Oral cancer saga

Eva Grazel urges early detection with her moving story

By Robert Selleck, Managing Editor

Eva Grazel is an unusual late-stage oral cancer survivor: She can speak.

Because of that, she feels obligated to tell dentists about their profession’s role in her delayed diagnosis and the heart-wrenching impact the illness had on her and her family.

With cases of HPV-related oral cancer on the rise in young people, Grazel’s message is timelier than ever. According to the Oral Cancer Foundation, oral cancer will be newly diagnosed in about 100 new individuals each day in the U.S. alone, and because so many of the diagnoses aren’t made until long after the cancer has spread, a person dies from oral cancer every hour of every day.

Grazel is tireless in her efforts to increase awareness. Her emotional story, which she shares with dental professionals across the globe, helps further her

• See SAGA, page A4

26,000 expected in Anaheim

California Dental Association spring meeting is global event

Dental professionals from throughout the world will gather in Anaheim May 3–5 at the Anaheim Convention Center for “California Dental Association Presents: The Art and Science of Dentistry.”

More than 26,000 attendees are expected, along with nearly 600 exhibiting companies showcasing the latest in dental technology, products and services.

The exhibit hall opens at 9:30 a.m. on all three days, closing at 5:30 p.m. on Thursday and Friday and 4:30 p.m. Saturday. The event features a deep and broad selection of educational sessions for all dentists, dental assistants, hygienists, office staff members, laboratory technicians and dental students.

The scientific sessions include lectures, workshops, corporate-sponsored forums, and express lectures (up-and-coming speakers who are new to CDA Presents).

• See ANAHEIM, page A8
Keeping the faith

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

Sometimes, you hear about the death of a famous person who was extraordinarily giving, and the story needs to be told. That person is Gary Carter, and I am a New York Mets fan because of him. This is the same Gary Carter enshrined in baseball’s Hall of Fame, the same wonderful catcher voted MVP for his accomplishments on the baseball field, the same one who won a World Series championship and received a ring, and the same one who had so much enthusiasm while playing base- ball that he was called the “kid.”

After his active playing days, Gary managed minor league baseball clubs. His teams almost always won their league championships. I wondered why the parent team, the Mets, never called him in to manage them because his teams always played with enthusiasm and heart.

Segueing to my opening thoughts, years ago my wife and I had friends whose son, Jon, was diagnosed with leukemia. Jon was 8 years old at the time. His ambition in life was to be a professional baseball player. Now what of playing ball? Instead, this skinny 8-year-old, having no understanding of what was happening, was restricted to a hospital bed for almost a year. I received a request from Jon’s parents to try to get a photo from some famous sports personality. I phoned an MD friend of mine who was connected to a strong baseball organization. I left message after message for the photo. I would have done anything in my pow- er to give encouragement to this young lad. I had known this MD for more than 25 years, and yet I never even received so much as a response from him. It is very difficult and frustrating to want to help and to not be able.

Jon’s mother took the idea and phoned the Mets. Her phone call was transferred to the Mets’ clubhouse, where the person picking up the phone repeated her request out loud. Gary Carter was passing by while getting dressed for a game, and hearing the word “leukemia,” took the phone and started chatting with her. He not only visited Jon once a day, he got some of his teammates to converse or visit with him. What great medicine.

Quite some time later, Jon fortunately got better and wanted to visit the Mets. Gary invited him to the dugout to meet Gary Carter. Gary not only met him, but took him to the dugout and handed him a ball on which he had written, and told Jon, “Keep hold- ing this ball and you’ll hang on to life.” I found out later that unknown to us, Gary’s mother had passed away from leukemia when Gary was 9 years old.

Among others in the clubhouse who enthusiastically encouraged Jon was Mel Stottlemyer, the former Yankee great, and at that time the pitching coach for the Mets. Mel, incidentally, has lost a son to this same dreaded disease. It was their ability to give and help that raised the bar and made a huge differ- ence in Jon’s life.

Jon fortunately got better and even- tually became a spokesperson for the American Leukemia Society, encourag- ing awareness and supporting its re- search. He finished No. 1 in his class at college, got married and is now a father of a healthy young boy. Jon’s parents are still very active in the Leukemia So- ciety and are proud to give and partici- pate, always appreciative of the hope and encouragement that they were for- tunate enough to receive.

Gary Carter recently passed away. Shortly after, I was shown a letter that Jon recently had written to Gary to express his deepfelt appreciation. “Weakened and fattened by che- motherapy, without hair, I met Gary outside of the Mets dugout before the game. There, he signed a baseball for me with the inscription ‘To Jonathan. Get well soon! Keep the faith. Best of luck. God Bless, Gary Carter.’ Over the next three years, I received scores of painful spinal taps and bone marrow biopsies as part or my treatment. At every procedure, I held Gary’s auto- graphed ball in my hands for strength. Having his words in my hands and his baseball near my heart gave me comfort and reassurance.”

Other teams may win more games, produce more championship teams, have longer TV contracts, but for me, the Mets had a winner who taught how to live with minimal worry about material Rewards. His caring and de- cency is being passed on. Let’s go Mets!

Dental device giant takes form in Japan

Kuraray, Noritake merger reported

By Daniel Zimmermann, Group Editor, Dental Tribune International

A new dental device giant is taking form in Japan. According to business reports, Kuraray and Noritake are to merge their dental operations. The transaction has been filed for clear- ance by the Japan Fair Trade Commis- sion and is expected to be finalized this month, representatives of both compa- nies said.

Kuraray’s dental business, which is owned by Kuraray Medical, a fully owned subsidiary, is composed of bonding agents and fillings based on polymer and organic synthetic technol- ogy. Noritake Dental Supplies currently distributes dental ceramics in more than 90 countries. Both companies are reported to achieve combined sales of approximately $104 million worldwide and to hold a 40 percent share of their respective market segments in Japan.

Under the agreement, both business- es will be joined in a new holding com- pany and effectively merged sometime in April. It is also reported that Kuraray will be taking a two-thirds majority stake in the new company.

Kuraray Medical President Sadaaki Matsuyama said that with the merger his company wants to strengthen its share in domestic and overseas mar- kets. Overall, the company aims to boost sales to nearly $245 million in the next seven to eight years, Matsuyama said.

According to industry reports, do- mestic medical and dental device sales in Japan have declined in conjunction with a lowering in demand for dental services. In particular, dental patients are buying fewer higher-end products and services, such as implants and ce- ramics.

With annual sales of $20 billion, the Japanese market for medical and den- tal equipment is the second largest in the world. The country imports only 20 percent of such equipment.
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Oral radiotherapy technique targets only cancerous tissue

Researchers at the University of Granada and the Virgen de las Nieves University Hospital in Granada, Spain, have developed a new radiotherapy technique that is less toxic than traditional methods because it targets only cancerous tissue.

The new protocol provides a less invasive but equally efficient postoperative treatment for cases of cancer of the oral cavity and pharynx.

The initial study — conducted between 2005 and 2009 — included 80 patients diagnosed with epidermoid cancer of the oral cavity and pharynx, who had undergone lymph node removal. The affected nodes were located by the surgeon during the intervention and classified into different risk levels. Classification enabled physicians to target the areas at a higher risk of containing residual cancer.

This way, neck areas at different risk levels were located by the surgeon during the intervention and classified into different risk levels. Classification enabled physicians to target the areas at a higher risk of containing residual cancer.

By using the risk map obtained with the collaboration of the surgeon and the pathologist, an individualized treatment was designed and adapted to the specific risk level of recurrence in each neck area. The volume of tissue irradiated was significantly smaller than that usually irradiated with traditional techniques.

The trial was led by the radiation oncologist at the Virgen de las Nieves Hospital, Miguel Martinez Carrillo, and was conducted in collaboration with the hospital’s department’s of radiation oncology, medical physics, maxillofacial surgery, and pathology and the University of Granada Department of Radiology and Physical Medicine.

A three-year follow up showed the volume of irradiated tissue was reduced in 44 percent of patients. With the new technique, irradiation of an average volume of 118 cc of tissue was avoided. A total of 95 percent of patients completed radiotherapy and presented significantly lower toxicity than patients treated with the traditional technique. Recurrence rates did not increase. This study was coordinated by University of Granada professors Rosario del Moral Avila and Jose Mariano Ruiz de Almodovar Rivera. The results of this study will be published in the journal "Radiation Oncology."
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(Source: PhotoMed)

An optional oral cancer course isn’t a big draw because it doesn’t make money. And dental practices are a business. So when dentists have to choose a course, they typically need to choose a course that will grow their business. But a course on oral cancer is a course that will provide their patients the best care possible and potentially save lives. The ulcer in my mouth was a classic presentation of oral cancer. I could have been diagnosed early if my dentists and oral surgeons knew what they were looking at. At the very least, they should have questioned the initial biopsy. If you are out of dental school 20 years, and haven’t taken any C.E. in detection of oral cancer, how can you expect to be up-to-date on lesion recognition?

Do you talk about malpractice in your presentations?

Normally, I don’t have time to get into details, but if it is brought up in Q&A, I answer honestly. Yes, there was a malpractice suit. There was negligence no doubt; however, I sued for two main reasons. First, I didn’t want it to happen to someone else, and if they didn’t take responsibility for their actions, change wouldn’t happen. Second, I was abandoned as their patient. I want to believe that my dentists and oral surgeons didn’t know what to say to me after hearing about my late-stage diagnosis. Therefore, they didn’t say anything at all. They never called. I wished they would have said, “I’m sorry this happened to you. Is there anything we can do?” There are many ways to say you’re sorry without admitting guilt.

Your speaking schedule and other efforts look demanding; what motivates you?

I was given a second chance at life. I work hard every day to seek out engagements to share my story with dental professionals. It’s a tribute to those who have come before me and an obligation to those who will follow. And there will be many, the numbers are going up, especially among young people because of the HPV connection. Every time I speak, I save lives. What could be more motivating?
The Canon Rebel T3i is the first Rebel model to include the ability to work with wireless flashes. This feature was previously reserved for higher end, professional cameras and enables the T3i to work with modern wireless macro flashes. Doing away with the flash power pack and cord results in a lighter, more balanced camera. The Rebel T3i is an 18 megapixel digital camera with articulating LCD screen and 1080p HD video mode. PhotoMed offers two wireless flash options for the T3i as well as two traditional macro flashes and four macro lens options. Find all details at (800) 998-7765, www.photomed.net or at the American Academy of Cosmetic Dentistry Scientific Session (booth No. 100) and California Dental Association Presents (booth No. 2034).

(Source: PhotoMed)

Implants in radiated bone are typically discouraged due to osteoradionecrosis.

Do you have implants?
Yes. I was fortunate enough to see a specialist in oncologic dentistry who did a Cone-Beam X-ray and told me my bone was dense enough in places to hold an implant, and I had a window of opportunity to do it. I was told that if bone isn’t stimulated it will recede over time, and then I would have no future option for implants. I had three implants in my maximally radiated bone. It’s been four years, and they are all successful.

What can dental professionals learn from a survivor?
When dentists hear my story, they say to themselves, “I don’t ever want that to happen to any of my patients.” When people feel an emotional connection, they are motivated to change. They want to learn more. They want to get their staffs on board. They are motivated to save lives.

About Eva Grayzel
Eva Grayzel’s background as a performance artist and master storyteller enables her to communicate her experience as a patient and late-stage oral cancer survivor in a unique and powerful way. She shares her intimate and dramatic story at dental meetings and dental schools throughout the world. A champion for early detection, Grayzel created the Six-Step-Screening campaign at www.sixstepscreening.org, for which she was recognized by the American Academy of Oral Medicine. She is the author of “You Are Not Alone: Families Touched by Cancer” and the just published “Mr. C Plays Hide & Seek.”

Upcoming presentations
• April 26, San Francisco Dental Society, San Francisco
• April 28, Apogee Dental Network Annual Summit, Phoenix
• May 4, College of Registered Dental Hygienists of Alberta 2012 Annual Continuing Competence Event, Calgary, Alberta, Canada.
• May 16, Indian Health Service Annual Dental Conference, Sacramento, Calif.
• June 1, California Dental Hygienists Association, San Francisco

Which Nikon system would you prefer?

Did you hear the one about the dentist who thought he could save a few bucks by ordering his Nikon dental camera from a big online camera store? The order arrived a few days later and inside the shipping box were three smaller Nikon boxes - the camera, the lens and the flash.

After assembling his new camera, he spent the next three weeks experimenting and asking for help in online dental forums trying to get his settings right. If he had called PhotoMed first, he would have learned that all of our cameras are shipped assembled, set and tested so you can start taking great photos right out of the case. He would have custom instructions that explained his new camera and someone to call if he ever had any questions.

Don’t be “that dentist”. Call us and we’ll help you choose the right Nikon camera system for your practice.

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Come see us in May at the CDA in Anaheim, the AAO in Honolulu and the AACD in Washington, DC.

Take photos, pick our brains and get the best dental camera advice available.
60 U.S. firms represented at Dubai dental meeting

The recently concluded 2012 UAE International Dental Conference and Arab Dental Exhibition (AEDC Dubai) achieved its vision to be the largest dental event in the Middle East. This 16th annual session surpassed all previous records. The event featured 17 national exhibiting pavilions with 900 exhibiting companies from 80 countries. Overall, there were more than 28,000 attendees from 152 countries, a 15 percent increase over 2011.

In addition to the three-day exhibition, there was a three-day scientific session featuring 110 leading international and regional educators imparting the newest ideas, innovations, technological advances and state-of-the-art materials furthering worldwide dental health care.

The opening ribbon-cutting session was performed by His Highness Sheikh Hamdan Bin Rashid Al Maktoum, deputy ruler of Dubai, minister of finance and president of the Dubai Health Authority. Also in attendance was His Excellency Qadhi Saeed Al Murooshid, director general of the Dubai Health Authority. Both of these leaders of Dubai visited the exhibit hall and greeted many of the international exhibitors. In addition, they visited the joint Greater New York Dental Meeting (GNYDM)/U.S. Department of Commerce (USDOC) exhibit booth in front of the U.S. pavilion.

Dubai enjoys a strategic location and serves as the biggest re-exporting center in the Middle East. With the emirate’s onshore and offshore tax-free environment, 71 percent of exports are re-exports. Dubai’s economy is driven by logistics and operational costs, an international outlook and liberal government policies that attract investors and visitors. Dubai offers a kaleidoscope of attractions: desert tranquility, towering buildings, modern landscapes, sandy beaches, lush green parks, neighborhood shops and ultra-modern malls. Dubai is home to world-class companies and financial institutions — as well as the world’s tallest building (Burj Khalifa) indoor skiing, the world’s largest golf course and a world-renowned championship horse racing arena. There is a highly developed infrastructure, a major business center and dynamic tourist attractions.

The joint GNYDM/USDOC exhibit booths were centrally located in front of the U.S. pavilion. This joint effort ensures that American-made products are in the forefront when competing with dental products made by international competitors. Dr. Richard L. Rausch, general chairman of the Greater New York Dental Meeting, said, “This partnership provides better exposure of the U.S. dental industry on a global scale and maximizes exhibitor–attendee interaction and networking experiences to produce greater sales opportunities.” He said that as strategic partners in this endeavor, both the GNYDM and the USDOC are committed to helping U.S. manufacturers succeed in the global marketplace.

The 900 exhibiting companies were featured on one floor in one of the world’s most modern convention centers. Dr. Abdul Salam Al Madani, executive chairman of AEDC Dubai and chairman of Index Holdings, a conglomerate consisting of exhibition services, media productions, financial investment services and health care institutions, personally welcomed all of the visitors to AEDC Dubai. He said, “AEDC Dubai has remained prominent on an international level as one of the largest and most popular dental events imparting knowledge and fostering new ideas, innovations and global networking.”

Dr. John R. Halikas, advisory chairman of the Greater New York Dental Meeting, said, “With over 70,000 dentists in the Middle East and over 90,000 dentists in China, the Greater New York Dental Meeting will continue to contribute a tremendous amount of time and financial resources each year for this Dubai trade fair and also for the one they sponsor in Beijing, China.”

Dr. Robert R. Edwab, executive director of the Greater New York Dental Meeting, was awarded the “2012 Personality of the Year” award by His Highness Sheikh Majid bin Mohammed bin Rashid Al Maktoum, chairman of Dubai Culture and Arts Authority, His Excellency Qadhi Saeed Al Murooshid and AEDC Executive Chairman, Dr. Abdul Salam Al Madani, for his contribution to the oral health profession, international trade and the support of AEDC Dubai.

Dr. Edwab said, “Dental meetings and conventions are partnerships between the show organizer and dental trade. The Greater New York Dental Meeting has a responsibility to its exhibitors to work 365 days a year, not just the five days of its event, to promote their products and increase their sales opportunities.” He said exhibitors must have the opportunity to maximize their investments when participating in dental events. The Greater New York Dental Meeting continues to be the largest Dental event in the United States, with the 2011 event attracting more than 53,000 attendees, including more than 18,000 dentists, from all 50 states and 127 countries.

(Source: Greater New York Dental Meeting)
Make history at AACD Scientific Session

American Academy of Cosmetic Dentistry invites you to explore National Museum of Natural History at May 2 welcome reception


There are plenty of spots left for dental professionals in D.C., but you will need to register onsite; online registration for this year’s event ended April 15.

The AACD will kick off the session with “A Night at the Museum,” a welcome reception for all attendees, at the Smithsonian Museum of Natural History on Wednesday, May 2. AACD members will see history come to life as they mingle with colleagues and peruse the museum’s exhibits, all of which will be open for members that evening. The reception will take place from 7:30 to 10:30 p.m., giving members plenty of time to explore exhibits featuring dinosaurs, ancient Egypt and the Hope Diamond, while enjoying complimentary beer and wine.

Other history-making events at the conference include an opening “PowerSession” featuring Drs. David Garber, Christian Coachman and Eric Van Dooren. The session is Wednesday, May 2, 2:30 to 5:30 p.m., and will focus on smile design approaches. The AACD will award C.E. credit to any dental professional who attends.

The Annual Scientific Session offers attendees unique, hands-on workshops, lectures, social events and the opportunity to see the latest dental innovations in the exhibit hall. The session is geared toward all members of the dental team — dentists, laboratory technicians, hygienists and other cosmetic dental professionals.

The AACD will honor the accreditation class of 2012, during the Celebration of Excellence Gala on May 5. This year, the AACD is welcoming 12 individuals to the ranks of accredited members and two to the rarified air of accredited-fellow status, accomplishments that promise to be pivotal in these individuals’ professional and personal history.

“The D.C. conference will elevate your passion for what’s most important — the smile,” said Dr. John K. Sullivan, AACD president. “We can give you the tools you need to take your dental skills to the next level. We educate, we inspire, and we connect you with the best. Join us in D.C. — and help us make history.”

For more information about this year’s event, visit the AACD website at www.aacdconference.com.

About the AACD
The American Academy of Cosmetic Dentistry is the world’s largest nonprofit member organization dedicated to advancing excellence in comprehensive oral care that combines art and science to optimally improve dental health, esthetics and function.

Composed of more than 6,500 cosmetic dental professionals in 70 countries, the AACD fulfills its mission by offering educational opportunities, promoting and supporting an accreditation credential, serving as a forum for the creative exchange of knowledge and ideas, and providing information to the public and the profession.

(Source: American Academy of Cosmetic Dentistry)
P pediatric dentistry recently received a slew of attention across the U.S. and Canada with a New York Times article reporting there has been a dramatic increase in colors undergoing general anesthesia for surgery to treat severe cases of caries. News providers across North America picked up the story, drawing attention to the issue on the eve of the 65th Annual Session of the American Academy of Pediatric Dentistry (AAPD), which is May 24-27 in San Diego. AAPD members were quoted in the Times and other media reporting the story. Among the many prominent speakers at the AAPD meeting will be Richard Chaet, DDS, of Scottsdale, Ariz., a practicing pediatric dentist for more than 30 years. Chaet spoke with Dental Tribune about the New York Times story and his AAPD presentation.

Does what you’re seeing in your practice confirm what was reported by the Times? Yes, we definitely are seeing an increase in young children with severe cavities that require treatment under general anesthesia. It really is a shame because most of these severe problems can be prevented by early dental visits.

The American Academy of Pediatric Dentistry and the American Dental Association recommend infant oral health exams at one year of age. While this may sound young, the entire focus of this evaluation is education to the primary care giver on dental disease and prevention. If every parent received this information the amount of dental disease in young children would be virtually non-existent.

What is your theory on what’s happening? Many parents are simply not aware of the importance of regular dental visits. We are seeing many more families with both parents working and the children placed in day care or supervised by other family members. Many times children are given any foods they like but which may not be as healthful as they should be for a balanced diet. Also, going to the dentist is the last thing on many parents’ “list” of things to do. Finally parents seem to be reluctant to brush their young child’s teeth if he/she starts fussing or crying. Their parenting skills are lacking, they don’t want to “force” anything on the child.

The reality is that brushing teeth in infants and young children is a very important responsibility, and the child will stop fussing after a few days of gentle brushing. The goal is to modify the child’s behavior and not let the child modify the parents!

Does your AAPD presentation tie into this? This product, ICON (DMG America), is used only in permanent teeth at this time. What it does address is the problem of recurrent cavities from progressing on the smooth surfaces of these teeth. The Missouri Attorneys General Association recommends ICON (DMG America) for evaluation. I just received its independent findings that ICON resin infiltration is 100 percent successful in small cavities that are halfway through the enamel and 98 percent successful if the beginning cavity is all the way through the enamel to the dentin. I think this is wonderful because these are teeth that probably would have needed fillings sometime in the future.

We also have had great success using this product on teeth that had white spots (early cavities) on the lip/cheek side. If the beginning cavity is all the way through the enamel to the dentin. ICON allows the dentist to infiltrate the beginning cavity and then fill the surfaces with a resin to prevent further tooth destruction.

How long have you been using ICON and what type of success have you seen? We were one of the first practices in the country to use this product, three years now this May. We recently submitted all of our patient data to Baylor University for evaluation. I just received its independent findings that ICON resin infiltration is 100 percent successful in small cavities that are halfway through the enamel and 98 percent successful if the beginning cavity is all the way through the enamel to the dentin. The reality is that brushing teeth in infants and young children is a very important responsibility, and the child will stop fussing after a few days of gentle brushing. The goal is to modify the child’s behavior and not let the child modify the parents!

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Canada’s largest dental meeting

12,000-plus expected at Journées dentaires internationales du Québec (JDIQ), May 25–29

More than 12,000 delegates are expected in Montreal to attend the 42nd Journées dentaires internationales du Québec, the annual meeting of the Ordre des dentistes du Québec. The convention will take place May 25 through 29 and will be held at the Palais des congrès de Montréal in the heart of downtown. Canada’s largest annual dental meeting attracts an impressive line-up of speakers from around the world. Highlighting the program are Drs. Gordon Christensen, John West, Harald Heymann and Jose-Luis Ruiz, to name just a few.

The Dental Tribune Study Club will host a lecture room theatre on the exhibit floor featuring short presentations on new products and technologies in dentistry. These one-hour sessions are ADA-CERP certified and are open at no charge to all attendees registered to the convention or the exhibition. The lecture area will be located directly on the south side of the exhibition floor, facing aisle 1000.

The scientific program offers a wide variety of hands-on workshops for all members of the dental team over a three-day period. Presentations are in English and French. The general attendance courses and exhibit floor featuring more than 325 booths are open to all participants for one registration fee. All lectures are ADA-CERP certified for continuing education credits. Many limited attendance courses are already sold out. So the event organizers encourage all those interested to register soon to avoid disappointment. The Ordre des dentistes du Québec encourages you to take this opportunity to visit Montreal during this especially scenic time of the year.

For more information on the convention, please visit www.odq.qc.ca.

(Source: Ordre des dentistes du Québec)
Learn implant skills in Jamaica

The American Academy of Implant Prosthodontics and Linkow Implant Institute offer five-day course

The American Academy of Implant Prosthodontics (AAIP) will join 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, July 3-7.

The course will include lectures, hands-on participation, surgical and prosthodontic demonstrations, diagnosis and treatment planning of implant cases, the construction of surgical templates, diagnostic wax-ups, the insertion of two to six implants, and sinus lifts under supervision of the course faculty.

Upon completion of the one-week comprehensive implant training program, the clinician will be 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.

35 C.E. credits

A dental degree is required for participants. Patients will be provided, and malpractice insurance will not be necessary. The course is tax deductible, and 35 hours of dental continuing education credits will be awarded upon 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. Drs. Linkow, Winkler, and Shulman are scheduled to teach the July seminar.

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

About the AAIP

Founded by Dr. Maurice J. Fagan, Jr. in 1982 at the School of Dentistry, Medical College of Georgia, the objective of the Academy of Implant Prosthodontics is 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 and Thailand.

The academy has published two

**Annual AAIP meeting Nov. 3**

The academy holds an annual convention and international meetings in cooperation with its affiliate and component societies. It offers continuing education courses, and sponsors a network of study clubs in the United States.

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

**‘Implant Update — 2012’**

The theme of the meeting is ‘Implant Update — 2012’ and will feature highly regarded dental clinicians. Podium speakers will be Drs. Robert J. Braun, Edward M. Feinberg, Jack Hahn, Leonard I. Linkow, Paul M. Mullasseril, William D. Nordquist, Robert Weiner and Mr. Christopher Torregrossa. Dr. M. Joe Mehranfar is general chairperson of the meeting and Dr. Mahmoud F. Nasr will serve as moderator.

American Academy of Implant Prosthodontics is designated as an Approved PACE Program Provider by the Academy of General Dentistry. The formal continuing education programs 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.

Complete information on the AAIP/ADIS Jamaica implant continuing education programs, including tuition, faculty lectures, transportation and hotel accommodations can be obtained online from the course website, www.adiseminars.com, or by calling (551) 655-1909.

AAIP membership information can be obtained from the AAIP headquarters at 8672 East Eagle Claw Drive, Scottsdale, AZ 85266-1058; telephone (480) 588-8062; fax (480) 588-8296; e-mail swinkdent@cox.net. The AAIP website is www.aaipusa.com.

(Source: The American Academy of Implant Prosthodontics)
Relax with DentalBanc
Offer Office Payment Plans Without Creating Extra Work for Your Staff

• Identify Risk with Credit Analysis and Payment Plan Recommendations
• Get Paid On Time with ACH Draft and Credit Card Payment Options
• Decrease Staff Work Load with Complete Management of Your Accounts
• Reduce Charged Off Accounts with Credit Bureau Reporting and Collection Services
• A Great Alternative to 3rd Party Financing
• eSignature Now Available

Call 888-758-0585 for more information or visit www.dentalbanc.com.
Nano-hybrid core build-up composite/post cement has dentin-like hardness

**VOCO introduces dual-cured GrandioCORE DC**

German manufacturer VOICO is introducing GrandioCORE DC, a dual-cured, 77 percent filled nano-hybrid core build-up composite and post cement. Because of VOICO's advanced nano technology used in all Grandio composites, GrandioCORE DC stands out in its physical properties with a very high compressive strength of 366 MPa and a dentin-like hardness of 107 MHV. The dentin-like hardness makes it easy to cut without ditching when going from the tooth structure to the core material.

The product's stackable consistency and its automix syringe delivery system makes it easy to work with. An extremely high radiopacity of 365 percent Al makes it easy to see on X-rays. GrandioCORE DC comes with long endo intraoral tips and is also suited as a post cement. The clinician not only saves time by using the same material for post cementation and core build-up, but furthermore, a monoblock is created with the same physical properties for an increased success rate of the restoration.

GrandioCORE DC is available in a universal dentin shade and in a blue or white contrast shade for easy identification of preparation margins. Contact VOICO toll free at (888) 658-2584, or by email at infousa@voco.com. Visit the company on the Web at www.vocoamerica.com.

(Source: VOICO America)

Oral health site supports professional development

**Free dentistry resources**

Colgate-Palmolive, a world leader in oral care, has announced the launch of the Colgate Oral Health Network for Professional Education and Development—an online resource dedicated to helping dental professionals improve the oral health and well-being of their patients.

Through a partnership with the Dental Tribune Study Club (DTSC), the Colgate Oral Health Network provides access to some of the latest information and developments in oral health. The online network also offers educational resources such as live webinars and on-demand seminars. Dental professionals can access the free benefits of the Colgate Oral Health Network by registering at www.colgateoralhealthnetwork.com.

"Colgate has been a long-standing partner of dental professionals worldwide," said Barbara Shearer, director of scientific affairs at Colgate Oral Pharmaceuticals. "The launch of the Colgate Oral Health Network marks an expansion of our commitment to oral health education as we continue to help keep the profession connected with up-to-date news and e-learning opportunities."

By offering these resources online, the Colgate Oral Health Network also serves as an interaction platform for dental professionals worldwide by incorporating various cultures and new perspectives into the educational mix.

To learn more or to join the Colgate Oral Health Network, visit the website www.colgateoralhealthnetwork.com.

(Source: Colgate-Palmolive, DTSC)
Narrow-diameter implants proven for long-term use

Research shows Atlas matches or beats conventional implants in bone-implant interface

Atlas narrow-body dental implants have the thread portion mechanically roughened to increase surface area and maximize the bone-implant interface.

In the event when patients become edentulous, dentures offer many advantages compared with other options. They are aesthetically pleasing, easy to maintain and cost effective. However, these benefits are often hampered by patient discomfort, and dentures may lead to difficulty in chewing, pronunciation and facial expression and hence discomfort, and dentures may lead to difficulty in chewing, pronunciation and facial expression and hence discomfort. To compensate, denture wearers often change their daily routine and diet in ways that contribute to greater health risks.

There is, however, a treatment option that can dramatically improve the patient experience with a lower denture and prevent bone resorption. Meijer et al. reports that patients with mandibular overdentures supported by implants are more satisfied compared with patients without the implants. With the advent of narrow-diameter implants, this treatment option is now more accessible than ever before.

Dentatus has found that narrow-body implant retained overdentures can overcome many hurdles, providing more patients with access to the latest and most beneficial treatments available.

Atlas narrow diameter implants are built and clinically proven for long-term use. They are tested with university-based research from the around the world, the first results were published in 2004. In 2007, Dr. Sang-Choon Cho, Dr. Stuart From and his colleagues from the New York University department of implant published a study in Practical Procedures & Aesthetic Dentistry that said, “In this study, full mandibular den- tures supported by nonsplinted, dome-shaped narrow-body implants provided immediate occlusal loading and function with high survival rates of both the narrow-diameter implants (ie, 94.1 percent) and prostheses (ie., 100 percent)” In 2005, Journal of Oral and Maxillofacial Implants published Dr. Michael Rohrer’s histology study on Dentatus implants. Rohrer determined that the percentage of bone in contact with the body of Denta- tus implants was in “the same range and sometimes higher than what is usually seen with conventional implants.”

These results support well-known litera- ture about implant design and materials in the following ways: Atlas narrow body dental implants are composed of grade V titanium alloy. The thread portion of the implant is mechanically roughened to increase surface area and maximize the bone-implant interface, and the tapered design better facilitates implant placement, promotes initial implant stability and better distributes occlusal loads along the body of the implant. Using a minimally invasive flapless procedure with an immediate restoration eliminates many postoperative challenges and reduces total treatment time.

Many dental professionals have decided it’s time to look into this treatment option to restore quality of life for their denture patients. Dentatus makes it easy for dental professionals to get started by offering half-day hands-on workshops.

All of the materials for your first case are included in the registration fee. Dentatus has determined that the course should pay for itself once you perform your first case.

For more information, you can visit www.dentatus.com or call (800) 323-3536.

(Source: Dentatus)

Patient data company jumps ahead in file-sharing features

eDossea program improves security, adds communication functions, meets HIPAA guidelines

eDossea, a provider of online tools for handling patient data, has expanded its secure online file-sharing service, eDossea 1.0. Unlike most online file-sharing programs, eDossea 1.0 was designed for health-care file sharing within guidelines of the Health Insurance Portability and Accountabil- ity Act of 1996 (HIPAA). The program complements current digital systems, doesn’t conflict with prac- tice management software, enables sharing be- tween members and nonmembers and includes secure online back-up of files.

With new enforcement of HIPAA affecting how dentists share patient records, eDossea is helping practices address the growing need to securely transfer files online. The cloud-based eDossea 1.0 service enables dentists and oral specialists to share X-rays and associated files from a secure net- work when referring patients.

eDossea continues to add new features to the ser- vice, which are introduced instantly without the need for more software. In addition to providing a way to securely transfer high-quality X-ray images, eDossea 1.0 now includes electronic referral forms and the ability to upload multiple images (such as series of bitewings) at once. The program also en- ables the sharing of online notes between doctors and enables the sending of files to nonmembers of the program. This can dramatically reduce time and expenses in the office.

The Iowa-based company successfully intro- duced its services to the dental industry in 2011, after extensive beta usage with dentists and oral surgeons. eDossea 1.0 is now in use by general dentists and a wide variety of specialists including periodontists, endodontists, orthodontists and pe- diatric dentists.

By simplifying the system requirements, eDos- sea has enabled its system to be used by both digi- tal and non-digital practices.

The eDossea 1.0 service is available for a monthly fee and does not require additional software, set- up or training costs.

A free 30-day trial is available on the company’s website: www.edossea.com.

(Source: eDossea)

Screen capture shows www.edossea.com, where you can download a free trial of its newly launched online patient data-sharing program that meets HIPPA guidelines. Photo/Provided by eDossea
‘Barrier protection’ critical feature when choosing best medical glove

All Standard Malaysian Gloves (SMG-certified) comply with stringent technical specifications

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

Many types of gloves are available today, but it is important to know that not all gloves have the same barrier capability, depending on the type of material used. For example, natural rubber latex gloves have long been acknowledged for their very effective barrier properties, while non-latex gloves, such as vinyl (PVC), have inferior barrier capability as shown by numerous studies.

Other synthetic gloves, such as nitrile and polyisoprene, perform much better than vinyl, but are more costly, especially polyisoprene gloves. Using gloves with inferior barrier capability could expose both the patients and users to undesirable/harmful infections.

Malaysia is the world’s largest medical gloves exporter (latex and nitrile). Both quality and user’s safety are of top priority to the nation’s glove industry. To this end, a quality certification program (the Standard Malaysian Gloves or the SMG) has currently been formulated for latex examination gloves.

All SMG-certified gloves must comply with stringent technical specifications to ensure the gloves are high in barrier effectiveness and low in protein/low allergy risks, in addition to providing excellent comfort, fit and durability — qualities that manufacturers of many synthetic gloves are attempting to replicate. Furthermore, latex gloves are green products, derived from a natural and sustainable resource, and are environmentally friendly (You can find more information online at www.smg-gloves.com and www.latexglove.info).

The use of low-protein powder-free gloves has been demonstrated by many independent hospital studies to vastly reduce the incidence of latex sensitization and allergic reactions in workplaces.

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

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

(Source: Malaysian Rubber Export Promotion Council)
Clinical benefits of the ‘Inclusive Tooth Replacement Solution’

By Darrin W. Wiederhold, DMD, MS, and Bradley C. Bockhorst, DMD

A hallmark of the most successful modern clinicians is the ability to strike a balance between a daily load of 12 to 16 patients and maintaining the same high standard of care. No easy task when it comes to implant cases.

Currently, the manufacturer is responsible for the components, the laboratory for the restoration — after receiving the impressions. Restoratively that’s like erecting a house on an existing foundation, limiting the builder. Proper esthetics requires soft-tissue contouring that begins at implant placement, making stock components less than ideal.

With the new Inclusive® Tooth Replacement Solution from Glidewell Laboratories, custom-designed temporary components allow for immediate provisionalization specific to each patient, and a matching custom impression coping communicates the final gingival architecture to the laboratory. Add the implant, surgical drills, prosthetic guide, final custom abutment and final BruxZir® Solid Zirconia restoration (Glidewell), and the clinician receives all the components necessary to place, provisionalize and restore the implant.

The Inclusive Tooth Replacement Solution supports a streamlined workflow that ensures predictability and long-term success. Arm ed with the endgame in mind and the tools and road map to get there, experienced and novice clinicians alike can place and restore dental implants with greater confidence than ever before.

Implant treatment workflow
- Consultation and data collection
- Day of surgery protocol
- Healing phase
- Restorative phase: final impressions
- Delivery of final prosthesis

Consultation and data collection
For single-tooth replacement or full-mouth rehabilitation, comprehensive treatment planning is paramount. You’ll need:
- Full-arch upper/lower impressions (PVS)
- Bite registration
- Full-mouth radiographs (panoramic and CBCT scan, as needed. Note: If you do not have a CBCT scanner, refer patient to an imaging center.)
- Shade match of existing dentition
- Preoperative photos

Once you’ve selected a diameter and length of implant, forward the diagnostic materials (impressions, models, bite registration, shade, implant size) to Glidewell for fabrication of the custom components. The laboratory will pour and articulate the models and assemble the components, delivered to you in an all-inclusive box (Fig. 1):
- Prosthetic guide (Fig. 2a)
- Custom temporary abutment (Fig. 2a)
- BioTempS® provisional crown (Glidewell) (Fig. 2a)
- Custom healing abutment (Fig. 2a)
- Custom impression coping (Fig. 2a)
- Surgical drills (Fig. 2b)
- Inclusive Tapered Implant (Glidewell) (Fig. 2b)

Day of surgery protocol
Place the box contents alongside your usual surgical armamentarium. Confirm the prosthetic guide fits snugly around the teeth. Visually confirm the proposed location of the implant osteotomy correlates with your planned location.

After placing the implant, decide based on the level of primary stability whether to place the custom healing abutment or the custom temporary abutment and accompanying BioTempS crown. Either option will begin sculpting the soft-tissue architecture around the implant to develop the future emergence profile.

If there is adequate attached tissue, use a tissue punch to remove the soft tissue over the osteotomy site; otherwise, use a tissue punch to remove the soft tissue over the osteotomy site; otherwise, reflect a flap. Note that the margin of the custom temporary abutment is set at approximately 2 mm.

Depending on the thickness of the soft tissue, the abutment can be adjusted and BioTempS crown relined. The custom healing abutment or BioTempS crown must be 1 mm to 1.5 mm out of occlusion to avoid occlusal stress. Store custom impression coping with patient chart for the restorative phase.

Healing phase
Schedule monthly follow-up appointments to ensure osseointegration is progressing and to adjust the provisional restoration.

Restorative phase: final impressions
Upon successful osseointegration, the restorative phase begins. Contours of the custom impression coping match those of the custom healing abutment or custom temporary abutment, so it’s simple to remove the custom abutment, seat the impression coping and take an accurate full-arch final impression using a closed-tray or open-tray.

Complete a simple prescription form included with the original box, select your final custom abutment and final shade for your BruxZir or IPS e.max® (Ivoclar Vivadent, Amherst, N.Y.) restoration, and simply forward these items to Glidewell.

There are no additional laboratory fees.

Delivery of final prosthesis
On the day of delivery, remove the custom temporary abutment and clean all debris from inside and around the implant. Try in the final Inclusive® Custom Abutment (Glidewell) and BruxZir or IPS e.max crown (Fig. 3). Check the contours, contacts and occlusion and adjust as needed.

The final occlusion should be light on the implant-retained crown, with forces directed along the long axis to minimize lateral forces.

The abutment screw is tightened to 35 Ncm, head of the abutment screw covered and crown cemented. All excess cement must be removed. Instruct your patient about home care, and set a recall schedule.

Fig. 1: Inclusive Tooth Replacement Solution
Photos/Provided by Glidewell Laboratories

Fig. 2a: Prosthetic guide, custom temporary abutment, BioTempS provisional crown, custom healing abutment and custom impression coping.

Fig. 2b: Inclusive Tapered implant and disposable surgical drills.

Fig. 3: Final Inclusive custom abutment and final BruxZir or IPS e.max crown.

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Fix your own handpiece; save on downtime, costs

ProScore 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, the 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 industry meetings.

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 by one of the best warranties in the business, one year for turbines and six months for rebuild kits, they outperform steel bearings, last longer and produce less noise and vibration. The ceramic bearing technology in XTend Ceramic products provides many performance benefits:
- 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 outperform steel under marginal lubrication.
- Quicker 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 high costs and downtime associated with sending high-speed handpieces out to be repaired. Enabling the dentist to easily change parts that have worn out, the EZ Press III uses 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, according to the company, is a high-performance, long-lasting turbine that outlasts others.

Smart Cleaner
The Smart Cleaner is a one-of-a-kind maintenance tool that not only helps prevent residue build-up in handpieces and coupler waterlines, but also clears away obstructions if they occur. Simply connect the handpiece or coupler to the Smart Cleaner and activate the hand pump to clear obstructions and debris.

EZ Care Cleaner and Lubricant
EZ Care™ Cleaner was formulated to flush debris and remove build-up for the handpiece’s internal rotating parts, improving long-term handpiece performance and sterilization efficacy.

ProScore has been dedicated to do-it-yourself handpiece repair and maintenance since entering the dental market more than 15 years ago as Score International. Now ProScore is part of Henry Schein’s “Family of PROs,” which includes ProRepair and ProService, to offer you the best fit for your repair needs.

Visit Henry Schein at the CDA Spring Meeting, booth No. 2526, call at (800) 726-7365; visit online at www.scoredental.com, and follow ProScore through Facebook at www.facebook.com/proscore.

(Source: Henry Schein ProScore)
Introducing **INCLUSIVE**

Comprehensive patient-specific

**BioTemps**® Implant TCS
(Tissue Contouring Solution)
custom components
to ensure ideal soft tissue contours included

**Inclusive**® Tapered Implant
and required drills included

**Prosthetic guide for ideal restorative placement included**

As the only provider in the industry to combine
dental device manufacturing capabilities with
expert dental laboratory services, Glidewell
Laboratories is uniquely positioned to offer
a single-source, restorative-driven approach
to implant treatment.
The Inclusive® Tooth Replacement Solution was designed to address planning, communication and component issues known to complicate implant cases between surgical and restorative phases.

Simple, Convenient, Affordable

This all-in-one, restorative-based solution includes everything needed to restore a missing tooth. Custom, patient-specific healing, temporary and impression components ensure ideal soft tissue contours are created from the day of implant placement. Inclusive — everything you and your patients need.

$695*

Complete case includes

- Prosthetic guide
- Implant and surgical drills
- BioTemps® Implant TCS
  - Custom healing abutment
  - Custom temporary abutment
  - Provisional crown
  - Custom impression coping
- Prescription for final Inclusive® Custom Abutment and BruxZir® Solid Zirconia or IPS e.max® crown (delivered separately)

*Price does not include shipping or digital treatment plan. Inclusive Tooth Replacement Solution with digital treatment plan and surgical guide is available at an additional cost.

#Not a trademark of Glidewell Laboratories
Patient payment model increases practice revenue

DentalBanc provides alternative to third-party financing, improves case acceptance rates

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.

Step 1:

Consider your current payment options. Are you collecting 100 percent of the treatment fees? Are you working with a professional payment management company that offers reliable, on-time payments so your office staff isn’t overburdened with managing customer accounts and collecting late payments?

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Step 4:

Just as patient care preferences are changing, so are patient payment preferences.

Boost profits by 10 percent or more

Many practices feel these plans are detrimental and run counter 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 have the security that they will receive payment for services rendered.

Here’s 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.

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 practice’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

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Aribex NOMAD goes anywhere... almost

Agency restrictions present barriers to care

Thousands of dental offices in the United States and in countries around the world have experienced the quality, proven safety, and convenience of the Aribex NOMAD handheld X-ray system (CDA Booth No. 2534). Because it is lightweight and rechargeable, the device has also been used to diagnose thousands of individuals in remote areas far from a regular dental operator.

NOMAD has also helped dental professionals in treating special needs patients such as the elderly, the handicapped, and those under sedation. And, thanks to the loving hearts of countless volunteer professionals, it has been proven to be of significant value for dental missions in clinics, orphanages and schools throughout the United States and in isolated villages in developing countries.

Even after the FDA clears an X-ray device as safe and effective, each state radiation control section must approve the device for use in its state. While most have approved handheld X-ray devices, some still have not. Unfortunately, the same NOMAD X-ray device used to help a child in Mozambique is not available in states such as New Hampshire, Kentucky, Maryland, Minnesota, Michigan, Delaware, or in Canada. Then there are a few states that severely restrict the use of handheld X-ray to specific circumstances, or apply burdensome requirements, which ultimately discourage use.

“Dentists in restrictive states and in Canada need to let regulators know that they want to provide the higher level of care available through handheld X-ray,” said Ken Kaufman, president of Aribex. “NOMAD has been tested extensively and found to be as safe as or even safer than the conventional units dentists are using now. State dental associations acknowledge that access to care is a major issue in their state, and the American Dental Association has worked to raise awareness. Still, some state regulators haven’t gotten the message that the NOMAD handheld X-ray is a huge part of the solution. Dentists need to let regulators know what they want.”

The FDA recently announced an investigation into foreign-made handheld X-ray devices being sold into the United States over the Internet. None of these units have been approved for use in any state.

“Aribex has spent years in painstakingly obtaining state approvals,” said Kaufman. “We’re concerned that inferior units being sold illegally will muddy the waters for regulators considering our device in their state. And that will mean additional roadblocks for access to care.”

(Source: Aribex)
Athletes are always looking for an edge against their competition, especially at the highest professional levels. The men’s and women’s USA Water Polo teams found that competitive edge when they partnered with Keystone Industries and the extensive custom-made Pro-form Mouthguards.

Athletes who play the rough and tumble sport of water polo need to have form-fitted mouthguard protection. That’s why this year’s USA Water Polo teams will head to the 2012 Summer Olympics in London armed with maximum mouth protection from Pro-form, which provides the competitive edge they need to reach for the gold.

During the team’s preparation for London, the Keystone booth at California Dental Association Presents will feature two silver-medal winners from the 2008 Beijing Olympic Games. USA Water Polo athletes Brittany Hayes and Rick Merlo will be signing autographs during the event and attesting to the benefits of the Pro-form line.

Hayes has a long list of professional achievements, including a second place finish in the 2008 Olympics and first place finishes in the 2007 FINA World Championship and the 2006 Holiday Cup. In the pool, the left-handed attacker is known for her ferocious competitiveness, but out of the pool she is known for a beaming smile. Because of Pro-form Mouthguards, she can preserve that perfect smile without sacrificing her aggressive play in the pool.

Merlo has a decorated career in water polo as well, including a silver medal finish in the 2008 Olympics alongside top-10 finishes in several international competitions. The 6-foot-3-inch tall, 2-meter defenseman certainly knows defense, which includes how to protect his mouth by using a Pro-form mouthguard.

Pro-form delivers a high level of protection, retention, comfort and fit without hindering speech, breathing and most of all athletic performance. The custom-fit mouthguard goes above and beyond typical boil-and-bite mouthguards because of a double layer of laminated sheet vinyl and a lingual plate imbedded behind the incisors. The mouthguard maintains its form because of the heat and pressure laminating process. The tensile strength is excellent due to the two layers of laminate while the density is maintained during the pressure laminated process for controlled, uniformed shape. Overall, the risk of injuries is lessened by about 90 percent when wearing a custom-made mouthguard.

Be sure to check out the competitive edge Pro-form can give your businesses while also meeting world-class water polo athletes at Keystone Industries’ Booth No. 460 during this year’s CDA.

(Source: Keystone Industries)
would be triggered, which would in turn signal program selling. This would cause
the market to fall as more and more pro-
gram selling would ensue. This period in
the market has been labeled "The Crash of '87." Let's call this automatic pilot ap-
proach "complacency." Starting in 1995, new technology burst
onto the scene, and the over-the-counter market (NASDAQ) — all those four-letter
stocks — became the "new" hot invest-
ment. It was the subject of every analy-
st, commentator and/or neighbor with
a computer. Sometimes the value of a
stock would double in a day. It looked
like there was no end to the money that
could be made. It looked easy, and com-
placency took hold again. "How could
you lose? The Internet isn't going away.
Technology has changed our lives." That bubble burst in March 2000, and the
subsequent recovery was interrupt-
ed by the attacks on Sept. 11, 2001. This
economic road-bump would keep fur-
ter growth in the stock market at bay
of '87." Let's call this automatic pilot ap-
proach "complacency." The U.S. Treasury is borrowing money for
the market to fall as more and more pro-

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tee a profit or protect against loss. Invest-
ing in foreign securities presents certain
risks not associated with domestic in-
vestments, such as currency fluctuation,
political and economic instability and
different accounting standards. This may
result in greater share price volatility.

Here are six things you can do now:
- Keep a good cushion (we call it a bun-
- ers) of available cash for emergency pur-
poses. This could include money mar-
- kets, certificates of deposit or short-term
government bonds. No, the yields aren't
attractive now, but it will allow you to
access funds if needed without forcing
the sale of something at an inopportune
time.
- Keep your portfolio liquid. Stay clear of
investments that tie up your funds and
have large charges or limited liquidation
rights.
- Have a diversified investment plan. By
identifying future goals, you can back
into the risk that you should be taking.
If that is excessive, then you know you
need to modify your goals and expecta-
tions.
- Think globally when determining your
asset allocation. There may be invest-
ment opportunities in the international
markets that could potentially enhance a
portfolio's return.
- Look for transparency in your invest-
ments. What do you own? What does it
cost? These are all appropriate questions
to be asking your advisors.
- Stay disciplined. Keep your consumer
debt low, and continue to actively save
for your future.
- Keeping these points in mind will help
you avoid some of the pitfalls that inves-
tors have suffered over the last decade. It
is through planning and discipline that
we believe will have the best chance of
reaching the financial future of your dreams.

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ing in foreign securities presents certain
risks not associated with domestic in-
vestments, such as currency fluctuation,
political and economic instability and
different accounting standards. This may
result in greater share price volatility.
Did you know the average dental procedure generates airborne aerosols and droplets of saliva, blood and other materials from an open mouth? These droplets may contain potentially harmful germs that can land on almost any surface in the dental operatory. If these surfaces are not cleaned and disinfected properly, they can become a source of contamination for staff and patients. That’s why Sultan Healthcare offers VOLO™ disinfecting/deodorizing/cleaning wipes, the latest tool to help you decontaminate hard, non-porous surfaces in your dental office.

When cleaning and disinfecting blood spills or surfaces that may have come into contact with blood or body fluids, the Occupational Safety and Health Administration (OSHA) Bloodborne Pathogens Standard requires the use of an intermediate level, Environmental Protection Agency-registered disinfectant. A disinfectant with a tuberculocidal kill claim is considered an intermediate level disinfectant. These types of products are not typically found in grocery stores; therefore, a significant amount of surface disinfectant products are purchased through dental dealers. VOLO wipes are an EPA-registered intermediate level disinfectant available only through your dental dealer, not retail stores.

Cleaning and disinfecting the dental operatory is typically a mundane, time-consuming task performed many times throughout the day. The person responsible for this job, usually a dental assistant, is under pressure to turn over the operatory quickly in preparation for the next patient. It is important to follow the label instructions for appropriate contact time to ensure proper germ kill. While many leading products offer a three-to-five-minute contact time, VOLO wipes are tuberculocidal, virucidal and bactericidal in just two minutes. The two-minute contact time helps minimize the wait for proper disinfection of the above-mentioned organisms.

The average human hand is approximately seven inches long. While most wipes sold in the dental market are sized smaller, at 6 by 6.75 inches. VOLO wipes, however, are 6 by 8 inches, sized to fit the human hand. The larger design aids in preventing cross contamination by helping to ensure the gloved hand does not contact the disinfected surface.

VOLO wipes are packaged in an easy-to-hold, tapered canister with a feeder tab on the lid. The feeder tab is a distinctive feature to help prevent fingers from getting stuck when initially dispensing the first wipe in the canister.

“We looked to differentiate ourselves from the marketplace by offering unique touches with our VOLO disinfecting wipes that help meet the needs of our customers,” said Tim Lorencovitz, marketing manager at Sultan Healthcare. “The two-minute contact time satisfies the ‘need for speed’ in preparing for the next patient. The larger 6-by-8 inch size is a more practical fit to the average hand. In addition, the larger size can potentially result in customer savings by using only one wipe — versus two of the smaller 6-by-6.75 inch wipes.”

VOLO disinfecting/deodorizing/cleaning wipes are offered in a 150-count canister available through your dental dealer. Learn more at www.volowipes.com.

VOLO is just one of Sultan Healthcare’s brands of a complete cycle of infection-prevention products, designed to hit all the touch points of a practice that could potentially spread disease. From hand care and masks, to disposables, cleaning and sterilization, surface disinfection and evacuation-system cleaners, Sultan Healthcare helps protect dentists, hygienists and assistants before, during and after patient treatment. Learn more at www.sultanhc.com.

(Source: Sultan Healthcare)
Advances in dental implant impressions

By Gregori M. Kurtzman, DDS, MAGD, FACP, FFAP, FAAD, DICOI, DADIA

The Miratray Implant Advanced Tray simplifies the process of taking open tray implant impressions. The tray is provided in three maxillary and three mandibular sized trays, and the trays are unique in their design. The occlusal surface is covered by a transparent foil. This allows easy identification of the heads of the pins intraorally. Retention slots and an internal rim provide mechanical retention to keep impression material in the tray. Should the practitioner choose to supplement the retention with a PVS adhesive, it is recommended that it not be applied to the foil surface because this may obscure visualization of the pins when inserting the tray to proper depth.

The technique involves filling the tray with an appropriate impression material. The tray is then inserted over the open tray impression heads intraorally and pressed down crestally until the top of the impression pins are visible through the transparent foil. The practitioner then presses the tray further until the pins puncture the foil and are visible protruding through the foil. This contains the impression material within the tray without the potential problem often seen with use of custom or modified stock trays of the impression material obscuring the tops of the pins.

Upon setting, the pins are rotated in a counterclockwise fashion and removed from the impression, and the impression is removed intraorally. Because of the design of the tray, it can be used in all implant impression situations, whether the arch is partially dentate or fully edentulous.

Case example

Patient presented ready for prosthetic phase of a single implant in the maxillary second premolar and an adjacent crown on a natural molar. The treatment plan would restore the implant at the second molar with a custom abutment and restore the site with a cemented bridge with a cantilever pontic at the first premolar. Following preparation of the molar, an open tray impression abutment was placed on the implant fixture. The Miratray was tested in to verify it was large enough to capture all of the teeth in the arch without impingement on teeth or soft tissue. An impression material was injected around the gingival aspect of the open tray impression abutment and the sulcus of the molar preparation. The Miratray was filled with additional impression material and inserted intraorally. As the tray was pressed gingivally, the long pin was allowed to perforate the clear foil on the occlusal aspect of the Miratray. Upon setting, the long pin was removed, and the Miratray impression was removed intraorally and sent to the lab for prosthetic fabrication. A master cast was created from the impression and the prosthetics were completed and returned for insertion.

References

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Glycine: New dimension in subgingival biofilm removal

Air polishing no longer limited to only supragingival application

By Juliette Reeves

The removal of biofilm deposits from within the periodontal pocket is recognized as being fundamental in reducing bacterial burden and down regulating the pro-inflammatory response in the treatment of the periodontal diseases. Recolonization of the periodontal pocket by pathogenic bacteria, however, occurs within weeks of initial phase therapy making continuous and regular subgingival biofilm removal a prerequisite in the successful management of periodontal disease.

Repeated intervention, however, is not without disadvantages in that a fine balance exists between root surface debridement and disturbance of the epithelial attachment, and loss of root substance. Repeated use of traditional methods (hand scrapers, curettes, sonic and ultrasonic scalers) can result in significant loss of root substance and surface smoothness, thus limiting the frequency of such intervention.

Until now, air polishing has been indicated for only supragingival application. With the advent of a glycine-based prophylaxis powder designed for subgingival use, a new dimension in the removal of subgingival plaque and biofilm deposits has arrived.

Air polishing

Surprisingly, air polishing is not a new technology. It has been used for almost 50 years. In contrast to air-abrasive techniques, air polishing employs a mixture of air, powder, and water. This fine jet is directed toward the tooth surface at an air pressure of 4–8 bar and a water pressure of 1–5 bar, leading to the removal of surface deposits.

Until now, the powder of choice has been sodium bicarbonate (NaCO3H). However, with a particle size of 100–200 μm (micrometers), it has proven too abrasive for subgingival application. Compared with conventional instrumentation, NaCO3H is more effective in the supragingival removal of plaque deposits and extrinsic staining.

Material burden and down regulating the production of proteins as well as adenosine triphosphate (ATP). Glycine is water soluble, has a lower pH, and is less effective in the removal of subgingival deposits.

Abrasion of dental tissues

Intact enamel surfaces appear not to be significantly affected by NaCO3H air polishing techniques, however, pits and fissures or markings from dental instrumentation appear to be abraded more quickly and easily. Enamel surfaces subjected to significant plaque colonization and areas of demineralization (white spots) appear to be particularly affected.

Root surfaces (periodontal ligament and root dentine) are lower in hardness compared with enamel, and therefore the removal of subgingival plaque deposits with NaCO3H results in substantial wear of the root surface. In vitro experiments on root surfaces have shown significant defects of more than 600 μm following air polishing with NaCO3H.

Histological evaluation of the epithelium, epithelial layers and base membrane of the periodontal pocket have shown significant disruption of epithelial structures, evident as loss of basal membrane following either hand scaling or NaCO3H in the removal of subgingival plaque and associated microorganisms.

While NaCO3H application is a useful and efficient way of removing plaque and biofilm deposits from supragingival enamel surfaces, it is therefore not indicated in the disinfection and maintenance of the periodontal pocket.

Glycine

Glycine is a non-essential amino acid with one of the simplest structures of all the amino acids. Glycine is found in proteins of all life forms, and is important in the synthesis of proteins as well as adenosine triphosphate (ATP). Glycine is water soluble, has a lower pH, and is less effective in the removal of subgingival deposits.

Grant supports nursing-home oral health

‘Pros in Profession’ winner to use $5,000 from Crest Oral-B to train care staffs

Crest® Oral-B® has awarded Ann Benson Ross, RDH, BS, of Phoenix, the brand’s first-ever Pros in the Profession® grant for “Advancing Oral Health in the Community.” Together with her fellow staff at Mobile Dentistry of Arizona, Ross plans to use the $5,000 grant toward delivering onsite oral health services to nursing home residents who are in critical need of care but unable to obtain such services. Because of financial reasons, physical immobility of patients and lack of proper training among staff, oral health care tends to lag behind other forms of care in nursing homes.

To continue supporting the work that the Pros in the Profession year-one winners are doing in their communities, Crest Oral-B called for grant proposals from these dental hygienists earlier this year. Each unique application centered on a common theme and outlined ways in which the $5,000 funds would be used to improve the state of oral health within each winner’s community. Ross was selected based on her compelling demonstration of the urgent need for financial support to help bring oral health care to nursing home residents who are at a clear disadvantage in her community.

“It is estimated that only 50 percent of people with a significant disability are able to find access to professional dental care,” Ross said. “At Mobile Dentistry of Arizona, it is our priority to close this oral health gap in our community’s nursing homes by bringing dental care access to residents with mobility challenges—a mission that is greatly enhanced and supported with the help of the Crest Oral-B grant.”

Ross’s goals through the grant are two-fold. Along with delivering oral health services to nursing home residents, her team will provide the necessary training for nursing home staff to continue to help maintain residents’ oral health care routine, including assistance with brushing and flossing.

“Crest Oral-B is proud of dental hygienists like Ann who are truly making an impact in patients’ lives, and we are committed to helping further their impact on oral health beyond their daily practice,” said P&G Dental Hygienist Relations Manager Wendy Bebey, RDH, BS. “We are excited to continue our partnership with Ann through the Pros in the Profession grant and provide her with the means to help fulfill our joint-mission of ‘Advancing Oral Health in the Community.’”

The Crest Oral-B Pros in the Profession program recognizes registered dental hygienists who go above and beyond the call of duty every day. Throughout the year, Crest Oral-B rewards a selection of deserving professionals, as nominated by their peers, who truly make an impact on patients and the oral health cause. To learn more about the program, you can visit www.crestoralb.com. For information about Crest Oral-B products and resources, visit www.dentcare.com.
In vitro evaluation of glycine powder on subgingival cementum and dentin showed that subgingival application resulted in significantly smaller defect depths compared with NaCO₃ powder (0.6 μm and 0.1 μm, respectively). Laboratory test data also confirm that in comparison with NaCO₃, in vitro evaluation of enamel surface roughness and enamel wear after treatment with glycine powder was considerably less and resembled the untreated enamel control surface. An in vitro evaluation and comparison of the surface roughness of glycine powder and conventional polishing procedures found that while conventional polishing leaves grooves and scratches on the enamel surface, glycine powder resulted in a smooth enamel surface similar to untreated enamel.

Plaque removal

A number of studies have evaluated the plaque removal efficacy of glycine powder and hand scaling. The results of these studies are varied, possibly because of the different techniques used to remove air polishing with glycine powder and conventional polishing procedures found that while conventional polishing leaves grooves and scratches on the enamel surface, glycine powder resulted in a smooth enamel surface similar to untreated enamel.

Conclusion

Subgingival debridement is considered essential in treating periodontitis and has been shown to be pivotal in arresting disease progression. Biofilm formation occurs rapidly in periodontal pockets following treatment with subgingival biofilm removal. The mean reduction of total colony-forming units (CFUs) was 63.4% at 2 weeks after treatment. In both studies, test treatment with glycine powder resulted in significantly greater reduction in CFUs at interproximal sites (two times more) and buccal and lingual sites (three times more) compared with hand instrumentation.

Additional study has shown that penetration of the pocket with glycine powder is comparable to hand instrumentation, with 80 percent debridement of the root surface in pockets of more than 5 mm in depth. Using a split-mouth design in 27 patients respectively, plaque samples were taken before and after treatment with either glycine powder or hand curettes. Plaque samples were also taken from untreated sites as a control. Analysis of RNA showed that the use of glycine powder as an alternative method of removing plaque and calculus may provide significant benefits.

Patient acceptance.

For periodontal therapy to be successful, regular maintenance and pocket disinfection are important. This is greatly influenced by patient acceptance, pain perception and post-operative comfort. Patient acceptance surveys conducted across five dental practices involving a total of 80 patients indicate that treatment with glycine air polishing is widely accepted. Seventy percent of patients reported either excellent or good patient comfort, with 96 percent of patients willing to undertake the treatment again.

Further study has also reported greater patient acceptance and comfort with glycine air polishing compared with hand instrumentation. This was a single blind, randomised split-mouth trial using a new subgingival delivery system, compared with the powder, compared with hand instrumentation (curettes). No adverse effects were reported in the test group, with patients reporting less pain than the hand instrumentation group (93 versus 2.2 on a score of 1–10). Treatment in the test group was also completed three times more quickly than the control group, with comparable microbial reduction.

Considering the high level of patient acceptance, biocompatibility and efficacy, the use of glycine powder for biofilm removal greatly enhances the success of periodontal maintenance therapy and has the potential to offer significant benefits in the supportive care of the periodontal patient.

References

CONGRATULATIONS, KASHA LOWER, RDH

FOURTH CREST® ORAL-B® PROS IN THE PROFESSION® WINNER FOR YEAR TWO OF THE PROGRAM

Kasha Lower, Registered Dental Hygienist, has been practicing dental hygiene for more than 14 years, holding an Associate of Science degree from Pasco-Hernando Community College. Kasha currently resides in New Port Richey, FL, with her husband and son.

Kasha is passionate about community service and giving back to those in need. She is an active volunteer for the Great American Teach-In, a program in which she visits local schools and teaches children about the importance of oral health. She also regularly works with the Smile Faith Foundation, an organization that helps physically damaged patients restore their smiles, regain their confidence, discover their personal growth and venture into new career opportunities through major dental care and life-coach counseling.

One of Kasha’s most memorable experiences in her career occurred while performing a routine head and neck exam, during which she detected a cancerous lump in her patient’s neck. Kasha considers this experience a testament to the importance of thorough patient examinations and the crucial role dental hygienists can play not only in oral care, but in overall health.

+++++

Kasha is a fan of the Oral-B Power toothbrush, a staple in her own oral care routine. She also recommends Crest PRO-HEALTH® products for her patients, including the new Clinical Plaque Control line.

For more information about Kasha and the program, log onto www.prosintheprofession.com or stop by the Crest Oral-B booth at upcoming dental conventions.

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