Best job of 2013: Dentist
‘U.S. News 100 Best Jobs’ list also puts dental hygienists in top 10

By Robert Selleck, Managing Editor

Based on comprehensive analysis of seven components thought to define the desirability of a profession, U.S. News & World Report has determined that for 2013 the best job in the United States is: dentist.

The intent of the report is to provide an intuitive method to compare professions based on components that matter most: the number of openings, the chance to advance and be professionally fulfilled, and the ability to meet financial obligations.”

With an overall weighted-average score of 8.4 out of 10, the dental profession beat out other top-10 finishers such as physician, pharmacist and software developer.

Another dental-industry profession to make it into the top 10 was “dental hygienist,” at No. 10 overall and No. 6 among health-care jobs.

Heaviest weighting among the seven components examined, at 30 percent, was the category of “median salary.” A profession’s projected growth in the decade ahead received 20 percent of the weighted averages in the rankings. The other components being measured were job prospects (20 percent), unemployment rate (20 percent), stress level (5 percent), and work-life balance (5 percent).

The profession of dentistry scored well across the board. In terms of expected growth, the report said, “The need for professionals to examine our teeth, fill and (in some cases) refill our cavities isn’t fading. The Bureau of Labor Statistics (BLS) predicts employment growth of about 21 percent between 2010 and 2020, above the average for all occupations. Work opportunities are especially plentiful for those who work in traditional dentist offices and other health practitioner offices. There should be more than 25,000 new openings in this profession in the next eight years.”

• JOBS, page A2

Chicago Dental Society Midwinter Meeting February 21–23

Themed, ‘A Midwinter Night’s Dream,’ this year’s Chicago Dental Society Midwinter Meeting (the 148th) is Feb. 21–23. The meeting ranks as the sixth largest medical meeting in the United States, according to the Healthcare Convention and Exhibitors Association. More than 600 exhibitors display the latest in dental products and services in the event’s massive exhibit hall. (Photo/By Kasia Biel, www.dreamstime.com)

• See page A7
The report included Bureau of Labor Statistics figures that put the 2011 median salary for dentists at $142,740. The range between higher earners and lower earners was listed as $187,999 to $74,490. Differences in geographic location and market population base, were referred to as contributing factors in salary differences. Among the best-paying cities listed for dentists were Rocky Mount, N.C., Asheville, N.C., Tyler, Texas, Abilene, Texas, and Manchester, N.H., each with annual median wages greater than $250,000.

In summarizing what being a dentist entails, U.S. News reported: “Ever heard the phrase ‘Your face is your fortune’? For dentists, our smile is their fortune. They earn their living diagnosing and treating teeth and gums, performing oral surgery, and counseling and educating us on maintaining proper oral health.”

Dental hygienist profession No. 10

To even be considered for the top-100 list, a profession first had to make the initial cut based on projected growth. And the dental hygiene profession seemed especially strong in that area. The initial 100 jobs were identified based on U.S. Bureau of Labor Statistics for projected number of openings through 2020. Once that batch was isolated, additional data was analyzed to determine the ranking.

Here’s how the report summed up projected demand for hygienists: “Employment for all dental hygienists will swell nearly 40 percent by 2020, which is faster than the average growth rate for most professions. In 2010, there were 181,800 hygienists, and that number should increase by nearly 70,000 new positions. But it wasn’t just growth projections that got the profession of dental hygienist into the top 10 (and No. 6 among health-care jobs). The profession’s income range also ranked high. ‘Hygienists make a comfortable salary, especially considering that most of those in the profession work part-time. In 2011, their median salary was $69,280. The best-paid earned $94,850, and the bottom 10 percent earned $46,020,’ U.S. News reported.

The top-10 professions in order from No. 1 through No. 10: dentist, registered nurse, pharmacist, computer systems analyst, physician, database administrator, software developer, physical therapist, web developer and dental hygienist. The complete U.S. News report can be seen at www.money.usnews.com/careers/best-jobs/rankings.
Taking inspiration from nature, scientists are reporting an advance toward preventing the tooth sensitivity that affects millions of people around the world. Their report on development of the substance, similar to the adhesive that mussels use to attach to rocks and other surfaces in water, appears in the American Chemical Society journal, ACS Applied Materials & Interfaces.

Quan-Li Li, Chun Hung Chu and colleagues explain that about three out of every four people have teeth that are sensitive to hot, cold, sweet or sour foods and drinks. It occurs when the hard outer enamel layer on teeth and the softer under-lying dentin wear away, stimulating the nerves inside. Some sugar-free gums and special toothpastes can help reduce such tooth hypersensitivity. However, Li and Chu cite the need for substances that re-build both enamel and dentin at the same time.

To meet that challenge, they turned to a sticky material similar to the adhesive that mussels use to adhere to surfaces. They reasoned that it could help keep minerals in contact with dentin long enough for the rebuilding process to occur. They describe laboratory tests that in- volved bathing human teeth with worn-away enamel and dentin in liquid contain-ing the sticky material and minerals. Teeth bathed in the sticky material and minerals reformed dentin and enamel. However, teeth bathed just in minerals reformed only enamel. The gooey substance “may be a simple universal technique to induce enamel and dentin remineralization simultane-ously,” they concluded.

The authors acknowledge funding from a National Natural Science Foundation of China Research Grants Council grant, the Outstanding Youth Fund, from the board of education of Anhui province and the Youth Foundation of the Anhui Provincial Natural Science Foundation.

(Source: American Chemical Society)
Dentists complete hands-on implants training in Jamaica

Next five-day AAIP/ADIS course is Sept. 26–30

The American Academy of Implant Prosthodontics (AAIP) joined with its affiliates, Atlantic Dental Implant Seminars (ADIS) and the Linkow Implant Institute, to present a five-day comprehensive implant training course in Kingston, Jamaica, from Jan. 13–17.

The course included lectures, surgical and prosthodontic demonstrations, hands-on participation on cadavers and anatomic manikins, diagnosis and treatment planning of implant cases, the construction of surgical templates, diagnostic wax-ups, the insertion of implants by each participant and sinus lifts under supervision of the course faculty.

The six participating dentists inserted 45 implants, performed five sinus lifts, completed four guided bone-regeneration procedures with immediate implant placements, and made multiple impressions of various implant situations with a variety of impression materials and techniques. Patients were provided by the Jamaican Ministry of Health and the University of Technology, School of Dental Sciences, Jamaica.

Course participants were from Illinois, Jamaica, New Jersey and Texas. Upon completion of the one-week comprehensive implant training program, participating clinicians are able to accomplish the following tasks: identify cases suitable for dental implants; diagnose and treatment plan for preservation and restoration of edentulous and partially edentulous arches; demonstrate competency in the placement of single-tooth implants, soft-tissue management, and bone augmentation; obtain an ideal implant occlusion; work as part of an implant team with other professionals, and incorporate implant treatment into private practice with quality results, cost effectiveness, and profitability.

Worth 35 C.E. credits

A dental degree was required for all participants. The course is tax deductible and 35 hours of dental continuing education credits was awarded on course completion. Patient treatment is provided in a Jamaican dental school with personalized training in small-group settings. The course is a cooperative effort of the Jamaican Ministry of Health, the University of Technology, School of Dental Sciences, Jamaica and the American Academy of Implant Prosthodontics.

Dr. Mike Shulman is course coordinator, Dr. Leonard I. Linkow is course director, and Dr. Sheldon Winkler is course advisor. Course faculty, in addition to Drs. Shulman, Linkow, and Winkler, include Drs. Robert Braun, Ira L. Eisenstein, E. Richard Hughes, Charles S. Mandell, Harold F. Morris, Peter A. Neff, Robert Russo and Robert E. Weiner.

Implants and components for AAIP/ADIS implant seminars are provided by HIOSSEN Dental Implants. Dental laboratory support is provided by DCA Laboratory, Citrus Heights, Calif., Dani Dental Studio, Tempe, Ariz., and Dutton Dental Concepts, Belivert, Ohio.

The next AAIP/ADIS course is Sept. 26–30. Complete information can be obtained from the course website at www.adiseminars.com, or by calling (201) 788-7663.

30th Annual AAIP meeting

The AAIP held its 30th annual meeting on Saturday, Nov 3, in Carefree, Ariz., at the
Carefree Resort & Conference Center, in association with the Dental Implant Clinical Research Group and Midwestern University College of Dental Medicine.

The theme of the meeting was “Implant Update — 2012,” and it featured a number of top dental clinicians. Podium speakers at the meeting were Drs. Robert J. Braun, Edward M. Feinberg, Leonard I. Linkow, Harold F. Morris, Paul M. Mullasseril, William D. Nordquist, and Christopher Torregrossa. Dr. M. Joe Mehranfar was general chairperson of the meeting and Dr. Mahmoud F. Nasr served as moderator.

Major dental implant manufacturers and several outstanding dental laboratories exhibited at the meeting.

Dr. Leonard I. Linkow, considered by many of his colleagues as the “Father of Oral Implantology,” presented “Five Decades of Dental Implants.” In 1992, New York University College of Dentistry created the first and only endowed chair in implantology in perpetuity with Dr. Linkow as the recipient.

Dr. Robert J. Braun, professor of oral and maxillofacial pathology, medicine and surgery at Temple University School of Dentistry, Philadelphia, spoke on “Systemic Implications of Oral Disease and its Relation to Oral Implantology.”

Dr. Edward M. Feinberg, director of the Westchester Academy of Restorative Dentistry, spoke on “The Precision Attachment Case for Implants.”

Dr. Harold F. Morris, co-director of the Dental Implant Clinical Research Group and clinical professor of restorative dentistry at Temple University School of Dentistry, Philadelphia, covered “Recent Advances in Implant Research.”

Dr. Paul M. Mullasseril, associate professor and chairperson of the division of restorative dentistry at the University of Oklahoma Health Sciences Center, discussed “Mini Dental Implants — Where Are We Today?”

Dr. William D. Nordquist, who lectures worldwide and performs live-surgery seminars in the United States and countries across Asia, discussed “Saving Ailing and Failing Implants.”

Mr. Christopher Torregrossa, director of the dental practice group at Price Kong CPAs and Consultants, covered “Protecting Your Practice From Theft and Embezzlement.”

Dr. Irving F. McKenzie, interim dean of the school of oral health sciences, University of Technology, Jamaica, was awarded his AAIP Mastership and a plaque for his assistance with and participation in AAIP/ADIS implant C.E. seminars in Jamaica.

About the Academy of Implant Prosthodontics

Founded by Dr. Maurice J. Fagan, Jr., in 1982 at the School of Dentistry, Medical College of Georgia, the Academy of Implant Prosthodontics exists to support and foster the practice of implant prosthodontics as an integral component of dentistry.

The academy supports component and affiliate implant associations around the world, including organizations in Egypt, France, Italy, Israel, Jamaica, Jordan, Kazakhstan, Paraguay, Russia and Thailand.


American Academy of Implant Prosthodontics is designated as an Approved PACE Program Provider by the Academy of General Dentistry. The formal continuing education programs of this program provider are accepted by AGD for fellowship, mastership and membership maintenance credit. The current term of approval extends from Jan. 1, 2010 to Dec. 31, 2013.

Learn more online

Complete information on the AAIP/ADIS Jamaica implant continuing education programs, including tuition, faculty lectures, transportation and hotel accommodations, can be obtained from the course website, www.adiseminars.com, or by calling (201) 788-7663.

AAIP membership information can be obtained from the AAIP headquarters at 1101 North 10th Street, Suite 130, Alexandria, VA 22314; telephone (703) 788-0062; fax (703) 788-0066; email admin@aaip.org. The AAIP website is www.aaip usa.com.

Clockwise, from top:
• At the AAIP annual meeting, Dr. Sheldon Winker, from left, presents an award to Dr. Irving McKenzie, interim head, school of dental sciences, Kingston, Jamaica.
• AAIP/ADIS Jamaica Clinical Director Dr. Eugenia Hines, from left, and course coordinator Dr. Mike Shulman.
• Dr. Leonard Linkow, from left, and AAIP President Dr. Sheldon Winker at the AAIP annual meeting at the Carefree Resort & Conference Center in Arizona.
Live dentistry, large exhibit hall pulling 30,000 to Chicago

Chicago Dental Society Midwinter Meeting, Feb. 21–23, is one of the nation’s biggest

An agenda packed with more than 200 scientific sessions is expected to attract more than 30,000 dentists and other dental professionals to the 2013 Chicago Dental Society’s Midwinter Meeting, Feb. 21–23, at the McCormick Place West Building in Chicago.

Between 2,500 and 4,000 people are expected to register onsite between 7:30 a.m. and noon each of the first two days of the meeting. Event organizers try to accommodate these attendees, however, long lines are inevitable. Because of that, The Chicago Dental Society urges attendees to register early, preferably online, which is available through Feb. 15. Visit www.cds.org for details and to register.

The Midwinter Meeting ranks as the sixth largest medical meeting in the United States according to the Healthcare Convention and Exhibitors Association.

Social events include the Blue Man Group (following the welcome reception), a fashion show and luncheon, the band Cheap Trick on Friday night and the President’s Dinner Dance at the Grand Ballroom of the Hilton and Towers Hotel, with Don Cagen and his orchestra.

The exhibit hall, with more than 600 exhibitors, is open from 9 a.m. to 5:30 p.m., all three days of the meeting.

The Chicago Dental Society is an ADA/CERP-recognized provider. Continuing education credit can be earned for courses completed at the meeting.

New for 2013

After a hiatus, CDS is bringing back a popular Midwinter Meeting event: the New Dentist Reception. New dentists (those who have been a dentist for 10 years or less) are invited to gather together at a special reception from 4:30 to 6 p.m. Friday, Feb. 22, in the Level 2, 260 Restaurant at McCormick Place West. Enjoy good food, refreshments and conversation with your contemporaries — all for $10.

History of the meeting

The crown jewel of the CDS, the annual Midwinter Meeting started on Feb. 1, 1865, when CDS members gathered at S.S. White Dental Depot for the first-ever Midwinter Meeting. Their stated purpose was to disseminate dental information and advance the profession of dentistry. Over the years, the meeting has grown into one of the largest dental exhibitions in the United States with a world-class scientific program.

About the Chicago Dental Society

Established in 1864, Chicago Dental Society counts more than 4,000 members in the Chicago area. It is an advocate for better oral health for all and is the organizer of the annual Midwinter Meeting, one of the top medical trade shows in the country. It is the largest local affiliate of the Illinois State Dental Society and the American Dental Association.

(Sources: Chicago Dental Society)
Inspirng program, memorable locale

Pacific Dental Conference, March 7–9, Vancouver

The 2013 Pacific Dental Conference, March 7–9 (Thursday, Friday, Saturday), in Vancouver, British Columbia, features timely C.E. programming, open sessions, hands-on courses and other educational opportunities for the entire dental team. One registration fee provides access to all 190 open sessions. That means no course pre-selection is necessary.

With 156 speakers presenting this year on a wide range of topics, the PDC provides the widest selection of quality continuing education programming in Western Canada.


You can browse through speakers’ biographies and presentation descriptions at www.pdcconf.com.

Live Dentistry Stage returns

The Live Dentistry Stage is back on the exhibit hall floor, with demonstrations throughout the day on Thursday and Friday. Topics include Laser Dentistry, Guided Full Arch Implant Placement, CAD/CAM Ceramic Restoration, Implant with Sinus Surgery and Botex Demonstration.

The ‘So You Think You Can Speak?’ series is back for a fourth year on Saturday, again featuring 30-minute presentations by speakers who responded to the call for presentations and were accepted by the PDC Scientific Committee. A number of trending dentistry topics will be covered.

The conference’s ever-expanding exhibit hall promises to keep you busy as ever this year, with more than 276 companies occupying more than 570 booths.

After the conference, be sure to enjoy some of the area’s attractions. Skiing is available just across Vancouver Harbour at Grouse Mountain, which, if the weather cooperates, also has the world’s only public observation platform on a wind turbine. The 1.5 megawatt turbine can supply 25 percent of the ski resort’s energy needs.

Get social in Seattle

AACD 2013 promises networking, camaraderie

For those who love attending dental conferences for the camaraderie and networking opportunities, AACD 2013 in Seattle will offer several social events to help members connect with other dental professionals.

The American Academy of Cosmetic Dentistry (AACD) will host AACD 2013 April 24-27 in Seattle at the Washington State Convention Center. In addition to assembling a top lineup of dental educators, organizers are offering a number of social events.

“One of the things that sets the AACD’s conferences apart from other meetings is our incredible social events,” said Ben Goodlin, AACD president. “Being social at AACD 2013 is almost as important as attending workshops and lectures. Connecting with like-minded professionals and being inspired by their work enhances your perspective on the field. Networking opportunities in Seattle are everywhere — and they’re a valuable part of your conference experience.”

To kick off this year’s annual meeting, AACD will host an evening Welcome Reception on April 24 at the Experience Music Project (EMP) museum, which is located at the base of the Seattle Space Needle. The reception is included in attendees’ tuition. At the EMP, attendees will have a chance to meet friends, enjoy refreshments, relax, and learn about music’s impact throughout history. The EMP will help attendees explore musical revolutions from jazz to blues, to the birth of rock and hip-hop.

On April 25, the AACD Charitable Foundation hosts the Celebration of Smiles fundraiser, which benefits the AACD Charitable Foundation’s Give Back a Smile program.ussels helps restore the smiles and lives of domestic violence survivors with help from volunteer dentists and dental teams.

The Live Dentistry Stage is back on the exhibit hall floor, with demonstrations throughout the day on Thursday and Friday. Topics include Laser Dentistry, Guided Full Arch Implant Placement, CAD/CAM Ceramic Restoration, Implant with Sinus Surgery and Botex Demonstration.

Exhibit hall hours are: Thursday, March 7, 8:30 a.m. to 6 p.m. and Friday, March 8, 8:30 a.m. to 5:30 p.m.

Dentists and their team can take advantage of special hotel rates available to PDC attendees. Event organizers advise you to book early to avoid disappointment.

Reservations can be made directly with the New York County Dental Society at www.gnydm.com.

Completed in 2009, the 1.5-megawatt Leitwind LW77 wind turbine at the top of Grouse Mountain in North Vancouver can supply the ski resort at its base with enough power to offset 25 percent of the resort’s annual energy needs, enough electricity to power 400 homes. “The eye of the wind” is the world’s only wind turbine with a public observation deck — open year-round, depending on weather conditions.

(Photos/Provided by Grouse Mountain)

MEETINGS

Save the date for Greater New York Dental Meeting

Final attendance for the 88th annual Greater New York Dental Meeting came in at 53,481, of which 28,305 were dentists representing all 50 states and 150 countries. The meeting is the largest dental meeting in the United States.

The meeting opened in the Jacob K. Javits Convention Center four weeks after Superstorm Sandy cut a path of destruction across the U.S. Eastern Seaboard.

The Javits Center experienced extensive flooding on its lower level, but an around-the-clock effort had it open in time for the meeting. The GNYDM was packed with its usual vast array of the latest in technologies, resources, products — and an extensive agenda of educational opportunities.

Meeting organizers report that the re-action from attendees, exhibitors and sponsors was unanimous: Not only were the exhibit floor, clinicians and networking events well received, but sales opportunities were described as being unprecedented.

Planning is under way for the 2013 meeting, Nov. 29 through Dec. 4 (scientific meeting) and Dec. 1 through Dec. 4 (exhibit hall). The GNYDM is sponsored by the New York County Dental Society and Second District Dental Society.

The high-energy event, which never has a pre-registration fee, draws top dental professionals with an expansive exhibit hall and more than 300 educational courses, including full-day and half-day seminars, essays, hands-on workshops and a live, 430-seat, high-tech patient demonstration area.

Free registration is now open for 2013 at www.gnydm.com.

(Photos/Provided by J. McNiff, Greater New York Dental Meeting)
Safe, accurate, simplified sinus-lift technique for general practitioners

Part 2: Introduction of surgical technique combining CAD/CAM surgical guides with hydraulic intracrestal approach sinus lift

By Virgilio Mongalo, DMD, and Jae Chang, DDS

In Part 1 of this three-part series, published in the November 2012 Dental Tribune U.S., we presented a sinus lift technique involving hydraulic pressure to elevate the floor of the maxillary sinus. Many respected clinicians and researchers have taken the task to compare the effects as it is related to a percentage of sinus perforation using existent intracrestal sinus lift techniques. These proven surgical techniques include the use of osteotomes (Summers — and its multiple variations), balloon lift, hydraulic sinus condensing technique (Chen and Cha) and motor-driven drilling systems. Scientific articles published in 2012 by Loma Linda School of Dentistry (Garbacea and Lozada) and the Department of Periodontics and Oral Medicine, University of Michigan School Dentistry (Chan and Avila), assessed crestal sinus floor elevation using cadaver heads and endoscopes to study the incidence of maxillary perforations. Both studies concluded that perforations can occur with any technique but are more likely to happen when the membrane is raised past the 10-mm mark measured from alveolar crest. A recent prospective study published in 2012 by the Division of Prosthetic Dentistry, Maxillofacial Unit in Sweden (Fornell and Johanson) presented a CBCT-guided osteotome sinus elevation technique that shows improvement over conventional techniques in that there is decrease in the percentage of perforations. The purpose of this article is to introduce a surgical technique that combines planning and drilling using CAD/CAM surgical guides with hydraulic intracrestal approach sinus lift. This technique is a combination of creative thinking from the authors and innovative instrumentation developed by Hiossen Implant Systems.

Four patients were treated using this technique; 20 taper-hydrophilic implants (Hiossen ET-III) were inserted and integrated over a period of six months. Two patients were par...
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Study reveals how automated patient appointment reminders affect dental practice no-show rates and production

By Diana P. Friedman, MA, MBA, and Tim Williams, BA, MS

The Internet age has dramatically altered communication patterns. Face-to-face interchanges continue to give way to digital message exchanges. Channels for these digital communications have rapidly morphed and expanded over the past years toward a faster, more interactive means of exchange.

This is the reality that faces dental practices. Interaction with current and prospective patients increasingly take place online. In order to maintain a productive level of engagement, dental practices have to identify effective ways to leverage these new channels of communications.

Patient engagement not only drives retention, but new patient acquisition — two cornerstones of a profitable practice. Research has consistently shown patients welcome the adoption of digital interchanges. A national research study by Sesame Communications documented that 97 percent of dental patients would rather check than call their dental practice. The same study found that 79.5 percent of dental patients prefer SMS text and email reminders over phone calls from the practice.

Automatation reduces no-shows

Sesame Communications pioneered the first automated appointment reminder system for dentistry in 1999. Automated patient reminders enable practices to confirm scheduled appointments via email, text messages or automated voice reminders. Sophisticated patient portal lets patients define their preferred method of contact. This service not only provides great convenience and benefit to patients, it can dramatically improve efficiencies for the practice.

Increased production is at the epicenter of a practice’s financial performance, impacting cost structure, revenue flow, and ultimately, profitability. Appointment no-shows have a devastating impact on practice financial performance. In 2012 national research study, 32 percent of dentists said their top need was to reduce no-shows in the practice. Automated reminders have the potential to cost-effectively and efficiently address this need.

Research shows that today almost 60 percent of practices have some form of automated appointment reminder solution. However, until recently there has been very limited research to document the impact these solutions have on no-show rates and practice production. With advanced systems costing $3000 per month on average, the return on investment justification for this investment has, to date, been a challenge.

Sesame Communications recently announced the results of a breakthrough study measuring the impact of automated patient appointment reminders on practice production. The study analyzed five years of performance data and tracked the detailed confirmation and patient attendance rates on 1,604,184 appointments across 64 dental practices.

Study shows how to reduce no-shows

The study tracked no-show rate changes, both pre- and post-implementation, of automated appointment reminders. The study found that dental practice no-shows were reduced by 22.95 percent. The financial implication of schedule compliance is significant. This research documented $33,416.88 in incremental production for dental practices due to schedule other- wise lost. The benefits of practice production improvements continued throughout the 36-month post-activation period.

The data clearly demonstrated a positive productivity impact when integrating automated patient appointment reminders into the practice. First-year fees for this service should be recovered within the first six months post-activation. Additionally, time previously used by the administrative team on confirmations can now be leveraged to build relations with patients, market the practice and activate patients.

Conclusion

Automated appointment reminders dramatically reduce practice no-shows and positively impact production. They are the method of communication that patients prefer. They improve efficiency and profitability. And, finally, 90 percent of dental professionals agree that automating reminders gives them peace of mind that all patients are being consistently contacted prior to appointments.

A recent Sesame Communications study analyzed five years of patient-attendance rates based on 1,604,184 appointments across 64 dental practices. The study found that no-shows were reduced by 22.95 percent following implementation of automated appointment reminders.

Chart/Provided by Sesame Communications

A recent Sesame Communications study analyzed five years of patient-attendance rates based on 1,604,184 appointments across 64 dental practices. The study found that no-shows were reduced by 22.95 percent following implementation of automated appointment reminders.
Endodontic rotary file system refined

DENTSPLY Tulsa Dental Specialties introduces the PROTAPER NEXT system

DENTSPLY Tulsa Dental Specialties has introduced its newest innovation and an expansion of its world renowned endodontic file system.

PROTAPER NEXT is the same variable taper design found in the original ProTaper that clinicians have turned to for more than a decade, but refined to improve performance.

PROTAPER NEXT features: patented M-Wire® NiTi alloy for increased flexibility and resistance to cyclic fatigue; rectangular cross-section for greater strength; and a unique asymmetric rotary (AR) motion.

PROTAPER NEXT uses the same trusted rotary action as the original ProTaper. What’s different is how the file moves down the canal. The off-center rectangular cross-section of PROTAPER NEXT differs from the center of mass. Only two points of the cross-section touch the canal wall at a time, reducing the torsional stress on the file. The result is a fully tapered and predictable shape achieved with greater procedural efficiency.

The single-use and pre-sterilized PROTAPER NEXT files also feature shorter handles (11 mm) and are available in 21, 25 and 31-mm lengths.

Four sizes of color-coded and precision-matched absorbent points, gutta-percha points and obturators fit all PROTAPER NEXT prepared canals. Together they represent the PROTAPER NEXT system-based approach to root canal therapy. For more information about the latest endodontic innovation from DENTSPLY Tulsa Dental Specialties, visit www.tulsadentalspecialties.com/protapernext.aspx or call (800) 662-1202.

About DENTSPLY Tulsa Dental Specialties

DENTSPLY Tulsa Dental Specialties describes itself as being the premier producer and marketer of endodontic dental systems in North America. It is a division of Pennsylvania-based DENTSPLY, a leading developer, manufacturer and marketer of products for the dental market.

For more details, visit www.tulsadentalspecialties.com or call (800) 662-1202. DENTSPLY International is a leading manufacturer of dental and other healthcare products. The company believes it is the world’s largest manufacturer of professional dental products.

For more than 110 years, DENTSPLY’s commitment to innovation and professional collaboration has enhanced its portfolio of branded consumables and small equipment.

Headquartered in the United States, the company has global operations with sales in more than 120 countries. Visit www.DENTSPLY.com to learn more about DENTSPLY and its products.

(Source: DENTSPLY)
xpAPce is morphing into ‘Expert Dental CE’

While the company name remains the same, xpAPce (www.xpapce.com), an online dental C.E. company whose name is taken from its mission — Expert Approved Continuing Education — will now refer to itself as “Expert Dental CE” (www.expertdentalce.com will point to www.xpapce.com).

“It was a mouthful,” says xpAPce Co-Founder Dr. Alan Winter. “Everyone tried to pronounce it and stumbled over the letters because it was meant to be spoken. Knowing that ourselves, we found it difficult to refer to xpAPce when speaking to dental assistants and dentists taking our courses. We were fortunate to have the domain name “Expert Dental CE” available, and this is how we will refer to ourselves in the future.”

“When it comes to our mission, Expert Dental CE is right on target,” says xpAPce’s other co-founder, Dr. Frank Murphy. “There are niche online C.E. companies that cater to one area of treatment. The obvious ones are implants or cosmetic dentistry,” Murphy explained. “Our focus is to be the go-to online C.E. company providing the broadest spectrum of programs. At present, we have 17 different departments. In six months we’ve launched more than 60 courses comprising 100 hours of CERP- and AADH-approved C.E. In the future, our library will offer more and more procedurally specific modules to enhance skills and improve patient outcomes.”

New courses launched

In keeping with xpAPce’s mission, recent course offerings have something for everyone.

Consider Dr. Deborah Stauffer’s course, designed for dental assistants and hygienists, which updates current thinking on plaque and biofilm — and how best to teach and motivate patients to perform better oral hygiene.

Dr. James Fine, chairman of New York Presbyterian/Columbia PG perio program, provides a series of up-to-the-minute courses on bone grafting and bone substitutes.

Dr. Graz Giglio, president of the N.Y. Academy of Prosthodontists, delivers two outstanding programs on “smile design for anterior esthetics and laminate veneer preparations.” And then there is Dr. Barry Rozenberg, president of the Academy of Orofacial Pain, with an introductory course on diagnosing and treating facial pain.

Additional upcoming courses will soon be available in oral pathology with Dr. Jon Svinsky, oral medicine with Dr. Jeff Burgess, prosthodontics with Dr. Charles Goodacre and Dr. Bruce Valuari. Perio-dontics and implant surgery with Dr. Federico Brugnami. Drs. Peter Cathro and Geoffrey Heithersay will provide courses on instrumentation and treating resorptions — additions to xpAPce’s comprehensive endodontic module.

xpAPce’s new price schedule and annual subscription makes courses more attractive than ever. The elearning takes place in a unique format: an online dental community. Dental professionals can earn C.E. credits, visit vendors at their leisure, view new products, download PDFs, contact a sales rep, attend a meeting and more. Visit the Education and Vendor Hall for a list of scholars and courses — and to see the vendors that have booths inside the community.

For information about becoming a vendor, contact info@xpapce.com. For a snapshot of both of the organization’s websites, visit www.xpapce.com, where all courses and vendors are listed.

Courses also are available live and on demand on the Dental Tribune Study Club website, www.dtsstudyclub.com

(Source: xpAPce)

Commentary: Not all hand-held X-ray systems are created equal

By Dr. Joel Gray

As a recent article on www.dental-tribune.com points out, there are some safety issues with hand-held X-ray units made in China and Korea, as well as elsewhere outside of the United States. There are two sources of radiation from an X-ray system — leakage radiation from the X-ray tube and scattered radiation from the patient. The leakage radiation is minimized by placing highly absorbing material, such as lead, around the X-ray tube. The major issue with the hand-held X-ray units is the scattered radiation, that is X-rays that are scattered from the patient towards the operator. In fact, about 20 to 30 percent of the X-rays are scattered from the patient toward the person holding the device. The X-ray units from outside the United States, which are under FDA scrutiny, do not provide any protection from X-rays scattered from the patient. These systems look like a large camera that you hold with both hands.

There is no shielding provided by these hand-held systems, that is, the user’s hands are exposed to all of the X-rays scattered from the patient. Consequently, the user’s hands are going to receive a radiation dose that will probably exceed the radiation protection limits for skin and extremities. Therefore, these units should not be hand-held.

We evaluated one hand-held X-ray unit manufactured in the United States (No-mad, Artech Inc.) and compared staff doses with those for the same staff using conventional wall-mounted systems prior to acquiring the hand-held systems (Gray et al. 2012). This hand-held system uses a proprietary shielding material around the X-ray tube, resulting in leakage radiation levels that are virtually immeasurable. In addition, it has an integral leaded acrylic shield that protects the user from radiation scattered from the patient.

The results of our study indicated that the users of the hand-held X-ray system received lower radiation doses than they did when they were using conventional wall-mounted systems.

Buyers should be aware that not all hand-held X-ray systems are created equal and not all of those being sold on the web have been reviewed by the FDA.

Hand-held X-ray units should have sufficient shielding to minimize leakage radiation from the X-ray tube and an integral shield to protect from radiation scattered from the patient.
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COURSE INFORMATION:

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2 dentists per operatory

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BIOLASE hands-on showcase includes all-new EPIC laser

BIOLASE, a leading dental laser manufacturer and distributor — and distributor of NewTom and 3Shape TRIOS technologies in North America — will showcase its full line of award-winning laser systems, 3-D cone-beam devices and digital intraoral scanning technology at all major and regional 2013 trade events, including the 148th Chicago Dental Society Midwinter Meeting, from Feb. 21–23.

The company will feature the products in its new Total Technology Pavilion, a large space with functioning equipment to allow hands-on demonstrations and discussion of the full range of applications. The pavilion also features an overview presentation of the total-technology concept, along with brief presentations by practicing dentists who have deployed such technologies in their practices.

“We are proud to present the Total Technology Pavilion at the Chicago Dental Society Midwinter Meeting and beyond,” said John Bernhard, director of marketing at BIOLASE. “It represents the collective efforts of multiple teams to create an environment where dental professionals can spend time with these groundbreaking technologies to gain an understanding of their applications in the dental clinic.”

EPIC standard set for diode lasers

New to the Total Technology Pavilion this year is the EPIC Total Diode Solution, the newest laser from BIOLASE. It’s described as being packed with one category-exclusive feature after another, setting a new standard in diode laser performance and value. A graphical touchscreen gives dentists fingertip access to as many as 20 common soft-tissue procedure presets — plus 20-minute full-mouth whitening and FDA-cleared temporary pain relief. Additionally, EPIC can be a financial boon for many practices because of its integrated, FDA-cleared protocols for laser hygiene and peri-oral care as an adjunct to scaling and root planning. Plus, new ComfortPulse setting reduces pulse length to as little as one ten-millionth of a second to avoid heat build-up at the surgical site — for fast tissue cutting with less patient discomfort.

3Shape scanner and WaterLase lasers

Another addition to the Technology Pavilion is the 3Shape TRIOS digital intraoral scanner system. The TRIOS digital solution, which includes a handheld scanner, operator’s control cart and intuitive software, provides faster impression taking, improved accuracy and clinical results, reduced need for retakes and less adjustment and grinding. TRIOS’ unique features include: spray-free scanning, high accuracy optimized for an extensive range of indications, clinical scan validation, online communication with the dental lab, and intuitive Smart-Touch user interface.

Other products in the pavilion include WaterLase iPlus, WaterLase MDX and WaterLase MD Turbo, the company’s full range of all-tissue laser devices. WaterLase iPlus represents a pinnacle of 20 years of research to improve cutting speed to match that of a high-speed drill, with a fraction of the discomfort and ancillary challenges a dental drill creates, such as microfractures, smear layer and more.

The WaterLase MDX and MD Turbo are described as ideal for practitioners seeking a basic, lower-cost entry point for all-tissue laser dentistry. Although the WaterLase MD platform was first released in 2004, there have been many improvements and refinements, including a more flexible fiber, faster-cutting handpieces and many other...
Latest from i-CAT: The i-CAT FLX

3-D scans customized to need, at low radiation dose

The i-CAT® booth at the Chicago Dental Society Midwinter Meeting will be buzzing with excitement with launch of the new i-CAT FLX. The cone-beam 3-D unit brings even more flexibility to Imaging Sciences’ family of 3-D imaging products to help clinicians scan, plan and treat with confidence. Born of i-CAT® excellence, the i-CAT FLX gives dentists information that helps them provide better dental care for their patients.

Company representatives note that i-CAT® scans already offer greater confidence and control for individualizing treatment to a specific patient’s needs; and the high-resolution, volumetric images enable thorough analysis of bone structure and tooth orientation. Treatment tools exclusive to i-CAT® streamline workflow, allowing for smooth movement from scan to plan to treatment. Control over radiation dose is an important factor in the decision to add a cone-beam 3-D scanner to the practice. The all-new i-CAT® FLX offers 3-D imaging at a lower radiation dose than a panoramic X-ray, with the all-new QuickScan+ This, combined with clear 2-D and 3-D images produced by Visual iQuity image technology, offer the optimal balance between image quality and patient safety. Add that to rapid reconstruction rates, and in less than 30 seconds, patient and practitioner can be in consultation-planning mode.

Optional i-PAN also offers traditional 2-D panoramic and cephalometric images. And, for a guided acquisition workflow, SmartScan STUDIO has an easy-to-follow, touchscreen user interface. This customizable solution offers step-by-step guidance, allowing clinicians to select the appropriate scan for the individual patient at the lowest acceptable radiation dose.

i-Collimator electronically adjusts the field-of-view to limit radiation only to the area of scanning interest. In addition, the Ergonomic Stability System (ESS) offers easy patient positioning. The ESS includes seated positioning, robust head stability, and adjustable seat controls to minimize patient movement. This reduces the need for retakes, as well as providing wheelchair accessibility.

Of course, the i-CAT FLX also includes Tx STUDIO™, the advanced 3-D software designed exclusively for i-CAT. Tx STUDIO is beneficial from beginning to the end of treatment across a gamut of specialties, from diagnostics to implant and orthodontic treatment planning. In addition to facilitating communication with other clinicians, i-CAT® scans help dentists educate patients about their dental conditions, thus improving case acceptance.

Tx STUDIO software delivers confident planning of implants, airway, TMJ orthodontics and many surgical procedures.

• For orthodontists, Tx STUDIO has an optional 3-D cephalometric analysis package that allows for the creation of cephal tracings with greater accuracy and in less time than with traditional 2-D cephal tracings. The face-MATCH™ photo-wrapping feature allows easy and immediate wrapping of a facial photo taken with a standard digital camera onto the 3-D volume to visualize treatment impact on soft tissue and facial.

• i-CAT, page A18

Photo/Provided by Imaging Sciences International
Report examines clinical performance of BruxZir® Solid Zirconia and Bridges

Clinical study in The Dental Advisor measures performance over 18-month period

Purpose
The purpose of this clinical study was to determine the clinical performance of BruxZir® Solid Zirconia Crowns and Bridges (Glidewell Dental Laboratories, Newport Beach, Calif.) during an 18-month period.

Clinical Evaluation Protocol
At recall time, more than 390 full-contour, monolithic BruxZir® restorations (crowns and bridges) were placed. All restorations were fabricated at Glidewell Dental Laboratories. Most of the restorations were cemented with self-adhesive resin cement or adhesive resin cement.

Placement
The following parameters were evaluated at placement: esthetics, marginal accuracy, fit, interproximal contacts and occlusion. Restorations were evaluated on a 1-to-5 rating scale: 1 = poor, 2 = fair, 3 = good, 4 = very good, 5 = excellent.

Esthetics, marginal accuracy, fit and interproximal contacts of more than 96 percent of the restorations were rated excellent at placement. Very few restorations (less than 2 percent) had to be remade because of improper fit.

A few restorations had light interproximal contacts and had to be remade. For the category of occlusion, 84 percent of the restorations received an excellent rating. In many cases, the occlusion was light, and in some cases the restoration was out of occlusion. Based on customer feedback, Glidewell Dental Laboratories designs most of its crowns light in occlusion.

Results at 18 months
In December 2012, 367 BruxZir® restorations were recalled and evaluated. Of the 367 restorations observed (Fig. 1), there were:
- 287 posterior single crowns
- 36 units, 12, three-unit bridges
- 24 units, six, four-unit bridges
- 10 units, two, five-unit bridges
- One, three-unit inlay bridge
- Seven, implant crowns

Of the 367 restorations, 121 (33 percent) had been in function for 18 months and 246 (67 percent) had been in function for one year. The recalled BruxZir® restorations were evaluated in the following categories:

- Resistance to fracture or chipping
- Resistance to wear
- Retention
- Esthetics
- Resistance to marginal discoloration
- Wear on zirconia/opposing dentition

Restorations were evaluated on a 1-to-5 rating scale: 1 = poor, 2 = fair, 3 = good, 4 = very good, 5 = excellent.

About BIOLASE
BIOLASE is a biomedical company that develops, manufactures and markets dental lasers and distributes and markets dental imaging equipment. Its laser products incorporate approximately 2,500 patented and patent-pending technologies that provide biological treatment and clinically superior performance with less pain and faster recovery.

Its imaging products provide cutting-edge technology at competitive prices for the best results for dentists and patients.

BIOLASE’s core products include dental laser systems that perform a broad range of procedures (including cosmetic and complex surgical applications) as well as a full line of dental imaging equipment and CAD/CAM systems. BIOLASE has sold more than 21,000 lasers. Other products under development address ophthalmology and other medical and consumer markets.

(Sources: BIOLASE)

SOLUTION, page A16

important improvements,” said Dmitri Boutoussov, BIOLASE’s chief technology officer and long-time head of the company’s innovative R&D department.

Newfom compact CBCT technology
Finally, the pavilion has full-size models of NewTom Cone-Beam Computed Tomography (CBCT) technology. The technology, relatively new to dentistry, is a more compact version of standard imaging that uses a cone-shaped X-ray beam for multiple radiographs that construct digital 3-D models of maxillofacial anatomies.

The NewTom VGi is reported to have the finest image quality of any CBCT system in dentistry, with a minimal dose of radiation to patients.

Dentists using the NewTom CBCT technology report increased treatment plan acceptance, improved diagnostic capabilities and other advantages.

-i-CAT, page A17

features. Other options include the ability to order virtual study models in occlusion that contain full dentition (crowns, roots and bone) and tools to predict soft-tissue changes derived from orthodontic or surgical treatments. There’s also an anchor-pin library for virtual TAD placement.

• For dentists who treat sleep apnea and airway disorders, TxSTUDIO’s airway tracing tool facilitates analysis of airway anatomy with instant measurement of total airway volume, localization and area measurements of maximum constriction, and automatic color-coded constriction values of the airway volume.
• Oral surgeons can accurately measure bone density and assess disease and deformities such as cysts, tumors, lesions and changes of the jaw. They can determine precise position of impacted teeth within the alveolar bone, as well as proximity to adjacent teeth and vital structures such as the nerve canal, sinus walls and cortical borders.

All of these options increase confidence and help to avoid complications during the course of treatment.

Imaging Sciences International has built a 20-year tradition of imaging expertise and award-winning products. The i-CAT, FLX is a welcome addition to the i-CAT family, for a complete 3-D treatment solution.

(Sources: Imaging Sciences International)
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Are you ready for the silver tsunami?

‘Crest Kids’ demand for healthy, white teeth won’t diminish as they age

By Janice H. Siegel, RDH

T

en thousand baby boomers retire every day in the U.S. And the silver tsunami is only getting bigger. As these individuals age, they are doing so with the greatest number of healthy mouths and teeth ever seen in the elder-care industry. Today’s older client/patient/resident is different than those of previous generations. The number delineating chronological age no longer represents features seen in retirees of times past. Rare is the removable denture, night-stand denture cup or pureed food. Today is the age of the retiree with implants, porcelain restorations and a history of whitening.

This group of people born between 1946 and 1964 have led and won many revolutions that have changed our society; and the chance of seeing them slow because of the aging process is highly unlikely. The demand for oral health care is expected to surge from this group of “Crest Kids.”

Where do we find the caregivers?

Now that many of us are aware of this growing population of need, where will we find our population of caregivers? My answer: The dental hygienist, a prevention specialist prepared to treat and prevent oral disease, is the person most prepared and capable to guide an oral health-care maintenance program within elder-care facilities.

One example already in place: A successful group of hygienists in Wisconsin have opened an avenue of care among elder-care facilities with its “Adopt a Nursing Home Project.” This is a “front door” access program, with dental hygienists volunteering time to assist caregivers, families and certified nursing assistants with critical oral health-care needs among residents. The hygienist regularly visits a facility and guides biofilm (plaque) removal techniques and offers additional methods of reducing bacteria — with the goal of creating healthier residents. With improved health, residents display an increase in communication skills and become more interactive, said Shirley Gutkowski, lead of the Adopt a Nursing Home Project.

But these efforts are not yet the norm. The stumbling blocks or barriers to care are two-fold. Not surprisingly the management or decision-makers of elder-care facilities, keeping an ever-watchful eye on the bottom line, often fail to see the value of oral-health maintenance. Understandably, financial issues are crucial and offer opportunity for dental hygienists to deliver services. The bulk of the population does not have dental insurance, and the various proposals never constrain opportunity for dental hygienists to deliver services. The bulk of the population does not have dental insurance, and soiled clothing need attention from caregivers and there is a need for a dental director position at organized facilities where elders reside or spend a majority of their day.

State regulations in the way?

A second barrier to more enlightened oral health care in older populations is that many states have regulations that constrain opportunity for dental hygienists to deliver services. The bulk of the population does not have dental insurance, and the various proposals never constrain opportunity for dental hygienists to deliver services. The bulk of the population does not have dental insurance, and soiled clothing need attention from caregivers and there is a need for a dental director position at organized facilities where elders reside or spend a majority of their day.

The Wisdom Tooth Project, as part of Oral Health America, is creating multiple methods of disseminating information and offering opportunities to advocate for the increasing numbers of aging Americans. The “Crest Kids” have for the most part taken care of themselves and expect their hard work of brushing, flossing and visits to the dental office to not be in vain in their later years. Many from this generation are partnering with Oral Health America and the American Association of Retired persons — with both of those organizations providing information about oral health and the challenges looming on the horizon.

Another relatively recent effort was sponsored by the American Dental Association and its “National Coalition Consensus Conference: Oral Health of Vulnerable Older Adult and Persons with Disabilities” (NCCC), held in November 2010 in Washington, D.C. Members of the ADA met with geriatric specialists to attempt to piece together an action plan related to the special needs of the older population. One of the agreements reached by the 1,500 attendees was that there is a need for a dental director position at organized facilities where elders reside or spend a majority of their day. This is a powerful idea, but the reality is that there is a shortage of dentists available to serve in this role for such special-needs communities.

Conclusions reached at the NCCC event were released with much fanfare within the dental community, but since then, the initial enthusiasm appears to have faded, with the various proposals never reaching a hoped-for level of implementation.

If a second coalition meets, a more-purposeful inclusion of the dental hygienist’s perspective could help provide higher-value outcomes — because the dental hygienist is fully prepared to step up as oral health director within care facilities. A large number of hygienists are seeking employment in areas where their expertise is needed to care for individuals with special needs — but many applicants are finding doors closed or only pro-bono invitations to work.

Hygienists take up rallying call

A rallying call has already begun among the dental hygienist population to seek out areas of need and provide care for the underserved. The challenge is that many people remain unaware that the need even exists. Oral health-care needs are not at the top of the list when bedsores and soiled clothing need attention from caregivers. Cost of care is not considered when the bottom line is already considered uncontrollable. But, as stated previously, costs can be reduced when the quality of life improves. This includes

See TSUNAMI, page C2
New power brush head showcased in Chicago

Oral-B brush head combines gentleness and superior cleaning of an electric with familiar shape and brushing motion of a manual

Oral-B® is showcasing its new Deep Sweep™ power brush head at this year’s Chicago Dental Society’s 147th annual Midwinter Meeting. Launched in dental professionals in October of last year, the newest brush head for the Oral-B Professional Series line of power toothbrushes provides the gentleness and superior cleaning of an electric brush without changing the familiar shape and brushing motion of a manual brush. It is now available for patients to buy in retail stores nationwide.

The Oral-B Deep Sweep has a unique combination of sweeping and stationary bristles with a dynamic, angled power tip, creating triple-zone cleaning action that thoroughly cleans deep between teeth and gets to places that regular manual toothbrushes normally miss. The Deep Sweep provides superior cleaning — with no change in technique — versus a regular manual brush, as well as superior plaque removal and gum health versus sonic technology.

“We strive to continuously provide dental professionals and their patients with the best oral care solutions for their needs,” said Dr. Veronica Sanchez, global scientific communications director, Procter & Gamble. “The new Deep Sweep was designed for patients who enjoy the familiar shape and brushing motion of a manual brush but want the efficacy of a power brush. Now available in stores, our partners in the professional community can introduce their patients to this breakthrough innovation.”

To learn more about the Deep Sweep, visit www.dentalcare.com, or visit the Crest Oral-B booth (No. 605) in the exhibit hall at the Chicago Dental Society Midwinter Meeting.

(See the new Oral-B Deep Sweep brush head at the Chicago Dental Society Midwinter Meeting.)
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¹ WaterLase® Deep Pocket Therapy (DPT™) and WaterLase® / PerioLase® / Diode Laser are comprised of one or more of the following: WaterLase®/PerioLase®/Diode Laser systems, and are sold separately. WaterLase®/PerioLase®/Diode Laser systems are available with the WaterLase®/PerioLase®/Diode Laser Family Series for a minimum purchase of six (6) units, and may also be sold individually. WaterLase®/PerioLase®/Diode LaserFamily Series are available with the WaterLase®/PerioLase®/Diode Laser Family Series for a minimum purchase of six (6) units, and may also be sold individually. WaterLase®/PerioLase®/Diode Laser systems are available with the WaterLase®/PerioLase®/Diode Laser Family Series for a minimum purchase of six (6) units, and may also be sold individually.

² WaterLase® Deep Pocket Therapy (DPT™) and WaterLase®/PerioLase®/Diode Laser systems are available with the WaterLase®/PerioLase®/Diode Laser Family Series for a minimum purchase of six (6) units, and may also be sold individually. WaterLase®/PerioLase®/Diode Laser systems are available with the WaterLase®/PerioLase®/Diode Laser Family Series for a minimum purchase of six (6) units, and may also be sold individually. WaterLase®/PerioLase®/Diode Laser systems are available with the WaterLase®/PerioLase®/Diode Laser Family Series for a minimum purchase of six (6) units, and may also be sold individually.

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