

today



Scenes from Sunday
Cocktails, Aztecs and people getting educated are just a few of the sights seen around the Greater New York Dental Meeting.
»starting from page 6



Meet today's DTSC speakers
Get the inside scoop on today's sessions and the speakers behind them.
»starting from page 10



Stock up on GNYDM gifts for everyone
Don't leave New York empty handed. Take home a GNYDM-themed mug, pen or more.
»page 40



• Dr. Douglas Terry, left, and his dental assistant, Melissa Nix, prepare his lecture on 'Anterior Fiber-Reinforced Composite Resin Bridge' at the Live Dentistry Arena No. 1 on Sunday morning.

Learn, baby, learn

By Robin Goodman, DT Group Editor

■ Whatever you're looking for in the didactic realm of dentistry, you will find it here at the Greater New York Dental Meeting.

»see LEARN, page 22

Let's go shopping!



By Fred Michmershuizen, DT Online Editor

■ Here at the 2010 Greater New York Dental Meeting (GNYDM), dental professionals are able to scope out aisle after aisle of new products, supplies and equipment.

And just like news reports of increased consumer traffic in brick-and-mortar retailers over the all-important post-Thanksgiving "Black Friday" weekend, signs here at the Jacob K. Javits Center point to a strong business climate.


On Sunday, opening day of business for the 2010 meeting, the show floor was packed. The goal, of course, is for dental professionals to bring back to their practices new tools that will

»see SHOPPING, page 40


• Attendees crowd the aisles of the 86th annual New York meeting. (Photos/Fred Michmershuizen, DT Editor)

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Sino-Dental in Beijing does it again

Greater New York Dental Meeting represents U.S. dental trade at opening ceremony

By Jayme S. McNiff, GNYDM Education Coordinator

■ The Greater New York Dental Meeting (GNYDM), with the approval of the U.S. Department of Commerce, sponsored and assisted in obtaining trade fair certification for the June 2010 Sino-Dental meeting in Beijing.

Having achieved this special recognition for the third consecutive year, the GNYDM hopes to help increase sales opportunities for U.S. dental manufacturers and distributors.

Dr. Robert R. Edwab, GNYDM's executive director, said he is always seeking ways to find new and expanded markets for the exhibitors.

"Now that we have obtained certification for the AEEDC-Dubai Meeting and Sino-Dental Beijing Meeting, hopefully U.S. companies will have additional venues to sell more products. Not only is exporting beneficial for these companies, but it also helps the U.S. economy enormously."

One goal of the GNYDM's strategic plan is to find opportunities for U.S. companies, not only at the November meeting but throughout the year. This would help the U.S. dental trade gain sales domestically and worldwide.

China has about 90,000 dentists to serve a population of more than 1.3 billion. With its booming economy, the city of Beijing has become China's political and cultural center.

This year's 15th Sino-Dental Exhibition and Congress was held in the recently built National Conventional Center – the same headquarters that housed the press and media for the 2008 Beijing Olympic Games. In 2010, more than 40,000 professional visitors from 80 countries and regions visited the exhibition.

With China's ever-expanding pop-



■ Dr. Robert Edwab, second from right, representing the Greater New York Dental Meeting and the U.S. trade, stands with other international trade representatives at the opening ceremony of the Sino-Dental meeting. (Photos/Provided by the GNYDM)



■ Inside the 2010 Sino-Dental meeting, held at the National Conventional Center in Beijing.

ulation and its modern convention center, the 2010 meeting included more than 600 exhibitors from 20 countries. Most notable was the large increase in exhibit space. The event featured cutting-edge technology and both foreign and domestic products, materials and instruments.

Sino-Dental is an ideal business platform for the dental industry, and GNYDM organizers said they are proud the meeting has been designated by the U.S. Department of Commerce to assist Sino-Dental 2010 in earning trade fair certification status. This certification allows the GNYDM to contact members of the U.S. dental manufacturing and distributing community to offer them exhibiting information for Sino-Dental, which, in turn, greatly assists U.S. dental exhib-

itors in finding Chinese distributors for their manufactured products or for exhibiting independently.

Sino-Dental expanded its international pavilions this year with representation from the United States, Japan, Italy, Switzerland, Korea, Germany and Brazil. Sino-Dental honored the GNYDM by introducing organizers to government and trade officials at all the major functions. In addition, the GNYDM was given a unique honor in the introduction section of the program guide along with only three other dental trade organizations: Germany, Japan and Korea.

The GNYDM organizers met with officials of the U.S. Department of Commerce from the U.S. Embassy in Beijing and discussed ways to expand the business opportunities of U.S. companies in China.

Dr. John R. Halikias, general chairman of the GNYDM, said, "Not only do we help our exhibitors by finding sales opportunities abroad, we also encourage potential attendees who visit our booth to come to New York and attend our annual session. An even larger growth in registration numbers ... should hopefully increase exhibitors sales."

Commercial Service offers free, interactive export seminar

■ If you're an exhibitor, you'll want to come explore the tools of the trade and learn about the different markets represented by international commercial specialists at the Commercial Service Export Seminar, being held today.

For the first time, the seminar will take the form of an open forum with international commercial specialists dialoging back and forth between each other, the moderator and the audience.

Exhibitors may participate in showtime, one-on-one appointments made in advance of the show between delegation leaders from the embassy network and the exhibitor. Together, those participating will explore export opportunities and discuss the latest market information on their respective countries.

The export seminar will take



place from 11 a.m.–12:30 p.m. in room 1E09.

Once again this year, the GNYDM has been selected by the U.S. Department of Commerce to participate in the International Buyer Program (IBP), a service that significantly enhances the ability to make the show a truly global marketplace.

Through this program, the Commercial Service offers a number of services to help attendees make the most of their show experience and assists small- and medium-sized U.S. businesses in exporting their products and services.

The Commercial Service staff – located at U.S. embassies and consulates throughout the world – works to recruit foreign buyer delegations

and helps organize their business plans for the show.

During the show, Commercial Services trade specialists will manage the International Business Center. At the center, buyers can negotiate with sellers, use the meeting rooms provided – free of charge on a first-come, first-served basis – and take advantage of the facility to plan visits to the exhibit floor.

Exhibitors are encouraged to visit the International Business Center for export counseling by staff and to meet with international buyers.

The Commercial Service staff members managing the International Business Center are Michael Grossman, Jetta DeNend, Carol Rudman, Jeanne Townsend, Dina Vulpis and Gerry Zapiain. Please see the IBC staff to sign up for a meeting room.

today **About the Publisher**

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Endodontics comes to Greater N.Y. Dental Meeting

By Jayme S. McNiff, GNYDM Education Coordinator

Attendees now have something more to love about the Greater New York Dental Meeting (GNYDM). This year, the 86th annual event welcomes professionals for five days of endodontic programs, including workshops, seminars, essays and live demonstrations.

The endodontic program began on Saturday morning with speakers who discussed research and ideas on pain control, irrigation and the most important developments in the field of endodontics today.

On Sunday, professionals learned the fundamentals of safe, predictable, efficient and cost effective endodontics with Dr. Barry Musikant.

Later, Dr. John Olmsted presented a two-part workshop on rotary instrumentation in the morning and resin bonded obturation in the afternoon.

At these hands-on workshops, clinicians learned about comprehensive diagnosis, new concepts with irrigation and continuing improvements with rotary files.

Today, Musikant will present two half-day workshops. These hands-on tutorials will introduce endodontic



A variety of endodontic workshops and seminars will take place today, Tuesday and Wednesday. (Photo/Provided by GNYDM)

instrumentation and advanced endodontic techniques.

"Educating more than 1,000 professionals at the endodontic seminars and workshops proves that attendees are the key to success," says Dr. Robert Edwab, executive director of the GNYDM.

With clinicians visiting from

across the United States and around the world to perform actual endodontic surgical procedures in real-time, the GNYDM delivers a second live dentistry arena right on the exhibit floor.

The live dental procedures in endodontics will be held today through Wednesday.

"These programs provide a one-of-a-kind opportunity for professional growth," said Dr. John Halikias, general chairman of the GNYDM. "Clinicians from all over the globe meet face-to-face to teach and learn new techniques within a specialty as well as locate companies with the latest equipment and materials for exportation."

This year, Drs. Robert Roda and Aviad Tamse, representing the New York State Association of Endodontists, will present half-day seminars exploring endodontic diseases, including differential diagnosis of vertical root fractures, extraction, non-surgical re-treatment, periradicular surgery and intentional replantation.

These seminars are scheduled for 9 a.m. and 2 p.m. on Wednesday.

Dr. Alex Fleury's two half-day workshops are on Wednesday.

The morning hands-on activities will focus on the use of current science to improve the clinicians' techniques in endodontics with the introduction to new bioceramic technology.

The afternoon session focuses on teaching clinicians the full meaning of an endo-restorative continuum.

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12:50 - 1:10 Dr. Marc Gottlieb, DMD
EXCITING NEW TOOLS FOR SUPERB IMPRESSIONS

1:20 - 2:20 Dr. Martin Goldstein, DMD
A SIMPLIFIED APPROACH TO MULTI-LAYER DIRECT COMPOSITE BONDING

2:40 - 3:40 Dr. Richard Rosenblatt, DMD
DIGITAL IMPRESSIONS: ARE THEY FOR ME?

4:00 - 5:00 Dr. Louis Malcmacher, DDS
TOTAL FACIAL ESTHETICS FOR EVERY DENTAL PRACTICE

5:10 - 5:30 Dirk Gieselmann
HOW AMMP-8 TESTING CAN CHANGE A DENTAL OFFICE

29 NOV

10:00 - 11:00 Mrs. Noel Brandon-Kelsch
ECO-FRIENDLY INFECTION CONTROL-UNDERSTANDING THE BALANCE

11:20 - 12:20 Dr. Gregori Kurtzman
INCORPORATING NEW ADVANCES IN DENTAL MATERIALS AND TECHNIQUES INTO YOUR RESTORATIVE PRACTICE

12:50 - 1:10 Dr. Marc Gottlieb, DMD
A GAME-CHANGING APPROACH TO DIFFICULT CL II COMPOSITES

1:20 - 2:20 Dr. Damien Mulvany
OPTIMIZING YOUR PRACTICE WITH 3D CONE-BEAM TECHNOLOGY

2:40 - 3:40 Dr. Edward Katz
IMPROVING PATIENT CARE WITH 3D CONE BEAM COMPUTERIZED TOMOGRAPHY

4:00 - 5:00 Dr. Fay Goldstep, Dr. George Freedman and Dr. Edward Lynch
SOFT TISSUE LASERS AND CARIES DIAGNOSIS

5:10 - 5:30 Dirk Gieselmann
HOW AMMP-8 TESTING CAN CHANGE A DENTAL OFFICE

30 NOV

10:00 - 11:00 Dr. Fay Goldstep, Dr. George Freedman and Dr. Edward Lynch
SOFT TISSUE LASERS AND CARIES DIAGNOSIS

11:20 - 12:20 Dr. Lou Chmura, DDS, MS
SOFT TISSUE LASERS ADJUNCTIVE TO ORTHODONTIC TREATMENT

12:50 - 1:10 Dr. Marc Gottlieb, DMD
THE ART AND SCIENCE OF AIR ABRASION

1:20 - 2:20 Dr. Dov Almog, DMD
INTRODUCTION TO CBCT: PREVENTION OF FAILURES IN ORAL IMPLANTOLOGY

2:40 - 3:40 Dr. Bettina Brasani
CLEANING AND SHAPING WITH NEW TECHNOLOGY

4:00 - 5:00 Dr. Dwayne Karateew, DDS
CONTEMPORARY CONCEPTS IN TOOTH REPLACEMENT

5:10 - 5:30 Dirk Gieselmann
HOW AMMP-8 TESTING CAN CHANGE A DENTAL OFFICE

1 DEC

10:00 - 11:00 Mr. Al Dube
MERCURY AMALGAM WASTE AND OSHA AND REGULATORY ISSUES AFFECTING DENTISTS

11:20 - 12:20 Dr. Glenn van As
HARD AND SOFT TISSUE LASERS

12:30 - 5:00 Dr. Ethan Pansick, Dr. Marla Ryan, Dr. Enrique Merino, Dr. David Hoexter, Dr. Dwayne Karateew, Dr. Jeffery Hoos, Dr. Benedict Bachstein
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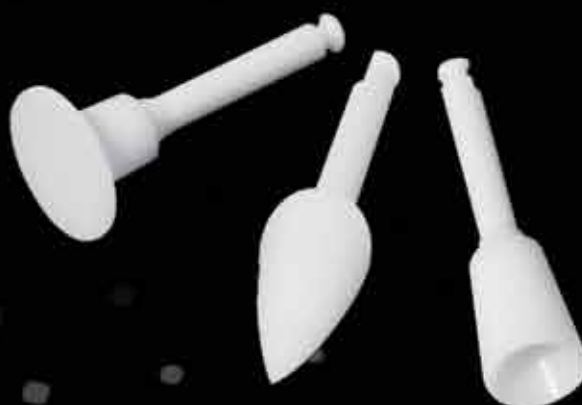
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Scenes from Sunday



• A bartender serves up drinks (the non-alcoholic kind) at the Gendex booth, No. 4017.

Photos by DT Editors
Robin Goodman,
Fred Michmerhuizen
and Sierra Rendon



• A vibrant visual reminder for the FDI meeting, which will take place in Mexico City next year.



• Alan Miller of AMD LASERS, booth No. 4431.



• John Kuttner, and his daughter Melissa, 'try a key' at the DaVinci Dental Studios booth (No. 1613). The person who finds the missing key can instantly win an iPad.



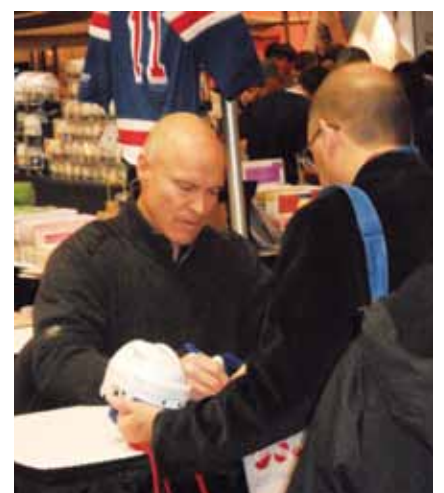
• Wouldn't it be nice to have someone come straight to your office and fix your broken equipment instead of having to send it away and lose a week's worth of business? That's the idea behind Dental-Fix (booth No. 5423). Stop by and talk to Robert Iavarone, Guelin Ramirez or Dave Pereira to hear more.



• Everyone knows what a challenge it can be to keep your teeth clean under braces. To help, DenTek has introduced BracesClean, angled floss picks for patients with braces. Stop by the booth (No. 4315) to pick up some samples from Sarah Arlinghaus, from left, Jessica Knight or Katie Donald.



• Gail Malone of Dentsply Pharma (booth No. 2603) demonstrates the Ora-rix needle-free pain relief system for scaling and root planing.



• Former New York Ranger and Hall of Famer Mark Messier signed autographs at the Glove Club booth (No. 2405).

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Scenes from Sunday



• At the Cadwell Therapeutics booth (No. 5628), VP of Sales Cherami Cadwell, left, prepares a 'silent sleep' oral appliance for Dr. Paul Gabin of Seacaucus, N.J. The appliance has FDA approval for snoring and obstructive sleep apnea.



• Alex Bell of CareCredit (booth No. 4014).



• Sink your sore body into the Swedish seating available from RGP (booth No. 5209) and Kevin Amaral, Jason DeCosta or John Bonvini may say to you, 'You sit, we fit.' The company's stools can be adjusted for height and the alternative cylinders provide a range that accommodates every stature.



• Dux Dental (No. 4215) just introduced ShortCuts, the all-in-one retraction cord delivery system, available with Gingi-BRAID retraction cords inside.



• Dentists listen to a lecturer at the Invisalign booth (No. 4420).



• GNYDM attendees check out the large map detailing where everything is located before venturing into the enormous exhibit hall featuring more than 1,500 exhibit booths.



• DentLight designs, develops and manufactures a variety of detection and treatment devices, particularly LED lighting-based dental equipment such as curing lights, headlights and loupe lights, exam lights and loupes. To learn more, stop by the booth (No. 2629).



• You can pick up a bag for your exhibit hall goodies from Meagan Wallace at Defend/Mydent (booth No. 2609).



• Sonya Battee offers a sample of Sensodyne Multi Action daily toothpaste for sensitive teeth at Glaxosmithkline Consumer Healthcare, booth No. 1033.



• From left, Ortal Cohen, Irina Pociak, Elana Magreli and Merav Kaplan introduce GNY attendees to the ImageWorks facial imaging mobile vehicle at booth No. 5401.



• Kurt Stafford, left, and Jennifer Butler of EMS/Electro Medical Systems Corp. (booth No. 5521)



• DMG America's Paul Polizzi works with an attendee. Stop by the booth (No. 4615) to hear about the company's 'Drilling? No thanks!' motto.



• Thelma Bruns speaks with attendee Warren DeGraff at the Danville Materials and Engineering booth (No. 3824). To hear more about restoration of the difficult Class II composite, stop by and talk to Danville.



• Susan Richardson, left, and Scott Friedman of ChaseHealthAdvance, booth No. 5217, tell dentists about financing options that can make treatment affordable for many patients.



• A crowd gathers at the Shofu booth during Sunday's exhibition, likely to hear more about the company's award-winning products, such as BeautiBond and Beautifil.



• Attendees stop by the VOCO booth (No. 4623) to hear about the company's new products, Curvy (anatomically shaped interdental wedges) and Dimanto (a diamond polisher that works with all composite materials).



• Dr. Jeffrey Galler visits the Kerr booth (No. 4529) to hear more about the company's new curing light and new bonding agent.

Breaking down 3-D cone-beam technology

Dr. Mulvany promises 'a common-sense, clinical, non-theoretical approach'

By Kristine Colker, Managing Editor

■ From 1:20 to 2:20 p.m. today, Damien Mulvany, DMD, MAGD, will present "Optimizing Your Practice With 3-D Cone-Beam Technology." In the session, Mulvany aims to provide a clinically oriented approach to everyday usage of 3-D technology in the general practice. Through multiple case presentations, Mulvany will show how 3-D technology has

improved his diagnostic capabilities, treatment outcomes, case presentations and profitability. This highly visual presentation is designed for doctors considering the purchase of this new technology or those wishing to advance their current skills.

Your DTSC Symposia session is titled "Optimizing Your Practice With 3-D Cone-Beam Technology." Please tell us a little about what participants can hope to get out of it.

My expectation for participants is that they will leave the presentation with a clear understanding of the multiple, daily applications for 3-D cone-beam technology in a general practice.

The presentation is purely clinical, showing multiple 3-D images of cases that most general practices encounter on a daily basis. Included will be evaluation of cracked teeth, endo situations, implant placements and trauma. Additionally, the ease of use and profitability will be addressed.

Could you go into a little more detail about what types of cases you will be showing?

The participant will see how 3-D can be used to facilitate diagnosis in evaluating clinical situations, which leads to more predictable and profitable treatment planning. One specific situation is the evaluation of a

cracked tooth. The participant will see how the information rendered by the 3-D image changes the diagnosis initially suggested by the single periapical.

Would you say your presentation is geared toward a specific audience or is it more general?

The presentation is geared to practitioners with limited clinical experience with 3-D images, and no prior knowledge is required.

How did you get involved in cone-beam technology? What first made you decide to start using it?

After almost 30 years in practice, my partner and I committed to an extensive office remodel. Because we wished to upgrade our technology, we naturally looked at 3-D imaging.

After extensive evaluation of all the major cone-beam companies, we chose the Suni 5x5 cm limited 3-D/pano/ceph unit.

Suni is sponsoring your session. How did you begin working with the company and what is it that you like about its products and services?

As I stated, we spent about six months looking at all of the available units. Suni was a late entry into our decision-making process, and we chose the unit based upon image quality, ease of use, cost and Suni's service.

Specifically, many of the other units seemed overly complicated. During our evaluations, we always had clinical staff members present because they would be taking the images. The staff overwhelmingly liked the Suni unit because of its ease of use and the simplicity of the supplied software.

Many of the other units required third-party software to fully use their systems, which seemed like an unnecessary expensive and additional time. My partner and I wanted to be able to have an assistant take a 3-D image with the same ease as a panorex. Not only has this been achieved, but the staff very quickly learned to manipulate the images to the best view, so that the doctors can do a quick clinical presentation to the patient with minimal effort.

It is important to note that we choose the Suni unit based on its merits before we agreed to do any promotion for the company. Since we started using the unit approximately 18 months ago, we have had no service issues, and the image quality has been beautifully consistent.

If there is one thing you could say to attendees to encourage them to come to your session, what would it be?

If you are interested in seeing a common sense, clinical, non-theoretical approach to a complicated, expensive, new technology, then this presentation is for you. I will show attendees how to use 3-D to better diagnose, treatment plan, increase case acceptance and make it profitable.

AD

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- ❖ Conservatively prepare as thin as 0.5 mm with feather edge margins, much like you would cast gold.

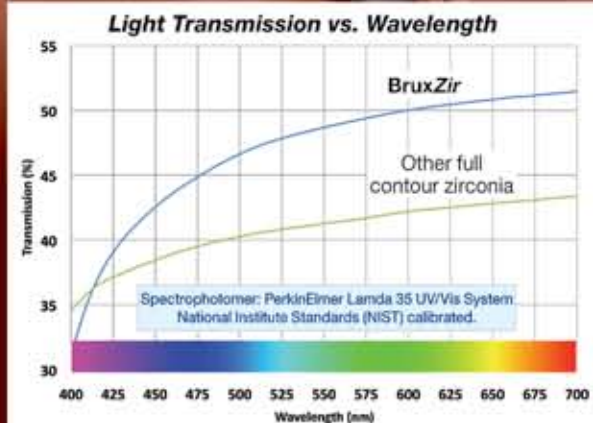


This patient fractured a porcelain all-ceramic crown on the second molar and chipped the first molar. Both crowns were replaced with BruxZir.



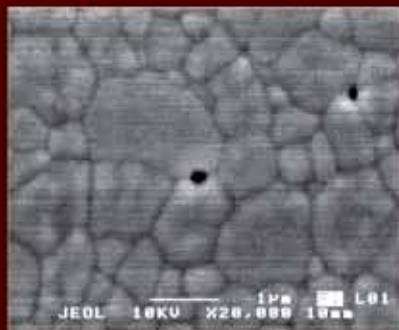
This patient presented with a predominantly cast-metal bridge and desired a more esthetic option. A high-strength BruxZir bridge was prescribed.

BruxZir®: Scientific Validation

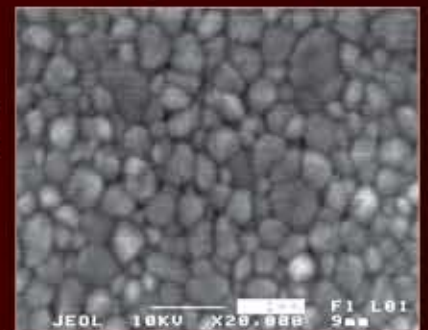


BruxZir exhibits higher light transmission, resulting in a more natural shade value.

SEM of sintered isostatically-pressed zirconia



SEM of sintered colloidal-processed BruxZir



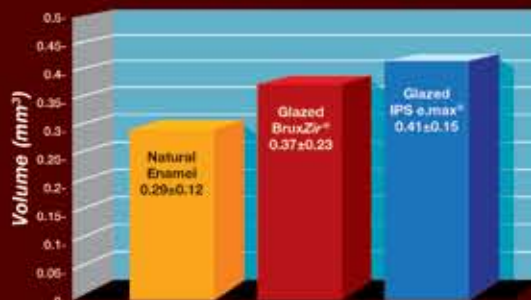
BruxZir's 50% smaller average grain size improves physical properties

BruxZir is uniquely processed (patent pending) without hydraulic pressure or organic binding agents for smaller, more uniform structure, providing enhanced esthetics.



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The antagonistic (Steatite balls) wear shows BruxZir only with 72±21 microns, which is significantly lower than Ceramco®3 (110±48 microns). The University of Tübingen study was run using an eight chamber Willytec Chewing Simulator at 1.2 million cycles.

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"The Standard of Care"

The solution to the difficult Class II composite restoration

By Marc Gottlieb, DDS

■ Every month in almost every journal sent to restorative dentists, you will find an article on the restoration of the Class II lesion. They all describe and demonstrate how to eliminate sensitivity, minimize shrinkage or obtain the ideal flossable tight contact.

This article will demonstrate through two case studies how to restore the difficult wide open Class II composite restoration.

We all want to know how to restore the tooth with a large failing restoration with a wide interproximal box or worse a fractured cusp. In the past, if the preparation wasn't ideal the tooth received a crown because it was impossible to create the natural contours and tight contacts to bring it back to normal function.

Dr. Ross Nash in his recent article on the increasing demand for esthetic posterior restorations describes how to restore the Class II restoration using sectional bands, a wedge and a separating ring that goes over the wedge. This works really well with conservative lesions, but I spend half my time restoring failed amalgams with open contacts or fractured cusps.

Patients can't always afford that crown or in many cases a composite restoration is a more conservative procedure. According to Dr. Patricia Manarte Monteiro, et al, "resin-based composite materials are effective in Class II clinical situations."

I will demonstrate using two case studies how to restore the difficult tooth with posterior composite utilizing the ABC Wedge (a better contact wedge) manufactured by Danville Materials in California. ABC Wedges were designed to work in pairs, maintain the normal contours of the tooth, establish broad tight contacts and work with all the currently available separating ring systems.

My first patient is age 55, a self-employed male with no dental insurance. He presents with a failing amalgam in a lower second molar and can not afford a crown at this time. Upon removal of the old restoration and decay, it was decided to restore this tooth with a posterior composite material utilizing the ABC Wedge. The ABC Wedge with a little imagination looks like an elephant's head, and I will describe its parts as such.

The ears were designed to support the sectional band in three dimensions and prevent the sectional rings from crushing in the matrix band. Two wedges are utilized from the buccal and lingual and the curved trunks



• Fig. 1: Wide interproximal box, or worse, a fractured cusp. (Photos/Provided by Dr. Marc Gottlieb)



• Fig. 2: ABC Wedge (a better contact wedge)



• Fig. 3: Posterior composite material utilizing the ABC Wedge.



• Fig. 4: Slide past each other.



• Fig. 5: Directs the forces interproximally for maximum separation.



• Fig. 6: Lost filling in tooth #29.



• Fig. 7: Also secures the ring and prevents it from popping off the tooth.



• Fig. 8: Larger MOD restorations and teeth missing a cusp can easily be restored.



• Fig. 9: When the entire lingual is missing, a continuous band is easier to place rather than two small sectionals.

See Dr. Gottlieb

Dr. Marc Gottlieb will present "A Game-Changing Approach to Difficult Class II Composites" today from 12:50-1:10 p.m. Bilateral winged wedges create more interproximal separation as well as creating "concrete formers" where most or all of a wall is missing, thereby creating biomimetic restorations quickly and predictably. All of the current matrix and ring systems ignore the common problem of large missing sections of posterior teeth. If most or all of the lingual or buccal wall of a posterior tooth is missing, the dentist usually resorts to the "old faithful" Tofflemire band and retainer. These time-tested devices did well with amalgam, but do not promote good interproximal contacts when used with today's composites. In addition, they don't create a biomimetic morphology. A new bilateral, winged wedge system answers all these needs.



slide past each other sealing off the gingival floor.

A central groove is located on the back between the ears to line up the sectional separating ring and directs the forces interproximally for maximum separation. The tooth was easily restored in incremental layers, trimmed back and bite adjusted.

The second patient is a senior citizen with a lost filling in tooth # 29, the lower second bicuspid, opposing a full upper denture. Due to her age, complicated medical history and occlusion against a denture, it was decided to restore this tooth with a posterior composite.

Once again, the ABC Wedge was utilized to prevent the separating ring from crushing in the matrix, provide anatomic contours and avoid fracture of the lingual wall when placing the separating ring. In this clinical situation, the groove behind the ears not only directs the pressure between the teeth but it also secures

the ring and prevents it from popping off the tooth.

This tooth was also restored with a posterior composite following the manufacturer's guidelines, trimmed and occlusion adjusted.

This technique addresses many of the issues involved in restoring the large Class II lesion. Larger MOD restorations and teeth missing a cusp can easily be restored using the ABC Wedge.

It's so easy, it can be used with the Tofflemire contoured band without the retainer. When the entire lingual is missing, a continuous band is easier to place rather than two small sectionals and the ears will stabilize and hold the band in place. Separating rings are placed and the tooth restored with a posterior composite.

I believe the ABC Wedge with a little imagination can be used to restore rotated teeth and because they are

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Infection control and going green

By Noel Brandon-Kelsch, RDHAP

■ Infection control in the dental setting requires the clinician to weigh the benefits and risks of every task they perform. Practical applications for going green and “doing no harm” with infection control have to mesh.

Small, eco-friendly changes in your infection control practices can save time, money and lives while helping the environment and the world.

What does going green mean?

For me, going green means that we make an attempt in our everyday activities to consider how the world and environment are affected by our actions. We then incorporate methods to limit the impact on the earth and make that our lifestyle.

Professor Chris Miller stated it best about the relationship between infection control and going green when he said, “Green infection control and safety are disease prevention and safety procedures and products that further reduce adverse health and environmental impacts.”

Incorporating the green concept into the dental office means we have to look at both the practice of dentistry and the practice of going green. Going green cannot overtake evidence-based practices that keep our patients and staff safe.

We are responsible for keeping a safe environment and not causing cross contamination. Our first focus has to be “do not harm.” When we choose products, we need to focus first on the issues we are facing as health-care providers and then on the issues of the very best product that allow us to limit our carbon footprint.

In making green choices, after discovering which products match our infection control needs, we have to research the methods the company uses to transport the item, the packaging, the contents in the item and how each various product impacts the environment before, after and during use. We must make evidence-based decisions in going green in infection control.

‘Incorporating the green concept into the dental office means we have to look at both the practice of dentistry and the practice of going green. Going green cannot overtake evidence-based practices that keep our patients and staff safe.’

It can be so simple

Each thing we do that reduces waste can make a difference. Here are some things you can do today:

- Buy instrument cassettes. They increase the longevity of your instruments life and reduce the risk of sharps injuries
- Collect and recycle waste amalgam. It contains mercury, which can end up in wastewaters and can be highly toxic, especially to pregnant mothers and young children. (Dentists account for more than 20 percent of mercury pollution in the USA).
- Install amalgam separators. They have been proven to stop more than 99 percent of waste mercury from entering our waters. This is going to be a requirement from the EPA in 2011.
- Look for products with green or greener packaging and look for suppliers that have established green initiatives. Tell manufacturers about your concern with over-packaging. Don't buy over-packaged items and ask manufacturers to ship in bulk.
- Look for carbon neutral suppliers as a way to reduce your carbon footprint
- When dealing with infection control, always ask yourself whether the green option contradicts the “do no harm” principle. Research pros and cons of the green alternatives by contacting suppliers.
- Recycle the foil from X-rays or better yet go to digital system and eliminate all those chemicals.
- Buy auto-clav pouches that have recyclable materials (i.e., paper and plastic).
- Buy products that have containers that can be refilled.
- Use energy-efficient light bulbs.
- Turn down the heater and up the air conditioning. One or 2 degrees does make a difference.
- Turn off the computer, radio, etc., when you are not using it.
- Do not run loads that are not full with the autoclave
- Share a ride to work or take the train. Even better, walk to work, or ride a bike.
- Do not put single-use items on the tray until you need them. They have to go in the trash if they are on the tray you use.
- Have a covered side-dispensing tray and dispense as needed.
- Get your energy from a company that is a green energy supplier.
- Use energy-saving light bulbs.
- Make patients aware of items that can be recycled and recycle programs in your community.
- Only dispense as much of the material as you need for a procedure.
- Insulate your attic and water heater.
- Buy supplies once a month to eliminate multiple trips to the store.
- Don't buy bottled water. Filter your own.
- Have patients bring their own goodie bag

See Noel Brandon-Kelsch

Noel Brandon-Kelsch, RDHAP, will present “Eco-Friendly Infection Control: Understanding the Balance” today from 10–11 a.m. Infection control in the dental setting requires the clinician to weigh the benefits and risks of every task they perform. This course gives you the tools to incorporate practical applications for going green and “doing no harm.” Small eco-friendly changes in your infection control practices can save you time, money, lives and the world.



About the speaker



Noel Brandon-Kelsch is the infection control columnist for RDH magazine, a syndicated newspaper columnist and has been published in many books. Brandon-Kelsch has received many national awards, including Colgate Bright Smiles Bright Futures, RDH Magazine Sun Star Butler Award of Distinction, USA magazine Make a Difference Day award, Presidents Service award, Foster Parent of the Year, Hu-Friedy Master Clinician Award. She is the immediate past president of the California Dental Hygienists Association, board member of Simi Valley Free Clinic, Sunstar America, GC America, Philip Life Style and Kerr Total Care, key organization leader, member of Organization for Safety and Asepsis.

As health-care providers we need to always weigh the benefits and risks of every task we perform. Evaluating practical applications for going green and “doing no harm” is a vital part of our jobs.

Small eco-friendly changes in your infection control practices can save time, money and lives while helping the environment and the world.

Gottlieb **from page 12*

available in various sizes, mixed and matched up to fit any embrasure. Because they can be trimmed and modified with a scissor or bur, they can be used for all class II applications.

References

- Nash, Ross W. DDS Patient Demand Is Increasing for Posterior Aesthetics. *Dentistry Today* May 2010 : 76–79.
- Monteiro, Patricia Manarte DMD, MSc, PhD; Manso, Maria Conceicao PhD; Gavinha, Sandra DMD, MSc; Melo, Paulo DMD, PhD Two-year



• Fig. 10: Ears will stabilize and hold the band in place.

clinical evaluation of packable and nanostructured resin-based composites placed with two techniques. *JADA* 2010;141(3): 319–329

About the speaker



Dr. Marc Gottlieb was born and raised on Long Island, N.Y., and attended Union College in Schenectady, N.Y. as well as the University of Buffalo School of Dentistry. While at Buffalo, he received many academic scholarships, awards and fellowships. After graduation from dental school, Gottlieb went on to a two-year post-doctoral residency program at Long Island Jewish Medical Center. This unique opportunity provided advanced training in anesthesiology and all the specialties of dentistry. Gottlieb is currently on staff at Stony Brook University Hospital, maintains a full-time private practice, lectures all across the United States and has authored more than a dozen dental articles.



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10:00 - 11:00 Noel Brandon-Kelsch
ECO-FRIENDLY INFECTION CONTROL

11:20 - 12:20 Gregori Kurtzman, DDS
**INCORPORATING NEW ADVANCES IN DENTAL MATERIALS AND
TECHNIQUES INTO YOUR RESTORATIVE PRACTICE**

12:50 - 1:10 Marc Gottlieb, DDS
A GAME-CHANGING APPROACH TO DIFFICULT CL II COMPOSITES

1:20 - 2:20 Damien Mulvany, DDS
OPTIMIZING YOUR PRACTICE WITH 3D CONE-BEAM TECHNOLOGY

2:40 - 3:40 Edward Katz, DDS
**IMPROVING PATIENT CARE WITH 3D CONE BEAM
COMPUTERIZED TOMOGRAPHY**

4:00 - 5:00 George Freedman, Fay Goldstep and Edward Lynch
SOFT TISSUE LASERS AND CARIES DIAGNOSIS

5:10 - 5:30 Dirk Gieselmann
HOW A MMP-8 TESTING CAN CHANGE YOUR OFFICE

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Diode laser: Why do I need this?

By Fay Goldstep, DDS, FACD, FADFE,
and George Freedman, DDS, FAACD,
FACD

■ The 810 nm diode laser is specifically a soft-tissue laser. This wavelength is ideally suited for soft-tissue procedures because haemoglobin and melanin, both prevalent in dental soft tissues, are excellent absorbers.

This provides the diode laser with broad clinical utility: it cuts precisely, coagulates, ablates or vaporizes the target tissue with less trauma, improved postoperative healing and faster recovery times.

Given the incredible ease of use and its versatility in treating soft tissue, the diode laser becomes the “soft-tissue handpiece” in the dentist’s armamentarium.

The dentist can use the diode laser soft-tissue handpiece to remove, refine and adjust soft tissues in the same way that the traditional dental handpiece is used on enamel and dentin.

This extends the scope of practice of the general dentist to include many soft-tissue procedures.

The following procedures are easy entry points for the new laser user:

- gingivectomy
- haemostasis
- gingival troughing for impressions

The diode laser (Picasso, AMD LASERS) makes restorative dentistry a breeze (Fig. 1). Any gingival tissue that covers a tooth during preparation can be easily removed as haemostasis is simultaneously achieved (Figs. 2–6).

The restoration is no longer compromised due to poor gingival conditions. There is no more battling with unruly soft tissue and blood.

Excess gingival tissue can be readily managed (Figs. 7, 8) for improved restorative access to Class V preparation (ezlase, Biolase Technology Inc.).

Gingival troughing prior to taking impression (Figs. 6, 7) ensures an accurate impression, particularly at the all-important margins, and an improved restorative outcome (Picasso, AMD Lasers). Packing cord is no longer necessary.

Diode lasers make restorative dentistry less stressful, more predictable and more enjoyable for the dental team and the patient.

Operculectomy, excision and/or recontouring of gingival hyperplasia, frenectomy

These procedures are not commonly offered or performed by the general dentist. They are examples of the expanded range of services readily added to the general practice. The dentist becomes more proactive in dealing with hyperplastic tissues that can increase risk of caries and periodontal disease.

A frenectomy (Fig. 12) is now a simple and straightforward procedure



• Fig. 1: The Picasso by AMD LASERS (Photo/Provided by AMD LASERS)



• Fig. 2 (Photos for Figs. 2–6/Provided by Dr. Phil Hudson)



• Fig. 3



• Fig. 4



• Fig. 5



• Fig. 6



• Fig. 7 (Photos for Figs. 7–12/Provided by Dr. George Freedman)



• Fig. 8



• Fig. 9



• Fig. 10

(ezlase).

Laser-assisted periodontal treatment

The use of the diode laser in conjunction with routine scaling and root planing is more effective than scaling and root planing alone. It enhances the speed and extent of the patient’s gingival healing and

post-operative comfort. This is accomplished through laser bacterial reduction (Picasso, AMD Lasers), debridement and biostimulation (Figs. 13, 14).

A. actinomycetemcomitans, which has been implicated in aggressive periodontitis, may also be implicated

See Dr. Goldstep and Dr. Freedman

Dr. Fay Goldstep and Dr. George Freedman will speak on “Soft-Tissue Lasers and Caries Diagnosis” today from 10-11 a.m. This program focuses on these treatments: 15-second troughing instead of using retraction cord; and instant chairside gingivectomies, gingivoplasty, bacterial decontamination, LAPT, bio stimulation and much more. The Carie Scan PRO is the latest and most accurate diagnostic tool for the clinical practice. The CarieScan PRO permits dental professionals to evaluate decay in teeth and provide information about whether the tissue is healthy, in the early stages of decay or already significantly decayed. The diagnostic results are displayed on a LCD screen and the clear numeric information is easily documented into the patient’s chart to monitor and assess disease status and progress (or improvement).

About the authors



Dr. Fay Goldstep has served on the teaching faculties of the post-graduate programs in esthetic dentistry at SUNY Buffalo, the Universities of

Florida (Gainesville), Minnesota (Minneapolis) and has been a ADA Seminar Series speaker. She has lectured nationally and internationally on soft-tissue lasers, electronic caries detection, healing dentistry and innovations in hygiene and has published numerous textbook chapters and articles on these topics. Goldstep is a consultant to a number of dental companies, and she maintains a private practice in Toronto, Canada.



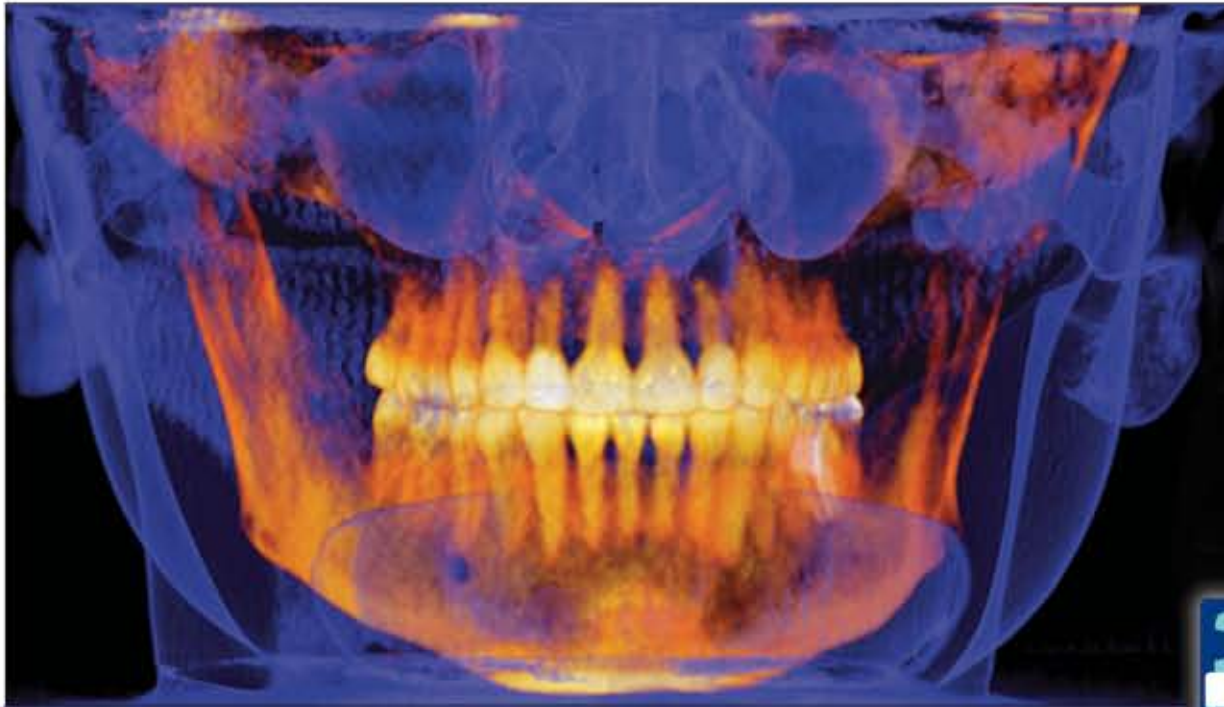
Dr. George Freedman is a founder and past president of the American Academy of Cosmetic Dentistry, a co-founder of the Canadian Academy for Esthetic

Dentistry and a diplomate of the American Board of Aesthetic Dentistry. He is the author or co-author of 11 textbooks, more than 600 dental articles, and numerous webinars and CDs and is a team member of REALITY. He lectures internationally on dental esthetics, adhesion, desensitization, composites, impression materials and porcelain veneers. A graduate of McGill University in Montreal, Freedman maintains a private practice limited to esthetic dentistry in Toronto, Canada.

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Understanding dental adhesives

By Gregori M. Kurtzman, DDS, MAGD, FACD, FPFA, FADI, DICOI, DADIA

■ “Not all adhesives are the same” is a good lesson to understand when performing restorative dentistry.

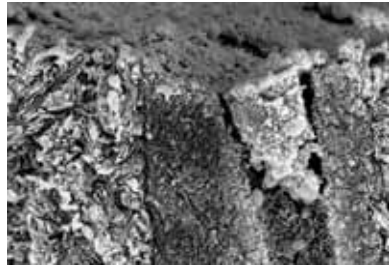
Frequently, practitioners apply the methods to use one adhesive to all adhesives the encounter in rendering care to their patients. When this is followed, bond failure is often encountered and the practitioner blames the manufacturer's product, not realizing the fault lies in not following the manufacturer's instructions.

Adhesives basically fall into two categories: total-etch and self-etch. Understanding how each category is used is essential in achieving the predicted results. This has become more important today with the plethora of new materials entering the market, such as self-etch adhesives, self-etch flowable composites and self-etch resin cements.

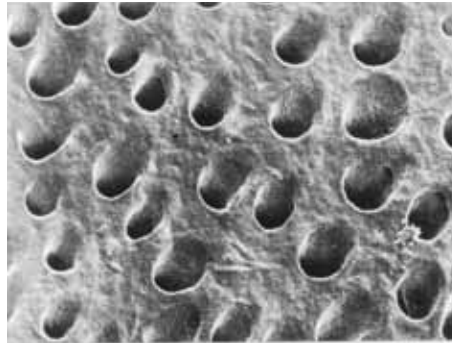
Smear layer is the main difference between total-etch and self-etch materials. As we are aware, the smear layer results from preparation of the surface to receive the restoration. It is composed of dentinal debris, bacteria and other debris and is approximately 1 to 5 microns in thickness (Fig. 1).

When a total-etch technique is utilized, the smear layer needs to be removed to allow penetration of the resin into the dentin surface forming a hybrid layer with the dentin and achieve the bond. This is typically performed with phosphoric acid gel leaving a clean surface ready for application of the adhesive (Fig. 2).

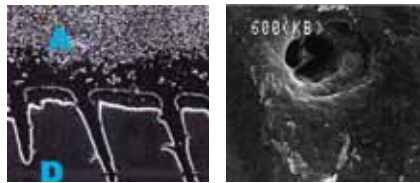
In endodontic treatment, this may be performed within the canal system using irrigation with 17 percent EDTA liquid. Following application of the adhesive, a hybrid zone forms on the dentinal surface wherein a stress-absorbing layer results between the



• Fig. 1: SEM cross section of dentin showing surface covered with smear layer and tubules plugged with debris. (Photos/Provided by Dr. Gregori M. Kurtzman)



• Fig. 2: SEM of dentinal surface following removal of smear layer.



• Fig. 3 (left): SEM demonstrating adhesive on the dentin surface and the resulting hybrid zone. A= adhesive, D= dentin, H= hybrid zone. Fig. 4 (right): SEM of dentin following application of a self-etch primer to the smear layer fixing it to the underlying dentinal surface.

adhesive and dentin with the zone being a blending of adhesive and dentin (Fig. 3).

Self-etch adhesives are a different concept and they require the smear layer to remain. These materials forgo the acid etching gel and use a mild acid either as part of a non-rinse primer or combined as part of a one-application material that has the adhesive combined and not a separate component. Removal of the smear layer prior to use of a self-etch adhesive has been shown to lower bond strengths. Self-etch adhesives are also associated with less post operative sensitivity than total-etch adhesives due to the plugging of the dentinal tubules with the smear layer.

So why use a total-etch adhesive

then? Bond strengths are greater with total-etch adhesives than with the self-etch adhesives available. This becomes critical in specific clinical situations, such as luting of porcelain veneers. All manufacturers of self-etch adhesives and self-etch resin cements indicate that cementation of porcelain veneers is contraindicated with these materials and recommend the use of total-etch adhesives for this clinical application.

Additionally, with regard to resin cores, when a crown will be placed, it is my recommendation that if the core will be missing more than 25 percent of circumferential tooth structure after crown preparation then a total-etch adhesive should be selected. Clinically, self-etch adhesives work predictably when direct restorations will be placed on teeth where the cusps are intact to resist lateral displacement of the filling material, small to moderate cores when there is minimal circumferential tooth structure missing after crown preparation, luting endodontic posts and cementation of crowns and inlay/onlays.

Another area of confusion for many practitioners is how wet or dry the dentin should be when using adhesive techniques. As the materials in use are composed of hydrophilic resins, some moisture is needed to

See Dr. Kurtzman

Dr. Gregori Kurtzman will present “Understanding adhesives and how to incorporate new advances in dental materials and techniques into your restorative practice” today from 11:20 a.m.-12:20 p.m.

About the speaker



Dr. Gregori Kurtzman is in private general practice in Silver Spring, Md., and is a former assistant clinical professor at the University of Maryland, department of endodontics, prosthetics and operative dentistry. He has lectured both nationally and internationally on the topics of restorative dentistry, endodontics and implant surgery and prosthetics, removable and fixed prosthetics, and periodontics, and has more than 170 published articles. He has been included in the “Top 100 Clinicians in Dentistry” by Dentistry Today since 2006. He can be contacted at dr_kurtzman@marylandimplants.com.

pull the resin into the tooth's surface. But how much moisture do we want? The goal is to have moist dentin without any pooled water or fluids on the surface. The dentin should have a glistening appearance when ready to bond to the surface. If it does not, then re-wetting the surface is suggested to maximize the bond strength after adhesion.

In conclusion, the practitioner needs to understand what type of adhesive they are using and follow the manufacturer's instructions on its use. One can not expect to get the desired results if one doesn't follow the product's instructions.

Diode from page 16

in systemic disease. It has been found in atherosclerotic plaque and there has been recent data suggesting it may be related to coronary heart disease.

The diode laser is effective in decreasing *A. actinomycetemcomitans* and thereby indirectly improving the patients' heart health.

Laser education

Most diode laser manufacturers provide some education to get the new user started quickly and effectively.

The most comprehensive online diode laser introductory course with certification (which includes the science, safety and clinical procedures) can be found at the International Center for Laser Education at www.amdlasers.com under education: online courses).

This course provides everything

necessary to get started with soft-tissue diode laser therapy. Advanced courses are available for more complex procedures.

The soft-tissue diode laser has become a “must have” mainstream technology for every general practice. The science, ease of use and affordability make it simple to incorporate. The laser is now the essential “soft-tissue handpiece” for the practice.

In fact, there is a case for having a diode laser in each restorative and each hygiene treatment room. Restorative dentistry becomes easier, more predictable and less stressful.

Laser therapy expands the clinical scope of practice to include new soft-tissue procedures that keep patients in the office. The patient's gingival health is improved in a minimally invasive, gentler manner.

Every time the dentist picks up the diode laser the question is: Where have you been all my life?



• Fig. 11



• Fig. 12

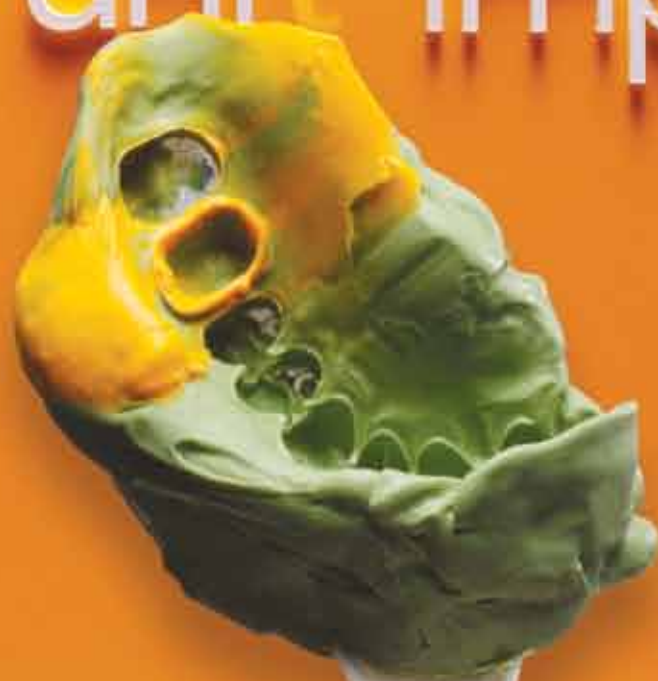


• Fig. 13 (Photos for Figs. 13, 14/ Provided by Dr. William Chen)



• Fig. 14

single unit impression



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If you place implants, you need to see this

By Edward Katz, DDS

■ Implant dentistry has become an integral part of the services we offer our patients on a daily basis. Twenty five years ago, when we first began surgically placing dental implants, our major concern was getting the implant properly placed well within the confines of the jawbone. Of secondary concern was how the implant related to the final prosthetic outcome.

With advancements in surface technology and our understanding of osseointegration, we have increasingly become more concerned with

the final esthetic and functional result and fulfilling the patient's wishes and desires for a natural replacement of their tooth or teeth. This is often referred to as prosthetically driven implant surgery.

Our presentation reviews some of the techniques and procedures we use on a daily basis to achieve our goals. The use of radiographic guides in conjunction with radio opaque materials helps us locate the ideal placement for the implant in order to satisfy the patient's particular needs.

We will discuss the fabrication of these radiographic guides, and how they are utilized in implant surgical

procedures, and how they can help us determine whether implants are appropriate for a particular patient. This is a novel approach to hard- and soft-tissue imaging.

The presentation will be of value and interest to anyone who is either placing implants, intends to place implants or is actively involved in the treatment planning and restoration of dental implants.

Many years ago, we began using medical CT imaging in order to evaluate the hard tissue prior to surgery. The secondary software became a huge asset in planning, designing and communicating with both the patient

See Dr. Katz

Dr. Edward Katz will present "Improving Patient Care with 3-D Cone-Beam Computerized Tomography" from 2:40-3:40 p.m. In this one-hour presentation, Katz will highlight the use and benefits of 3-D cone-beam imaging in the dental practice. The course materials will include the design and fabrication of radiographic and surgical guides, choosing the best implant location for dental prosthetics and interpretation of CBCT images.

About the speaker



Dr. Edward Katz has been in private practice since 1983. He graduated from Emory University Dental School in 1979 and received certification in periodontics and periodontal prosthetics in 1983. He has been with the Miriam Hospital Department of Dentistry since 1983 and was division director from 1985 to 2008. Katz is a lecturer with the Harvard School of Dental Medicine and is director of the Seattle Study Club, Providence, R.I. He is a member of the RIDA, ADA, AGD, AAP, Pierre Fauchard Academy and the International College of Dentists.

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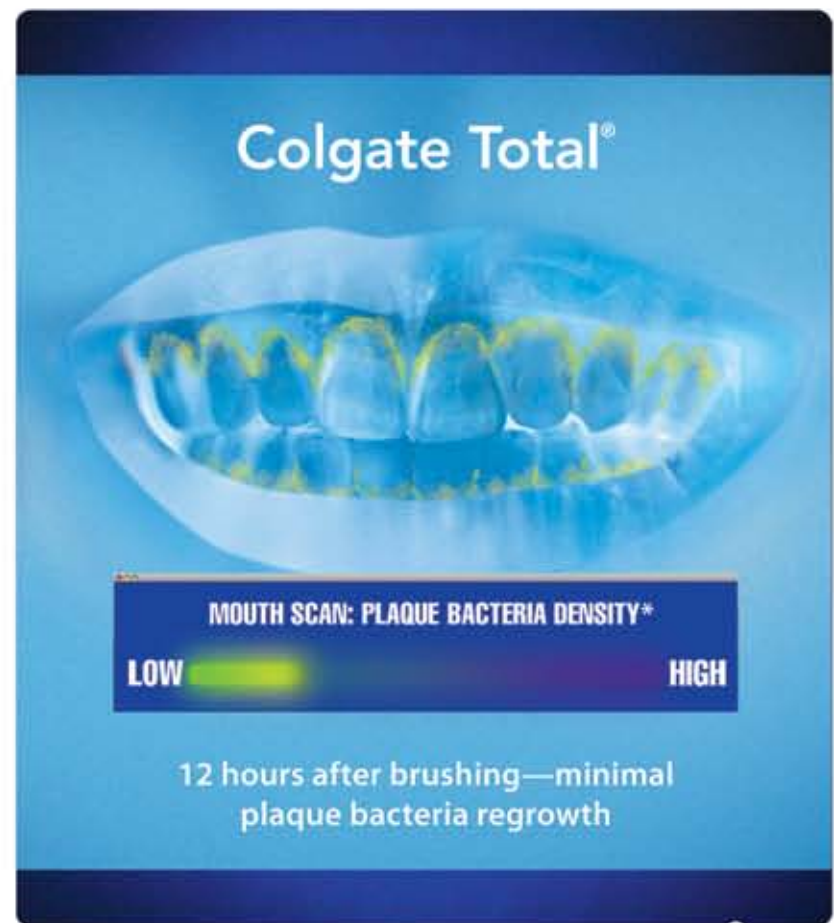
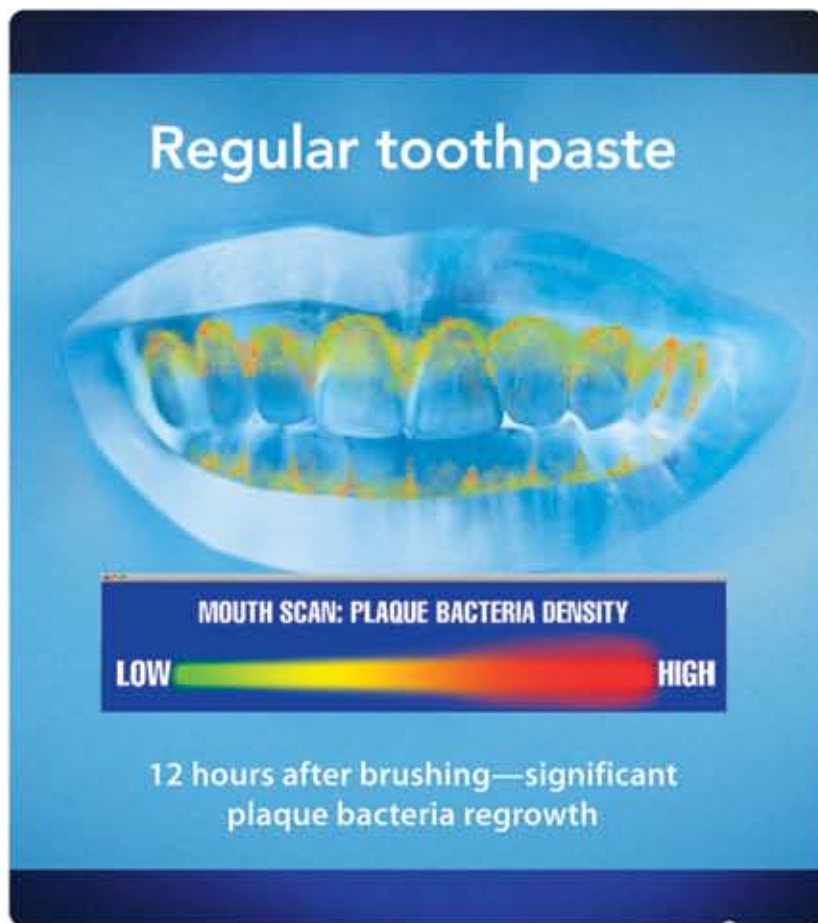
and the restorative dentist. Although the quality of the medical CT is quite good, we became very concerned with the amount of radiation patients were receiving from a conventional medical CT image. That led us to research the use of cone-beam technology mainly because of its promise to provide excellent image quality as well as significantly lower radiation dosage.

Several years ago, we began researching the many machines available in the marketplace. We set up rather strict criteria for our purchase. At the very top of the list, occupying position number one, is image quality. We could not justify spending money on a machine that did not provide excellent, consistently readable images.

Of course, radiation exposure, field of view, technical support and ease of use of software were also critical to our decision-making. After reviewing and examining many of the machines available, we chose Prexion CBCT. It has certainly lived up to all of our expectations and beyond.

As implant dentistry becomes more sophisticated and as patients become increasingly aware of the results that can be achieved, it becomes incumbent on practitioners to continue to research and develop new ways of simplifying the task of providing tooth replacement procedures. We want to share some of our horror stories and our success stories and talk about how "in-office" cone-beam scanning has improved our patient's care. I believe that the attendees will find many of these techniques to be practical, useful, easily implemented and predictable in their daily practice.

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*Dramatization illustrating reduction of plaque bacteria 12 hours after brushing with Colgate Total® vs regular fluoride toothpaste.

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References: 1. Xu T, Deshmukh M, Barnes VM, et al. *Acad of Gen Dent.* 2004;25(7, suppl 1):46-53. 2. Panagakos FS, Volpe AR, Petrone ME, et al. *J Clin Dent.* 2005;16(suppl):51-52. 3. Bolden TE, Zambon JJ, Sovinski J, et al. *J Clin Dent.* 1992;3(4):125-131. 4. Cubellis AB, Dalmau LJ, Petrone ME, et al. *J Clin Dent.* 1991;2(3):63-69. 5. Amornchat C, Kraivachun P, Thiratrana T. *Mahidol Dent J.* 2004;24:103-111.

During his presentation in one of the glass classrooms on the exhibit floor, Dr. John Olmsted asks, 'R U Ready for the 2 NU R's in Endodontics?' for rotary instrumentation and resin-bonded obturation. Sybron Endo sponsored his lecture. (Photos/Robin Goodman, DT Group Editor)



AD

Learn *from page 1*

If you enjoy a large and open-air type of venue, the Live Dentistry Arenas will suit you best. Sunday was the debut of not one but two Live Dentistry Arenas. Dr. Douglas Terry began the day in arena No. 1 with "Anterior Fiber-Reinforced Composite Resin Bridge." Later in the day, arena No. 2 offered Dr. Brian Shroder with a presentation titled, "From Elastomeric Impressions to Digital Replication: It's A Scanning Wand, Not A Magic Wand."

If you prefer a cozier learning environment, then head over to aisle 6000, room 3, for the DTSC Symposia. The attendees who poured out of Dr. Martin Goldstein's crowded lecture had positive things to say about the speakers and the DTSC Symposia platform in general.

"I learned quite a bit in the lecture. I don't do as many composites, direct composite resins, so it was very interesting to me," said Dr. Ophelia Jackson, who practices in New York. "It's a really great format."

Finally, if you want the most intimate of learning situations, you should head for one of the glass classrooms on the exhibit floor. These lectures offer a hands-on approach in a space that is well-insulated from the din of the exhibit hall.

For example, during his presentation in one of the glass classrooms on the exhibit floor, Dr. John Olmsted held the floor from 9:45 a.m. to 5 p.m. to discuss "R U Ready for the 2 NU R's in Endodontics?" for rotary instrumentation and resin-bonded obturation.



Dr. Howard Glazer started off the day at the DT Study Club Symposia with a lecture about 'Beautiful: Go with the FLOW,' sponsored by Shofu. It was standing room only during his presentation as an additional 30 people were gathered outside the entrance when the seats filled up.



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Targeting practice success

By Roger P. Levin, DDS

■ All dentists want to grow their practices. At times, though, it seems like an impossible task. To grow – to really grow – your practice means asking questions about how your office runs.

Focus on what's important

What do you need to concentrate on to achieve greater practice success? The following should be your principle targets:

- *What is your production?* You

became a dentist to provide quality care to patients. Their dental needs drive your practice. Have you set daily, weekly and yearly production goals? Are you meeting or exceeding those goals? What opportunities are there to increase production? Do you have an ideal treatment plan for every patient?

- *What percentage of fees are you collecting within 30 days?* Dentistry is a business. True, patient care is a top priority, but patients should be expected to pay for services. Levin Group's target is 90 percent

at the time of service and the remaining 10 percent within 30 days. The goal is to collect 98 percent or more of what your practice is owed.

- *What does it cost to turn on the lights today?* Every practice has normal operating expenses, including rent or mortgage, equipment, dental products, utilities and salaries. How much does it cost to turn on the lights every day? Does your budget accurately reflect expenses? Have you taken into account the operational costs of the practice?

- *What grows your practice?* To grow, practices need new patients. However, dentists lose a certain amount of patients each year. How do you track patient turnover? Is it because of normal attrition or other factors at work? Do you have a system in place to boost the percentage of new patients? When new patients come in for treatment, does your staff ask them how they were referred to the practice? A systematic patient referral program will boost the number of new patients.
- *What treatment represents the greatest percentage of your production?* If your answer is, "single tooth treatment," introduce patients to your full array of products and services. Comprehensive care – not single-tooth appointments – should be the goal. Even a small increase in production per patient can lead to a big increase in profitability.

Conclusion

In a slower economy, many practices find themselves flat. It doesn't have to be that way!

Nearly every practice in the United States has the capacity to grow 15 percent next year – if you implement proven strategies to increase production.

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About the author



Dr. Roger P. Levin, DDS, is founder and chief executive officer of Levin Group, a leading dental practice management consulting firm. For more than 20 years, Levin Group has helped thousands of general dentists and specialists increase their satisfaction with practicing dentistry.



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Conversation on unbreakable ceramic crowns

■ Dr. Michael C. DiTolla, Chairside magazine editor-in-chief and director of clinical education and research at Glidewell Laboratories, talks with REALITY Publishing co-founder and editor-in-chief Dr. Michael Miller.

DiTolla: Let me run a newer idea by you, something that is certainly new to us at the laboratory. This actually started about a year and a half ago during a discussion with one of the REALITY editorial team members, Dr. David Baird.

We spoke to him at the time about unbreakable all-ceramic crowns, and he mentioned how he'd been restoring some cases with full-contour zirconia crowns. Essentially, the zirconia understructure that's under a restoration has no porcelain stacked on it; it's just a full-contour zirconia crown.

And at the Chicago meeting, Dr. Baird sent us over to the Zircon Zahn booth to talk to those folks. We went over there, and we were pretty impressed by what we saw.

We liked the idea of an unbreakable all-ceramic. No. 1 on my dental wish list has always been a cast gold material that comes in a shade A2. And of course, that's never quite been available.

So Dr. Baird mentioned this and talked about patients of his who had broken all-ceramic crowns and PFM crowns and how he was now restoring some teeth with these all-zirconia crowns. He sent us some examples, and we found this very interesting.

We have since started to make and place these full-contour zirconia crowns, which we are calling BruxZir Solid Zirconia, in employees' mouths here at the lab. We recently made



• From left, a metal occlusal crown, a full cast and the new BruxZir all-ceramic crown. (Photos/Provided by Glidewell)

Here at GNYDM

For more information on BruxZir Solid Zirconia, stop by the Glidewell booth, No. 2203.

BruxZir crowns and bridges available to dentists as well.

In fact, we tell dentists that we see BruxZir as an alternative to placing cast gold in a patient who simply won't accept it, or the dentist wants to place a metal occlusal and the patient won't accept it.

What we've been led to believe from Dr. Baird and Dr. John Sorenson is that the wear of opposing teeth is not so much related to how hard the material is as opposed to how smooth it is. And I've been impressed with how smooth you can actually polish full-contour zirconia.

Esthetically, you're not going to mistake this for IPS e.max or IPS Empress — clearly it does not have the translucence of enamel and doesn't necessarily look like a natural tooth. But neither does cast gold.

This is a new area for us, and it looks somewhat promising. I don't know if you've had the chance to do any restorations like this, but what

might your feelings be on a concept such as BruxZir?

Miller: I did receive something just the other day from Glidewell on these full-contour BruxZir crowns, and my knee-jerk reaction was, "Wow, what a great idea!"

Because obviously, like you just said, on that lower second molar in a patient who doesn't have much space and you can't reduce, you can't get much clearance in that area.

In the old days, most of us would tell the patient, "Well, we need to do gold back there because there's not enough room for ceramic; you're probably going to get the nutcracker effect. Who knows how long it's going to last," and so on and so forth.

I think it is a great idea. The zirconia crowns that I've done, mainly Lava, have been tremendously successful in terms of strength, although we have had maybe one or two of the veneering porcelains chip off in certain circumstances. Especially in bruxers, regardless of whether they're wearing their nightguards or not.

It doesn't surprise me that Dr. David Baird would come up with this type of innovative solution. Even

though he doesn't get the amount of press as some of the other ceramic-type gurus around the world, Dr. Baird is a tremendous dentist and thinker and laboratory technician. He was way out on the bleeding edge of bonded porcelain before many of us were out of diapers, so it doesn't surprise me that he would have that idea.

Quite frankly, I'm really excited that you guys have come out with this. After I saw that BruxZir ad, I went through my patient base, thinking about all the patients I could have done that on had I thought of it.

So, I think innovative solutions with ceramics, especially with something such as zirconia, obviously you're not going to get the depth of color. Not unlike a monochromatic CEREC-type crown, which you can't expect to look as good as a really nice crown made in the lab.

But as long as the patient understands the old "inform before you perform" issue and understands both the pros and cons, then I think solutions like this are great. And I applaud you guys for doing it.

Find the full-length interview at www.chairsidemagazine.com, in Vol. 5, Issue 1.

Repair and maintain those high-speed handpieces yourself

■ ProScore's EZ Solutions offers dentists various do-it-yourself repair and maintenance options. Here are some of them.

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

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These turbines featuring a one-year warranty and rebuild kits with a six-month warranty are manufactured with premium ceramic bearings for reduced wear, increased durability, longer life and quieter and smoother operation.

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For an instant repair, dentists can



(Photo/Provided by ProScore)

replace turbines chairside with EZ Install™ Turbines, which are manufactured with the highest quality parts and quality assurance procedures in the market, including dynamic balancing. The result is a high-performance, long-lasting turbine.

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• Dr. Richard Rosenblatt in front of the CEREC AC Connect by Sirona (booth No. 4625). (Photo/Robin Goodman, DT Group Editor)

AD

Inside the CEREC AC Connect

An interview with
Dr. Richard Rosenblatt

By Robin Goodman, DT Group Editor

The CEREC AC Connect debuted in early October. Would you explain what this unit is capable of?

This stand-alone unit allows one to

take digital impressions only, so there is no milling component. Thus, it's the perfect choice for the dentist who wants to take digital impressions but doesn't want to do the milling.

How can this unit improve the day-to-day realities of running a dental practice?

The thing I love about it is its accuracy, which is fantastic. To be able to look at an impression that is 20 times its normal size, you can really see the intricacies of your preparation and not have to guess if the margins can be seen and so forth.

The restorations are extremely accurate, and the level of dentistry becomes magnificent.

I also love that I don't have to use impression material. I don't have to wonder if I have pulls or tears, and all those things that come along with the traditional method. If I take a bad image, I can immediately take another one. Patients love this, of course, especially if they have a strong gag reflex.

What has been the response of lab technicians who work with dentists using both the traditional and the digital method of impression taking?

The consensus has been that their digital dentists do better dentistry, and it's more consistent on a day-to-day basis. Not only is their prep better, but also making the models for these dentists just becomes so much easier.

Is there any special being offered on this unit during the GNYDM?

In a way, it's a special, but it's been going on since the unit launched. This year, CEREC celebrated its 25 anniversary in August. Thus, the first 250 CEREC AC Connect units sold will benefit from a lifetime of no scan fees, and that's the lifetime of the unit itself.

In addition, there is the option of adding a milling unit to this setup should the dentist decide later that he or she wants to do that as well. There is no other machine out there that can expand and allow the dentist to become more flexible if his interests lie in that direction.

Some dentists might be a bit intimidated trying something new. However, this unit makes it more affordable because you are not purchasing the milling unit, you can focus on the digital scanning alone.

So they can enter this realm at a much lower cost and first hone their skills before deciding if they want to undertake the milling aspect as well.

Sirona is located at booth No. 2645.

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Taking away patients' fears

DentalVibe eliminates patient anxiety over the injection

By Fred Michmershuizen, DT Online Editor

■ If the folks at DentalVibe get their way, their device will revolutionize the way patients feel about going to the dentist.

That's because DentalVibe is designed to eliminate patient anxiety about pain. And with 50 percent of Americans avoiding dental care entirely out of fear over pain, the potential for increased chair time is enormous.

After studying the Gate Control Theory of pain, Dr. Steven Goldberg, a practicing dentist, invented his three-in-one injection comfort system to enable the delivery of anesthetic injections without discomfort.

The DentalVibe works with proprietary VibraPulse technology, delivering pulsed vibration while at the same time retracting the lip and cheek and illuminating the injection site. The result is a comfortable, stress-free injection.

When Dental Tribune stopped by the DentalVibe booth here at the Greater New York Dental Meeting to learn more about the product, Goldberg was enthusiastic.

"The response I am getting is so rewarding," he said. "Dentists tell me all the time how happy they are with DentalVibe." (He then pulled out his iPhone and played a voice message from a dentist who was thrilled with the way he was able to comfortably give a young girl her first shot.)

Dental Tribune also had the opportunity to learn more about DentalVibe from several of the company's sales reps.

"I had a doctor in Boca Raton, Fla., do it to me," Traci Pearl said. "I took one for the team. Not only was the injection OK, it was better than OK. This product sells itself."

"Patients don't always talk about it, but fear over injection pain is something they are concerned about," Tatiana Acero said. "Nobody likes to get an injection, but when a patient goes to the dentist regularly, it is going to cost less."

Andrea Olavarria said DentalVibe is especially useful in pediatric dentistry, where there can be two sources of distress — the child and the parent. "DentalVibe works through stress for both the child and the nervous mother," she said.

"The DentalVibe is a home run for the doctor," Ed Black said. "Not only is it effective clinically, it also brings in more patients, reduces cancellations and increases referrals. In fact, it is a referral monster."

To learn more about DentalVibe,

stop by booth No. 5033 or visit the company online at www.dentalvibe.com.

• Dr. Steven Goldberg is inventor of the DentalVibe three-in-one injection comfort system. (Photo/Fred Michmershuizen, DT Editor)



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Even with the simple online system in place, ChaseHealthAdvance has made it even easier to manage your patients' financing needs with their desktop toolbar.

The free desktop toolbar, which is currently available for download at HealthAdvance-Online.com and a demo of which can be seen during the Greater New York Dental Meeting (GNYDM), puts everything your practice needs all in one place, right on your desktop.

You can complete and submit applications, access marketing tools, view reports and send follow-up postcards to valued customers, 24 hours a day, 7 days a week with just a few clicks of your mouse. It's the perfect tool to help you streamline every part of the patient financing process and communicate affordability to your patients.

ChaseHealthAdvance is dedicated to developing new tools to help practices simplify their day-to-day operations and increase case acceptance. They do this with free enrollment for providers, one-on-one customer service and access to valuable marketing tools like the free web-based payment calculator.

With a wide range of financing options and tools to choose from, more patients can overcome the financial barriers standing in the way of the dental treatments they've always wanted.

ChaseHealthAdvance offers 3-, 6-, 12-, 18- and 24-month no-interest plans and extended options up to 48 months. There are no down payments required and every approved patient receives a \$5,000 revolving line of credit that can be used for the entire family's health care needs.

In addition, because ChaseHealthAdvance is part of Chase Card Services, a division of JP Morgan Chase & Co., you and your patients will benefit from

Here at the GNYDM

Visit booth No. 5217 at the Greater New York Dental Meeting to learn more about ChaseHealthAdvance and to demo the iPad presentation tool and efficiency-boosting desktop toolbar.

the strength and stability of more than 200 years of financing experience.

To learn how the new iPad presentation tool and the desktop toolbar can help you boost productivity and save time, visit booth No. 5217 at the Greater New York Dental Meeting. While you're there, you can also enter to win great prizes.

Be sure to register for these informative sessions for more ideas on how you can improve your practice. For example, Dr. Neil Gottehrer and Dr. Jack Martin conducted a half-day seminar on "Managing the Oral Body Inflammatory Connection for Improved Health" on Sunday.

You can pick up your free copy of Gottehrer's resource guide at the ChaseHealthAdvance booth, No. 5217.

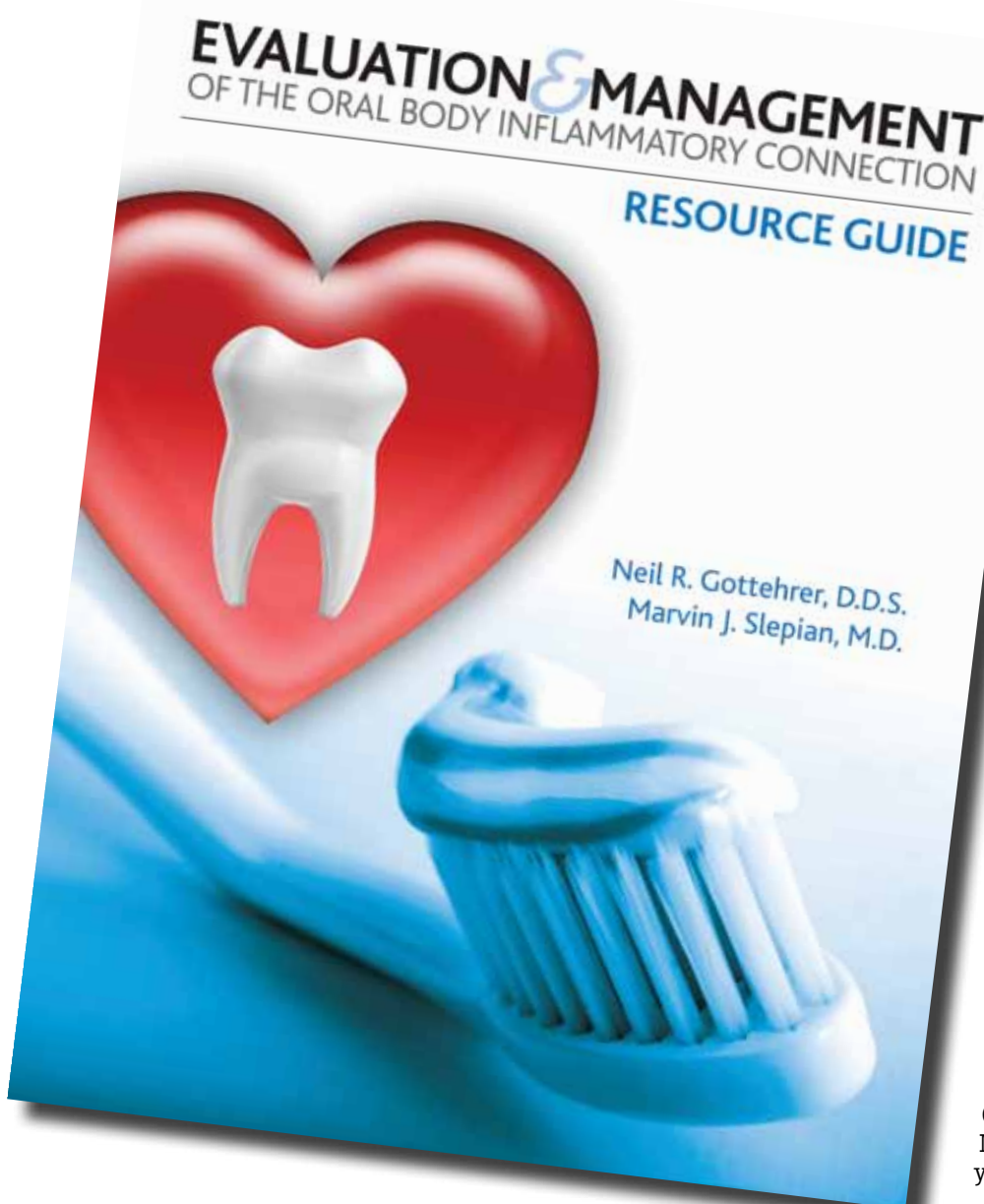
Susan Richardson of ChaseHealthAdvance will be conducting an informative practice management course, "Money Shouldn't Be the Barrier to Case Acceptance," on Tuesday, Nov. 30, from 9:45-10:45 a.m. on Exhibit Floor 2, Rear Aisle 2300.

Learn even more at the lunch and learn session, "The Future of Dental Care: Maintaining Physical Health," sponsored by ChaseHealthAdvance. The session will also be held on Tuesday, but will take place at Special Events Hall, Level One from 10 a.m.-12:30 p.m.

Admission is free and lunch is included.

Stop by the ChaseHealthAdvance booth to learn more about the wide range of financing options and tools that ChaseHealthAdvance offers to help you advance your patients and your practice or speak with a practice consultant today by calling (888) 388-7633 or by visiting AdvanceWithChase.com.

**The information in this article was provided by ChaseHealthAdvance and is only directed to health-care providers, or a business entity, and is not meant to be shared with patients directly or indirectly.*



Lang Dental digs into its past

Company talks about why now is a good time to reintroduce its soft denture liner

By Robin Goodman, DT Group Editor

Samuel Lang founded Land Dental Manufacturing in 1929 to provide the dentists of his era with dental materials. The company's acrylic products have had international distribution since 1958.

today sat down with David Lang, president of Lang Dental, to get the more information about the company's Jet Set-4 and NOVUS products.

What's new at Lang Dental?

We are reintroducing NOVUS, a product that was on the market many years ago. It's a definitive, soft denture liner that is non-porous and contains no plasticizers, so it won't degenerate and thus lasts for the life of the denture.

Unlike acrylic resin or silicone-based materials that are used for soft denture liners, this synthetic rubber is bio-inert, hydrophobic — meaning it repels water — and it does not promote microbial growth.

'This synthetic rubber is bio-inert, hydrophobic — meaning it repels water — and it does not promote microbial growth'

Why did the product disappear from the market?

The source of the raw ingredients that went in to making this material was taken off the market. Synthetic rubber was primarily used in aeronautical and space applications. When those budgets were cut back, the production of this material was discontinued in the mid-1990s.

Thus, because it is available again, we are reintroducing Novus into the market but using its original formula.

I'm looking at a sample now, and it's cool. Was that a soft-sided cooler you just removed it from? And is this padded silver mailer its only packaging?

Yes, that was a cooler; the material needs to be kept cold.

What other products does Lang Dental offer?

We're best known for our temporary crown and bridge products. We have a product called Jet Set-4, which is an improvement in that it is a faster-setting methyl-methylacrylate material.

It was introduced several months ago and is doing quite well. It's similar to our original jet acrylic, except that it sets much faster.



Here at the GNYDM

Visit Lang Dental at booth No. 804 for additional information.

• Kate Lang, left, David Lang and Jennie Lang of Lang Dental Mfg. Co. (booth No. 804). (Photo/Fred Michmershuizen, DT Editor)



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Enter a drawing in booth #5334 to win a Leica V-LUX2 digital camera!

AD

Dentrix Enterprise gets an update

Upgraded software broadens electronic dental record integration with leading medical systems

■ Henry Schein, the largest distributor of health care products and services to office-based practitioners, today announces the release of Dentrix® Enterprise 5.0, the latest version of Henry Schein's dental practice management system for multi-site organizations, institutions, hospital-based dental clinics, public health facilities and Indian Health Service locations.

Dentrix Enterprise is also a leading electronic dental record solution used in community health centers in the United States.

The latest 5.0 release of Dentrix Enterprise includes new features that strengthen Henry Schein's support of two U.S. government initiatives: the U.S. Department of Health and Human Services' strategic goals to improve patient care to the medically disenfranchised and the American Recovery and Reinvestment Act of 2009.

The new release provides dentists with a "Caries Prevalence and Peri-



• The Dentrix booth on Sunday. (Photo/Sierra Rendon, DT editor)

odontal Index" report module that generates patient outcome data for various age ranges and information, such as number of patients with or without caries. Other outcome data reports include patient perio measurements, such as pocket depths and loss of attachment.

The new 5.0 software also features a new treatment planner module that details the procedures, visits, insurance estimates and totals for a complete treatment plan.

"Dentrix Enterprise provides community health centers with cutting-edge health information technology to deliver improved patient care in underserved rural populations," said Steve Roberts, president, Practice

Technologies at Henry Schein.

"With this new software release, Henry Schein increases its support of the U.S. Department of Health and Human Service's 'ACCESS for All America Plan' to help community health centers expand and improve their service to 30 million patients by the year 2015."

More than 1,400 clinics in North America use Dentrix Enterprise. Launched nearly 20 years ago, the Microsoft® Windows®-based system is tailored for growing, multi-site dental organizations needing instant access to up-to-date data. Its complete integration architecture, robust HL7-integration capabilities and powerful management tools effectively stream-

Here at the GNYDM

For more information, stop by Dentrix at the Henry Schein booth, Nos. 1015/1023/1417/1820.

line and connect medical and dental data in a secure, HIPAA-compliant electronic dental record.

Dentrix Enterprise is designed to handle any number of clinics and workstations, and all tasks can be centralized with multi-location uniform data system (UDS) reporting, paving the way for increased clinic efficiency.

Other features in version 5.0 include: DDX (digital dental exchange) lab integration, a case management tool that allows practices to digitally exchange, track and manage patient cases with their labs; a redesigned clinical notes dialog with 70 predefined templates; simulated 3-D views of teeth in the tooth chart, allowing users to select which teeth to display; and a note spell check feature that provides correct spelling for words in its standard English medical and dental dictionaries.

Previous versions of Dentrix Enterprise can be upgraded to 5.0.

NOMAD receives WSJ Technology Innovation Award

■ Aribex, a worldwide leader in handheld X-ray technologies, announced Sept. 29 that its NOMAD handheld X-ray has been named as a runner-up in the medical device category of the 2010 Wall Street Journal Technology Innovation Awards.

The awards recognize products that break from conventional processes.

"We're very pleased by this honor," said D. Clark Turner, PhD, president and CEO of Aribex. "This is our first national innovation award, and it feels great that our seven years of hard work and focus has paid off so successfully. We also appreciate being listed with the other highly notable companies that have received this distinction."

The journal reports receiving nearly 600 applications from companies, organizations and individuals in 30 countries. Following a review from the publication's editors, about 275 entries were forwarded to a panel of judges from research institutions, venture-capital firms and other companies, and 49 entries were finally chosen for awards.

The NOMAD is the world's first handheld X-ray for dental use. Unlike the old-fashioned concept of wall-mounted X-ray systems that dentists have traditionally used, NOMAD represents a new approach: it's handheld,



• The NOMAD handheld X-ray (Photo/Provided by Aribex)

cordless and can go anywhere.

When the X-ray machine was invented more than a century ago, it was known to have dangerous implications because it emitted radiation. In response, safety protocols were put into place for its use, such as lead-lined walls, lead vests for both operator and patient, the operator leaving the room, special dosimetry (radiation monitors) and so forth.

Aribex changed this paradigm by developing unique and proprietary shielding for the X-ray tube so the radiation only goes toward the targeted area. In addition, an external backscatter shield was developed to protect the operator from radiation

reflected from the patient during the procedure.

This makes the NOMAD safe enough to be held in the hand and used right next to the patient without many of the protocols previously required. As a result, the design of the NOMAD permits X-rays to be taken virtually anywhere, in or out of the office.

The NOMAD increases dental office productivity because it reduces the time required to take a series of X-rays. The NOMAD X-ray system requires no bulky arms, backing plates for walls, special cabinets or costly electrical hookups. In fact, no installation is needed other than plugging in a small recharger unit.

Because it easily moves from treatment room to treatment room, one NOMAD can take the place of several conventional wall-mounted X-ray units in a typical dental office environment, saving dentists money when purchasing capital equipment.

These innovations also allow X-rays to be taken without moving the patient, so patients in wheelchairs, for example, do not have to be moved to the dental chair. Bed-ridden patients with dental issues can now have care on a level that was previously not possible. Sedated patients in oral surgery now can be X-rayed without being repositioned.

Here at the GNYDM

For more about NOMAD handheld X-rays, go to www.aribex.com. A list of all Technology Innovation Awards winners can be seen at www.WSJ.com/Reports. To see a NOMAD for yourself, stop by the Aribex booth, No. 337.

Previously, taking an intraoral X-ray of a child has been a hit-or-miss affair because children often will not sit still and will move their heads while the X-ray is being taken. This results in a retake and additional radiation exposure to the patient.

Now the operator can stay with the child, comfort anxious patients and take the X-ray when the child is ready. This has also been of great value with special needs patients, such as those with Alzheimer's, Parkinson's disease and physically or mentally limited individuals.

The NOMAD has also been used in veterinary dental diagnostic applications and in forensic victim identification, most notably during the Asian Tsunami in 2004 and the recent earthquake in Haiti.

The device has been used extensively in humanitarian missions around the world, going where traditional X-rays could never previously go.

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Advance your dentistry with modern imaging technology for the 21st century dentist

■ Visit Leica Microsystems, booth No. 5334, to enter a drawing for one of four Leica V-LUX2 digital cameras. A random drawing will be held on each of the four days of the exhibit.

Leica Microsystems provides microscopes for dentistry that attract patients to your practice with modern, 21st-century technology and design.

The Leica M320 F12 with cable-free design fully integrates the following features:

- **Leica Microsystems' world-renowned optics:** See more details than ever before with crystal clear apochromatic technology and great depth of field; freely position the optical head where you need it.
- **High-definition (HD) imaging:** Features an integrated HD camera and recording system for easy documentation and sharing of information for teaching and consultation.
- **High-quality LED illumination:** Produces high-quality, daylight temperature illumination for high-fidelity colors and provides a low



Leica Microsystems' M320 F12 with cable-free design. (Photo/Provided by Leica Microsystems)

cost of ownership.

- **Antimicrobial surfaces:** Leica AgProtect™ nanosilver coating reduces pathogens on the microscope and prevents their transfer to users and patients.

Leica Microsystems will also show the unique Leica HM500 head-mounted microscope. The Leica HM500 head-mounted microscope, like the dental loupe, is worn on the

head. The system offers a sharp, 3-D view of all details in the field of treatment from all angles.

You can move freely and work in a natural posture for precise and efficient working for restorative dental procedures, in particular.

The Leica HM500 head-mounted microscope's variable magnification enhances what you see without changing how you naturally look at the patient's oral cavity. In addition,

Here at the GNYDM

For more information, visit booth No. 5334, call (800) 248-0123 or visit www.leica-microsystems.com.

the field of vision is always completely and uniformly illuminated.

The shadow-free, coaxial lighting delivers high-fidelity color and penetrates even the narrowest and deepest cavities and brings all details to the forefront. The integrated camera allows you to document and display cases on the screen with high resolution, precisely from the dentist's perspective.

Leica Microsystems supports you with modern imaging technology to provide the best patient care possible. Visit Leica Microsystems at booth No. 5334 to find out more and receive a professional consultation from a board certified DDS for your dental practice needs.

Reduce schedule stress with SmileReminder

By Rachel M. Fisher, RDH, Career Fusion

■ Perhaps you have heard the following comments: "I do the same thing every day with the schedule and nothing changes!" or "I am so frustrated having to call patients and remind them of their appointments. Our new practice consultant wants me to call patients a week before, the day before and now an hour before their appointment. How can I do this? I can't get anything done if I'm always on the phone chasing patients down. And now that we lost another front desk person, I am so overwhelmed!"

Let's find a way to work smarter, not harder, and let's start by looking at the imaginary day of Olivia Office Manager. She gets to work early and immediately checks the answering machine for messages. Hearing several people have cancelled, she sighs and thinks, "Oh no! How will I ever fill the schedule?"

She quickly starts calling patients on the short list only to find she is either waking people up or not reaching them at all because they are already at work. Even more frustrating, it takes more than a minute to leave a message on just one person's answering machine. The clock is ticking and the available time has passed before it can be filled.

After spending so much energy trying to fill the schedule, Olivia hears: "Why is no one here? We can't cover salary if we don't have patients.



(Photo/Provided by Shirley Gutkowski, CareerFusion)

I guess we'll have to take a half day."

How very unprofitable and disheartening. Is there a better way? Surely there must be an easier, more effective method.

Now let's imagine that situation changed completely. Suzy Office Manager comes into the office, checks her computer and she immediately knows who has confirmed, who isn't coming and who needs to be called. After realizing several openings that need to be filled, she enters the appointment parameters and, instantly, all the patients who fill the criteria are sent an e-mail and text letting them know

the time available.

Her stress is reduced and now, instead of chasing patients, she is answering the phone when they call her. Her dentist is very pleased when an appointment for two fillings that needed to be rescheduled is replaced with a patient who needs a crown. Suzy saves the day!

Smile Reminder is a media partner of CareerFusion, which is where Suzy found out about the massive benefits of having a system like that. She likes to tell of a day of potential disaster. Her computer and server were completely down due to a natural disaster. The office was up and running but what to do? Who was coming in today and for what?

Thankfully, staff members can pull up the next 90 days of schedules online from any Internet connection (with secure sign in). It's not the same as having her practice software up and running, but at least she has the ability to contact patients and know how they are scheduled.

A famous quote reads, "The definition of insanity is doing the same thing over and over and expecting a different result." How true this can be in dentistry.

We can be very comfortable with our routine, but by making some adjustments, our work lives can be much more profitable, more comfortable and less stressful. I was impressed how easy Smile Reminder could reduce the stress in my practice.

Here at the GNYDM

For more information, visit the Smile Reminder booth, No. 3730.

About the author



Rachel M. Fisher, RDH, works more than 30 hours a week as a clinical dental hygienist in a state-of-the-art digital office in Port Orange, Fla. Fisher is secretary of AmyRDH/CareerFusion Oral Cancer Awareness committee, a CareerFusion 2010 graduate and a member of AmyRDHListers. Fisher graduated from Florida Community College at Jacksonville, Fla., with an associate's degree with honors in dental hygiene.

About CareerFusion



CareerFusion is a yearly retreat for clinicians interested in evolving their health-care careers out of the treatment room. The retreat is four and a half days of intensive personalized training in all facets of career evolution. For more information, visit www.careerfusion.net.

Offer pediatric patients a 'NuSmile'

Esthetic crowns provide a durable restoration for decayed primary teeth

By Sierra Rendon, DT Editor

■ NuSmile offers practitioners easy placement of esthetic stainless steel crowns for children, said CEO/President Diane Johnson Krueger.

"Stainless steel crowns have always been the restoration of choice for ease and durability for children whose teeth are affected by early childhood caries (ECC), but parents and doctors have never been happy with the esthetics of these restorations," she said.

NuSmile was first introduced in 1991, and though other companies have similar products, Krueger said the company is set apart by its quality and durability.

"There are a few other companies that have similar products, but NuSmile has performed with consistently higher results in laboratory studies that measure things such as fracture and fatigue resistance, color stability and wear," she said. "Also, in two separate surveys of pediatric dentists, more dentists preferred NuSmile crowns than any other esthetic pediatric crowns offered."

Dentists can quickly learn the NuSmile technique for properly fitting crowns.

"The technique for placing NuSmile crowns differs a bit from the technique for placing standard stainless-steel crowns," Krueger said. "We have a great instructional DVD with actual patient cases that demonstrates exactly how to prepare the tooth and seat a NuSmile crown. We are offering this DVD as a show special at the Greater New York Dental Meeting." Additionally, practitioners have the opportunity to receive a 10 percent discount on orders taken at this meeting.

NuSmile crowns are offered for both anterior and posterior deciduous teeth. "There are currently two shades offered; they are sold in kits and individually with no minimum order," Krueger said.

What's the main thing to remember when considering NuSmile crowns?

"Easy placement, not technique sensitive like a strip crown. Full coverage protection of remaining tooth structure, just like a stainless steel crown," Krueger said. "Good esthetics for many years; these crowns are extremely durable ... more so than strip crowns or any other esthetic-coated crowns available.

"Our company is dedicated to beautiful, healthy smiles for all children. NuSmile anterior and posterior crowns are anatomically correct, stainless-steel crowns with the most natural-looking, tooth-colored facing available."



Here at the GNYDM

For more information about NuSmile primary crowns, head over to booth No. 2007. You can also call (800) 346-5133 or check out the website at www.nusmilecrowns.com.

• Diane Johnson Krueger, CEO of NU SMILE Primary Crowns (booth No. 2007), left, and Miki Tiedt, RDH. (Photo/Fred Michmershuizen, DT Editor)

AD

Science, non-fiction.



Performance Indicator

Method	Accuracy (%)
CarieScan PRO ¹	92.5
Bitewing X-ray ²	62.5
Laser Fluorescence ³	58.8
Clinical Visual ³	47.7

¹ Combination of sensitivity at D3 and specificity at D1 taken from references:
² Pitts et al. *Caries Research* 2008, vol 42(3) p 211.
³ Bader et al. *Journal of Dental Education* 2001, Vol 65, No 10 p980
³ Bader et al. *Journal of Am Dent* 2004, 135 p 1413 - 1426

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Like most procedures in your practice, caries detection has come a long way. X-rays don't show the whole picture, and laser fluorescence delivers too many false positives. Introducing CarieScan PRO™. Scientifically proven, CarieScan PRO™ uses ACIST (AC Impedance Spectroscopy) technology to determine both healthy and carious teeth with 92.5% accuracy. It's lightweight, bluetooth enabled and simple to use. Just touch the tooth and within seconds the result is displayed on the unit. CarieScan PRO™ - detect caries with confidence.

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Electrical caries detection and monitoring

By Nigel Pitts FRSE, BDS, PhD, FFGDP(UK), FFPH, Fay Goldstep DDS, FACD, FADFE and George Freedman DDS, FAACD, FACD

■ The concept of examining teeth for caries using an electrical signal dates back to the 1950s. A major technological advance came in 1996 when Nature Medicine reported the first use of multiple electrical frequencies, using a method known as the AC Impedance Spectroscopy Technique (ACIST), being applied to caries detection in the laboratory setting.

The use of variable frequencies allowed a major step forward in characterizing the status of the dental hard tissues more accurately and being able to differentiate between both health and disease more clearly.

Although these breakthroughs laid the foundation for a clinical device, it took many years of work to move from a large laboratory stack of computerized instrumentation to a regulatory-approved, battery-powered, handheld device.

In the late 1990s, a number of developments using optical methods were applied to the clinical caries detection problem. These included the use of a popular laser fluorescence system.

Optical detection methods suffered from a number of inherent limitations; although better at finding dentinal lesions and cavities than conventional visual and radiographic methods, they were inherently less able to detect early lesions and gave rise to a number of false positive readings, particularly in the presence of staining.

A further problem emerged with an evaluation of the influence on performance of autoclaving the reusable optical tips. Consecutive sterilization of probes in autoclave altered readings, often downgrading its performance.

Development of the CarieScan Pro Device

The laboratory work on the variable frequency ACIST method of electrical caries detection and monitoring has now been translated into a small, ergonomic and easy-to-use clinical device produced by a Scottish company called CarieScan (www.cariescan.com). The miniaturized technology has been tested with clinicians to develop a clinically useful and easy-to-use aid to caries detection and monitoring.

The steps in the development process have included:

- Demonstrating the clinical ACIST method has superior detection performance to optimal clinical visual, bitewing radiography and laser fluorescence methods for evaluating early lesions.
- Recognizing it is desirable to build in a balance between decreased specificity and improved sensitivity to improve diagnostic accuracy

in a clinical ACIST. CarieScan Pro displays results with symmetrically high values for both sensitivity and specificity.

- Detecting so-called “hidden dentinal caries” (surfaces that are apparently sound clinically are found radiographically or operatively to have significant internal dentinal spread of caries). The device was able to detect 31 percent of all the hidden dentine lesions not detected by optimal clinical visual assessment and 100 percent of deep hidden dentine lesions.

But how do you determine whether a tooth is carious or simply stained? If carious, how long will preventive procedures suffice and when is it time to intervene and restore?

And how do you apply these treatment parameters guided by the

evidence-based data?

CarieScan has introduced the CarieScan PRO, a device for the detection and monitoring of caries by the application and analysis of ac impedance spectroscopy (ACIST). The process is to pass a very, very small electric current through the tissues, one that is not at all felt by the patient and poses no danger whatsoever.

ACIST has the highest proven accuracy of all the caries detection systems on the market, with the all-important, minimal false positive indications.

The CarieScan PRO permits dental professionals to evaluate decay in teeth and provides information about whether the tissue is healthy, in the early stages of decay or already significantly decayed.

The diagnostic process is simple: Place the grounding hook on the patient's finger or lip. Air dry the



• The CarieScan PRO (Photo/Provided by CarieScan)

Here at the GNYDM

For more information on the CarieScan PRO, stop by the Patterson booth, No. 4601.

About the authors

Nigel Pitts graduated in dentistry from the University of London (with honors) and has since had an unusually broad career spanning clinical practice, scientific and clinical research and public health. This has led to a wide range of additional qualifications, including a PhD in computer-aided radiographic diagnosis from the University of London, fellowships from the Royal Colleges of Surgeons in London and Edinburgh, from the Royal Society of Edinburgh, from the Faculty of General Dental Practice (UK) and from the Faculty of Public Health. Pitts is currently director of the Centre for Clinical Innovations (CCI) and director of the Dental Health Services & Research Unit (DHS&RU).

Dr. Fay Goldstep has served on the teaching faculties of the post-graduate programs in esthetic dentistry at SUNY Buffalo and the Universities of Florida (Gainesville) and Minnesota (Minneapolis) and has been an ADA Seminar Series speaker. She has lectured nationally and internationally on soft-tissue lasers, electronic caries detection, healing dentistry and innovations in hygiene and has published numerous textbook chapters and articles on these topics. Goldstep is a consultant to a number of dental companies and maintains a private practice in Toronto, Canada.

Dr. George Freedman is a founder and past president of the American Academy of Cosmetic Dentistry, a co-founder of the Canadian Academy for Esthetic Dentistry and a diplomate of the American Board of Aesthetic Dentistry. He is the author or co-author of 11 textbooks, more than 600 dental articles and numerous webinars and CDs and is a team member of REALITY. He lectures internationally on dental esthetics, adhesion, desensitization, composites, impression materials and porcelain veneers. A graduate of McGill University in Montreal, Freedman maintains a private practice limited to esthetic dentistry in Toronto, Canada.

tooth site. Hold the battery-operated sensor against the tooth to be examined.

A very low current (undetectable to the patient) is passed through the tooth. This current encounters various levels of impedance in the tooth, dependent upon its condition.

The blue LED light flashes and is then followed by four audible beeps. The diagnostic results are displayed both on the LCD screen and the color LED display. The entire process takes four seconds.

The clear numeric information is easily documented into the patient's chart to monitor and assess disease status and progress (or improvement). Infection control is simplified by single-use disposable sensors. Thus CarieScan offers clear, dependable, caries detection in seconds.

What You Don't Know May Hurt Your Patients

THE OSA-TMD CONNECTION

Hundreds of millions of people of all ages around the world suffer from deadly obstructive sleep apnea; from infants to elderly. Obstructive Sleep Apnea (OSA) has been linked to Cardiovascular Disease, Cerebrovascular Insult, Endocrine Disorders and Obesity and our medical colleagues are asking for our help, NOW! OSA is considered a disease of craniofacial anatomy so the ONUS is on dentists to identify and help manage OSA sufferers.

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This three-day introduction to evidence-based Dental Sleep Medicine is designed to prepare dentists and their teams to confidently identify, refer and help co-manage patients with snoring and deadly obstructive sleep apnea. Participants will have the opportunity to learn about the relationships between sleep breathing disorders, neuromuscular dentistry and health. They can discover how to get started, immediately expanding their diagnostic acumen and scope of practice.

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Predictable orthodontic IPR made easy

By Brian J. Gray, DDS

■ Baby boomers seeking ways to look as young as they feel have embraced Botox, liposuction, collagen enhancement and facelifts in recent years. Dentistry has also played a role in providing a youthful appearance with whitening, veneers and orthodontics. Many adult orthodontic cases involve relapse of previous treatment and minor crowding.

Ultimately, there are five ways to address crowded arches: distalization, buccal expansion, anterior proclination, extraction and interproximal reduction or IPR. By removing small amounts of enamel in between teeth via IPR, significant space can be created.

For instance, removing 0.3 mm from each contact point between the lower canines will yield nearly 2 mm of room for tooth movement.

IPR has been around since the advent of adult orthodontics and is a safe, proven modality. Many practitioners, though, are reluctant to perform IPR for various reasons. Inability to remove accurate amounts of tooth structure, access to proper reduction areas and patient discomfort are often cited as concerns.

These issues have been addressed with a new kit developed by Drs. David Gates and Brian Gray for Axis Dental, making IPR a quick, accurate and pleasant procedure for the clinician and patient alike. The kit is comprehensive in nature, allowing for proper enamel reduction in difficult areas.

The All Inclusive IPR set offers



• Axis' All-Inclusive IPR Set (Photo/Provided by Axis Dental)

both manual and mechanical solutions and includes a super thin perforated disc for breaking initial contact, various grit (.08, 0.1 and 0.13 mm) abrasive strips, curved shaped QwikStrips,[™] Ortho-Strips and interproximal measuring gauges. The kit also contains a laminated clinician's reference guide with easy-to-follow steps for proper IPR.

In addition, Axis Dental has produced an instructional video that will quickly prepare a novice via hands-on live patient demonstrations.

The key difference between Axis' All-Inclusive IPR Kit and others is the offering. The kit allows the dentist to develop his or her level of proficiency, from manual to mechanical, based on his or her level of comfort.

One of the flagship products in

the kit is the Ortho-Strips. Used in a reciprocating handpiece with water irrigation, Ortho-Strips painlessly and efficiently removes interproximal tooth structure without causing irreversible "ledging" found with regular diamond discs.

The kit also allows the practitioner to recreate the natural anatomy of the teeth found prior to IPR.

By following the clinician's reference guide, a nascent dentist will quickly gain confidence and speed, resulting in less chair time. I have found that the Axis All Inclusive IPR set reduces a typical 20 minute IPR appointment down to as little as eight minutes.

Patients will also appreciate the gentle polishing motion associated with the reciprocating Ortho-Strips.

Here at the GNYDM

Check out the All Inclusive IPR Kit at the Axis Dental Booth, No. 4632.

About the author



Dr. Brian J. Gray is an active member of the American Dental Association. He is a master in the Academy of General Dentistry and a fellow in the International Congress of Oral Implantologists. Gray also is a continuum member of the L.D. Pankey Institute and mentor and board member of the Texas Institute of Advanced Dental Studies. A number of companies and non-profit research facilities rely on his input in product evaluation, research and development. Gray is a consultant and No. 1 certification speaker for Align Technologies, manufacturers of the Invisalign[®] appliance. He has certified more than 8,000 doctors in this technique.

Contact

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4801 Wisconsin Ave. NW
Washington, D.C., 20016
Phone: (202) 244-4111

Sunflex Partials: Resin formula guarantees a perfect fit

■ Sunflex[®] Partials are considered one of the finest solutions in partial denture treatment available today, according to Sun Dental. Prescribed by thousands of dentists worldwide, Sunflex has a good degree of flexibility, is denser and more stain-resistant than other flexible partials and does not warp, discolor or become brittle.

Sunflex Partials are made of a specialized form of nylon in the family of Superpolymides, a very pure nylon that is resistant to chemical deterioration and is virtually unbreakable. Uniquely formulated, the biocompatible resin provides flexibility and translucency, guaranteeing maximum comfort and enhanced esthetics.

After processing, Sunflex remains translucent and readily adapts to a variety of natural tissue shades. The resin is available in five different tones, and complimentary shade guides are available upon request.

Sunflex is guaranteed for life against breakage and provides compressive, impact and bending strength. It can be used as a bilateral



• Sunflex Partials (Photo/Provided by Sun Dental Labs)

or unilateral denture and, according to Sun Dental, is an excellent implant healing partial.

For cases with a free end-saddle or where the anterior teeth are missing, it can be used in combination with metal framework for enhanced stability.

According to the company, the benefits of Sunflex go beyond the patients' experience, and its distinct

physical properties make it one of the most "dentist-friendly" flexible partials available. Sunflex must be immersed in very hot tap water for about two minutes prior to insertion and placed in the patient's mouth once cooled to a tolerable temperature. Clasps can be bent inward or outward for the perfect fit.

Sunflex has great memory and will retain its position once cooled.

Here at the GNYDM

For more information, contact Sun Dental Labs at (866) 561-9777, online at www.sundentallabs.com or stop by the booth, No. 5031.

If chairside adjustments are necessary after the insertion procedure, they can be made without gumming or flaking of the material with Sunflex Tool Kit, a set of burs especially designed for the Sunflex thermoplastic resin. Besides easy in-office adjustability, teeth and clasps can be added at a later time without demarcation lines.

Although relatively infrequent, because of its ability to adapt to subtle changes in the mouth, the partial can also be relined or rebased in the laboratory.

Understanding the distinctive features of Sunflex in comparison to other partial dentures, and how they translate into preparation procedures and adjustment techniques, is vital to the success of a Sunflex case.

A solution to dentin hypersensitivity

Colgate Sensitive Pro-Relief Desensitizing Paste with Pro-Argin technology provides instant relief to sufferers

■ Colgate-Palmolive, a world leader in oral care, has introduced a major advance in the treatment of dentin hypersensitivity, the in-office Colgate® Sensitive Pro-Relief™ desensitizing paste with Pro-Argin™ technology.

Dentin hypersensitivity is a highly prevalent condition, affecting up to 57 percent of people worldwide.¹ Cold air, a hot drink or a sweet dessert can trigger acute sensitivity pain. Likewise, the touch of a dental instrument can make routine visits very uncomfortable. This discomfort may lead sensitivity sufferers to avoid regular check ups—neglect that can result in a progression of oral-care problems.

Colgate's exclusive Pro-Argin technology is comprised of an amino acid, arginine, and an insoluble calcium compound, calcium carbonate, to seal open dentin tubules and help block stimuli of pain receptors within teeth. Latest research suggests the Pro-Argin technology binds to the negatively charged dentin surface and helps attract a calcium-rich layer into the dentin tubules to effectively plug and seal them.

The Pro-Argin technology triggers occlusion of the dentin tubules, an occlusion that remains intact even after exposure to acids, helping to block pain-producing stimuli.

Colgate Sensitive Pro-Relief desensitizing paste is clinically proven to provide instant sensitivity relief that lasts for four weeks after a single application.² It can be used before or after dental procedures, such as prophylaxis and scaling.

When applied prior to a professional dental cleaning, the desensitizing paste will provide a significant reduction in dentin hypersensitivity measured immediately following the dental cleaning as compared to a control prophylaxis paste.³

References

1. Addy M. Dentine hypersensitivity: new perspectives on an old problem. *Int Dent J.* 2002;52 (Suppl 5):3367-3375.
2. Schiff T, Delgado E, Zhang YP, DeVizio W, D Cummins, Mateo LR: A Clinical Investigation of the Efficacy of a Desensitizing Paste Containing 8% Arginine and Calcium Carbonate in Providing Instant and Lasting In-Office Relief of Dentin Hypersensitivity *Am J Dent*, 2009.
3. Hamlin D, Phelan Williams K, Delgado E, Zhang YP, DeVizio W, Mateo LR. A Clinical Investigation of the

Efficacy of a Desensitizing Paste Containing 8% Arginine and Calcium Carbonate for the Reduction of Dentin Hypersensitivity When Applied Prior to Dental Prophylaxis. *Am J Den.* 2009.



Here at the GNYDM

For more information or to try the Colgate Sensitive Pro-Relief for yourself, stop by the Colgate booth, No. 4033.

(Photo/Provided by Colgate)

AD

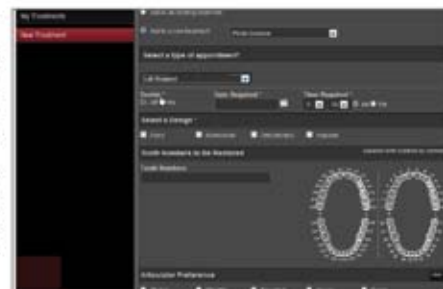


BrightSquid Dental Link improves communication between dentists, dental labs, and the patient by centralizing information relevant to treatment. Using collaborative web technologies all caregivers can view, annotate, and comment on the treatment; directly improving the quality of patient care.



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• At the Ashtel Dental booth (No. 723), people gather around to learn more about Brush Buddies and other products that make hygiene fun for kids.



Shopping *from page 1

allow them to improve patient care. Dental Tribune combed through the aisles here at the GNYDM to see what is new, different and exciting. There is plenty to investigate.

Here are a few highlights, out of the many offerings available this week, that dentists might consider adding to their arsenal:

- Dentsply Pharma (booth No. 2603) is offering Oraqix, a needle-free pain relief system for scaling and root planing. Packaged in convenient, individual usage kits, the product is ideal for quadrant scaling, full-mouth periodontal procedures or periodontal maintenance. The numbing effects last for 20 minutes and only the intended treatment area is anesthetized.
- PureLife Dental (booth No. 2204) is offering a number of eco-friendly products, including latex and non-latex gloves, amalgam separators and waste compliance solutions.
- Ashtel Dental (booth No. 723) is offering a number of products, including the Brush Buddies talking toothbrush, designed to make oral hygiene fun for kids.
- Also for kids, Beetling Design Corp. (booth No. 1911), a new exhibitor here at the GNYDM, is offering three-dimensional wall décor.
- EMS/Electro Medical Systems Corp. (booth No. 5521) has the Air-Flow Master subgingival prophylaxis unit, the miniMaster Piezon scaler, and many other products.
- Hu-Friedy has set up its booth (No. 1403) as a "comfort zone," offering hand massages and information about the company's Hand Essentials infection control products.
- ChaseHealthAdvance (booth No. 5217) is offering patient financing options that can make treatment affordable for many patients. Each patient who is approved for the program receives a minimum of



• Above: Diana Pacheco, from left, April Strong, Cassie Walker and Karrie Castaneda of PureLife Dental, booth No. 2204.

• Left: Kristy Ilic of Beetling Design Corp. (booth No. 1911) shows off some of her company's three-dimensional wall decor.

\$5,000 in credit toward dental care.

- BleachBright (booth No. 5625) is offering a chairside teeth-whitening system that is designed to get patients excited about their smile. According to the company, the product can improve teeth by eight shades in one 30-minute session.
- Endodontic supplies, including Roydent C-Files, Endo-Cleanse and C.L. Canal Lubricant, are available from Roydent Dental Products (booth No. 4004).
- At VOCO America (booth No. 4623),

offerings include Profluorid L synthetic resin matrix, Grandio Flow nano hybrid composite filler and many other products.

Many companies are offering show specials or giveaways and a number of others, including Invisalign (booth No. 4420), Gendex (booth No. 4017) and Dexis (booth No. 4007) are offering educational opportunities right in their booths on the show floor.

For meeting attendees, there is still plenty of time to explore. The exhibit hall is open through Wednesday.



• Some of the items available at the Greater New York Styles booth. (Photo/Robin Goodman, DT Group Editor)

Pick up a meeting souvenir

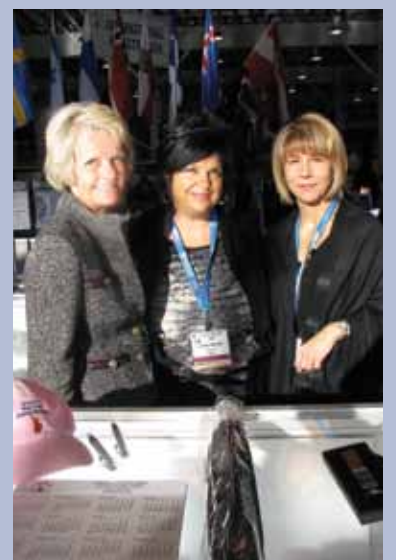
By Robin Goodman, DT Group Editor

■ Are you hankering for a leather key chain with the GNYDM logo (\$6.95)? Perhaps you'd prefer a metal water bottle instead (\$8.95)?

This year's meeting presents attendees with the Greater New York Styles booth for the first time, which includes a variety of items sporting the GNYDM logo at very reasonable prices.

From an umbrella (\$18.95) to a mouse pad (\$5.95) to a flash drive (\$7.95), you can tastefully show off your attendance at the Greater N.Y. Meeting by purchasing one of these practical items for everyday use.

The booth is located to the right of the main registration booth.



• The Greater New York Styles booth, which is located to the right of registration, sells all sorts of GNDYM paraphernalia. Dr. Donna Rumberger, left, Louise DeLucia and Liz Candela stopped for a photo on Sunday morning before the crowd at the registration booth passed their way.

Visit our booth
at GNYDM #4215



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2022 INDUSTRIAL

Hand hygiene product line protects and soothes

■ Hand hygiene has received a lot of public attention in recent years, fueled by the H1N1 pandemic and fear of “superbugs” such as MRSA. According to the Centers for Disease Control and Prevention, the No. 1 way to prevent the spread of infection is hand hygiene.

The message to health-care workers is direct and unwavering: Wash your hands, a lot.

But for dentists, hygienists and office staff, the price for frequent hand hygiene is often chronically dry and irritated hands.

To combat this problem, Sultan Healthcare offers Moist SURE™ – a complete line of hand hygiene products designed exclusively for dental practices. The line offers professional-level protection but without the irritating side effects of frequent hand washing. The product line consists of:

- **Moist SURE Liquid Sanitizer:** A powerful, 63-percent isopropyl alcohol sanitizer that’s clinically proven to moisturize but is also a lotion. It is the only brand for dental practices that kills MRSA and VRE in five seconds.
- **Moist SURE Foaming Sanitizer:** A 62-percent ethyl-alcohol foaming sanitizer that’s as effective as 4 percent chlorhexidine-gluconate surgical scrub, yet so gentle it keeps skin hydrated for up to two hours after application.
- **Moist SURE Lotion Soap:** A smooth and soft, antimicrobial, health-care personnel hand wash that contains 0.5 percent triclosan. Its clinically mild formulation has a pleasant, light fragrance.
- **Moist SURE Foaming Soap:** A clinically mild, foaming, health-care personnel hand wash with 0.75 percent triclosan. Its performance



• Sultan Healthcare’s new Moist SURE line of hand hygiene products is available through dental dealers. The products provide professional-level protection in formulas clinically proven to be mild to the skin. This will minimize the common complaint from dental workers that their hands are overly dry from frequent hand washing. (Photo/Provided by Sultan Healthcare)

is comparable to a 4 percent chlorhexidine hand soap.

- **Moist SURE Lotion:** A skin conditioner with a long-lasting moisturizing effect, even through several hand washes.
- **Moist SURE Automatic Dispenser:** A touch-free, contained dispensing system that minimizes cross contamination. (For use with both Moist SURE Lotion Soap and Moist

SURE Liquid Sanitizer.)

“Time and again, dental professionals I speak to complain about dry, cracked skin from having to wash their hands so often,” said Tim Lorencovitz, product manager for Moist SURE.

“They don’t realize, though, that the hand hygiene products they buy at the grocery store are not designed for the high-frequency use of a health-

At the GNYDM

For more information on Sultan Healthcare’s new Moist SURE line of hand hygiene products, stop by the booth, No. 812, during the GNYDM.

care professional – and their hands are paying the price.”

What makes Moist SURE unique, according to Lorencovitz and the products’ substantial clinical data, is that it offers the efficacy dental workers need, but without the drying effects of many products available on the market. Moist SURE soaps and sanitizers meet FDA-proposed requirements for a health-care personnel hand wash.

In addition, all products have been clinically tested for mildness to the skin – with Moist SURE Liquid Sanitizer having moisturization properties equal to that of Vaseline® Intensive Care Hand Lotion.

“In essence, you have all the protection of an alcohol-based sanitizer, but in a formula that’s proven to moisturize as well as a hand lotion,” said Lorencovitz. “The feedback we’re getting is extremely positive. People can feel a difference as soon as they put it on their hands.”

For those who have to scrub and sanitize all day for their jobs, that’s welcome news.

Free samples of Moist SURE are available at www.MoistSUREsample.com. The entire Moist SURE line is available exclusively through dental dealers.

Moist SURE is just one of Sultan Healthcare’s complete cycle of infection prevention products, designed to help protect dental workers before, during and after patient treatment. To learn more, visit www.sultanhc.com.

FENDERWEDGE

Directa’s new generation of protective wedges protects adjacent teeth during the preparation of Class II fillings to avoid the problem of iatrogenic damage to teeth caused by accidental contact with the bur.

Bur damage to neighboring teeth is a common problem in everyday dental practice. Research shows that teeth are damaged in more than two-thirds of cases during the preparation of teeth for Class II fillings when a regular bur is used.*

The new FenderWedge is a combination of a plastic wedge and stainless steel plate that prevents any contact between the bur and tooth during preparation and other similar procedures. It is eas-

ily inserted from the side, helping to ease the teeth apart before the insertion of a matrix, and stays in place during the entire procedure.

The protective plate itself is highly resistant and fully protects adjacent teeth during preparation, the company said.

*Qvist V, Johannessen L, Bruun M. (J Dent Res. 1992 Jul;71(7):1370-3) Lussi A, Gygax M. (J Dent. 1998 Jul-Aug;26(5-6):435-41) Medeiros VA, Seddon RP (J Dent. 2000 Feb;28(2):103-10)

For more information, visit Directa AB online at www.directadental.com or stop by the booth, No. 1511.



• (Photo/Provided by Directa AB)



ABC[™]
WEDGE
ABSOLUTE • BEST • CONTACTS

The **ABC**[™] **WEDGE** ABSOLUTE • BEST • CONTACTS

makes restoring missing cusps easy when using sectional or Tofflemire matrix systems. It is all too frequent that excessive decay results in fractured cusps. Previously, the only alternative was a Tofflemire band with a screw retainer, creating difficulty in restoring a tight, biomimetic contact.

The ABC Wedge supports the band allowing placement of sectional rings. When inserted from the buccal and lingual the wings support the band, secure the matrix to the gingival floor and the wedges' v-shaped notch aligns the ring for maximum separation ensuring tight contacts. **Visit Danville @ Booth #3824 to learn more!**

Learn how the ABC Wedge can change your approach to the most difficult missing cusp cases at
GNYDM

Lecture: Dr. Mark Gottlieb, DDS

Date: Monday, Nov. 29th

Time: 12:50PM - 1:10PM

Location: Aisle 6000, Rm. 3

A Special promotion will be provided by Danville for all who attend Dr. Gottlieb's lecture.

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Formulated with optimized adhesive properties, TempSpan Transparent Temporary Cement secures provisionals in place but can be easily removed without damaging the preparation or restoration. Auto-mix syringe delivery provides hassle-free, precise placement directly into the restoration with minimal waste.

TempSpan Transparent Temporary Cement joins Pentron Clinical's line of provisional materials that includes First-Fill Temporary Filling Material, TempSpan Dual-Cure Temporary C&B Material, TempSpan Clear Matrix Material, TempSpan Glaze, and TempSpan CMT Temporary Cement.

Pentron Clinical product manager Jeremy Grondzik says, "TempSpan Transparent Temporary Cement, together with original TempSpan CMT Temporary Cement, offers the perfect combination of convenience, flexibility and retention to accommodate virtually every provisional cementation situation".

TempSpan Transparent Temporary Cement is one of the latest innovations from Pentron Clinical, an established leader in the dental consumables industry. As one of the pioneers of fiber post and nano-hybrid composite technologies, Pentron Clinical continues to demonstrate its commitment to the technological advancement of dentistry. Its portfolio includes Fusio™ Liquid Dentin, Bond-1® SF Solvent Free SE Adhesive, Mojo™ Light Cure Veneer Cement and Build-It® Core Materials.

For more information, call (800) 551-0283, visit www.pentron.com or stop by the Pentron booth, No. 825.



(Photo/Provided by Pentron)

DEFEND DISPOSABLE DRINKING CUPS

Mydent International has introduced DEFEND® Disposable Drinking Cups, the latest in its line of DEFEND disposable products. The recyclable, disposable DEFEND drinking cups offer dental and medical practices a cost-effective way to follow infection control procedures while maintaining "green" practices.

"While many practices today are looking for ways to reduce and reuse, it is still imperative to follow infection control procedures to avoid cross-contamination and the spread of viral and bacterial strains," said Andy Parker, president and CEO of Mydent. "That's why we offer superior yet cost-effective disposable products, such as our DEFEND drinking cups, for those offices that use disposable supplies as much as possible to avoid potential infections."

DEFEND drinking cups have an embossed design that provides greater strength and improved gripping. This also makes dispensing much easier as "sticking" associated with less-durable cups is eliminated.

Offering a high-gloss finish, DEFEND drinking cups are available in five colors: green, lavender, mauve, blue and white. DEFEND disposable drinking cups are packaged in cases of 1,000.

Mydent International, home to DEFEND infection control products, disposables, and impression material systems, celebrates 25 years of providing dependable solutions for defensive health care.

For more information on Mydent International and the DEFEND brand of products, call (800) 275-0020, visit www.defend.com or stop by the booth, No. 2609.



(Photo/Provided by Mydent International)

AD

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ers for Disease Control and Prevention (CDC) standards for clean hand hygiene and are triclosan-free.

For more information, contact Plak Smacker at (800) 558-6684, visit www.plaksmacker.com or stop by the booth, No. 5009.

(Photo/Provided by Plak Smacker)



ELEVANCE DENTAL CHAIR



(Photo/Provided by Midmark)

Midmark announces the availability of its newest chair for the dental office, the Elevance™ Dental Chair. Years of research and development yielded a patient chair that is a genuine departure from any chair on the market today. With its unique Cantilever Forward™ design, advanced hydraulic system and the fully integrated heat and massage option, the Elevance chair delivers optimal patient access and comfort.

Unobstructed access to the patient's oral cavity is crucial for a dentist to maximize performance and maintain an ergonomically correct working position.

The Elevance chair has a unique backrest that

is thin and narrow and cradles patients. Providing an unprecedented range of travel, the Cantilever Forward design brings the patient to the clinician. Starting at a low seat height of 15 inches and extending to a seat height of 34 inches, the chair accommodates a broader range of operators and offers greater flexibility whether seated or standing.

The Elevance chair has multiple features that were created to relax the patient and provide comfort during lengthy procedures. The sculpted headrest, advanced lower lumbar support and two layers of foam offer increased support. The patented, integrated armrests and cast aluminum backrest deliver a comfortable secure patient regardless of size.

The advanced hydraulic system delivers smooth, responsive operation while supporting patients weighing up to 450 pounds.

The optional SerenEscape™ heat and massage system offers patients a massage, while lumbar heat warms muscles for further relaxation. The patient's personal preferences are easily controlled with a remote hand control. Settings include high and low heat, three different massage patterns and adjustable speed and intensity.

Midmark has also expanded upholstery options to include limited seams Ultraleather upholstery as well as two-toned plush upholstery that allow customers to personalize their office.

Expanded upholstery color selection now includes 20 standard Ultraleather colors and 12 Royal Hampton seamless vinyl colors.

For questions regarding this new product, please contact the Midmark Dental Customer Service department at (800) MIDMARK, visit midmark.com/elevance or stop by the booth, No. 217, during the GNYDM.

AD

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For more information, please contact your Midmark Representative, call 1-800-MIDMARK or visit midmark.com.

AACD Scientific Session to promote collaboration among dental teams

■ Collaboration is the key to success for the modern cosmetic dental team. The American Academy of Cosmetic Dentistry's 27th annual scientific session, themed "The Rise of Collaboration," will provide an opportunity for dental teams to develop and refine their skills together so they can provide their patients with the best oral health care.

The conference, May 18-21 at the

Hynes Convention Center in Boston, will feature more than 48 hands-on workshops, 85 lectures and 90 speakers.

The event is geared toward dentists, lab technicians, hygienists and dental team members to help them achieve success through collaboration while learning from the cosmetic dentistry profession's greatest educators.

"Boston will be an amazing meeting," said AACD President Hugh Flax, DDS, "because we truly focus on how the best restorative dentists — as well as specialists and ceramists — collaborate to create masterful results in very challenging and simple situations."

Featured educators include:

- Giuseppe Allais
- Stephen Chu, DMD

Attend the AACD meeting



• (Photo/Provided by the AACD)

Course selection for the 27th annual conference begins Dec. 3. For more information or to register, visit www.aacdconference.com, where you can also view a digital edition of the conference guide.

- Willi Geller, MDT
- Harald Heymann, DDS, Med
- Frank Spear, DDS, MSD
- Dennis Tarnow, DDS
- Dennis Wells, DDS

Attendees can earn up to 24 certified continuing education credits during the conference. AACD accreditation workshops are scheduled for May 18, and a written accreditation exam will take place May 19.

Conference to focus on legal aspects

■ The third annual Ethics and Legal Aspects of Dentistry Conference, sponsored by the American College of Legal Medicine, will be held Friday and Saturday, Feb. 25 and 26, 2011, at the Planet Hollywood Resort in Las Vegas.

Seminars will include legal issues in dentistry and understanding the government's role and the role of dental education; ethical, moral and diagnostic issues as they relate to the dental practice; evaluations of risk management considerations; identification of issues relating to patient care; mid-level care; issues surrounding access to care and dental health care coverage; electronic record keeping, and more.

For additional information and registration, visit the ACLM website at www.aclm.org.

AD

The 30th Moscow International Dental Forum

Moscow 2011

The 30th Moscow International Dental Forum

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Now for upper and lower incisors



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Now for cuspids and bicuspids

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[AligntechInstitute.com/newG3](https://aligntechinstitute.com/newG3)