #10 and the crown on #11 are obviously different.

Fig. 6: Their values, as seen in gray scale, are much closer.

Fig. 7: A single tab will seldom provide an accurate shade match.

Fig. 8: Much more frequently, using a single tab results in this type of outcome.

Fig. 9: Prescribing different shades for the different regions of a tooth provides for a somewhat better match.

Fig. 10: An efficiently designed lab slip enhances communication of shade information.

Fig. 11: Adjunctive use of shade mapping along with proper ambient lighting and control of backdrop color create further enhancements.

Fig. 12: Digital imaging facilitates improvements that are even more dramatic, but are not always predictably consistent.

Fig. 13: However, these improvements are not always realized on a consistent basis.

Fig. 14: Digital shade matching units, such as the ShadeVision system, can achieve these outcomes more predictably.

the map. These refinements in my process produced additional improvements in my results (Fig. 11), but some subtle discrepancies continued that I was sure I could resolve.

**Digital pictures**

The next advancement in my shade matching approach came on the advice of my dental laboratory manager. He suggested that I take digital pictures of the shade tabs as I tried them in the mouth, a practice well documented in the literature.6

In this way, any subtle deviation in values from standard porcelain parameters could be adjusted for by comparing the shade tab to the natural tooth in the mouth through the pictures.

Any unusual characterizations present would also be shown in the pictures, making it easier for the laboratory technician to replicate them in the definitive restoration. As a result, I have been using digital photography for this purpose and to document my cases ever since.

I saw this next step in my shade matching produce considerably better results and I knew I could not go without digital imaging again (Fig. 12). My only disappointment with this new path was that I found it to be somewhat inconsistent (Fig. 13).

**Shade mapping equipment**

Now that I was able to by and large achieve near perfect outcomes, I was looking to do this on a more predictable basis. In talking with the laboratory manager I regularly worked with about this, he told me about his experiences with digital shade matching equipment.

He had tried units from several different manufacturers (VITA Easyshade by Vident, ShadeScan by Cynovad, SpectroShade Micro by MHT, etc.) and settled on Shade-Vision (X-Rite Corp.) as being the most effective combination of both user friendliness and accuracy on both sides of the dentist/CDT interface.

Because we have had a very successful working relationship over the years, I decided to purchase one of the ShadeVision machines (Fig. 14) and started using it along with my shade tabs and digital photography. I quickly learned that this tech-
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nology made me faster and better at shade matching while erasing some of the difficulties that I had previously encountered. This device is basically a color analyzer that generates its own corrected light source and takes a reading of the natural tooth to be matched. Operatory lighting is thus not critical here. A cone mounted on the unit that focuses the light beam is positioned on the tooth involved and then a measurement is taken. The cone also acts as a barrier to reflected ambient light, so clothing color and makeup are no longer factors.

The apparatus is then seated in its docking station after the reading, which is connected to your computer via a USB port so that the shade data can be downloaded and analyzed by ShadeVision’s proprietary software. A file is then created that can be sent as an e-mail attachment to your laboratory. This file contains information such as relevant hue and mapping boundaries along with the relative parameters of the other Munsell color-system factors as they relate to the different porcelain components of your definitive restoration or processed acrylic of your laboratory-fabricated provisionals (Figs. 15, 16). I also use the average hue given by the analysis as a guide in selecting the porcelain for provisional chairside.

The learning curve in using the ShadeVision system in my practice, I was able to attain reliably superior shade matches that left little to be desired (Fig. 17). My laboratory also appreciates receiving shade information in this manner more than any other means.

Other considerations

The only other aspect of shade matching that I thought still had to be resolved was surface texture. Surface texture has a substantial effect on shade parameters in the way that it alters patterns of light reflection. This is obvious under dry conditions (Fig. 18), but may be more subtle under conditions of oral moisture. The consistency of natural teeth affect their perceived shade and if that texture is absent in the definitive restoration, a difference will exist.

I had found, however, that both the adjacent teeth of the master cast and the ShadeVision system could be unreliable in communicating surface texture to the laboratory. The real image produced by my ShadeVision is approximately equivalent to the less than two mega pixel resolution of first generation digital cameras. That degree of precision, though sufficient for relaying shade information, is inadequate to impart texture and unique characterizations necessary for vital replication in the porcelain of definitive restorations.

About two years after I initiated the ShadeVision system in my practice, I heard a speaker who also used it, but advocated supplementing the process with the use of digital photography as well. He believed that certain details, such as surface texture and especially unusual characterizations, would be best conveyed to the laboratory technician using digital photography.

In fact, the ShadeVision system allows for the inclusion of digital photos into the work orders sent to your laboratory. On the same subject, the use of a silver paint pen by your laboratory (available at most hobby shops) to coat the labial surfaces of proximal teeth on the model will aid the technician in realizing the surface textures to be imitated in the final restoration. Though not strictly a part of shade matching, opalescence (the optical property of scattering the shorter wavelengths of visible light exhibited by natural teeth) and translucency (creating the appearance of light's diffusion through enamel in ceramics) are also important factors in producing lifelike porcelain restorations. When considering a crown or bridge laboratory, be sure to discuss with the ceramist how he or she achieves these effects in his/her work and assess the credibility of the response.

I regard these refinements as the last steps that I was looking for in my shade matching armamentarium. I have now been able to predictably accomplish cases with shade matches that I deem to be the best possible using a remote laboratory (Figs. 19, 20), such that I can now recommend single anterior indirect restorations to my patients with complete confidence in their satisfaction at the result.

Conclusion

In summary, shade taking is almost surely the most complicated aspect of fabricating indirect restorations to correctly share with a remote dental laboratory. While many other issues (e.g., technician ability and material choice) contribute to the overall realism of the shade attained, they are normally less challenging than the delivery of effective shade matching information.

My education on this matter in dental school was wholly inadequate, and I think many of my colleagues feel the same way. My professional development in this area progressed through conversations with my fellow dentists, the suggestions of sage laboratory people, knowledge acquired from industry representatives along with a lot of trial and error.

The process has led me to believe that there is no nothing like having an in-house laboratory when it comes to perfection in porcelain shade matching. However, in the hands of the most skilled laboratory technician, superior materials can produce virtually flawless results when effectively imparting shade information to a remote laboratory. In the real world of nearly all dentists, this is the goal.

A complete list of footnote references is available from the publisher.

About the author

Barry F. McArdle, DMD, graduated from Tufts in 1985 and maintains a private practice in Portsmouth, N.H. An expert reviewer for JADA, he has written numerous articles in the peer-reviewed literature. McArdle is also an alumnus of The Pankey Institute. He co-founded the Seacoast Esthetic Dentistry Association in 2000 and his lecture series, Seacoast Dental Seminars, in 2005.
‘Fall’ into the California Dental Association meeting in San Francisco

CDA Presents The Art and Science of Dentistry will hit the city by the bay Sept. 22–24 (Thursday through Saturday), and meeting organizers say the show is on tap to be one the best yet. The California Dental Association meeting’s premier convention experiences encompass dynamic speakers, an extensive tradeshow, numerous C.E. credit opportunities, and exciting social events in the heart of world-class destinations — Anaheim and San Francisco.

CDA Presents will feature more than 400 exhibiting companies showcasing the latest in dental technology, products and services. Attendees can stay ahead of the curve by exploring the innovative new products being launched in the exhibit hall.

Hours are as follows:

- **Grand Opening**  
  Thursday, 9:30 a.m.
- **Exhibit Hall open**  
  Thursday, 9:30 a.m. to 5:30 p.m.  
  Friday, 9:30 a.m. to 6 p.m.  
  Saturday, 9:30 a.m. to 4:30 p.m.
- **Family Hours**  
  Daily, 9:30 a.m. to noon
- **Registration Hours**  
  Thursday, 6:30 a.m. to 5:30 p.m.  
  Friday, 6:30 a.m. to 6 p.m.  
  Saturday, 6:30 a.m. to 4:30 p.m.

**CDA Party**

It was created by a physicist and houses a geometry playground, microscope imaging station and a calculator powered by the force of gravity. It’s the Exploratorium, the destination of this year’s CDA Party. Attendees are invited to join CDA for a bountiful buffet, fascinating exhibits and live music from ‘80s cover band Tainted Love. The party is Friday from 7 to 10 p.m. The fee is $65 per person.

**Wine seminar and reception**

Meeting attendees can join CDA for a wine and food pairing demonstration, led by a chef, that illustrates how beautifully wine and food complement one another. This is a must-attend event for wine novices to aficionados. The event is Friday from 4 to 5:30 p.m. at The Spot. The fee is $25 per person.

**Plenty for kids**

While you’re in a lecture or on the tradeshow floor, your kids can have a blast in the KiddieCorp programs designed just for them. KiddieCorp professionals are bonded, qualified child care specialists who are carefully selected and trained.

Age-appropriate activities, games and movies will be provided in a structured environment for your child’s entertainment. Exhibit Hall family hours are 9:30-noon daily. For safety reasons, strollers are never permitted in the Exhibit Hall.

**About San Francisco**

San Francisco is famous for its scenic beauty, cultural attractions, diverse communities and world-class cuisine. This very walkable city is dotted with landmarks recognized throughout the world: the Golden Gate Bridge, cable cars, Alcatraz and the largest Chinatown in the United States.

September is usually a beautiful time of year and an ideal time to visit. The average high is 73 degrees, with an average low of 55 degrees.

(Source: California Dental Association)

**10 things not to miss in San Francisco**

One of the nicest things about visiting San Francisco is that, although the city is big in terms of attractions and amenities, it is geographically small — only 49 square miles. Consequently, it is very easy to see and do a great many things in a short period of time. It is also easy to spend weeks in San Francisco and still not experience everything the city has to offer.

Here is a suggested list of the top 10 things not to miss in San Francisco, according to the San Francisco Travel Association:

1. **The Golden Gate Bridge**, the most famous bridge in the world, manages to impress even the most experienced travelers with its stunning 1.7-mile span. Approximately 120,000 automobiles drive across it every day. A pedestrian walkway also allows the crossing on foot, and bikes are allowed on the western side. The Golden Gate Bridge is said to be one of the most photographed subjects on Earth.

2. **Cable cars** have been transporting people around San Francisco since the late 19th century. The cars run on tracks and are moved by an underground cable on three routes. Their familiar bells can be heard ringing from blocks away. Tickets ($5) may be purchased at the cable car turnarounds at the ends of each route. Each one-way ride will provide spectacular views of the city’s celebrated hills as well as...
3. **Alcatraz**, the notorious former prison, is located on an island of the same name in the middle of San Francisco Bay. Some of the United States’ most notorious criminals were incarcerated there. Though several tried, no inmate ever made a successful escape from “The Rock.” The prison was closed in the 1960s, and stories about Alcatraz are legendary. A visit to Alcatraz today is fascinating. Recorded cell-house tours are available, allowing visitors to learn about the prison as they explore the buildings and grounds. To reach the island, take an Alcatraz Cruises ferry from Pier 43. Advance reservations are recommended, call (415) 981-ROCK (7625) or visit www.alcatrazcruises.com.

4. **Fisherman’s Wharf** is also home to Pier 39, a festive waterfront marketplace that is one of the city’s most popular attractions. A community of California sea lions has taken up residence on the floats to the west of the pier, and visitors line the nearby railing to watch their antics. From there it’s a short walk to the Wax Museum, Ripley’s Believe It or Not! and the famous crab vendors selling walk-away crab and shrimp cocktails.

5. **Union Square** is the place for serious shoppers. Major department stores and the most exclusive designer boutiques line streets like Post, Sutter, Grant, Stockton and Powell. The Westfield San Francisco Shopping Centre houses the largest Bloomingdale’s outside of New York and the second largest Nordstrom in the United States.

6. **North Beach**, the city’s Italian quarter, isn’t a beach at all. It’s a neighborhood of romantic, European-style sidewalk cafes, restaurants and shops centered near Washington Square along Columbus and Grant avenues. The beautiful Church of Saints Peter and Paul is a beloved landmark. Coit Tower atop Telegraph Hill offers a splendid vantage point for photos of the bridges and the Bay. Inside the tower, floor-to-ceiling murals painted in the 1930s depict scenes of early San Francisco.

7. The entrance to **Chinatown** at Grant Avenue and Bush Street is called the “Dragon’s Gate.” Inside are 24 blocks of hustle and bustle, most of it taking place along Grant Avenue, the oldest street in San Francisco. This city within a city is best explored on foot; exotic shops, renowned restaurants, food markets, temples and small museums comprise its boundaries. Visitors can buy ancient potions from herb shops, relax and enjoy a dim sum lunch or witness the making of fortune cookies.

8. **Dining in San Francisco** is an attraction in itself. Known as America’s best restaurant city, San Francisco boasts chefs who excel at combining the freshest local ingredients, authentic international flavors and a touch of creative genius. Choose your cuisine — Chinese, Japanese, French, Italian, Spanish, Moroccan, Indian, Malaysian, Mexican, Greek, Russian or “fusion,” a combination of any or all of these influences.

Visit TasteSF at www.sanfrancisco.travel/taste for a list of San Francisco’s hottest restaurants, a calendar listing of food-related news and events, the history of San Francisco’s many food firsts, chef profiles, and Foodie 411, a weekly insider’s blog by Marcia “the tablehopper” Gagliardi.

9. **Nightlife in San Francisco** is a constantly changing scene. The “hottest” clubs currently are in the South of Market and Mission districts, with live and recorded rock and Latin music. Jazz, blues, swing and “oldies” music can be found all over town. For a complete list of nightlife options, visit www.sanfrancisco.travel.

10. **Culture**: A visit to San Francisco would not be complete without a cultural experience. The city is home to internationally recognized symphony, opera and ballet companies. Playwrights such as Sam Shepard and Tom Stoppard introduce their works in San Francisco, and avant-garde theatre and dance companies dot the city.

The San Francisco Museum of Modern Art, the Asian Art Museum, the de Young Museum, the Palace of the Legion of Honor and other museums and galleries are devoted to the finest of classical and contemporary arts. For a complete museum guide, visit www.sanfrancisco.travel.

(Source: San Francisco Travel Association)
DTSC Symposium at the Greater N.Y. Dental Meeting

**DTSC at the GNYDM**
Sunday, Nov. 27
10-11 a.m., Dr. Howard Glazer, *GIOMERS: New Giants of MI Dentistry*
11:15 a.m.–12:15 p.m., Dr. Shamshudin Kherani, *Comprehensive Dentistry Using Digital Impression Technology*
12:45-1:45 p.m., Dr. Ron Kaminer, *Minimally Invasive Dentistry: Tips and Tricks to Maximize Success*
2-5 p.m., Dr. Louis Malembraher, *The HOTTEST Topics In Dentistry*
5:15-4:15 p.m., Technology To Improve Your Caries Management (speaker to be announced)
4:30-5:30 p.m., Dr. George Freedman, *Innovative Conservative Restorations*

Monday, Nov. 28
10-11 a.m., Dr. Fay Goldstep, *What Patients Want ... What Dentists Want: Easy, Healthy Dentistry!*
11:15 a.m.–12:15 p.m., Dr. Damien Mulvany, *Why View Your 3-D Patients With 2-D Images? A Common Sense Approach To 3-D Imaging In The General Practice*
12:45–1:45 p.m., Dr. Larry Emmott, *Remember When “e” Was Just A Letter? Use e-Services to Improve Patient Care and Increase Profitability*
2–3 p.m., Dr. Fay Goldstep and Dr. George Freedman, *Diode Lasers and Restorative Dentistry*
3:15–4:15 p.m., Dr. Shamshudin Kherani, *Laser Dentistry Overview with an Update on Closed Flap Osseous*
4:30–5:30 p.m., Dr. Marty Jablow, *Understanding the Advances in Self-Adhesive Technology and How To Incorporate Them Into Your Restorative Practice*

Tuesday, Nov. 29
10-11 a.m., Dr. Gregori Kurtzman, (topic to be announced)
11:15 a.m.–12:15 p.m., The Importance of the Flap Design in Relation to the Type of the Underlying Bone Defect (speaker to be announced)
12:45-1:45 p.m., Dr. Fay Goldstep and Dr. George Freedman, *The Diode Laser: The Essential Soft-tissue Handpiece*
2-3 p.m., Dr. Selma Camargo, *Lasers in Endodontics: Clinical Application Focus on Difficult Cases*
3:30-4:30 p.m., Dr. Stanley Malamed and Dr. Mic Falkel, *Local Anesthetic Performance: Fiction, Fact and Advancements (Precision Buffering)*

Wednesday, Nov. 30
11:15 a.m.–2:15 p.m., Dr. George Freedman and Dr. Pat Boettzer, *Cementing Alumina and Zirconia Restorations*
12:30–5 p.m., Dr. David Hoexter, Dr. Ron Kaminer, Dr. Armin Nedjat and other implant experts, *2nd Annual Osseo University Summit: Revolutionary Implant Design Unveiled*

People from around the world flock to the annual Greater New York Dental Meeting (GNYDM) — held this year Nov. 27–30 — for reasons that go well beyond the fact that there is no registration fee.

Dental Tribune, the official media partner of the GNYDM, has joined forces with GNYDM organizers to offer four days of Dental Tribune Study Club (DTSC) Symposia in various areas of dentistry. Participants not only earn C.E. credits, but also have the opportunity to learn diverse aspects of dentistry and how to integrate a variety of treatment options into their practice.

For exact program details, please check the schedule at [www.dtstudyclub.com/gnydm](http://www.dtstudyclub.com/gnydm). Be sure to pre-register as a GNYDM visitor for free at [www.gnydm.com](http://www.gnydm.com).

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Registration is now open for the American Academy of Cosmetic Dentistry’s (AACD) 28th Annual Scientific Session in Washington, D.C., which will take place May 2–5, 2012.

Building off the success of last year’s session, the event will feature many heavy-hitting educators, social events and networking opportunities. Appropriately themed, “Learn Outside the Lines,” the conference will challenge attendees with an interdisciplinary approach to education, including a mix of lectures and hands-on workshops.

Dental teams will return from the event with a renewed perspective on the field of cosmetic dentistry, learning about new techniques and materials and honing their skills.

The session will be hosted at the Gaylord National Resort and Conference Center in National Harbor, Md., giving attendees the opportunity to engage in a world-class cosmetic dental education, but also experience the dynamic city of Washington, D.C.

Educators scheduled to appear include:
- Dr. David Garber;
- Dr. Christian Coachman;
- Dr. Eric VanDooren;
- Dr. Pete Dawson;
- Dr. John Cranham;
- Dr. Scott Finlay;
- Dr. Carl Misch;
- Dr. Gordon Christianson;
- Dr. Paul Child; and
- Dr. Ron Goldstein.

“The 28th Annual AACD Scientific Session will challenge attendees to think beyond the norm and realize the limitless opportunities that combines art and science to optimally improve dental health, esthetics, and function. Composed of more than 6,500 cosmetic dental professionals in 70 countries worldwide, the AACD fulfills its mission by offering superior educational opportunities, promoting and supporting a respected accreditation credential, serving as a user-friendly and inviting forum for the creative exchange of knowledge and ideas, and providing accurate and useful information to the public and the profession.”

AACD members, students, dentists, laboratory technicians, team members and dental auxiliaries are all welcomed by the AACD to attend.

Visit www.aacdconference.com for more information about the 28th Annual AACD Scientific session. Course selection opens Dec. 2 at 8 a.m. CT, for registered attendees.

About the AACD
The AACD is the world’s largest non-profit member organization dedicated to advancing excellence in comprehensive oral care.
‘Ride the Wave to Success in Dentistry’ at the Yankee Dental Congress 2012

Do you have plans for Jan. 25–29, 2012? Well, you will after reading what Yankee Dental Congress 2012 has to offer this January at the Boston Convention and Exhibition Center. With more than 500 educational courses and more than 450 exhibitors, all of your needs for dental education will be met as you “Ride the Wave to Success in Dentistry.”

Yankee will be sure to make a splash with these highlights:

- **Scottsdale of the East:** Leading clinicians from the renowned Scottsdale Center for Dentistry will be presenting programs in esthetic, restorative and CAD/CAM dentistry across two full days.

- **Madow Brothers:** Rock-and-roll dentists David and Richard Madow will be giving their high-powered Las Vegas-style presentation for the first time at Yankee.

- **Disney Institute:** Chris Caracci, a leading health-care consultant from the Disney Institute, will be presenting a talk about practice management and real customer service, the Disney way.

- **Opening keynote speaker:** New this year, you will be inspired by the words of Dick Hoyt, who has competed in road races worldwide with his wheelchair-bound son Rick, including 50 Boston Marathons. Join us for a presentation Thursday morning followed by breakfast on the show floor. Admission to this event is free to all.

- **Face transplant pioneer:** Dr. Daniel Alam, chief of facial esthetics and reconstructive surgery at the renowned Cleveland Clinic, will present a behind-the-scenes look and follow-up of the first-ever successful face transplantation performed in the United States.

- **Team development day:** A new twist to this popular program will feature working through a day of not-so-typical patients, highlighting varied medical histories, emergency situations and unique clinical challenges, all with the guidance and help of experts in each field.

Back by popular demand:

- **Live dentistry:** See all-new, cutting-edge procedures performed on live patients.

- **Expanded high-tech playground:** Touch and try all the new gadgets at your pace without any sales pressure.

### Attendees explore the exhibit hall at the 2011 Yankee Dental Congress. (Photo/Kristine Colker, Dental Tribune)
IT'S PALODENT® PLUS SO MUCH MORE. From the original name in sectional matrix systems comes new Palodent® Plus. It's an entirely re-engineered system, based on the latest industry-leading technology. With this easy-to-use system, you'll find exceptional ring stability, reduced procedure time, and predictable, accurate contacts. Plus, you get the reassurance and convenience of a support team you already know and depend on from DENTSPLY Caulk. Visit PalodentPlus.com today.
Give Back a Smile goes global in Germany
German affiliate launches GBAS to help domestic violence survivors

Domestic violence survivors in Germany now have an opportunity to have their smiles restored through the expansion of the AACD Charitable Foundation’s (AACDCF) Give Back a Smile (GBAS) program in Germany.

Jurgen Wahlmann, DDS, was inspired to start the GBAS program in Germany after hearing the story of Mona, a domestic violence survivor who sustained injuries to her mouth when shot at close range by a former partner. Mona spoke at the AACD’s Annual Scientific Session in Honolulu, Hawaii, several years ago. She told attendees of the session how GBAS restored her smile, and helped to change her life.

“Mona’s story was so emotional and impressive,” Wahlmann said.

He talked with the Board of Directors of the Germany Society of Cosmetic Dentistry, and the board agreed to start a GBAS program in Germany. After the AACD approved his idea, Wahlmann presented the program at the Germany Society’s annual meeting. The response was overwhelming, Wahlmann said.

“A lot of dentists and companies signed up for the program, and we hope to make GBAS in Germany as successful as it is in the U.S.,” he added.

Roughly 46,000 German women are estimated to spend some time at women’s refuges each year because of domestic violence, says BBC News. One in five women in Germany also suffers physical or sexual violence at the hands of their partner, according to Deutsche Welle.

University of New England awarded $3.5 million for College of Dental Medicine

The University of New England (UNE) has been awarded $3.5 million from the Maine Center for Disease Control and Prevention for its proposal, “Creating a Dental School Teaching Clinic in Maine.”

The funds, along with a $2.5 million leadership commitment from Northeast Delta Dental, will be used to help with startup costs associated with opening the first College of Dental Medicine in northern New England in the fall of 2013.

“We look forward to working with UNE as Maine’s first dental school becomes a reality. This definitely fills a strong need in our state,” said Dr. Sheila Pinette, director of Maine CDC, in her announcement of the award.

In June 2010, the Maine Legislature approved a $5 million bond package to increase access to dental care in the state that was accepted by voters last November.

Of that $5 million, $3.5 million was designated for a community-based teaching dental clinic affiliated with, or operated by, a college of dental medicine to be matched by $5.5 million in other funds. UNE submitted the sole proposal.

UNE President Danielle Ripich said, “This award is key for UNE and enables us to establish clinical dental training for our new College of Dental Medicine. We appreciate that Maine recognizes the critical need to educate dentists for the people of our state. As the largest health care work force provider for Maine, UNE is fully prepared to create an innovative state-of-the-art education facility that will allow future dentists to be trained as part of a team of health-care providers.”

UNE College of Dental Medicine Dean Dr. James Koefcl said the school will begin accepting applications for students in June 2012 in anticipation of its opening in the fall of 2013. “We submitted our initial application for accreditation in March to the American Dental Association Commission on Dental Accreditation,” said Koefcl. “The next step in the application process will be an on-campus site visit in the spring of 2012, with a decision on accreditation expected in late summer 2012.”

Northeast Delta Dental President and CEO Tom Baffio said, “Dental science indicates that the integration of health services with dental services is the best approach for the recovery of the patient, so we’re very pleased that dentists will be trained as members of a valued team of health-care professionals at the University of New England and that their training will include experience at a community-based teaching dental clinic.”

Goddard Hall, which first opened at UNE’s Portland Campus 150 years ago, has been renovated to serve as the home for the College of Dental Medicine’s administrative offices.

Named one of the best regional universities in America by U.S. News & World Report, UNE is a leader in health sciences education, biomedical research and the liberal arts. It offers student-centered, interdisciplinary programs in the College of Osteopathic Medicine, Westbrook College of Health Professions, College of Arts and Sciences, College of Pharmacy and the College of Graduate Studies. For more information, visit www.une.edu.
The reviews are in!

“Excellent!”
Clinical Evaluator Rating — Rated by an independent non-profit dental education and product testing institute.

“Rated 4.0!”
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“The ‘cuts like dentin’ phrase is overused... but this product truly lives up to its meaning.”
Christopher Esposito, DMD
Medford, NJ

Oxford Zircore NANO: The blockbuster core build-up material of 2011.

Reviewers agree, Oxford Scientific’s new dual-cure Zircore NANO is today’s four-star choice for core build-up for a number of very good reasons. To start, it cures to the ideal hardness. Reinforced with Zirconia nano particles, Oxford Zircore NANO really does prep and cut like dentin, virtually eliminating ditching. It’s extraordinarily versatile too, giving you the choice of light cure or self cure options — without compromising its flexural or compressive strength. And because Oxford Zircore NANO is thixotropic, yet flowable, it’s easy to build and sculpt cores.

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With the sale of business.com for $345 million in 2007, entrepreneur Jake Winebaum made headlines with one of the largest Internet transactions of all time. Prior to that, the 52-year-old sports fanatic helped to manage the transition of large corporations such as Time Warner and the Disney Company with no Internet presence from offline to online. His newest project, www.brighter.com, is a website dedicated to dental discounts. Dental Tribune Group Editor Daniel Zimmermann spoke with him about the project and how it addresses the biggest challenge for dental patients nowadays in the United States.

You have a long and impressive track record in the Internet business. Could you tell us how, as a former Disney and Time Warner executive, you ended up in dentistry? The idea for brighter.com originated at a dinner with relatives. My father-in-law had just returned from his dentist and was told he needed some implants for a sum of $6,000. Since he is retired and has no dental insurance, he asked me whether I thought that was a fair price. After some research on the Internet, I found very little information on what dental procedures actually cost.

In addition, I discovered that, like him, nearly 90 percent of Americans lacked dental insurance, almost four times the number who lack general health-care insurance. In the U.S., almost $45 billion is spent on dental care each year with little or no price transparency or negotiating leverage. I thought there was a good business opportunity in empowering these uninsured consumers to save on their dental costs at trusted dentists.

Could you explain the business model and how dentists are able to join the network? Brighter.com provides pre-negotiated fees on all dental procedures across a network of 25,000 dentists nationwide. We have partnered with Careington International, a Frisco-based marketer of medical and dental saving plans, to provide this network. The discounts range from 20 percent off cosmetic procedures up to as much as 60 percent off preventative and restorative dental procedures.

Patients pay brighter.com an annual membership fee to enroll in the network and thereby gain access to the discounted fees. Dentists who are interested in participating can contact us either by phone or by filling out a simple form on the website to get the process started.

How do you gather your information and how many people are working for the site? We have approximately 20 people working on the site right now. What they do is to collect pricing and practice data from different sources to allow consumers to know what procedures should cost before they visit a dentist. This data comes from market surveys, as well as from the dentists themselves.

The site aims to make costs for dental treatment more transparent. Do you have a rating system? The three factors that are most important in a patient selecting a dentist are price, proximity and reputation. Brighter.com provides a simple way for consumers to compare dentists near them by both price and reputation.

There are hardly any discount websites for medical procedures. What makes dentistry different? Dentistry is a somewhat simpler problem to solve than general health care. Most practices are owned by the provider, the dentist, who is also the decision-maker on pricing and discounts. Consumers also pay a much higher percentage of dental costs out-of-the-pocket than in other health-care areas, so discounts are particularly important in attracting patients.

Google recently announced that it was to discontinue its online patient information network owing to low interest. How do you aim to attract consumers (dental patients) to the site? Google’s initiative was to consolidate patient medical records in one place online. However, this wasn’t the consumers’ most pressing need. The biggest challenge for patients here in the United States is affording the care they need. Brighter.com has been recognized by dentists, patients and the press as a simple way to save on dental costs. So the word is already getting out and we are seeing steady growth in site visits and memberships.

In 2007, you sold www.business.com to R.H. Donnelly in a multimillion-dollar transaction that was overshadowed by the company’s bankruptcy a year later. What did you learn from this experience? R.H. Donnelly, now Dex One, is a large Yellow Pages publisher and that industry, like many others, is challenged by the combination of tough economic conditions and the transition of their audience to the Internet. People are increasingly turning online for tasks they used to use the Yellow Pages for. That is certainly the case with dentistry, with over 16 million searches for dentists occurring on Google every month. This presents a challenge for private practitioners because the Internet is very difficult to target at the hyper-local level necessary for finding a dentist. That is why a company like brighter.com will help not just the consumers, but also dentists connect with new patients.

Do you plan to extend www.brighter.com to other fields in health care or to other countries? Right now, the focus is exclusively on dental although the model does make sense in other health-care fields. I have learned that focus is extremely important in a start-up.

Most young companies die from indigestion rather than starvation so we will likely stay within dentistry for the near future. We are trying to solve a very significant consumer issue, affordability of dental care, and that should keep us very busy.

Do you use www.brighter.com yourself? Absolutely. My father-in-law immediately got a better deal for his implants using the site. I also found a great new dentist, who gave me a perfect dental experience, and helped me to save a couple hundred dollars on my first visit.

www.brighter.com

Entrepreneur Jake Winebaum (Photo: Provided by J. Callor/Media Group)
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DentalBanc payment model increases practice revenue

Increase profits, improve case acceptance and experience the alternative to third-party financing

By Marla Merritt, OrthoBanc Director of Sales and Marketing

DentalBanc has designed a solution to help dentists offer monthly payment options to their patients without creating extra work for their staff. As an alternative to third-party financing, DentalBanc has saved practices thousands of dollars each year that would otherwise be lost to these third-party companies.

Not just another accounts receivable program

Using DentalBanc’s credit recommendations, practices can easily identify patients who represent a low financial risk and offer them the right payment plan. This helps practices build an accounts receivable portfolio without giving up 10 percent of their treatment fee. In addition, DentalBanc fully manages the payment plan, boasting an impressive 99 percent on-time rate, while leaving the staff free to provide excellent dental care.

Are my patients really price shopping?

Let’s face it, patient trends are changing. Whitening used to be just for the super-wealthy and braces were just for teenagers. Today, the average American adult is willing to spend thousands of dollars to improve his or her smile.

These changes in patient trends have allowed dental professionals to increase revenues by offering a wide variety of costly treatments to a new generation of appearance-conscious consumers.

Just as patient care preferences are changing, so are patient payment preferences. Cost-conscious patients are exploring their options, literally price shopping costly dental procedures by obtaining several quotes and researching payment options offered by competing providers. As a result, consumers with good credit ratings expect no-interest financing, even on their dental treatments.

Finally an alternative to third-party financing

While some finance companies tout “12-months, no-interest” payment plan, they are charging practices an administrative fee as high as 10 percent for these plans. Meanwhile, patients, believing they are receiving an interest-free option, find that only one missed payment results in retroactive interest as high as 23.99 percent.

Third-party finance companies have done their homework and depend upon a calculated percentage of patients failing to meet their obligation of paying on time, thereby incurring usurious levels of interest.

Many practices feel that these plans are detrimental to and counterproductive to the relationship of trust being built with the patient. By offering a DentalBanc payment plan to patients with a low credit risk, practices can increase profits by 10 percent or more, maintain patient relationships and still have the security that they will receive payment for services rendered.

How it works

Step 1: DentalBanc provides a credit recommendation to help an office determine the risk associated with each patient. There is no lengthy credit report to analyze. Instead, you receive a credit level along with a payment plan recommendation.

DentalBanc’s credit inquiry does not affect the patient’s credit score. With DentalBanc, a practice can determine the risk associated with each patient and offer the appropriate payment plan.

Step 2: Once a practice decides to offer payment terms to a patient, DentalBanc will completely manage those accounts. Payments are drafted directly from the patient’s checking account or credit card. The funds are deposited directly into the practice’s bank account each month.

If the payment fails for any reason, DentalBanc contacts the patient and schedules the secondary draft. Patients can even check their balance and print receipts directly from DentalBanc’s secure website.

Step 3: DentalBanc will deposit collected payments, four times per month, into the practice’s bank account and provide a “Deposit Statement Report” with complete details for payment posting.

Take action

Consider your current payment options. Are you being flexible with your low-credit-risk patients by offering them a true no-interest payment plan? Do you have an accounts receivable program? Are you collecting 100 percent of the treatment fees?

Are you working with a professional payment management company that offers reliable, on-time payments or is your office staff overwhelmed with managing customer accounts and collecting late payments?

If you answered “no” to any of these questions, there is a simple solution. Call (888) 758-0584 to learn more about how DentalBanc can work for your practice.

About the author

Marla Merritt is the director of sales and marketing for OrthoBanc LLC (OrthoBanc, DentalBanc and PaymentBanc). She has more than 22 years of experience in credit reporting and payment management. She wrote this article in conjunction with Paul Zuelke, developer of the Zuelke Automated Credit Coach (ZACC). OrthoBanc LLC, currently serves some 3,500 practices nationwide and maintains a 99 percent on-time rate for its clients.
The ProScore line of products

EZ Care Handpiece Maintenance Kit (Coming soon)

The EZ Care™ Handpiece Maintenance Kit is the latest addition to the ProScore line of products. These maintenance kits are customized to your handpiece and include everything needed to keep the handpiece in optimal running condition: an XTend™ ceramic turbine, Smart Cleaner, gaskets, coupler o-ring sets, handpiece cleaner/lubricant, detailed maintenance instructions and other products. The EZ Care Handpiece Maintenance Kit complements both ProScore’s in-office repair product line and the ProRepair/ProService Handpiece and Small Equipment Maintenance Courses presented at various dental shows.

XTend ceramic kits and turbines for high-speed handpieces

With the XTend ceramic line of turbines and kits, ProScore offers dentists the best quality do-it-yourself products for high-speed handpieces in the market. Not only are XTend ceramic products backed with the best warranties in the business — one year for turbines and six months for rebuild kits — XTend products outperform steel bearings, last longer and produce less noise and vibration. The Ceramic Bearing Technology incorporated in XTend ceramic products provides many handpiece performance benefits, such as:

- Reduced wear: Ceramic balls are twice as hard as steel balls.
- Increased durability: ceramic balls are 40 percent lighter than steel balls, which reduces the internal forces and loads caused by high-speed rotation.
- Longer life: Ceramic bearings perform better than steel under marginal lubrication.
- Quieter and smoother operation: noise and vibration are reduced as a result of lower loads.

ProScore’s other EZ Solutions offer dentists various do-it-yourself repair and maintenance options:

- EZ Press III™ and EZ Rebuild™ Kits
  The EZ Press III Repair System is the answer to the high costs and downtime associated with sending high-speed handpieces out to be repaired. Allowing the dentist to easily change those parts that have worn out, the EZ Press III utilizes simple procedures, requires no guesswork and ensures precision placement of the bearings on the spindle.

- EZ Install™ Turbines
  For an instant repair, dentists can replace cartridges chairside with EZ Install Turbines, which are manufactured with the highest quality parts and quality assurance procedures in the market, including dynamic balancing. The result is a high-performance, long-lasting turbine that outlasts others in the market.

Isolite Systems dental isolation receives more industry recognition

Isolite Systems’ dental isolation technology continues to receive praise from its users and recognition from the dental industry for its dental isolation technology. The Isolite™ dental isolation system was named one of the “50 Greatest Game Changers in Dentistry” by Dentaltown Magazine.

Recognition of the product’s contribution to the advancement of dentistry is a major milestone for the device. Isolite’s inclusion in the list placed it among some of the dental profession’s biggest advancements, including fluoride, local anesthesia, dental handpieces and digital radiography.

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

The device gently holds the patient’s mouth open, keeps the tongue out of the working field, illuminates the oral cavity, and guards the patient’s airway — all while continuously evacuating saliva and excess moisture. With Isolite, procedures are accomplished on an average of 50 percent faster with greater safety and comfort for the patient.

Additionally, the company announced that Dentistry Today magazine recognized the Isolite dryfield illuminator as one of the Top 100 Products for 2011 for the dental industry. This marks the sixth time that the product has received this recognition.

The super-soft mouthpiece used with Isolite makes for a more comfortable experience for the patient, and allows dental professionals to work more efficiently with greater control over the oral environment. Isolite mouthpieces are available in six distinct sizes to fit patients varying in size from small children to large adults.

“Proper dental isolation is one of the most undervalued factors affecting the longevity of dental work,” said Thomas Hirsch, DDS, co-creator of Isolite. “Compared to other dental isolation methods, such as the rubber dam or manual suction and retraction, Isolite is faster and easier for dental professionals and easier on the dental patient.”

For more information about Isolite Systems and its products, including a video tour and clinical videos, please visit www.isolitesystems.com or phone (800) 560-6066.

Isolite is a Top 100 Product and a Top 100 Product of 2011 for Dentistry Today magazine.
According to EMS, the innovative Air-Flow® handy Perio is the first and only portable perio device that enables safe and effective removal of subgingival biofilm. Based on the successful Air-Flow handy 2™ series and the Air-Flow Master, which was awarded an innovation prize, this handpiece again provides the dentist with an ergonomic masterpiece that EMS says is ideal for treating patients and enables the complete removal of biofilm. The transparent dome and the powder chamber have come out in pink. In this combination, the white, handy instrument is once again an eye-catcher.

Together with the Air-Flow powder Perio, the single-use Perio nozzle reaches down to the base of the periodontal pocket.

Biofilm impairs the removal of bacteria Microorganisms establish themselves and multiply. The bacterial community develops its own protection: Microbes come off and colonize new areas. In some cases, the body’s immune system is helpless.

To prevent the penetration of microbes, the body triggers a bone deterioration process as an “emergency response.”

Because the biofilm protects the bacteria against pharmaceuticals, treatment has been very difficult to date.

That is why EMS wants to mount an attack on damaging biofilm as part of subgingival prophylaxis treatment with an application summed up in the words “Air-Flow goes subgingival.”

Using this method, dentists can also effectively treat the never-ending increase in the number of cases of peri-implantitis among implant patients and counter the impending loss of implants.

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Dental R.A.T. wins ‘Best of Class’ Technology Award

Dental R.A.T. has been recognized as one of 16 companies to receive the Pride Institute’s Best of Class Technology Award for 2011. Dental R.A.T. was an honoree in the Clinical/Diagnostic Category.

“Dental R.A.T. is very humbled and appreciative to be recognized by such a prestigious group of dentists and industry professionals. Best of Class for any product is a level of recognition we all strive for. Our recognition for solving the issue of perio charting is affirmation that the dental industry has a need for the entrepreneurial spirit that brings new ideas and products for today’s new challenges. We are so grateful to be part of it and extend our congratulations to all this year’s products in Best of Class. See you all in Vegas,” said President of Dental R.A.T. Becky Logue, RDH.

A panel of dental technology experts, organized by the Pride Institute, a dental practice management consulting firm based in Novato, Calif., selected this year’s winning products through an unbiased, rigorous assessment selection process. The winning technologies were selected by majority vote and divided into four categories: foundational, diagnostic, therapeutic and emerging.

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

“We deeply felt a gap in the area of technology education and integration, said Lou Shuman, DMD, CAGS, president of the Pride Institute. “We feel the technology awards and fair were an ideal model to fill that gap. Pride Institute’s commitment is to provide the finest information and counsel in all areas of practice management.”

The decision panel consisted of seven dentists with significant knowledge of and experience in dental technology, including Shuman; John Flecke, DDS, writer and technology editor for Dental Products Report; Paul Feuerstein, DMD, writer and technology editor for Dental Economics; Titus Schleyer, DMD, PhD, associate professor and director, Center for Dental Informatics at the University of Pittsburgh, School of Dental Medicine; Marty Jablow, DMD, technology writer and speaker; Para Kachalia, DDS, director of new technology at the University of Pittsburgh School of Dental Medicine; and Larry Emmott, DDS, technology writer, speaker and dental marketing consultant.

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

R-SI-LINE METAL-BITE
Perfect bite registration

For more than a decade, R-dental has offered METAL-BITE®, the universal registration material. The dark grey A-silicone guarantees excellent universal registrations. According to the German opinion leader Prof. Dr. Gutovski, METAL-BITE is also usable for the biteplate of the face-bow registration system and for dynamic registrations (FGP-technique).

METAL-BITE shows perfect physical properties: It is extremely fast and hard, thixotropic and high standable. The snap-set guarantees the highest precision. Once cured, METAL-BITE is inflexible and not crumbling, with a sufficiently long working time (25 seconds). A high Shore D-hardness (40) and high dimension stability are convincing advantages of this reliable registration material.

The universal registration material is available in cartridges of 50 ml in addition to accessories. For more information, please contact the manufacturer.

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GIOMER materials: Essential ingredients for a healthy smile

In recent years, a new type of glass filler known as GIOMER has been receiving attention in clinical papers and on the lecture circuit. Although widely accepted in Japan over the past 15 years, it has only recently caught on in the United States. Amongst the newest and the most innovative filler material on the market, GIOMERs are also the most misunderstood.

What are GIOMERs?

Although frequently used to describe the new category of restoratives, the term GIOMER is less of a category and more an ingredient. Succinctly put, GIOMER refers to any product that contains surface pre-reacted glass (S-PRG). S-PRG fillers are nano-sized glass filler particles that undergo an acid/base reaction receiving a surface modified layer to help block moisture before incorporation into the resin.

This process differs greatly from GI or compomers, which achieve an acid/base reaction only after placement, following a light cure, and after they absorb water. Following water sorption, fillers in GIs and compomers immediately swell, causing a rapid breakdown in both strength and esthetics.

Through pre-reaction and the addition of a surface modified layer, GIOMERs offer stable fluoride rechargeability similar to GIs, but with vast improvement to strength and aesthetics.

Sustained fluoride recharge

Unlike other composite resin materials, GIOMERs are unique in their ability to recharge fluoride indefinitely. S-PRG filler particles act as a fluoride reservoir that recharge with brushing or rinsing with fluoride-dated products. Fluoride then releases when acid levels rise, providing sustained preventative benefits to adjacent tooth structure over the life of the restoration (Fig. 1).

A recent, independent evaluation of S-PRG materials conducted by the University of Florida and published in JADA, translates this benefit to clinical relevance. At eight years, none of the restorations failed, no sensitivity was reported, anatomical form was well maintained and most notably, no secondary caries were present in any of the patients.

Application of GIOMERs

Dental applications for GIOMER products are limited only by the imagination. Shofu has successfully incorporated the material into composite resins such as BEAUTIFIL Flow Plus and BEAUTIFIL II, and into the bonding agent FL Bond II with great clinical success. Further applications are under development.

If you are interested in learning more about GIOMER materials, we encourage you to visit Shofu at booth No. 1322. You can also learn more about GIOMERs during Dr. Howard Glaziers lecture, “What’s Hot and Getting Hotter” at CDA Presents from 9 a.m. to noon and 1:30 to 4:30 p.m. on Friday, Sept. 23. As always, you can find more information about all Shofu products at www.shofu.com.
Contemporary Product Solutions recently announced that it has awarded Gluma® Desensitizer PowerGel by Heraeus a 5-Diamond rating, its highest ranking.

Contemporary Product Solutions is a digital magazine designed to provide expertise in the clinical evaluation of dental products and equipment from the “total team perspective.”

Highlights of the evaluation are listed below and results of the complete survey can be found online at cpsmagazine.com/products.

Description
Gluma PowerGel is a one-step desensitizer in a gel form contained inside a syringe with brush tips.

Clinical indication
Gluma Desensitizer PowerGel is indicated for the reduction or elimination of pain in exposed cervical areas that do not require restoration and the reduction or elimination of dentin sensitivity after preparation of teeth to receive fixed prosthesis or restorations. Specific uses include: under crowns, bridges, inlays, onlays, veneers, provisional and on cervical erosion, gingival recession and all bonded procedures.

Packaging
Each evaluator received four 1 g syringes, 20 brush cannulas and a pictorial card with detailed instructions.

Evaluation process
Gluma PowerGel was reviewed by 20 evaluation teams and used on 174 patients and more than 225 teeth. All evaluators were very pleased with the great results they received while using the product, and all liked that Gluma PowerGel was tinted green and easy to see during placement. The tinted color, they said, also helped to ensure that excess gel was removed during the rinse.

During the evaluation, Gluma PowerGel was used for multiple applications, including use in provisional and final restorative procedures, which were reported as the top indications in evaluators’ practices. Eight of the clinicians reported use before and after whitening, and 10 hygienists reported use prior to scaling and root planning.

Six clinicians said they have been using Gluma for years, while four said prior to the evaluation that they had never used a desensitizer. Some evaluators wished Gluma PowerGel did not have to be rinsed after use, one hygiene evaluator wished it had a thicker consistency, and an assistant evaluator said it would be great if it came in a variety of shades.

Evaluator comments
“...This should be promoted to be part of every bonding procedure to virtually eliminate sensitivity.”
– East Berlin Smiles

“...Absolutely, as the ease of use, consistent results and lack of waste makes this a great addition to treating and preventing sensitivity.”
– Dr. Alan Mohr and team

“I liked that the gel was green; it was easy to tell if the rinse had removed all excess gel.”
– Dr. Phillip Talley and team

Conclusion
Overall, the product was ranked most highly and the CPS Review Team awarded Gluma Desensitizer PowerGel, a 5-Diamond score, its top rating.

For more information on the Gluma line of desensitizing products, visit www.heraeus-dental-us.com or call (877) 451-1785.
Curve Dental’s new web-based digital imaging technology

Curve Dental, developers of web-based dental software, announced the completion of new digital imaging features that allow dentists and staff to capture X-ray and intraoral images directly to the cloud. The technology, which is the first of its kind in dentistry, provides clinicians with a digital imaging solution that is entirely web-based.

Using the cloud to capture and store patient images eliminates the need for a server, affords unlimited storage and a proven backup and business continuity solution, and provides the dentist with access to the data from any computer with Internet access at any time and from anywhere.

“Our digital imaging features are revolutionary within the dental profession,” said Matt Dorey, founder and managing director of Curve Dental. “With our software, a doctor only needs a computer with Internet access and a browser to capture digital images. They don’t need a server, powerful and expensive hardware, nor do they need to worry about backups or space limitations.

Moreover, our strategy is to allow doctors to connect any digital X-ray sensor, intraoral camera or digital panoramic imaging system to our software, which is an advantage to the dentist because most dental professionals already have these types of digital devices in their practices. Switching to our software shouldn’t require the dentist to invest in new digital devices; that is our goal.”

Compatibility with as many different digital devices as possible is Curve Dental’s strategy. Currently the software is compatible with the Schick, Suni, Gendex, Eva and Owandy digital X-ray sensors, and will soon be compatible with the Kodak sensor. Additional compatibility will be added as quickly as possible.

Curve Dental’s imaging software is native to its practice management software using a single database and set of code, which provides the clinician and staff with a consistent look and feel throughout the software.

Native code also makes the software easier to learn and less demanding on a practice that must train new team members. A standalone version of the imaging software will also be available in the near future.

Similar to the company’s practice management features, the imaging features are sold on a subscription basis with an additional setup fee. Introductory pricing is being offered until the end of the year. Interested parties should call (888) 910-4576 or visit www.curdental.com for more information.

Although Curve Dental has received FDA approval for U.S. dentists, Health Canada approval is still pending. Canadian dentists are not able to use the imaging features yet.
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"I have found more useful information here in 3 hours than I have in 5 years of traveling to CE courses."
- Dr. Joseph C. Weber DDS General Dentist from Santa Barbara, CA

"gIDE Membership is the best practice investment I have made second only to building my office 25 years ago."
- Dr. David Azar, General Dentist from New York, NY

"It is as if you have your favorite mentors sitting next to you and showing you how things are done on a very personal level."
- Dr. Daniel Kim, General Dentist from Phoenix, AZ

info@gidedental.com +1 310.696.9025 ADA CERP® Continuing Education Recognition Program
I bet when you first glanced at the title of this article, you might think… “Hygiene, relationship marketing? Help me connect the dots.” Especially in our profession, developing a relationship — a rapport — is critical to our success and our patients. Think about the definition below and extrapolate it to the operatory. The emphasis is on the connection, not the production.

“Relationship marketing was first defined as a form of marketing developed from direct response marketing campaigns, which emphasized customer retention and satisfaction, rather than a primary focus on sales transactions.”

In general, this type of marketing differs from other forms in that it recognizes the longitudinal value of customer relationships and extends communication beyond interruptive advertising and sales promotional messages. If you’re good at this, your patients will come back again and again and ask for you. Practiced correctly, relationship marketing creates an emotional bond, generates a memorable experience and increases customer engagement and loyalty.

In the dental office this might mean the extra time it takes to settle in a nervous patient or help a mom distract her children so she can gain an exam. Make an effort to maintain good notes that are not only clinically correct, but have some personal detail that can demonstrate your interest and jog your memory so you can continue the conversation from the previous appointment. People want to matter and they want to be remembered. The genuine interest in your client/patient will help facilitate success on both your part and theirs.

If your interaction stems from a place of curiosity and kindness, your day tends to go much faster and you feel more effectively energized. On the contrary, if you approach a patient with much anticipated dread or inactiveness, it wears everyone down. In essence, if you practice relationship marketing in your operatory, for example, when you have a mishap or are running behind, you are able to overcome these obstacles with a minimum of feather smoothing because you have established a positive connection.

This scenario is applicable from the moment a patient sits down in your chair. If all you do is proceed with the “robot prophet” and make no effort to talk to the patient and ask open-ended questions, you lose the opportunity to open the door to relationship marketing.

When a patient does not understand a procedure or has a question regarding a specific product, you are the expert. This affords you a huge opportunity to be of service and also a source of information. This is an example of a moment where trust and rapport are established. Connection is a verb. Action is required.

Demonstrate interest and curiosity and you may be surprised at the outcome. It really is in our DNA and makes us happier.

We’re hard-wired to connect
Not only do we have an innate desire to relate to other humans, our DNA practically compels us to tell stories about them. People will spout endlessly about who was on “American Idol,” should the government shut down, what’s happening with the royals, etc. Then there are people’s opinions about Tiger Woods. The Woods example is a strong one: Most of his sponsors pulled away because they didn’t want to be identified with his behavior and the fallout.

Having a human identity that people can identify your brand with makes your products/services intrinsically more remarkable — that is, intrinsically easier to tell stories about. On a smaller scale, your patients relate to you as the face of whatever you are representing. Most of all, you are representing yourself and the services you provide, and I urge you to do that with genuine authenticity.

Create positive relationships to get permission
Let’s explore another example of relationship marketing in action outside of the operatory. Maybe you can relate to the following scenario.

One of the most dreaded things for any sales representative is to enter an office and see people scatter like mice when the lights have been turned on. Wouldn’t it be nice if instead they came out from every nook and cranny to see you just because you were there? It is possible that people will seek you out for information; however, you need permission. Is there any representative that you are really happy to see when he or she comes into your office? If so, step back a bit and reflect on why that might be.

My guess is that this person connects and enjoys it, and as a consequence of that effort, you feel appreciated and happy when you encounter him or her. This connection gives you the “permission.”

CREST ORAL-B announces second year of ‘Pros in the Profession’ awards

Crest® Oral-B® continues to recognize Registered Dental Hygienists who go above and beyond the call of duty every day with the second annual “Pros in the Profession” awards program.

The awards distributed through this program acknowledge the essential role of dental hygienists and the important part they play in their patients’ lives. In fact, many of the practicing dental hygienists in the United States serve on the front line of oral care at the dental office, providing patients with recommendations and advice that promote good oral health.

With the success last year when we launched Pros in the Profession, we recognized the need not only to extend, but to expand our commitment to honor dental hygienists for their dedication to improving oral health care for the public,” said Wendy Bebey, RDH, BS, P&G Dental Hygienist Relations Manager. “In year two of the program, we will continue to honor distinguished professionals whose passion and commitment to making a difference in patients’ lives inspires us all.”

Throughout the year, Crest Oral-B will reward six deserving professionals, as nominated by their peers, who truly make an impact on patients and for the oral-health cause.

Winners will receive a $1,000 monetary prize, a plaque, an all-expense-paid trip and recognition...
Permission marketing

“Permission marketing is the privi- lege (not the right) of delivering ante personal and relevant messages to people who actually want to get them.” You’ll be amazed at how much easier and fulfilling it is to talk with someone who is “warmly interested.” You won’t con vert everyone and you don’t need everyone.

Why not cultivate real relationships with your would-be and exist ing patients? Build your tribe and make an effort to genuinely connect to your patients.

As this applies to the dental office, be genuine, you won’t convert everyone to be a life-long flosser, however, there are patients who will be receptive to your message.

This is the recognition of the new power of the best consumers to improve marketing. It realizes that treating people with respect is the best way to earn their attention. You can convert previously disinterested patients by connecting to them from a unique perspective

You can use marketing to cul tivate and grow relationships, but there are some important guidelines to follow. Electronically, don’t send out "spam" because it won’t be read, and don’t info dump because it won’t be digested.

In order to get permission, you make a promise. You say, “I will do X, Y and Z. I hope you will give me permission by listening.” Next is the hard part: that’s all you do. You don’t assume you can do more. An example in the dental office is sharing an article on a specific procedure or product a patient is interested in learning more about.

You don’t sell the list or send sales pitches to patient’s email. This is disingenuous sales practice that is used for self-advancement, regardless of how it works for the patient. Patients are quick to detect and judge you as insincere, so do everything possible to avoid coming across this way.

“Real permission works like this: If you stop showing up, people complain, they ask where you went.”

The point is, you want to establish such a positive relationship with your patients that they miss you when you’re gone.

Permission marketing vs. interruption marketing

It all funnels into the same idea: Create a stronger emotional connec tion with existing patients and you will turn them into loyal advocates. Not only is this more fun, it’s much more profitable. Selling to someone who knows, trusts and likes you takes more resource selling to strangers. I came across some best practices that distill this concept down to concepts that are applicable on a daily basis.

No. 1: Be in the groove

Be open minded to the ideas and opinions of others. Ideas come from all kinds of sources and being open and non-judgmental are key to expanding your creativity in the workplace.

It may be a challenge to pitch your idea to the dentist. Some of that may be your mindset. Coming at something from the perspective of the other person is a great way to persuasively anticipate his or her objections and move forward to better, more enjoyable job performance from everyone.

Finally, “be a product of the product,” which means you need to believe in the message you are delivering. Be real.

No. 2: Make a marketing a conversation

Any marketing for a dental practice should be part of a conversation, but don’t take yourself too seriously. Be honest with each other, be interesting enough to someone is remarking about you. This is the best kind of marketing, word of mouth. In a positive light it is effective and free!

For example, how about giving every patient who visits your prac tice three referral coupons to give to friends and family for a discounted exam? The patient’s name is written on the coupon so that when it is redeemed, the patient gets a $25 credit to her account for her next visit to the practice. This is likely going to be eager to share these referral coupons, and may even share the fact that she has them on sites such as Facebook and Twitter.

No. 4: Empower your customer

If you empower your patient, more often than not, the benefits outweigh the risks. Include your community in certain aspects of your business. Maybe people in the community could submit ideas for the design of a new office logo.

After community members crit icize it and vote on it, many may become new (and likely very loyal) patients. As a result, they have a vested interest and a sense of own ership in what the practice name. Use your imagination and extrapolate to fit your business. There is likely some aspect that patients could have input in creating.

No. 5: Act human

Authenticity is non-negotiable for anyone selling anything, be it a pair of shoes or a tooth whitening procedure. It’s about treating your patients as you’d want to be treated. Employees should speak to patients in a voice that is truly theirs, but also represents the company.

Engage the community

Turn your patients into a commu nity and engage them to partici pate in many aspects of your office’s operations, including product and service development. For example, you could conduct an online survey asking which days patients would prefer that you have earlier or later office hours. Involving patients in this change will carry two transformational benefits.

First, the quality of your under standing of your patients’ needs and expectations will increase exponen tially. Second, patients will change how they view your dental practice. They will shift from viewing you as a “supplier” of products/services to a practice that offers relevance, personality and even friends with whom they choose to communicate over time. This sets you and your staff clearly on the path of relation ship marketing.

References

3. Ibid.

Tell us what you think!

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Do you have general comments or criti cism you would like to share? Is there a particular topic you would like to see addressed in Hygiene Tribune? Let us know by e-mailing feedback@dental-tribune.com. We look forward to hearing from you!

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Tooth decay is one of the most common yet preventable chronic childhood diseases in the United States, and according to the reports from the U.S. Surgeon General, children from low-income families are twice as likely to suffer from this disease. If left untreated, oral diseases in children may lead to serious general health problems and significant pain, interference with eating, oversuse of emergency rooms and lost school time.

To help combat the negative effects of tooth decay among America’s underserved children, Plackers — maker of the first disposable dental flosser and a leading brand of consumer oral care products — announced on Aug. 23 its continued partnership with Oral Health America (OHA), a national, charitable non-profit dedicated to increasing access to oral health care for vulnerable Americans.

Through their partnership in 2010, the two organizations were able to help provide access to dental care, services and products for thousands of children across the United States. This year, they plan to help even more children in underserved communities through OHA’s nationally renowned oral disease prevention initiatives, Smiles Across America (SAA) and Fall for Smiles.

“Plackers’ contributions allow OHA to provide essential community programs that help provide uninsured and underserved children with greater access to oral disease prevention services, oral health products and education,” said Beth Truett, Oral Health America’s president and CEO. “We look forward to another great year with Plackers, and we are grateful for their continued support in helping reach more uninsured and underserved communities and school oral health programs across the country.”

This year, Plackers is also sponsoring the first Smiles Across America Innovation Grants, an SAA-affiliated program that awards monetary grants to five OHA community partners in recognition of their innovative methods for delivering oral health preventative services to children at increased risk of oral disease.

“Plackers is thrilled to continue supporting Oral Health America’s Smiles Across America and Fall for Smiles programs,” said Tom Barman, director of marketing for Plackers. “Partnering with OHA is a natural opportunity for us to get involved and help support community outreach programs that help broaden and raise awareness of dental health issues in the United States.”

In addition to providing financial support for OHA’s Smiles Across America and Fall for Smiles programs, Plackers will donate more than 100,000 Plackers Micro Mint dental flossers to help support OHA’s programs and community partners.

Plackers Micro Mint flosser features its patented Super Tuffloss, which is engineered not to shred or break during use, and has been clinically proven to remove more plaque than nylon and PFPE-based floss.

About Plackers
Plackers, a leading brand of consumer oral care products is a pioneer in dental flossers and other consumer oral care products. Having patented the first disposable dental flosser, Plackers is committed to developing high-quality, affordable oral care products with innovative features that include a comprehensive line of dental flossers, dental accessories and dental night protectors, including the Grind No More Dental Night Protector.

Plackers holds more than 20 patents and is sold in major retailers worldwide. For more information, visit www.plackers.com.

About OHA
Oral Health America is a national, charitable non-profit dedicated to connecting communities with resources to increase access to oral health care, education and advocacy for all Americans, especially those most vulnerable. For more information, visit www.oralhealthamerica.org.

An Orange County-based charity that puts smiles back on the faces of underprivileged kids in need of major orthodontic care is the first charitable organization featured as part of a unique social media campaign designed to inspire people to get involved with nonprofits.

An independent media planning and buying agency based in Huntington Beach, Calif., with an office in Los Angeles, “Adam’s Inspire Good Tour” provides a global stage from which communities can talk about the good things they do for kids and hopefully inspire people to get involved in our effort, learn about other charities, or share the story of their own favorite cause.”

‘Share A Smile’ founders, volunteer dentists featured in inaugural ‘webisode’

At a special award cocktail reception at RDH Under One Roof 2012 in Las Vegas, tribute in dental trade media news announcements, and an exclusive trip to RKG headquarters.

So those who know worthy “pros” should help give them the recognition they deserve by nominating them today!

From July 2011 to April 2012, nominations can be submitted via www.prosmintheprofession.com or at the Crest Oral-B booth at upcoming dental conventions. In order to be considered for the program, nominees must meet the following criteria:

- Registered Dental Hygienists with two-plus years of practice experience after graduation from dental hygiene school.
- Registered Dental Hygienists with community service involvement.
- General volunteer/non-oral-health-specific examples are welcome, but oral-health-related volunteer experience is preferred.
- Registered Dental Hygienists with examples of work that go above and beyond the call of duty.
- Examples include: excellent patient relations/special care/retainment; involvement in research and/ or clinical experience; published work(s); and the ability to generate additional business for their practice.

The awards are a testament to the contributions of dental hygienists across the country, and bring much-needed visibility to our profession,” said Sharon C. Stull, BSDH, Murray-Ryder, Linda Maciel and Sharon Stull — were rewarded with a special award cocktail reception at this year’s ADHA Annual Meeting in Nashville, among other prizes.

Read their stories at www.prosintheprofession.com. Here you can also learn more about Pros in the Profession, including how to nominate a “Pro” for consideration and for rules and regulations.

For information about Crest Oral-B products and resources, visit the newly revised and updated www.dentalcare.com website.
LET’S HEAR IT FOR HYGIENISTS!

Do you know a registered dental hygienist who goes above and beyond the call of duty – truly making an impact on patients and for the oral health cause every day? A friend? A colleague? A peer?

Crest® Oral-B® wants to know!

6 extraordinary dental hygienists will receive:
- Recognition plaque
- All-expense-paid trip and recognition at a special award cocktail reception at RDH Under One Roof 2012 in Las Vegas, NV
- $1,000 monetary prize
- Recognition in dental trade media news announcements and on dentalcare.com
- Exclusive trip to P&G headquarters!

So, do you know a Pro?

Log on to www.prosinthepроfession.com or stop by the Crest Oral-B booth at upcoming dental conventions and tell us about them. Through April 2012, Crest Oral-B will be accepting nominations.