Lots of hands-on C.E. options at CDA event in San Francisco

California Dental Association Presents The Art and Science of Dentistry, Sept. 4–6

CDA Presents continues to expand its educational offerings, evidenced by the San Francisco event’s packed agenda and large exhibit hall numbers. Attendees at the Sept. 4–6 meeting can expect to see a wide variety of presentations and some of the industry’s newest equipment on display in the exhibit hall. The meeting has developed a reputation as a West Coast product-launch venue by many dental companies.

“We expect this show to be one of the best we have put on in San Francisco,” said Del Brunner, DDS, CDA Presents board of managers chair. “We strive to adapt and enhance our programs based on what members want and need to help them better their practices.”

Lots of C.E. options

Highlights among the meeting’s many continuing education courses include:

- Detection and Diagnosis of Oral Lesions for the General Practitioner: A Hands-on Cadaver Course (led by Homayon Asadi, DDS, and William M. Carpenter, DDS, MS). This workshop will provide proper head and neck examination and hands-on experience in oral mucosal and soft-tissue biopsy techniques. Use of appropriate instruments, biopsy site selection, tissue procurement, specimen fixation and relationship with the pathology laboratory also will be covered.

- Local Anesthesia Cadaver Dissection (led by Alan W. Budenz, DDS, and Mel Hawkins, DDS). This workshop will cover the anatomy, landmarks, skull locations, insertion points and needle pathways for the inferior alveolar, mental and advanced (higher) mandibular nerve blocks, such as the Gow-Gates and Akino-si techniques. Also covered is a complete maxillary division nerve block as well as the use of other blocks and infiltrations. Analysis of the neurovasculature, muscles of mastication and accessory innervations in the dissected fields will allow direct visualization and better un-

• See CDA, page A5

Lots of hands-on C.E. options at CDA event in San Francisco
Summer thoughts to warm you this winter

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

This past winter was brutally cold and at times simply depressing. Helping me to keep warm during this forthcoming winter will be photos of the previous year’s warmer moments. The Hamptons, that playground of the jet set, offers many such moments: the sun reflecting on the water, the vibrant colors and the exuberance in the air all make for lasting memories. The dinner parties, polo matches, lively cocktail hours and homes of the rich and famous present memories that can provide winter warmth. And among these images are sprinklings of ‘providers of the smile’ — dentists. Dr. Chester Redhead and wife Gladys celebrated their 61st wedding anniversary by taking over the American Hotel in Sag Harbor. Guests included me and my wife, June, and several New York powerhouse politicians, including Basil Paterson and former NYC Mayor David Dinkins. Dr. Redhead is noted for his involvement in the Greater New York Dental Meeting and for bringing in a plethora of members to the American College of Dentists, having served as a past president of the New York County section. But perhaps he is best known for marrying Dr. Scott’s daughter. Can’t wait for the next season to begin! Top photo, from left: Gladys Redhead, Dr. David L. Hoexter, June Hoexter and Dr. Chester Redhead. Bottom photo, from left: Dr. David L. Hoexter and Dr. Larry Rosenthal compare and create smiles in Southampton during the peak of ‘Bacchus time.’
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PLANMECA
Past keynote speakers create ‘hall-of-fame’ panel at AADOM 10th annual meeting

Members and guests of the American Association of Dental Office Managers are invited to tap into the latest education on practice management while meeting new friends and catching up with old at the Hilton San Diego Bayfront hotel, Sept. 4–6.

This year marks the organization’s 10th annual conference, and in recognition of that, the agenda is packed with timely, practical courses, lectures and sessions.

A highlight of the event is expected to be the return of the past 10 years’ most popular keynote speakers to create a “Hall of Fame” expert panel.

Also back by popular demand this year is Software Palooza — a half day of intensive courses dedicated entirely to software training. The training attracts those who want to gain the most out of Eaglesoft, Dentrix, SoftDent or PracticeWorks systems. Taught by experienced trainers and super users, the courses are designed to enhance and enrich your practice management software experience and provide tips and new reports you can use as soon as you get back to your practice.

Keynote speaker Laurie Guest is scheduled to present “Best Kept Secrets of Successful Practices.” Additionally, a “bonus” session has been scheduled for Wednesday evening, featuring Paul Edwards, president of CEDR Solutions, with “Top of Their Class: How Managers Can Build Extraordinary Teams.” Other speakers will address topics such as team building, stress relief, electronic health records (EHR) and overcoming practice barriers.

According to the meeting organizers, the event’s exhibitors understand how important the office manager is to the practice and are excited to educate attendees on the newest products and services in dentistry.

As always, many exhibitors also will be offering show specials no practice will want to miss.

The 2014 Office Manager of the Year will be announced in San Diego, and the organization’s newest fellows will be inducted into the fellowship program.

And, of course, the conference will be rounded out with plenty of time and opportunity for networking with fellow professionals from around the country and a little bit of time for some off-site social events. This conference is approved for up to eight C.E. credits toward the AADOM Fellowship Program.

Conference venue features numerous attractions

The grounds and interior of the Hilton San Diego Bayfront, which rises 30 stories above San Diego Bay, are filled with local artwork that draws upon light, wind and other inspirations from the San Diego Bay waterfront to create spaces that many have described as being “dramatic and uplifting.” Other highlights of the hotel include:

• San Diego’s first and only heated salt-water hotel pool, located directly alongside San Diego Bay.
• A 4.3-acre park and waterfront promenade with an abundant variety of trees and plants.
• Spa Aquazul and fitness center, a therapeutic ocean oasis offering an elaborate range of relaxation and renewal.
• Direct access to hiking, walking, rollerblading and boating along the San Diego Embarcadero and on San Diego Bay.
• Lush landscaping surrounding the Pool Deck and Promenade Plaza, comprising more than 60 varieties of plants, shrubs and trees, all labeled with descriptive signage for guests’ educational enrichment.

(Source: American Association of Dental Office Managers)
A5

Dental Tribune U.S. Edition | August 2014

Meetings

Understanding of local anesthesia. Practice Assessment: How Healthy Is Your Business? (led by Michael W. Perry, DDS, and Robyn Thomason, CDA practice support director). This lecture will help dentists understand the key practice assessments that keep a practice healthy and strong. Attendees will learn how to diagnose business problems, develop a “treatment plan” of solutions and implement that plan. Attendees also will learn how to identify when it’s time to bring on a consultant to help implement changes and train the dental team.

Restorative dentistry — international symposia

Functional and Esthetic Commitment Dentition (led by Miguel Angel Diez Gurtubay, MsC). This lecture will teach attendees how to design a treatment plan of a functionally and esthetically compromised anterior segment. It will provide an overview of surgical alternatives based on tissues (soft-tissue anatomy, bone volume and density). Attendees will learn the steps and techniques used from diagnosis up to cementation of a restoration in natural teeth and on implants in patients with esthetic and functional compromise.

Alternatives to Surgical-Prosthetic Implants in the Absence of a Central Incisor (led by Miguel Angel Diez Gurtubay, MsC). This lecture will review the surgical techniques used to place central incisor implants, from clinically ideal to compromised alveolar situations. The creation of an emergence profile via prosthetic design and fabrication of different personalized attachments, including prosthetic solutions when there is a loss of bone and gingival tissue contours, will also be covered.

Treatment of the Edentulous Maxillary (led by Miguel Angel Diez Gurtubay, MsC) This lecture will provide an overview of the surgical-prosthetic techniques in the edentulous superior arch. Treatment design based on identification of maxillary atrophy, narrow crests or pneumatized sinuses will be covered. This course will provide a step-by-step review of definitive metal/acrylic prosthesis, CAD/CAM and translucent zirconium development. Dentists will learn the different techniques used to solve the most common problems encountered in patients with maxillary atrophy.

Exhibit hall floor

As the site of numerous new product launches every year and featuring more than 375 companies, the exhibit hall floor at CDA Presents consistently ranks among the busiest in the country. Attendees can explore 80,000 square feet of dental innovation. Staggered class schedules also provide attendees more time to conduct business on the exhibit hall floor without conflict with educational offerings. Dentists and all members of the dental team will have a wide variety of opportunities to learn about the latest advancements relating to all aspects of the dental profession.

The Moscone Center and neighborhoods beyond

In addition to providing informative lectures and hands-on opportunities to explore the latest in new dental products, CDA Presents also offers up one of the country’s most popular destination cities as its backdrop. San Francisco provides a near-unlimited variety of venues for mingling with colleagues in the evenings.

The CDA Party will take place at the California Academy of Sciences on Friday, Sept. 5, from 7 to 10 p.m. There are several restaurants near the Moscone Center as well, including North Beach Restaurant (5512 Stockton St.), Jillian’s (401 4th St.), La Braciola Restaurant (489 Third St.), Roc’s Cafe (1511 Polk St.), Cesario’s Fine Food (601 Sutter St.), Waiters On Wheels (5425 Mission St.) and Firenze By Night (5429 Stockton St.).

Also nearby are an array of museums that are open in the evenings. For more information about the CDA Party, visit www.cdapresents.com. For more information about San Francisco, visit the San Francisco Visitors Bureau website.

Engage and inspire the entire staff

The CDA Presents Board of Managers reports that it strives to ensure all attendees, including staff, have the opportunity to learn from some of the most successful names in dentistry. Office staff members will be able to glean some key takeaways on topics such as effective communication skills, how to deal with difficult people, hands-on social media tips, the top five skills every administrative team member must master, trends in dental insurance and diagnosing and treatment challenges of periodontal diseases.

Dentists can have their staffs attend profession-specific lectures and workshops. Staff members also enjoy having the time to get to know their colleagues outside of the daily office setting. Learn more at www.cdapresents.com.

(Source: California Dental Association)
Core I: Advanced Functional Dentistry –

The Power of Physiologic Based Dentistry

The Future of Dentistry Awaits You

The LVI Core I program encompasses the principles in physiologic restorative concepts creating excellence in care for your patients and prosperity for you. This program will start you on a path to greater understanding and enjoyment of our profession while creating loyal, enthusiastic and grateful patients!

This exciting three-day, hands-on program shows you how to evaluate cases and educate your patients for advanced restorative dentistry and more comprehensive case acceptance. For many of your patients you will learn how to eliminate a lifetime of pain that no other medical professional has been able to address, and for some learn how you can actually save their lives!

In essence, become a mouth doctor with ability to do things you never were taught in dental school. You have patients in your practice RIGHT NOW that can benefit from these concepts and you have the opportunity to change their lives starting the day you return to your office.

Dr. Bill Dickerson, Dr. Heidi Dickerson and Dr. Mark Duncan will present this information in a practical, easy to understand manner where you will feel comfortable presenting these exciting and practice building new options to your patients on Monday. Don’t miss this golden opportunity to find out about this incredible world of dentistry that awaits you!

Core I guarantee: We are so sure you will be satisfied with this course that we offer a money back guarantee!

“LVI has given me a new driving force in my career. It has recharged my enthusiasm for dentistry and made me realize that my career choice was not a mistake.”

—Dr. Charles Shin, Strouffville, ON

“I wish I would have attended LVI earlier in my career. I still have time to make a difference but this info is too valuable to not be used throughout an entire dental career.”

—Dr. Tami Sturman, Algonquin, IL

“Not only did I learn what I didn’t know about dentistry, I learned how to help my own long history of pain in the head and neck. Thanks for the missing link.”

—Dr. Paul Bell, Denver, CO

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2014 DATES
October 1-3 - LVI (Las Vegas)
December 10-12 - LVI (Las Vegas)

2015 DATES
February 25-27 - LVI (Las Vegas)
April 22-24 - LVI (Las Vegas)
September 23-25 - LVI (Las Vegas)
December 2-4 - LVI (Las Vegas)
ADEA combines two events in Barcelona

International Workshop, Sept. 14; International Women’s Leadership Conference, Sept. 14–16

The American Dental Education Association (ADEA) is hosting two meetings for today’s globally minded dental education and research communities: the 5th ADEA International Women’s Leadership Conference (IWLC) and the ADEA International Workshop. Both events — being held at the Renaissance Barcelona Fira Hotel from Sept. 14–16, in Barcelona, Spain — will focus on professional development, leadership strategies, cross-cultural connections and curricular reform to help chart dentistry’s future course.

Hundreds of dental educators, leaders and practitioners from around the world are expected to come together with ADEA experts, other thought leaders and emerging pioneers in dental education and research for the two conferences, which are separate in theme and focus.

In its fifth year, with the theme of “Global Health Through Women’s Leadership,” the ADEA IWLC is a three-day conference providing insight and perspectives on how women are forging new pathways to help advance future generations and produce better health outcomes globally. Participants — including both men and women — will explore research-based and practical strategies related to gender and the roles of women leaders in dentistry worldwide through plenaries, working groups and skills-building sessions.

Building on a long-standing collaboration with the Association for Dental Education in Europe, the ADEA International Workshop is a one-day event discussing change and innovation in dental education. With the theme “A Global Perspective on Leading Change and Innovation in Dental Education,” this meeting also presents an opportunity to further expand on ongoing efforts being championed through the ADEA Commission on Change and Innovation in Dental Education, which was created in 2005 to facilitate transformation in the education of dental professionals so they graduate with the competencies required to meet future oral health needs of the public.

For more information and to register for the 5th ADEA International Women’s Leadership Conference and ADEA International Workshop, visit www.adea.org/Barccelona.

Follow ADEA on Twitter at @ADEAweb using #ADEASpain14 and #IWLC14.

(Source: ADEA)

Find 2014 Winter Clinic in new Toronto location

The 77th Annual Winter Clinic, the largest one-day dental convention in North America, is on the move, with its 2014 meeting set for Friday, Nov. 14, at the Toronto Sheraton Centre.

This year’s clinical program covers a broad spectrum of topics, including an examination of the way digital technology is transforming workflow, demonstrations of cutting-edge tools and equipment, specialized techniques for prosthetic tooth repositioning, the use of lasers in periodontal therapy, a discussion of X-rays as a diagnostic tool, advice on the latest legal requirements for health and safety in the dental office; and how to meet the demands of your modern dental practice through healthy habits and humor.

A Dental Laboratory Meeting, bringing together dentists and lab technicians,

- An expanded exhibit floor with more than 1,700 booths and 700 companies. The new World Implant Expo will be held simultaneously with the main Greater New York Dental Meeting, from Nov. 28 through Dec. 3. CoLABoration, the dental laboratory meeting, is expected to surpass its inaugural 2013 numbers: 1183 technicians and technician students and 50 exhibitor booths. The 2014 GNYDM exhibit hall dates are Nov. 30 through Dec. 3. Again for 2014, the GNYDM, which is sponsored by the New York County Dental Society and Second District Dental Societies, will remain free of any registration fee. Other distinctions that make the GNYDM stand out include:
  - Only event with four-day exhibit hall.
  - More than 300 educational programs.
  - One C.E. unit can be earned by exploring the exhibit floor.
  - Eight “Live Patient Demonstrations.”
  - Multilingual programs (in Spanish, Russian, Portuguese, French and Italian).

Learn more at www.gnydm.com.

(Source: Toronto Academy of Dentistry)

Greater New York Dental Meeting keeps on growing

By Jayme McNiff Spicciatie
Program Manager, GNYDM

New events scheduled for the 2014 Greater New York Dental Meeting include:

- The World Implant Expo, four days of innovations in implantology.
- An expanded CoLABoration Dental Laboratory Meeting, bringing together dentists and technicians:
  - An expanded exhibit floor with more than 1,700 booths and 700 companies.
- The new World Implant Expo will be held simultaneously with the main Greater New York Dental Meeting, from Nov. 28 through Dec. 3. CoLABoration, the dental laboratory meeting, is expected to surpass its inaugural 2013 numbers: 1183 technicians and technician students and 50 exhibitor booths. The 2014 GNYDM exhibit hall dates are Nov. 30 through Dec. 3. Again for 2014, the GNYDM, which is sponsored by the New York County Dental Society and Second District Dental Societies, will remain free of any registration fee. Other distinctions that make the GNYDM stand out include:
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Learn more at www.gnydm.com.

MEETINGS
Hard to achieve orthodontic stability? Answer may be blowing in the wind

By Dr. Daniel Hanson, BDS
Sheffield, UK

The majority of children today exhibit some degree of malocclusion,
and it has been well documented that this is related to soft-tissue dysfunction. In fact, it is now so well accepted that the muscles of the tongue, lips and cheeks play a major role in tooth position and jaw development. There are contemporary pre-orthodontic clinics around the world using myofunctional therapy to treat children between the ages of 5 and 15 (Myobrace® Pre-Orthodontic Center).

However, despite these evolutionary myofunctional treatment systems achieving outstanding results, a small percentage of cases that prove difficult to treat remains. This raises questions regarding what is causing these stubborn cases as well as how best to treat them when all obvious poor myofunctional habits, such as digit sucking, tongue postural issues and dysfunctional swallowing patterns, have all been addressed in the myofunctional sense. It appears that answers may be uncovered by examining the child’s airways and breathing patterns.

Relevant literature explains how mouth breathing is a significant factor in the etiology of malocclusion. In short, when mouth breathing occurs, the tongue moves down in the mouth to allow the passage of air above it. Furthermore, an open-mouthed posture can affect the direction of growth as the muscles pulling on the jaws are affected. However, the real details of why children habitually mouth breathe are not so well documented.

Breathing dysfunction factors

Factor 1: Tongue and head posture. Breathing through the mouth causes the tongue to lower and also alters the head posture. This low tongue posture then leads to reduced maxillary growth and increases in vertical growth (Figs. 1a, b).

Factor 2: The Bohr effect and cellular hypoxia. It is important to be mindful that breathing dysfunction includes more than just mouth breathing. It also includes habitual hyperventilation, which means the patient will constantly be breathing an excess of air. This will then cause the bond between haemoglobin and oxygen to be strengthened (Bohr effect), and while blood oxygen saturation can be normal, oxygenation at a cellular level may be reduced due to poor oxygen release from haemoglobin. As a result, cells become stressed, and this cellular hypoxia can lead to dysfunction on a cellular level (Fig. 2).

My observations as a breathing educator and dentist practicing myofunctional orthodontics is that in addition to malocclusions, patients with poor breathing patterns also tend to have sinus congestion, asthma, hay-fever, enlarged adenoids or tonsils as well as ADD, Asperger’s and other syndromes on the autism spectrum.

Factor 3: Becoming locked into a cycle of habitual hyperventilation. Patients who habitually hyperventilate become accustomed to breathing greater than the physiological norm (> 4-5L/min at rest). It is hypothesized that habitual hyperventilation causes the trigger point at which the brain detects a level of CO2 sufficient to prompt the breathing reflex to become too low, and patients become sensitive to healthy CO2 levels, causing them to breathe an excess of air. Because such patients can get locked into this cycle of habitual hyperventilation, they may need extra help breaking the mouth-breathing habit.

What can help these patients?

An increasing number of dental professionals are focusing on innovative techniques to help patients break their cycle of habitual hyperventilation. These techniques involve a combination of breathing and awareness exercises intended to assist the patient to become accustomed to breathing smaller, healthier volumes of air. As a result, these patients learn to breathe less (retain more CO2), and more O2 is released to their cells and tissues. Additionally, airways remain clearer, patients often become healthier, and tongue posture improves when mouths remain closed.

These techniques are used by Myobrace Pre-Orthodontic Centers to treat the difficult 5 percent of cases where the patient does not adapt to a better breathing habit using Myobrace appliances along with myofunctional and breathing activities alone.

To predict which patients may require help correcting their airway dysfunction, they can be divided into three groups during treatment planning. It is important to note that the groups remain flexible.

Group 1 — Unlikely to require assistance (5 percent of patients): no asthma, no history of ENT; no medications, no regular illness.

Group 2 — May possibly require assistance (50 percent of patients): previous asthma, previous ENT; medications; regular illness.

Group 3 — Likely to require assistance (5 percent of patients): current asthma, current ENT; multiple/several medications; constant illness.

Patients classified into Groups 1 and 2 are likely to change their airway dysfunction after treatment with the Myobrace System, which encourages correct breathing. However, patients classified into Group 3, and in some instances those in Groups 1 and 2, are likely to require additional assistance.

Identifying habitual hyperventilators

Generally, habitual hyperventilators show:

• Mouth breathing, lips apart at rest.
• Shoulder/upper chest breathing at rest.
• Audible breathing at rest.
• Medical history of enlarged tonsils and/or adenoids, asthma, hay-fever, recurrent respiratory infections, snoring, teeth grinding or sleep apnea.

• Narrow upper airform.
• Forward head/shoulder posture.
• Venous pooling. Typically, mouth breathers will exhibit venous pooling, which occurs as a result of the inferior orbital vein, which has to pass through the narrowed pterygomaxillary fissure. Deoxygenated or venous blood then pools beneath the eyes. When patients habitually breathe through their mouth and have a narrow maxilla, they will show symptoms of venous pooling.

Summary of factors associated with venous pooling. Low blood CO2 caused by habitual hyperventilation, low N2O caused by a lack of nasal breathing, reduced vasodilation caused by low CO2 and N2O, small pterygomaxillary fissure as a result of constricted maxilla, and low tongue posture.

• See STABILITY, page A16

Figs. 1a, b: Mouth breathing and low tongue posture cause crowding and a narrow upper arch. Images/Provided by Myofunctional Research

Figs. 2: The central proposition of the Bohr Effect states oxygen affinity to hemoglobin depends on absolute CO2 concentrations, and reduced CO2 values decrease oxygen delivery to body cells. Habitual hyperventilation leads to reduced arterial CO2 and, therefore, less oxygen released to cells.
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Restoring the edentulous arch with BruxZir full-arch implant prosthesis

By Michael McCracken, DDS, PhD, and Jonathan P. Ouellette, DMD

Fixed hybrid dentures have been used to successfully restore fully edentulous patients for decades. Their durability, however, leaves room for improvement. There are three issues that can complicate the long-term success of the traditional fixed hybrid denture: The acrylic teeth tend to wear; the teeth can fracture or dislodge from the acrylic base; and the acrylic base itself can fracture. The BruxZir® Full-Arch Implant Prosthesis (Glidewell Laboratories, Newport Beach, Calif.) eliminates these issues, providing a restoration that is more durable in the long term, while sacrificing nothing when it comes to esthetics.

Milled from a single block of BruxZir Solid Zirconia — an exceptionally fracture-resistant material that exhibits flexural strength up to 1465 MPa — this fixed prosthesis utilizes advanced staining and glazing techniques, coloring the prosthetic teeth to closely mimic natural dentition and the gingival areas to match the shade of the patient’s soft tissue.

Case report

The patient is a 58-year-old male with no contraindications for implant treatment. The patient had a total of 11 BioHorizons® Internal Hex implants (BioHorizons; Birmingham, Ala.) placed, including six in the maxilla and five in the mandible (Figs. 1a, b). The implants integrated for more than six months, and the patient presented for restoration of his edentulous arches.

First, preliminary impressions of the implants were made. After removing the healing abutments, closed-tray impression copings were seated. The impressions were made in stock plastic trays, and the impression copings were placed back into the impressions before the case was sent off to the laboratory.

The laboratory poured casts from the initial impressions and fabricated bite blocks and occlusal rims for the centric jaw relationship (CJR) records. Each bite block contains two screw-retained temporary cylinders that allow the wax rims to be screwed down, producing a very accurate CJR. The contoured rims were returned to the laboratory with the initial casts.

Upon receiving the wax rims and jaw relation records, the laboratory and dentist decided that the patient required four multi-unit abutments in the anterior maxilla to ensure that the screw access openings were within the confines of the planned prosthesis, so at the next appointment, the patient’s healing abutments were removed, and the multi-unit abutments were transferred to the patient’s mouth and torqued into place.

Later, wax setups were tried in and evaluated for proper esthetics, phonetics, contours, occlusion and tooth arrangement.

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• See ARCH, page A12
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Fig. 2: The provisional prostheses fit well and afforded the patient a trial period to evaluate the proposed restoration for esthetics and function over a period of weeks. Note that the gingival shade was adjusted for the fabrication of the final restoration.

Fig. 3: The patient was extremely satisfied with the function and esthetics of the final restoration, which fit perfectly thanks to the precision of the CAD/CAM design process and the confirmation provided during the provisional trial period.

The patient was exceptionally pleased with the function offered by this fixed restoration, which he should be able to enjoy for a great number of years given the extraordinary durability of BruxZir Solid Zirconia.

DENTSPLY donates $55,000 in product to America’s ToothFairy

DENTSPLY International has donated more than $55,000 in oral care products to National Children’s Oral Health Foundation: America’s ToothFairy® (NCOHF) to support its nonprofit clinical network of oral health programs serving vulnerable children. The donation, which included prophylaxis paste, brush tips, polish and stain removal products, benefitted 25 America’s ToothFairy affiliates — community-based health-care facilities and outreach programs providing vital educational, preventive and restorative services to underserved populations.

“DENTSPLY proudly supports the America’s ToothFairy affiliate network for its smile-saving work helping children in need,” said Robert Size, senior vice president of DENTSPLY International and NCOHF Board member. “As a longtime supporter, we applaud their commitment to helping children receive the pediatric dental care they need to live healthy lives.”

“DENTSPLY’s steadfast underwriting and product support has helped America’s ToothFairy change thousands of young lives,” said Fern Ingber, NCOHF president and CEO. “This generous product contribution from DENTSPLY will support America’s ToothFairy programs that provide vital oral health services for children of our most vulnerable populations.”
By Mark Duncan, DDS, FAGD, LVIF, DICOI, FICCMO, Clinical Director, LVI

As a patient, I expect the best care I can find. As a doctor, I want to deliver the best care possible. That takes us to the power of continuing education, and as doctors we are faced with many choices in continuing education.

As a way to introduce you to the Las Vegas Institute for Advanced Dental Studies, or LVI, I want to outline what LVI is about and what void it fills in your practice. The alumni who have completed programs at LVI were given an independent survey, and unlike the typical surveys, 99.7 percent said they love practicing dentistry, and of those surveyed, 92 percent said they enjoy their profession more since they started their training at LVI. That alone is reason enough to go to LVI and find out more.

While the programs at LVI cover the breadth of dentistry, the most powerful and life-changing program is generally reported as Core I, "Advanced Functional Dentistry: The Power of Physiologic-Based Occlusion.”

Take control of your practice

This program is a three-day course that is designed for doctors and their teams to learn together about the power of getting their patients’ physiology on their side. In this program, doctors can learn how to start the process of taking control of their practice and start to enjoy the full benefits of owning their practice and providing high-quality dentistry.

Whether he or she works in a solo practice or in a group setting, every doctor can start the process of creating comprehensive care experiences for his or her patients.

We will discuss why some cases that doctors are asked by their patients to do are actually dangerous cases to restore cosmetically. We will discover the developmental science behind how unattractive smiles evolve and what cases may need the help of auxiliary health care professionals to get the patient feeling better.

The impact of musculoskeletal signs and symptoms will be explored and how the supporting soft tissue is the most important diagnostic tool you have — not simply the gingiva, but the entire soft-tissue support of the structures not just in the mouth but also in the rest of the body.

Comprehensive care

A successful restorative practice doesn’t need to be built on insurance reimbursement schedules. An independent business should stand not on the whims and distractions of a fee schedule but rather on the ideal benefits of comprehensive care balanced by the patients’ needs and desires. Dentistry is a challenging and thankless business, but it doesn’t have to be. Through complete and comprehensive diagnosis, there is an amazing world of thank-yous and hugs and tears that our patients bring to us, but only when we can change their lives. The Core I program at LVI is the first step on that journey.

That’s why when you call, we will answer the phone, “LVI, where lives are changing daily!”

LVI Core I three-day course teaches comprehensive patient care process
Oral Health America program educates youth about the dangers of spit tobacco

Oral Health America (OHA) recently announced the winner of its 13th Annual NSTEP (National Spit Tobacco Education Program) Slogan Contest. Twelve-year-old Falls Church, Va.-native Alex Smith’s slogan, “Play with grit. Strive to hit. But never spit!” was featured throughout the upcoming Little League Baseball World Series.

Teaming up with Little League Baseball and Softball, the annual contest calls on players ages 8-14 to create a compelling, 10-word phrase describing the dangers of spit tobacco for a chance to win a trip to the Little League Baseball World Series and a cash prize.

“It’s an awesome program, and I told him that the most important thing is that maybe you’ll convince someone not to start,” said Alex’s mother, Beth Smith. “That’s the whole key — if you don’t start, then you don’t have to quit.”

The recent tragic loss of Tony Gwynn to oral cancer highlights the fact that educating Americans about the dangers of spit tobacco is more important than ever. The latest numbers from the Centers for Disease Control and Prevention show that while cigarette use continues to decline, spit tobacco use remains the same. In addition, almost half of all new users start before the age of 18, with 8.8 percent of all high school students using smokeless tobacco as of 2013. Through the slogan contest and other advocacy and education efforts throughout the year, NSTEP works to educate people, especially young people, about spit tobacco and helps all users quit.

“NSTEP provides Little League athletes with an opportunity to start a dialogue about an alarming trend in tobacco use on and off the field,” said Beth Truett, president and CEO of Oral Health America. “We are thrilled about the enthusiasm of youth engaging their peers with an important message about the dangers of smokeless tobacco.”

As the winner of the slogan contest, Alex received an all-expense paid trip to the Little League World Series in South Williamsport, Pa., and a cash prize. In addition, OHA is donating $500 to Alex’s local Little League program, the Falls Church Kiwanis Little League.

“Little League is pleased to be a part of helping educate Little League players about the risks associated with the use of spit tobacco,” said Stephen D. Keener, Little League president and CEO. “We hope that by participating in the slogan contest we help increase awareness for Little League players, coaches and their parents. We thank Oral Health America and commend them on NSTEP’s efforts.”

The winning slogan was chosen out of nearly 1,500 submissions from Little Leaguers from across the country, a contest record.

To learn more about spit tobacco, please visit www.nstep.org.

Photo/Provided by Oral Health America

Tell us what you think!

Is there a topic you would like to see articles about in Dental Tribune U.S.? Let us know via feedback@dental-tribune.com. To change your subscription, send an email to database@dental-tribune.com, and include the name of the publication in question.
‘Adaptive Image Noise Optimizer’ results in noise-free 3-D imaging

Crystal clear images support precise diagnostics

The ProMax® 3Ds and 3D units from Planmeca (California Dental Association exhibit hall booth No. 1636/1936) are designed for capturing the smallest anatomical details with precision. High-resolution images with a 75 μm voxel size and efficient artifact removal make these units ideal for effective case planning and precise diagnostic capabilities, according to the company.

Versatile, selectable volume sizes on the ProMax ensure observance of the ALARA radiation principle; these include 5-by-5 and 5-by-8 cm for the ProMax 3Ds and 4-by-5, 4-by-8, 8-by-5 and 8-by-8 for the ProMax 3D.

Noise-free images
The Planmeca AINO™ (Adaptive Image Noise Optimizer) is an intelligent 3-D noise filter that removes noise from CBCT images without losing valuable details. The result is a crystal clear, highly diagnostic image, according to the company. Features include:

• Analyzes the reconstruction exposure data during reconstruction and adaptively differentiates noise and fine details.
• AINO filter is enabled in Planmeca Romexis® 3D capturing screen, while the original image is also stored and accessible.
• Improves image quality in endodontic mode where noise is inherent because of small voxel sizes.
• Also useful in ultra low-dose images.

Artifact removal
Planmeca ARA™ artifact removal algorithm removes shadows and streaks from the 3-D image, such as those caused by metal and root fillings, according to Planmeca.

Ideal patient support
The adjustable patient support keeps the patient firmly and comfortably in place, providing high-quality images without artifacts caused by movement, according to Planmeca.

Comprehensive Planmeca Romexis software
All ProMax® units include Planmeca Romexis open-architecture software with versatile tools for endodontic diagnostic and treatment planning needs, such as true measurements and 3-D visualization of root canals. CBCT applications in endodontics include:

• Assessment of endodontic treatment complications.
It is clear a correctly functioning tongue acts as a natural retainer, but when a patient habitually breathes through his or her mouth, the tongue is prevented from sitting correctly, increased orthodontic stability can be expected.

Furthermore, when a patient maintains a closed-mouth posture and high-tongue posture, treatment time can be expected to lessen as forces exerted on the teeth and jaws will work favorably. Finally, it has been well-documented mouth breathing is more far-reaching effect than just correcting crooked teeth and jaws. Simply fixing the teeth and jaws is potentially missing a huge piece of the puzzle at the expense of possible health gains and future orthodontic stability.

**References**


**Plannmeca AINO removes noise from CBCT images without compromising diagnostic quality (top image uses filter, lower doesn’t).**

- **NOISE-FREE, page A15**
  - Diagnosis of periapical pathosis.
  - Root canal system anomalies.
  - Determination of root curvature.
  - Trauma diagnosis, such as root fractures, luxation, displacement of teeth and alveolar fractures.
  - Localization of root resorption.
  - Determination of exact root apex location in pre-surgical planning.

**True all-in-one units**

The Planmeca ProMax 3D and 3D offer the following, according to Planmeca:
- CBCT, panoramic, anatomically accurate extraoral bitewings and optional cephalometric imaging.
- Optional 2D SmartPan™ so 2-D and 3-D images can be taken with the same sensor.
- Optional Planmeca ProFace™ 3D facial photo for advanced case presentation, operation pre-planning and treatment follow-up.

You can visit Planmeca in the California Dental Association exhibit hall in booth Nos. 1636 and 1936, learn more online at www.planmecausa.com, or call the company at (855) 245-2908.

(Source: Planmeca USA)
Wykle Research offers Calasept Endo line

Wykle Research offers Calasept Endo products, which it distributes for Nordiska Dental of Sweden, the manufacturer of Calasept and Calasept Plus.

Calasept Irrigation Needles are high-quality, double-side-vented, luer-lock irrigation needles that optimize the cleansing of canals, creating a "swirl effect." The needles are available in 27 g or 31 g, in packs of 40 needles.

Features include the following:
• Bendability
• Luer-lock hub
• Sterile and disposable
• Designed for ease in cleaning roots
• High-quality stainless steel

Calasept Irrigation Syringes are 3 ml luer-lock, single-use syringes. They are color-coded to eliminate risk when using multiple irrigation liquids. They are available in packs of 20 syringes, 10 white and 10 green.

Features include the following:
• High-quality, three-part syringe
• Color coded
• Luer lock

These products complement Wykle’s popular Calasept line, which includes Calasept and Calasept Plus calcium hydroxide paste for temporary filling of root canals, sold in packages of four syringes with 20 needles. Calasept EDTA is 17 percent EDTA solution. Calasept CHX is 2 percent chlorhexidine solution for irrigation. Both solutions are packaged with a luer adaptor for easy filling of syringes. For more information, contact Wykle Research at (800) 859-6641 or visit the company online, at www.wykleresearch.com.

(Source: Wykle Research)
CALASEPT® Endo-line

CALASEPT® Irrigation Needles
- Double side vented
- With luer lock hub
- Bendable
- High quality stainless steel
- Sterile and disposable
- Easy for cleaning out the canals
- Container packed

CALASEPT® Plus
- Calcium Hydroxide

CALASEPT PLUS
- More than 41% calcium hydroxide
- Optimal calcium release
- Strong bactericidal effect pH 12.4
- Flexi-needle for precise and deep application

Call Wykle Research for a Free sample of our Calasept products 800-859-6641

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