America’s Toothfairy fifth anniversary

By Fred Michmershuizen, Online Editor

Hundreds of dental industry leaders were on hand during the Midwinter Meeting in Chicago as the National Children’s Oral Health Foundation (NCOHF), known as America’s Toothfairy, held its fifth anniversary celebration Feb. 24 at the Hyatt Regency.

The mission of the NCOHF is to eliminate pediatric oral disease and promote overall health and well being for millions of children from vulnerable populations.

The NCOHF is a comprehensive resource provider for non-profit community programs that deliver critical preventive, educational and treatment services.

Among those speaking at the reception were NCOHF board member Dr. Gordon Christensen and NCOHF President and CEO Fern K. Ingber, who both expressed thanks to the association’s corporate underwriters, whose contributions allow 100 percent of donations to go directly to children’s oral care services.

The NCOHF provides vital financial, product and technical support to a growing national network of not-for-profit Affiliate programs and volunteer dental professionals delivering critical oral health services for underserved children.

All NCOHF affiliate partners use a comprehensive preventive, restorative and educational model to break the cycle of pediatric dental disease and improve children’s overall health.

Hinman’s southern hospitality

Take a sneak peek at what there is to look forward to at the Hinman Dental Meeting, March 24–26, in Atlanta. The event has a long-standing reputation of excellence, offering the highest quality continuing education delivered by the industry’s foremost experts and served with southern hospitality that only Hinman can provide. (Photo/Fred Michmershuizen, Online Editor)

Oral Health America holds annual gala

By Fred Michmershuizen, Online Editor

Founded in 1955, Oral Health America (OHA) is a national non-profit organization dedicated to changing lives by connecting communities with resources that increase access to dental care. Funded by charitable contributions, the association also provides education and advocacy for all Americans, especially those most vulnerable.

OHA held its 21st annual Gala and Benefit at Chicago’s Field Museum on Feb. 23, during the recent midwinter meeting. The evening featured a reception, an auction and raffle and dinner, followed by music and dancing.
Osteoporosis and bisphosphonates

The administration of bisphosphonates, via an IV or orally, is an important distinction

By David L. Hoexter, DMD, FACD, FICD

If used appropriately, bisphosphonates are a tremendous tool in treating osteoporosis. There is currently a great deal of confusing information over when and how to safely use them.

Clearing up the confusion is important because more than 50 million people in the United States are currently suffering from osteoporosis, and if they are not treated, they are at risk for osteoporotic fractures that seriously jeopardize their lives.

At present, bisphosphonates are the best tool to reduce bone loss and significantly reduce the chance of these fractures. It is estimated that 24 percent of patients with osteoporotic fractures not treated by bisphosphonates will die because of these fractures.

Recently, reports of osteonecrosis of the jaw (ONJ) associated with bisphosphonates have caused fear about using certain medication. The reports by Dr. Marx and later by Dr. Ruggerio related osteonecrosis lesions after oral surgical procedures were done on patients in hospitals under IV bisphosphonate administration.

This article seeks to clarify some of the unknowns, or innuendo, surrounding the fear of using bisphosphonates. As it was once wisely written: “We have nothing to fear but fear itself.”

Identifying the problem

Today we have acquired fear about using certain medication for osteoporosis. Namely, bisphosphonates and their relationship to osteonecrosis. Osteonecrosis is defined as the death of bone tissue due to an impaired blood supply. When the diagnosis of osteonecrosis is made, the cause is listed as definite causes and possible causes.

Definite causes includes: alcohol abuse, atherosclerosis, decumption and its relationship to osteonecrosis lesions after oral surgical procedures were done on patients in hospitals under IV bisphosphonate administration.

Definite causes includes: alcohol abuse, atherosclerosis, decumption and its relationship to osteonecrosis lesions after oral surgical procedures were done on patients in hospitals under IV bisphosphonate administration.

Tell us what you think!

Do you have general comments or criticism you would like to share? Is there a particular topic you would like to see more articles about? Let us know by e-mailing us at database@dental-tribune.com. Please send us an e-mail at c.e.ichem@dental-tribune.com and be sure to include which publication you are referring to. Also, please note that subscription changes can take up to 6 weeks to process.

Fig. 1a (left): A cross section of normal, healthy bone.
Fig. 1b (right): A cross section of osteoporotic bone.

(Photos/Provided by Dr. David Hoexter)

Chair of the OHA Gala Committee Genevieve M. Bauer welcomes attendees at the annual Oral Health America Gala on Feb. 23. (Photo/Mark Eisen, Dental Tribune)

Dr. David L. Hoexter
Dental Tribune
Editor in Chief

Genevieve M. Bauer, chair of the OHA Gala Committee, welcomed attendees. Also speaking were Dr. George Zebak, chair of the Chicago Dental Society Foundation, Dr. Keith Suchy, chair of the OHA board of directors, and Beth Truett, president and CEO of OHA.

About 800 people attended the event, which raised $500,000 for Smiles Across America, NSTEP (National Spit Tobacco Educa- tion Program), the Wisdom Tooth Project, Medical Dental Dialogues and the Campaign for Oral Health Equity.

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pression sickness, Guacher’s dis-
ease, high doses of corticosteroids,
radiotherapy, sickle cell disease and
tumors. Possible causes include: blood
clotting disorders, Cushing’s syn-
drome, diabetes mellitus, fatty liver,
gout, lipid disturbances, pancreatic cancer, pancreatic cancer, pancreatitis,
smoking, systemic lupus and ery-
thematosis.

 brittle bones and fractures are
more prevalent as the population
lives longer. It is estimated that
20 to 30 million people have con-
cerns about their osteoporosis and
are taking medications to cease
or prevent their osteoporosis. The
medications to aid osteoporosis
are in general called bisphospho-
ates.

When clinical reports of associ-
ations of bisphosphonates to osteo-
necrosis were distorted, it started
a reaction that caused people to
associate all bisphosphonates and
all levels of strengths and dosages
in one grouping. It is as if one
were to claim all antibiotics are
the same and only one strength
were to be used for all instances.
There is a benefit to being made
aware by Marx and Ruggerio, and
now drug makers are also aware of
the possibility of ONJ and include
this information in their listing of
possible side effects for bisphos-
phonates.

However, the result of this infor-
mation has also caused people to
hesitate in their efforts to prevent
or inhibit osteoporosis. Suddenly,
lawyers have come to the fore who
claim to specialize in representing
patients using bisphosphonates
who wish to instigate a lawsuit
and actually advertise to acquire
plaintiffs who have been harmed
by using bisphosphonates.

Oral surgeons at dental meet-
ings are also showing more osteo-
necrotic lesions in their presen-
tations. However, the causes of
these necrotic lesions are not nec-
essarily from bisphosphonates.

Clinical reports of osteonecrosis
associated with bisphosphonates
was brought to dentists’ aware-
ness by oral surgeons (Marx and
Ruggerio) some 30 years after the
use of bisphosphonates were first
released to the public and received
FDA approval.

Oral bisphosphonates were first
approved and released in 1970, and
clinical reports of oral necro-
sis were published after 2003. The
clinical reports independently
provided proof of oral necrotic
bone lesions resulting when treat-
ing patients in hospitals that were
under some regime and hospital-
ized.

Only after oral surgical ther-
apy, while in the hospital, these
patients presented necrotic oral
lesions and their sequela.

While I do appreciate the
reporting of such information and
now avoid having patients acquire
further trauma, I found myself
asking: “What were these patients
doing in a hospital environment
to begin with?” As reported, the
patients were all hospitalized for
cancer therapy and undergoing
chemotherapy. Their resistance
factors certainly may, under those
circumstances, be altered.

The method of receiving
bisphosphonates while being
treated in a hospital was not, as
most commonly accepted, orally,
but rather intravenously.

Intravenous bisphosphonates
have been used for Paget’s dis-
ease, hypercalcemia associated
with malignancy and with anti-
neplastic bone lesions associated
with breast cancer and multiple
myeloma. The strength and dos-
ages of the medication used with
the IV was close to four times the
recommended oral dosage.

There are, of course, protocols
for treating hospitalized patients,
and they were all followed. Yet,
these reports are being interpo-
lated to encompass all modes of
bisphosphonates delivery systems.

However, there are positive
results from using oral bisphos-
phonates when administered at
the proper dosage. Emphasis must
be placed upon differentiating the
reported results from all intrave-
nous delivery of bisphosphonates
as well as the recognition of differ-
ent dosages.

In my practice, I have patients
who are taking oral bisphospho-
ates. I treated them for periodon-
tal disease with surgical interven-
tion with positive results over the
years.

The same goes for patients
that continued taking their oral
bisphosphonate medication when
I placed implants and achieved
successful results.

Dr. M. Jeffcoat reported a three-
year study comparing patients
taking oral bisphosphonates with
non-medicated patients. Each
group received the same number
of implants inserted. The results
were the same for each group:

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approximately a 98 to 99 percent acceptance.

The millions of patients that have osteoporosis and need assistance are the ones that we are trying to aid, not deter. Let our profession encourage and inform patients of all the facts pertaining to bisphosphonates. Indeed, I have apprehensions of unknown possibilities for those taking various medications.

As such, in the case of oral bisphosphonates, what might be the accumulative effects of taking this medication for five or 10 years?

A recent report from the University of Southern California showed a 96 percent success rate of people using oral bisphosphonates with osteoporosis. A new acronym for bisphosphonate-associated osteonecrosis, BON, has become popular in discussions.

It behooves us to share this knowledge with our patients. In particular, we must clearly note the difference in administration of bisphosphonates via an IV or orally when discussing the use and safety of these drugs. So-called “drug holidays” are not the answer. There is no supporting data that stopping the use of bisphosphonate medication for a set amount of time reduces the risk of developing BON.

Perhaps standardizing a bone turnover marker test and getting a base line of bone metabolism, a DTX information gathering radiograph — definitely as the American Dental Association suggests with osteoporosis — and trying to avoid oral pathology by undergoing regular oral examinations by a dentist and increasing good oral hygienic techniques by using power toothbrushes or hand toothbrushes, and avoiding alcohol rinses would decrease risk.

Perhaps with knowledge and statistical studies we can help eliminate this fear.

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**Editor’s Corner**

**Fig. 2 (Illustration provided by Dr. David Hoexter)**

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**About the author**

**Dr. David L. Hoexter** is director of the International Academy for Dental Facial Esthetics, and a clinical professor in periodontics at Temple University, Philadelphia. He is a diplomate of implantology in the International Congress of Oral Implantologists as well as the American Society of Osseointegration, and a diplomate of the American Board of Aesthetic Dentistry.

Hoexter lectures throughout the world and has published nationally and internationally. He has been awarded 11 fellowships, including FAD, FICD and Pierre Fauchard. He maintains a practice at 654 Madison Ave., New York City, limited to periodontics, implantology and esthetic surgery.

He can be reached at (212) 555-0004 or drdavidl@aol.com.
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[www.milestonescientific.com](http://www.milestonescientific.com)
The 2011 Thomas P. Hinman Dental Meeting — the 99th — will be held March 24 to 26 at the Georgia World Congress Center and Omni Hotel in Atlanta. The theme of the Hinman meeting is “Quality Continuing Education Served With Southern Hospitality,” and organizers say this year’s event will not disappoint.

Some of the highlights of Hinman 2011 include the following:

- At least 60 leading authorities in the field of dentistry.
- More hands-on courses (60-plus) offered than ever before for the entire dental team.
- All-day educational tracks for dental hygienists, assistants and office staff.
- New “Business of Dentistry” track for dentists.
- Multiple one-hour courses, allowing for more time on the exhibit floor.
- Hinman Eatery, located at each end of the exhibit hall.
- A Dentist Reception to be held on Friday night.

Education in Atlanta

No matter what your area of interest, there are courses available just for you. Speciality educational tracks include those for dentists, hygienists, assistants and business office staff.

The Hinman Dental Meeting utilizes a computerized accreditation process. Attendees who register for courses will receive a ticket listing the course and speaker for each class and a C.E. scan ticket. These tickets can be stored in the badge holder.

Be sure to make note of the C.E. code announced at the conclusion of each course and keep the C.E. scan ticket and your badge number included in your registration materials. C.E. certificates can be printed out at the conclusion of each course, at the end of the meeting or from www.hinman.org for up to six months following the meeting.

The Thomas P. Hinman Dental meeting is an Approved PACE Program Provider (FAGD/MAGD Credit) by the Academy of General Dentistry. To receive AGD credit, include your AGD number where indicated on the registration form.

Upon processing your C.E. codes for credit, your completed information will be submitted to the AGD following the 2011 Hinman Meeting.

Table clinics

Table clinics are complimentary tabletop presentations, which are each 10 minutes in length and are given by volunteers from the dental community. Spend a minimum of one hour and attend at least six table clinics to receive one hour of continuing education credit. C.E. cards for table clinics will be available at the table clinic desk in Exhibit Hall A3. Table clinic presenters will stamp the card at the completion of each presentation, and a code will be provided for CE credit as you exit. Enter behind the 2700 aisle.

Exhibit hall

The exhibit hall is a great place to see the latest dental products, technologies and meet people. Free Internet access is available in the Cyber Café, and complimentary morning and afternoon snacks are also provided.

Make sure you check out some of the table clinic presentations, several of which are presented by dental students.

And don’t miss the closing party in the exhibit hall on Saturday from 2 to 4 p.m. and enjoy a complimentary cocktail.

The exhibit hall will be open on the following dates and times:
- Thursday, March 24, 9 a.m. to 5:30 p.m.
- Friday, March 25, 9 a.m. to 5:30 p.m.
- Saturday, March 26, 9 a.m. to 4:30 p.m.

Special events

The meeting also offers several fun events to attend. Be sure not to miss:
- Auxiliary Reception on Friday. This gathering is filled with free food, drink and dancing.
- Dentist Reception on Friday. This event has a spread of food and a live band.
- “Up on the Roof” party on Saturday at STATS in the Luckie Marietta District.
- Other things to do include a Thrashers hockey game, taking a cooking class and much more.

More information on the 2011 event is available online at www.hinman.org.

(Source: The Hinman Dental Society of Atlanta)
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Air-Flow kills biofilm

Subgingival application of the Air-Flow method allows smooth, efficient removal of bacteria in the periodontal pocket

Biodilem is a dirty word
Thousands of bacteria strains deep down in the periodontal pocket are responsible for the development of various diseases. The magnitude is enormous and so is the need for periodontal disease management.

No need to mention the increased risk factor on systemic diseases such as diabetes, stroke, or premature birth.

Swiss-based Electro Medical Systems (EMS) is well known for Air-Flow®, the original method for supragingival air polishing. Yet, too few dental professionals are aware of the unique subgingival application of this mix of powder and air.

“Air-Flow goes subgingival,” says EMS, and brings the point home. A unique nozzle delivers the air-powder mixture deep into the pocket where rinsing water washes out the eliminated biofilm. The deep and consumables go hand in hand for extraordinary results without any stress or risk for the patient, according to the company.

The patented single-use Perio-Flow nozzle has been especially designed for use in deep periodontal pockets (up to 10 mm). According to EMS, it creates optimum but gentle turbulence in subgingival areas and prevents soft-tissue emphysema via three horizontal nozzle outlets for air-powder mixture and one vertical nozzle outlet for water.

Abrasive – a bad idea?
There is also the Perio Flow Method, and the company has specific features for its periodontal use. The glycine-based grains are extra-fine (25 µm). In addition, the grains have a particularly low specific density (d 50).

As a result, the original Perio-Flow Method is highly effective when it comes to abrading harmful biofilm, but will not do any harm to the tooth surface or dentin, explains the company.

According to EMS, it is important to lay this misconception to rest: abrasion is not wrong, as long as, from the gingival crest to the deepest periodontal pockets, it has no adverse effects on the tooth.

A representative from EMS said that the company is very enthusiastic about the growing market acceptance of the Perio-Flow Method and that the company is proud to go beyond the boundaries of conventional periodontal disease management.

If your patients only knew
The wound surface of moderate periodontitis in the entire oral cavity equals the size of the palm of a hand. No wonder it affects the entire immune system, often with dramatic effects on the body as a whole.

Four out of five patients suffer from a form of periodontitis (50 percent severe).

If they knew that periodontitis is the most common cause of tooth loss, wouldn’t they ask for a way to prevent it?

And if they learned, too, come loose with the withdrawal of bone tissue. According to EMS, regular prophylactic treatment with the original Air-Flow Method is proven to prevent peri-implantitis and its costly aftermath.

Thus, the implant patient is and continues to be a patient, too. □

* German Oral Health Survey, 2006

Solving one of dentistry’s challenges: fear of injections

Of all the procedures performed on a routine basis, the one procedure that is universally perceived by patients as the most fear- and anxiety-provoking is the dental injection. In spite of the significant advances made during the past 100 years, our profession has yet to conquer one of the greatest challenges of dentistry—or has it?

Milestone Scientific, Inc., after spending the past decade responsibly and methodically studying this problem, now believes that with the introduction of its new product, the Wand/STA System instrument, it has finally conquered this age-old problem.

The Wand/STA System instrument represents the world’s first and only technology that uses the patented Dynamic Pressure Sensing (DPS®) technology that accurately and safely performs a pressure-regulated intra-lingual dental injection.

The new Wand/STA System can also perform all traditional dental injection techniques, i.e., inferior alveolar block, supra-periosteal infiltration, etc. All techniques are performed more efficiently, more effectively and virtually painless.

Milestone’s new technology incorporates visual and audible real-time feedback, giving clinicians an unprecedented level of control and information when performing a dental injection.

The Wand/STA replaces the antiquated heavy metal syringe with an ultra-lightweight disposable handpiece weighing less than 10 grams for superior ergonomics and tactile control. The experience for both patient and dentist is one that is significantly less stressful.

Milestone Scientific, Inc. created and defined a new category of dental instruments called C-CLAD (Computer-controlled Local Anesthetic Delivery) systems.

These are the only dental injection instruments that have the published scientific data that substantiate the claim of eliminating or reducing pain perception when performing a dental injection. This technology has undergone the rigors of clinical testing that has been performed in numerous universities and research centers throughout the world for more than four years. According to the company, these studies are published in some of the most highly respected dental journals in the profession. No other instrument, technology or device developed specifically to reduce pain and anxiety while performing a dental injection can currently make that statement.

With the introduction of C-CLAD technology, several newly defined injections were also introduced to dentistry. The Wand/STA System has been optimized to perform these new dental injections.

The first of these techniques, the anterior middle superior alveolar (AMSA) nerve block, published in 1997 by Friedman and Hochman, is a contemporary technique to achieve maxillary pulpal anesthesia of multiple maxillary teeth from a single palatal injection without producing the undesired collateral anesthesia to the lip and face.

Subsequently, Friedman and Hochman introduced a second injection, named the palatal-approach anterior superior alveolar (P-ASA) nerve block, in which pulpal and soft-tissue anesthesia of the central and lateral incisors are achieved by a single palatal injection.

The general reduction in pain perception for all injections has led to innovative ways to producing more efficient and effective dental anesthesia.

In addition to the new dental injection discussed above, the Wand/STA System instrument improves the success rate of traditional injections such as the inferior alveolar nerve block.
Holding the Wand handpiece, with a pen-like grasp allows the clinician to easily rotate while simultaneously moving the needle forward, increasing accuracy by decreasing needle deflection. Added to the ability to use the new multi-cartridge injection feature, the Wand/STA instrument provides numerous advantages when performing traditional injection techniques.

The introduction of the Wand/STA System instrument represents a material improvement over previous versions of this technology. Numerous innovative new features are available in the Wand/STA System. They include automatic purging of anesthetic solution that primes the handpiece prior to use, automatic plunger retraction after completion of use, a multi-cartridge feature allowing multi-cartridge injections and reduction of anesthetic waste.

Milestone Scientific has developed a novel training feature in the Wand/STA System instrument, providing clinicians with spoken instructional guidance on the use of the instrument, thereby substantially reducing the initial learning curve. The Wand/STA System instrument is today’s most advanced C-CLAD technology and represents the next generation of computer-controlled drug delivery instruments for dentistry.

References
An interview with Sanavis Group Executive Chairman Dr. Martin Rickert

‘Our goal is to offer solutions and products with a definite benefit for the practitioner’

An interview with Sanavis Group Executive Chairman Dr. Martin Rickert

Dental supplier SycoTec, headquartered in Leutkirch, Germany, acquired MICRO-MEGA — a French company with a long-standing tradition of excellence in autumn of 2008.

In February 2010, the Canadian company SciCan joined the duo. The merger of SycoTec, MICRO-MEGA and SciCan formed the Sanavis Group, which is now one of the 10 largest suppliers of dental equipment worldwide.

Executive Chairman Dr. Martin Rickert spoke with Dental Tribune about these new developments.

Dr. Rickert, what does the name Sanavis mean and what new tasks has the merger brought to the group?

The word sanavis is borrowed from Latin and, simply translated, means “health and strength.” The name is meant to illustrate that the group consists of companies whose main business segment is dental products designed to enable dentists, and consequently patients, to attain and maintain good oral health.

Contemporary and innovative products are the foundation of our company strategy. Our main task is gradual orientation toward a joint fundamental strategy and the development of joint processes so that our customers can directly benefit from the advantages of this merger.

Which advantages do you see resulting from this merger?

First of all, we are able to offer our customers an improved service. With a much greater regional presence, our customers now receive a much more effective, more individualized service.

Furthermore, we are now able to coordinate sales of the individual companies much more effectively, thus making them more attractive to our customers.

This will also affect the product development process and, in turn, lead to products that enable improved courses of treatment. Internally, we will be able to benefit from clear advantages in production, purchasing, logistics, administration and reporting.

What are the individual companies going to focus on and which role will they play within the Sanavis Group?

Ergonomics and safety are the key features of all our future products. In this context, ergonomics means enabling the person providing the treatment to work as simply, efficiently and carefully as possible. Safety refers to minimizing the potential for error during the course of the treatment and to the wide field of infection control.

MICRO-MEGA is our endodontic specialist, offering everything from root-canal instruments to filling materials. SciCan is our infection-control specialist, covering general practice hygiene, instrument sterilization and infection control during treatment. Both companies have similar needs with regard to dental drive technology.

Simply put, this term refers to technologies and products that make devices rotate or move, such as micro-motors, handpieces and turbines. SycoTec, an expert original equipment manufacturer, is our specialist in this.

Let’s take at the individual companies. MICRO-MEGA, the French manufacturer of high-precision tools for root-canal treatments, has been setting world standards on the international dental market for more than 100 years. Which product is considered to be state-of-the-art now?

With the Revo-S system for root-canal preparation, MICRO-MEGA undisputedly has the right to claim a pioneering role once again. Revo-S is a NTI instrument system that offers unparalleled ease of handling for the practitioner with maximum protection against file breakage.

The root canal can be prepared in a clever sequence with only three files. Easy-to-use upgrades are also available for complicated canal shapes. This system is a good example of the advantage of MICRO-MEGA’s many years of experience in endodontics.

Moreover, SciCan complements the range of products with its full spectrum of infection-control solutions. The timing is excellent considering that the legal regulations with regard to infection control are becoming increasingly more stringent.

Infection control is becoming increasingly important, not only as a result of the regulatory requirements. SciCan offers complete solutions from A to Z. Dentists can rely on more than 50 years of experience, which has led to products that offer maximum efficiency, consistency and safety. The rapid sterilizer, Statim, is a great example.

While it is easy to handle, economic and functional, its short cycle time is unrivalled. Practitioners can rely on more than 50 years of experience, which has led to products that offer maximum efficiency, consistency and safety. The new thermal disinfectant, Hydrim, impresses with its simple installation and economic operation. Naturally, all products adhere to all regulatory requirements.

Owing to the financial and economic crisis, many companies have struggled to maintain their position in the international markets. Do you feel well positioned because of the merger?

In the difficult macroeconomic environment we have been experiencing in recent years, it is an advantage to be part of a strong group. We therefore feel very well equipped for the future, not only in terms of purely economic aspects, but also generally with regard to our future business.

Our goal is to offer solutions and products with a definite benefit for the practitioner. Being a strong group makes this easier and provides greater future security.

MICRO-MEGA and SciCan are internationally recognized brands that are constantly investing in research and development. The Sanavis Group is now a global player. How do you intend to take advantage of this?

Even though we have reached the size of a global player, we will continue to structure our business locally. However, we will now make use of our expanded network in the respective local branches. This applies to our research partners, as well as to sales and service care.

Moreover, we can now also tackle new developments that would have been too large for the individual companies.

The main advantage surely is that we are now able to access the expertise of the partner companies for new developments.

In the future, products will become increasingly digitalized and integrated, making the integration of different product areas indispensable. A great deal can be expected of us in this respect.

Will the Sanavis Group appear under one umbrella at trade fairs and exhibitions in the future?

Yes, this will be the case at the larger trade fairs, such as the International Dental Show [IDS]. However, a joint umbrella does not mean that the names Sanavis will be at the fore. MICRO-MEGA and SciCan will continue to form the backbone of the trade fair presence. However, the brands will exhibit at a joint booth.

Which products will be in focus during the IDS and what innovations can we expect?

We have already strengthened our development efforts and look forward to being able to present a large number of new products. These new developments include a new, rapid sterilizer and advanced dental disinfectors. We will also present new root-canal fillers.

In the field of drive systems, visitors will be able to see a whole range of innovations, such as new micro-motors, handpieces and contra-angle handpieces, as well as motors with an innovative ergonomic design. I believe that never before have we been able to present such an explosion of innovations!

Dr. Martin Rickert (Photos/Provided by Sanavis Group)
Arguments for providing loupes for dental hygienists

The primary arguments for why a dental hygienist should use loupes are essentially the same as why the dentist should use loupes.

The use of a loupe forces a certain working distance and, therefore, posture. Truth be told, a hygienist spends more time over a patient each day than a typical dentist. This means that posture and reduced eyestrain is even more important for the hygienist than the clinician.

The improved vision of the loupe does far more than make it easier for the hygienist to see. Not only will hygienists be able to perform the cleanings more quickly, the quality of the cleanings will be considerably higher and they will be less likely to miss issues that should be brought to the dentist's attention.

The economic argument for why the dentist should purchase high-quality loupes for his or her hygiene staff becomes clear. The most common cause of disability claims for hygienists are neck, back, and eye strain. Every single day that a hygienist is out due to these kinds of repetitive injuries equates to a $3,000 loss of revenue for the practice.

By using loupes, patient throughput and satisfaction is improved. The number of billable procedures discovered during routine cleanings is increased based on the hygienist's ability to better visualize and identify potential problem areas.

The one argument against buying loupes for hygienists is that the dentist fears the hygienist will leave and he/she will be out the money spent on the loupes as well as being out the hygienist.

The beauty of the Heine HR loupes is that they can easily be re-customized for any new hygienist that would join the practice so they continue to retain their value.

Fight oral cancer!

Prove to your patients just how committed you are to fighting this disease by signing up to be listed at www.oralcancerselfexam.com. This website was developed for consumers in order to show them how to do self-examinations for oral cancer.

Self-examination can help your patients to detect abnormalities or incipient oral cancer lesions early. Early detection in the fight against cancer is crucial and a primary benefit in encouraging your patients to engage in self-examinations.

Secondly, as dental patients become more familiar with their oral cavity, it will stimulate them to receive treatment much faster.

If dental professionals do not take the lead in the fight against oral cancer, who will? And in the eyes of our patients, they likely would not expect anyone else to do so — would you?

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Is sleep dentistry for you?

Sleep dentistry is changing the way patients with sleep disorders are treated. Traditionally, sleep apnea has been the exclusive responsibility of MDs, neurologists or pulmonologists, but dentists are now focusing their energies on how patients who snore can improve their quality of sleep.

When patients are diagnosed as sleep apneic, they are usually placed on a CPAP machine, which involves a mask and breathing tube that they wear while sleeping. Until recently, surgery was one of the few alternatives to CPAP.

Dentists have started treating sleep apneic patients because they understand how occlusion and the position of the jaw can influence a patient’s airway. Many dentists offer oral sleep apnea and anti-snoring devices to help patients who don’t wish to undergo CPAP treatment or surgery.

“I now always discuss, in my report and with my patients, whether they had loud, steady snoring,” said Dr. Lisa Shives, a sleep expert who authored an article about snoring for CNN Health. “If they did, I recommend treatment, usually with an oral appliance, sometimes with CPAP.”

Sleep apnea awareness has grown steadily. SLEEP Journal noted in 2008 that loud snorers are 10 times as likely to have obstructive sleep apnea, which has motivated doctors and dentists to identify treatments.

Even Dr. Mehmet Oz has jumped on the sleep apnea bandwagon. Recently on “The Dr. Oz Show,” Oz explained the difference between snoring and obstructive sleep apnea.

According to Oz, the best solutions are to lose weight and then consider surgical solutions. Secondarily, Oz mentioned CPAP, and finally, oral appliances to pull the mandible forward.

“I am seeing a growing demand in my patient base,” reports Dr. Mark Weisser, a Santa Barbara dentist and member of the American Academy of Cosmetic Dentistry who treats sleep apnea and snoring. “But a lot of the appliances I’m making are for CPAP patients that can’t stand their mask and whatnot, so they’re going to Google and looking for other options.”

“As a dentist, I feel I have an opportunity to ‘bridge the gap’ so to speak, and help catch more cases of sleep apnea,” adds Dr. Don Lowrance, who practices in Corpus Christi, Texas. “They’re in my chair, and it doesn’t take that much time to ask some simple questions that tell whether or not a sleep study is warranted.”

Omaha sleep apnea dentist Dr. Roger Bouhal routinely asks his patients if they snore.

“It’s a simple question, but by asking it, we’re potentially saving lives in the dental office.”

The American Academy of Cosmetic Dentistry will offer several lectures on sleep apnea, among many other dental topics, at the annual scientific session in Boston, May 18–21. Drs. Gary Alex, Kent Smith, Beth Thompson and Lee Ann Brady will focus on sleep apnea in their lectures for the individual dentist and dental team. For more information, visit www.aacdconference.com.
Patient testimonial

“I was so afraid the day I called to schedule my appointment. I was so fearful, yet I wanted to be presentable for my daughter’s wedding. She is the most wonderful daughter a mother could have, I would do anything for her, so I did the hardest thing I had ever done. I read about how you [Dr. Sama] helped others who were deathly afraid of dental care like me. This experience with you and your team has been amazing. I felt so safe within minutes of meeting you and your lovely team. My previous experiences were nothing but fright, doom and gloom, and with each new dentist I felt more and more shame. You and your team are remarkable — you opened your arms and your hearts to me — hugging me and praying for me when you knew I needed it.

“My first appointment with you became a life-changing day. The stories and pictures on your website gave me the courage to come see you. I couldn’t believe what you did for others, and after meeting you for the first time, I knew you could help me.

In under three weeks, I was ready to stand tall with my daughter on her wedding day with a bright and beautiful smile like the smile I once had on my own wedding day, 40 years ago.

I began to love myself too, in a brand new way, with all the shame of a diseased smile finally cast off. And I think my husband fell in love with me all over again. When my daughter and her husband left for the honeymoon, we felt like we were on our honeymoon, too.

My husband was amazed and touched at how you were able to do what no one else could, mainly to get me beyond my fear. And no one can believe you did it without sedation or any drugs to calm me. I felt uplifted and supported from the first moment I walked into your office, and the day you eliminated my disease was one of the greatest days of my life. I can never thank you enough.

Within three weeks, my treatment was complete, and I was not only freed from decades of disease, I had my pretty smile back. No words can express the overwhelming emotions of pure joy I felt in finding my smile again after so many years.

Nothing can express the raw, overriding emotion my husband felt when he finally saw me with my new smile — the one he hadn’t seen for years.”

~ Donna Atkinson
AACD free webinars focus on accreditation

The American Academy of Cosmetic Dentistry (AACD) continues to offer free webinars focusing on accreditation through the AACD Webinar Series. The series, sponsored by Ivoclar Vivadent, features many speakers scheduled to appear at the AACD’s 27th Annual Scientific Session in Boston later this spring. The session will take place May 18–21 at the Hynes Convention Center in Boston. Participants can register for individual webinars in the series by visiting www.aacd.com/index.php?module= Eventpage&ID. No special equipment or programming is needed. Past webinars have been archived on the AACD website. Upcoming webinars include:

• “Composite Mirroring: Aiding with Accreditation and Beyond,” by Brian LeSage, DDS, on March 7 from 12 to 1 p.m. CST. Participants will review multiple smile design principles and tie them into the accreditation examination criteria, evaluate fault with compromise reviewed cases and learn to correct and manage many of the AACD accreditation criteria parameters, and discuss contour, finishing, and polishing to create a seamless, undetectable and appropriate luster to direct composite restorations.

• “Advanced Accreditation Webinar: Case Type IV and V,” by Brian LeSage, DDS, on April 11, from 10 a.m. to 12 p.m. CST. Attendees will understand how cases for accreditation are judged based on specific criteria, learn to discern fine details in judging cosmetic dentistry and present cosmetic dentistry cases for feedback.

Family member testimonial

“Sometimes it is hard to deal with reality, and Donna was literally paralyzed by her fear of dental care. Donna’s way was to keep her lips pursed and hope that no one noticed. She finally agreed to go for help just three weeks before our daughter’s wedding because of what she had read about how you helped others with fears like hers.

“I was so proud of Donna making the commitment to begin care with you, yet I could only guess how difficult the surgery was going to be for her. That night, I could see and feel her fear, yet I was helpless; but she was determined.

“The next morning, I had prepared myself and fully expected to see her pain afterward. It never happened. Instead, I saw pure relief and happiness in Donna’s eyes, and there was absolutely no lingering pain following the surgery you did.

“She had so much peace about the whole process because of each of you. Her new smile, just two weeks later, was the best gift Donna could have given our daughter and me.”

~ Carl Atkinson, (Donna’s husband)

* Sadly, several months later, Carl was diagnosed with Alzheimer’s.

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Presented by
The evolution of the toothbrush

By Emily Sutter, RDH, BS

The toothbrush is an essential tool that is used for the care of our teeth. Have you ever missed brushing your teeth for one day? Have you ever considered what it would be like without the toothbrush?

Like many common household items, we give little thought about the origins or the trials and tribulations these products went through to arrive at their modern form. The toothbrush is no exception.

There is no single person credited as being the sole inventor of the toothbrush. Actually, the toothbrush evolved over time and mainly out of necessity.

Traces of the first toothbrush can be dated back as early as 3500 B.C.E. (before common era) and were thought to be used by the Egyptians and Babylonians. This piece of toothbrush history proves that this device is one of the oldest still used by man. The primitive form of the toothbrush was found in the pyramids of the Egyptians.

These ancient civilizations used a “chew stick” to clean their teeth. This consisted of chewing on one end of the stick until the fibers of the wood formed a brush. These chewing sticks were made out of Salvadora persica branches, which were believed to have healing and antiseptic qualities.

The Chinese are credited with inventing the first bristle toothbrush, similar to the type used today. In the late 15th century, the Chinese took the hairs of Siberian wild boar and manipulated them onto bamboo sticks, one of the most common plants from that region. These bamboo sticks were then used just like a modern manual toothbrush to clean the teeth.

Eventually, the Chinese version of the toothbrush made its way to Europe. One of the biggest downsides to using the Siberian wild boar hair was the fact that it was very rough on the gums. Because of this, some people began to use the hair found on the back of horses to create the bristles on their brushes because this was gentler on their gums and teeth. Despite the added softness of the horsehair bristles, the boar-hair sticks were more commonly used because horses were too valuable to Europeans during this era.

An alternative method Europeans used to clean their teeth was known as the Greek way. It consisted of rubbing one's teeth with a linen cloth or sponge dipped in sulfur oils and salt solutions. Sometimes these cloths were attached to a stick to help reach posterior teeth.

One could argue that the teeth were being mopped rather than being brushed. Essentially, during this era most Europeans still did not brush their teeth.

Nursing association, ADA pursue oral health awareness campaign

The National Association of School Nurses (NASN) and the American Dental Association (ADA) have teamed up to support school nurses in their efforts to promote awareness of oral health in schools.

The 2011 campaign, Empowering School Nurses to Change Oral Health Perceptions, is funded by a $160,000 grant to NASN from the DentaQuest Foundation.

The campaign, which will be primarily web-based and free to the public, will be launched this summer.

The goal of this initiative is to provide school nurses with oral health resources and messages that can be distributed for use in classrooms and health offices.

“School nurses work to ensure that students are healthy and ready to learn. Since 98 percent of children spend their days in school, addressing oral health through the school nurse makes sense,” said Amy Garcia, executive director of NASN.

The campaign will complement ADA’s existing efforts to raise awareness of the importance of oral health in communities across the country.

Each February, ADA reaches millions through its National Children’s Dental Health Month (NCDHM). NASN will work with ADA to help distribute NCDHM materials and to develop new materials as needed.

A needs assessment of school nurses will be conducted in February to help NASN and ADA determine the resources that will be most beneficial in schools.

Another goal of the program will
A great opportunity for all

Clinical hygienists utilize a variety of products every day in the operatory. Clinicians need products to accomplish their jobs. It is taken for granted that products will be available and will perform the way they are intended to. Recently I was afforded the opportunity to tour the corporate headquarters and manufacturing plant of Sunstar Americas, located in Chicago. In addition to the tour, six dental hygiene students from Japan interviewed me. These students were brought to the United States to learn about product manufacturing and dental hygiene in the United States.

The time I spent at Sunstar Americas was eye opening and educational. Seeing how its products are made was amazing to see how much technology and how many people are necessary to make these products. While I am treating patients, there are people hard at work, making sure the products I need are available, and they are making sure the product will do what my patients and I need it to do. I will never look at a toothbrush the same.

After our tour, the Japanese students delivered a short presentation to me explaining where they lived and they shared a bit about their communities. We spent two hours talking with each other after their presentations. They asked me questions about my dental hygiene career. They were very interested to learn there are some similarities as well as some differences between hygiene in our respective countries.

This experience made a great impact on me. I encourage our readers to look closely at the products you use in your clinical practice. Find out where they are manufactured. You may be surprised to learn the location is close to you.

Contact the companies and ask if they offer tours to professional product users. This is a great way to spend an afternoon off and a great team-building activity. Consider taking your team to see how other teams operate and learn how your favorite products come to be.

If there are no companies close to your location, consider visiting when your team is coming to the United States to tour our manufacturers. I think the experience must be valuable.

I welcome any feedback about company tours you have taken in the past or hope to do in the future.

Best Regards,

Angie Stone, RDH, BS

The ADA looks forward to collaborating with school nurses to help children and their parents understand that oral health is an important part of overall health,” says Raymond F. Gist, DDS, DDS, president of the ADA.

“Working together in communities across the nation, school nurses and dentists can help raise awareness about the need for good oral hygiene, good nutrition and regular dental visits in order to prevent dental disease.”

The NASN is a non-profit special-interest nursing organization, organized in 1968 and incorporated in 1977, representing school nurses exclusively. The NASN has more than 15,000 members and 51 affiliates, including the District of Columbia and overseas. The mission of the NASN is to improve the health and educational success of children and youth by developing and providing leadership to advance the school nursing practice.

The DentaQuest Foundation is committed to optimal oral health for all Americans through its support of prevention and access to affordable care, and through its partnerships with funders, policy-makers and community leaders.

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Around 1780, the first modern toothbrush was made by William Addis of Clerkenald, England. Legend has it that the idea actually came to Addis while in prison. Boredom proved to be the motive for Addis to take a bone left behind from his dinner, and bristles that he borrowed from a guard, and combine them to create a tool to clean his teeth. This alternative was far superior to a dirty cloth with soot and salt. After his release, William Addis became the first person to mass-produce toothbrushes. The Addis version of the toothbrush used cow tail hair and tied onto cow bones.

During World War I, the growing need for soup bone became far more important than the need for brush handles. This sparked the birth of Celluloid handles that were made by injecting plastic into molds and cooling them in a given shape. Celluloid handles soon became the No. 1 choice for toothbrush handles. Animal hair bristles continued to be used until 1957, when Wallace H. Carothers created nylon in the Du Pont laboratories. This invention forever changed the history of the toothbrush. In 1958, nylon became one of the first signs of modernization, from the creation of nylon stockings to Dr. West’s Miracle-Tuft Toothbrush, the first nylon toothbrush.

Nylon filament seemed to be the natural choice for replacing animal hair bristles with its countless advantages, including lower production costs and the ability to control bristle texture. Manufacturers found they could also shape the filament tip and vary its diameter for improved performance.

Several disadvantages to boar hair were that it often fell out, did not dry well and was prone to bacterial growth. Although nylon continues to dominate the market today, boar hair bristle still account for about 10 percent of toothbrushes sold worldwide.

After World War II, Americans began to become more concerned about oral hygiene. Brushing teeth regularly became popular in the United States after soldiers returned home and brought with them their strict habits of brushing their teeth. This influence spurred the development of more advanced toothbrushes and helped bring oral hygiene into the mainstream.

Today, more than 3,000 toothbrush patents exist worldwide. The brands, styles and colors of toothbrushes are virtually endless.

Manufactures now offer toothbrushes customized to a patient’s personal needs. Bristle design and texture as well as the size of the brush head are just a few of the variables available for manual toothbrushes, not to mention electrical ones, that patients may choose among.

Over the centuries, the toothbrush has seen many changes in designs and materials used. Now the toothbrush is a scientific instrument, which comes in diverse colors, shapes and sizes. It’s a tool with modern ergonomic designs and safety features. The toothbrush has stood the test of time, thus earning the title of being the cornerstone of proper oral hygiene.

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The truly ‘green’ toothbrush

Some 7,000 years ago, the Babylonians created their own toothbrushes out of Salvador persica, commonly called “miswak.” Miswak sticks were also used by the ancient Egyptians and Muslims, and during the Greek and Roman empires. Certain parts of Africa, Asia, the Middle East and South America still use miswak sticks today.

The reason its use persists in this modern era relates to the fact that it is not only for oral hygiene, but has a social and religious significance in some cultures.

Miswak sticks contain two times the amount of fluoride that is found in toothpaste, as well as silicon, vitamin C, salvadorine and trimethylamine. Minerals include potassium, sodium, chloride, sodium bicarbonate and calcium oxides.

In addition, the bark itself contains an antibiotic that suppresses bacterial growth and plaque formation. Resins and mild abrasives reduce stains from coffee, tea and tobacco while the twig shape massages gums and can access those hard to reach places in the mouth.

If you are game to try if yourself, they are rather inexpensive and can be found at a number of sellers online. At www.miswakstick.com you can also read some of the research papers referenced on the site.

How do you use a miswak stick?
1. Remove the stick from the package and trim or chew the ½ inch of bark off one end of the stick.
2. Chew on the exposed end until the twig forms bristles.
3. Brush as usual. No toothpaste required.
4. When bristles look like an old broom — every few days — cut off the exposed bristles, peel the bark away and start anew.

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