

today



Live from New York

DTSC kicks off its fifth annual symposia with 'beautiful baby boomers,' 'dirty dentistry secrets' and 'uncompromising results.'

»page 4



Scenes from GNYDM

A tooth that blows bubbles, a fishy puppet, kids at a carnival and international visitors all make the rounds on Sunday.

»page 8–11



See him today!

Ron Kaminer talks tips and tricks of minimally invasive dentistry today during the DTSC Symposia. Read on to see who else is speaking.

»pages 12–19

What's new? Plenty!

By Fred Michmershuizen, *today* Staff

■ When it comes to learning about the newest procedures and the most innovative products in dentistry, there is no better place to be this week than right here in the Big Apple. The Greater New York Dental Meeting (GNYDM), now in its 88th year, attracts dental professionals from across the country and around the world.

»see new, page 3



Attendees crowd the aisles of the exhibit hall on Sunday morning, opening day of the 2012 Greater New York Dental Meeting. (Photo/Carlo Messina, FX Video & Photography)

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new *from page 1

The meeting, known as the largest dental exhibition in the United States, features products and services from hundreds of exhibiting companies. *today* has been combing the aisles here at GNYDM to see what's new and exciting.

Here is just a sampling of the highlights.

- Now available from DENTSPLY Caulk (booth Nos. 1400/1600) is the Aquasil Ultra Super Fast Set material, the newest addition to the Aquasil UltraSmart Wetting Impression Material portfolio. Aquasil Ultra Super Fast Set is available in all viscosities and packaged in a convenient, two-cartridge 50 ml or DECA 380 ml refill. Aquasil Ultra Super Fast Set formula is optimized to offer an intraoral work time of 35 seconds and super fast mouth removal time of two minutes and 30 seconds. It is indicated for all dental impression techniques.

- NSK (booth No. 2036) is offering the Ti-Max Z, a durable premium handpiece that is claimed to have the smallest head and neck in the industry, as well as an exceptionally low noise level and virtually no vibration. The Surgic Pro surgical micromotor has also received much interest, particularly by dental implant surgeons. This device is distributed alongside implant systems



• When the exhibit hall opened promptly at 9:30 a.m. Sunday, meeting attendees were ready to stream in. (Photo/Fred Michmershuizen, *today* Staff)

by major implant manufacturers.

- Luxator instruments, invented by a Swedish dentist, are specially designed periodontal ligament knives with fine tapering blades that compress the alveolar, cut the membrane and gently ease the tooth from the socket. Luxator instruments are available from Directa (booth No. 2332).

- Beautiful Flow Plus, available

from Shofu Dental (booth No. 3207), is a flowable resin that is sculptable and non-flowing. It is available in two formulations: F00 and F03. Those designations mean that it flowed zero millimeters when an amount was placed on a pad and held vertically for one minute. Similarly, the F03 flowed only 3 mm during one minute. Both formulations contain the proprietary giomer chemistry and S-PRG fillers,

which release and recharge fluoride like a glass ionomer.

- Glidewell Laboratories (booth No. 4400) continues to refine its popular BruxZir Solid Zirconia crowns and bridges. The company says its research and development department is committed to working to increase the material's ability to be predictably prescribed in anterior situations.

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DTSC: The most 'bang' for your C.E. buck

By Robin Goodman, *today* Staff

■ If you want the most “bang” for your C.E. buck, could you do any better than not having to pay a buck at all? If you lack an answer, then we suggest you head over to Aisle 5000, Room 3 on the exhibit hall floor to take advantage of the Dental Tribune Study Club C.E. Symposium, which kicked off on Sunday at 10 a.m.

Yesterday's speakers included Drs. Howard Glazer, Mark Duncan, Mark McOmie, Louis Malcmacher, Franklin Shull and George Freedman. Lecture sponsors included NSK, Colgate, Kerr, Henry Schein, Coltene Endo, Kuraray, LVI Global, Shofu, Biolase, Voco, American Academy of Facial Esthetics, Air Techniques, Ceatus and Glidewell Laboratories.

There were more speakers yesterday than we can do justice to here, but we'll highlight one or two. For example, Duncan's lecture on 'Dentistry's Dirty Little Secrets ... What Is It That We Don't Know' revealed some of the hidden connections between a healthy and pain-free patient and what issues 80 percent of adult patients present with. Duncan noted that there are many issues patients present with that have a dental connection but are missed because patients don't discuss them with their dentists. Issues such as lower back pain, numb fingertips, chronic pain and headaches can be related to the bite.

The goal of Malcmacher's lecture on 'The Top 8 Game Changers in Dentistry Today' was to teach dentists and team members how to use a common-sense approach in order to integrate new techniques and concepts — such



• Dr. Mark Duncan at the Dental Tribune Study Club C.E. Symposium (Aisle 5000, Room 3) on Sunday spoke about 'Dentistry's Dirty Little Secrets ... What Is It That We Don't Know.'

as tooth remineralization, Botox, dermal fillers, bone saving exodontia, sleep apnea and more — into their practices. Malcmacher offered practice concepts that enabled dentists to offer these new techniques immediately and also reduce stress levels, increase production, lower overhead and have fun.

Check out highlights of today's lectures in the box at right, but please remember that this is just a sample, as there are six different lectures you may choose from for C.E. credit.



• Dr. Howard Glazer during his lecture on 'Baby Boomers Can Be Beautiful' at the Dental Tribune Study Club C.E. Symposium lecture area (Aisle 5000, Room 3). Even 10 minutes before the start of the lecture, all seats were taken and there was quite a crowd standing at the back, just outside the arena.

Attend today's sessions

Today from 11:15 a.m. to 12:15 p.m. in aisle 5000, Dr. Gary Henkel is speaking on 'Unsurpassed Handling, Uncompromising Results: Bone Grafting Simplified.' Participants will be introduced to a bone replacement material with an excellent record of accomplishment in the orthopedic world that is now available to dentists. Its unique clinical properties will be explored and several clinical cases reviewed.

Today from 4:30 to 5:30 p.m., Dr. Robert Horowitz is presenting 'Optimizing Implant Therapy with Advanced Digital Technologies and Custom Transitional Components.' The course will show how to incorporate the latest digital technologies available to dental surgeons and restorative teams that allow them to improve dental implant treatment outcomes.

Take your dental education 'live'

By Robin Goodman, *today* Staff

■ If you don't have a few hours of “live” patient dentistry in your day, you're missing out. The Live Dentistry Arena here at the Greater New York Dental Meeting seats 425 and has two big screens so that every seat in the house is a good one.

Yesterday's first presentation by Dr. Franklin Shull was about “Everyday Esthetic Dentistry.” Shull focused on preparation design, provisionalization and the delivery sequence of new high-strength ceramics. He also demonstrated direct composite protocol and bulk fill techniques to include matrix systems.

The afternoon presentation by Dr. Marilyn Ward focused on “Professional Tooth Whitening: Strategies to Take Advantage of the latest Whitening Technology.” In this unique look at tooth whitening, Ward demonstrated step-by-step instructions for tooth whitening in a clinical environment. She also stressed the importance of adding shade assessment into every patient conversation and noted strategies for managing tooth sensitivity and tissue isolation.

Today's first live dentistry presentation starts at 10 a.m. and is part two of Dr. Franklin Shull's topic of “Everyday Esthetic Dentistry.” In part two he will focus on the latest mate-

rial options for posterior ceramics, advancements in direct composite and dentin/enamel bonding agents and how fiber reinforcement can solve many dental dilemmas.

The afternoon presentation sees Dr. Ara Nazarian take the stage for “OCO Biomedical Presents Simple Implant Placement in a Complex Economy.” Nazarian will focus on how to diagnose, treatment plan and present your plan effectively to patients; the use of OCO Biomedical's Dual Stabilization implant system; surgical protocols for simple implant placement; and restoration and newer techniques of surgery and prosthetic treatment.

today About the Publisher

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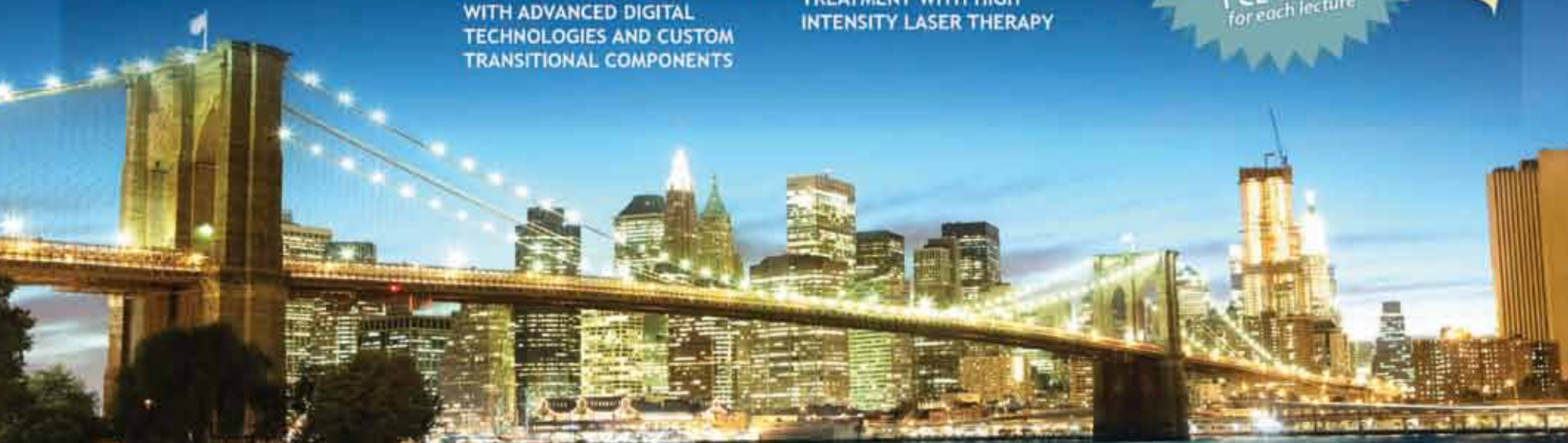


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<p>10:00 - 11:00 DR. HOWARD GLAZER BABY BOOMERS CAN BE BEAUTIFUL!</p> <p>11:15 - 12:15 DR. MARK DUNCAN DENTISTRY'S DIRTY LITTLE SECRETS... WHAT IS IT THAT WE DON'T KNOW.</p> <p>12:45 - 1:45 DR. MARK MCOMIE MATERIALS AND METHODS FOR YOUR PRACTICE</p> <p>2:00 - 3:00 DR. LOUIS MALCMACHER THE TOP 8 GAME CHANGERS IN DENTISTRY TODAY</p> <p>3:15 - 4:15 DR. FRANKLIN SHULL ESTHETIC/RESTORATIVE DENTISTRY LIVE PATIENT DEMONSTRATION</p> <p>4:30 - 5:30 DR. GEORGE FREEDMAN BEAUTY OF BONDING</p>	<p>10:00 - 11:00 DR. FAY GOLDSTEP PREDICTABLE PROACTIVE AND PROFITABLE MINIMALLY INVASIVE DENTISTRY</p> <p>11:15 - 12:15 DR. GARY HENKEL UNSURPASSED HANDLING, UNCOMPROMISING RESULTS: BONE GRAFTING SIMPLIFIED</p> <p>12:45 - 1:45 DR. RON KAMINER TIPS, TRICKS AND TECHNIQUES TO MAXIMIZE SUCCESS</p> <p>2:00 - 3:00 DR. MIKE RETHMAN FLUORIDES AND NON-FLUORIDE INTERVENTIONS FOR CARIES CONTROL - AN OVERVIEW</p> <p>3:15 - 4:15 DR. MARK DUNCAN DENTISTRY'S DIRTY LITTLE SECRETS... WHAT IS IT THAT WE DON'T KNOW.</p> <p>4:30 - 5:30 DR. ROBERT HOROWITZ OPTIMIZING IMPLANT THERAPY WITH ADVANCED DIGITAL TECHNOLOGIES AND CUSTOM TRANSITIONAL COMPONENTS</p>	<p>10:00 - 11:00 DR. CHRIS GLASS ACHIEVING PREDICTABLE SUCCESS WITH ENDODONTICS</p> <p>11:15 - 12:15 DR. RON JACKSON DIRECT POSTERIOR COMPOSITES: A RAPID, SIMPLIFIED PLACEMENT TECHNIQUE</p> <p>12:45 - 1:45 DR. DAVID EVANS PERFECT YOUR ONLINE PRESENCE</p> <p>2:00 - 3:00 DR. GEORGE FREEDMAN NEW AND IMPROVED! PROFITABLE CLINICAL TECHNIQUES FOR YOUR PRACTICE</p> <p>3:15 - 4:15 DR. DAVID HOEXTER PREDICTABLE IMPLANTS - BY PRESERVING BONE DURING EXTRACTIONS WITH NEW INSTRUMENTS</p> <p>4:30 - 5:30 DR. SELMA CAMARGO OPTIMIZING ENDODONTIC TREATMENT WITH HIGH INTENSITY LASER THERAPY</p>	<p>10:00 - 11:00 DR. DAVID PECK IMPLEMENTING DENTAL LASERS IN THE GENERAL PRACTICE: A REAL-WORLD REPORT</p> <p>11:15 - 12:15 DR. RON KAMINER DENTISTRY 101: DEMYSTIFYING NEW CONCEPTS IN CARIOLOGY</p> <p>12:30 - 1:45 DR. SELMA CAMARGO DIODE LASER APPLICATIONS IN SOFT TISSUES</p>



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Greater New York Smiles teaches NYC school children how to brush

By Jayme S. McNiff, Program Manager,
Greater New York Dental Meeting

■ The Greater New York Dental Meeting (GNYDM) gives back to the communities of New York City each year by bringing together 1,300 elementary school children for the most unique children's dental health-care program in the country.

For the past four years, with leading sponsorship from Colgate Palmolive Company, DentaQuest (Doral) and the United Federation of Teachers, the Greater New York Smiles program has supported oral hygiene education and dental screening for New York City's third- and fourth-grade public school children.

This year's Greater New York Smiles is set to take place today through Wednesday. The program will include 1,500 children on a class trip brought by school buses from various New York City Public Schools throughout the five boroughs.

The children will first receive an oral health-care tutorial including a world tour with "Dr. Rabbit." Creativity is encouraged, and the Greater New York Smiles' volunteers are eager to involve the children in songs and dances as well as make-believe acts where children pretend they are teeth and giant jump ropes are the floss.

The Greater New York Smiles is maintained by hundreds of hygiene volunteers from New York University, New York City College of Technology and Hostos Community College as well as the dental hygiene members from the Dental Hygienists' Association of the City of New York and the New Jersey Dental Hygienists' Association and hygienists from various dental offices in Staten Island.

A child-friendly nutrition center is packed with plastic fruits and vegetables to teach the children how to build a well-balanced plate with all the healthy food groups while puppets



• Dr. Rabbit has a message for kids at the 2011 Greater New York Dental Meeting — Brush! He will be back again this year to educate even more children. (Photo/Dental Tribune file photo)

"Alexander Alligator" and "BG Roo" are utilized for practicing brushing techniques.

After these tutorials, the children are able to further practice newly learned brushing techniques with the supervision of dental hygiene students at plumbed sinks with running water constructed right on the convention center floor.

Dr. Richard Rausch, general chairman said, "This unique program offers our children free instructional oral care, oral health-care education, a dental screening and referral service which they might not otherwise be receiving."

Oral health-care volunteers work with the children on all the steps of the program from the tutorial to the demonstration of brushing and flossing. In a short span of time, this program teaches 400 to 500 students a day within four hours.

The Colgate Bright Smiles, Bright Futures dental van staff includes licensed dentists performing dental screening examinations. The children are given a dental report card to bring home after the dental screening as well as a goody bag containing a toothbrush and toothpaste, a dental floss keychain, a notebook, crayons and an oral health-care coloring book, pencils, erasers, a pencil case and a timer. The children also leave with a Colgate knapsack to carry all of their oral health-care items.

In 2011, Colgate exceeded its record since it started screening children at the Greater New York Smiles by screening 670 children in total compared to 500 children in 2010. Colgate's unique involvement and valuable role has helped transform the Greater New York Smile's Program into the most successful program to date.

At this year's meeting, more dental chairs will be provided so more teeth screenings can be performed, therefore allowing more children to have their teeth checked.

"The Greater New York Smiles program is a one-of-kind program because it gives back to the community without asking for anything in return," said Dr. Robert Edwab, executive director of the GNYDM.

"It's a chance to offer a unique clinical aspect to urban dental and hygiene students while bringing an awareness of dental access issues in NYC to oral health-care volunteers, teachers and chaperoning parents who travel with the children to the Javits Convention Center."

With obesity on the rise among children who live in New York City and the chronic health issues associated with poor oral hygiene, these children are at the highest risk and are most vulnerable.

The Greater New York Smiles instills healthier nutritional choices focusing on the dangers of too much sugar, while supplying the tools for a healthier living and future.

The 2012 Greater New York Smile's Program promises to be an even larger event by increasing its space next to the registration at the GNYDM with discussions of incorporating two Colgate vans in 2013.

To view an up-close and in-depth look at the Greater New York Smiles program, visit the United Federation of Teacher's website, www.uft.org/videos/students-greater-dental-meeting for a short video.

The program is sponsored by the New York County Dental Society representing the Dentists of Manhattan and the Second District Dental Society representing the Dentists of Brooklyn and Staten Island.

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Scenes from Sunday



• Got implants? Annamarie Pino, left, and Samantha Merrick of OCO Biomedical (booth No. 2224) do. They have the T-shirts, too!



• Tom Batz of Aribex (booth No. 3538).



• Koichi Arakawa of Mani (booth No. 3932).



• Mark Eisen, left, and Sandra Metz of DMG America (booth No. 2027).



• The team at Mydent International (booth No. 2215): Luiza Barros, from left, Phil Armijo and Meagan Wallace.



• Meeting attendees learn more about D4D technology at the Henry Schein booth (No. 3824).



• The gang from DrQuickLook (booth No. 3829): Glynis Clark, from left, Erin Primerano and Vince Primerano.

Photos by Robin Goodman
and Fred Michmershuizen,
today Staff



• Dr. Mark Hochman of Milestone Scientific (booth No. 1818).



• Frank Herrebout and Annelies Moors came all the way from Evergem, Belgium, to attend the Greater New York Dental Meeting.



• Tiffany Ralescu, from left, Michelle Mirza and Jenny C. Sherpa are all third-year dental students in New York City.



• If you are a VIP here at the Greater New York Dental Meeting, you've likely been to the executive headquarters where we snapped a photo of some of those who make it all happen, such as Katie L. Daniels and Avery Sandiford.



• Meghan Fialkoff, left, and Manijah Bazargan of the Fialkoff Dental Study Club (booth No. 4837).



• Steele Monville, left, and Mike Gregory of Kilgore International (booth No. 1721).

Children's program keeps kids busy on Sunday



• Miri Wertzberger, dental assistant with a general practice in Pomona, N.Y., with her daughter, Leah, 4, who asked the face painter from Transformation Face Painting for 'pink.' (Photos & story/Rob Selleck, *today* staff)

■ Sunday was kids' day at the Greater New York Dental Meeting, with the special events hall on the lower level of the Jacob K. Javitz Convention Center packed with kids activities. The program included a puppet show, face painting, a bounce castle and carnival games.

Puppetry Arts, a nonprofit organization based in Park Slope in Brooklyn, presented a musical show filled with puppet characters.

Also as part of the children's program, the Grand Lodge of Free and Accepted Masons of the State of New York sponsored a free child identification program.



• Daniel Leung, DMD, endodontist with a practice in Newmarket, Ontario, with his green-monster, plate-spinning son Bennett. His son Carter also enjoyed the carnival activities.



• Lauren McDonell of MIS Implants Technologies (booth No. 1623).



• Jaeyoun Kim, left, and Dinesh Kumar of Hiossen (booth No. 3836).



• Yukari Aritake, left, and Emiko Ota-Paussa of Osada (booth No. 1711).



• Meeting attendees get a close look at some of the products available from KaVo (booth No. 3809).



• This decorative tooth at Bay Area Media & Dental (booth No. 5007) blows bubbles.



• Dr. Jack Gruber of Peri-Swab (booth No. 1920). Gruber is inventor of the Periclean brushless tooth cleaner.



• Dimas Garcia, left, and Dick Linde of Technology4Medicine (booth No. 3818).



• Charles Rieger of Sherman Specialty (booth No. 421).



• Del Hemphill of TeleVox (booth No. 2830).



• Attendees take notes during a workshop in the 'glass' rooms on the exhibit hall floor. (Photo/Carlo Messina, FX Video & Photography)



• Sun Jun Yun, from left, Dave Maricondo, Bryon Kim, Giselle Ann Jose and Stephen Quarcoo stopped for a photo during the General Practice Residency Fair on the South Lower Terrace on Sunday.

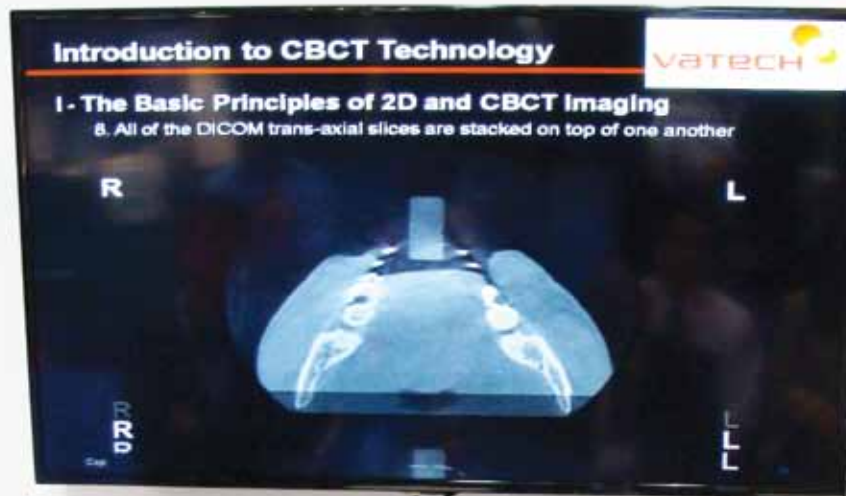


• 'Where in the exhibit hall is ...?' Check out one of the large maps before you enter the hall if you don't have a program book handy.



• The flags by International Registration represent the many dentists who visit this show from abroad. (Photo/Carlo Messina, FX Video & Photography)

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• A presenter at Vatech America (booth No. 4018) offers educational information to meeting attendees.



• Sandrijn Van Wunnik, from left, Eddy Botter, Lucas De Cleen and Robin Baas from the Netherlands are with Dental International, a company that makes the Dental Stand Alone Treatment Concept, and came to the New York meeting hoping to connect with U.S. distributors. If you are going to the International Dental Show in Cologne next March, you can visit their booth as they don't have one here.



• Connie and Dr. Louis Malcmacher at the Dental Tribune Study Club C.E. Symposium lecture area (Aisle 5000, Room 3) on Sunday just before he presented his lecture on 'The Top 8 Game Changers in Dentistry Today.'



• Need a shoe shine? It's less expensive than you might think: \$4 for a regular pair of shoes, \$5 for half a boot and \$6 for a full boot.



• Dr. Samuel Low speaks Sunday morning on 'Innovative Periodontics for Today's Practice.' (Photo/Carlo Messina, FX Video & Photography)

Predictable, proactive and profitable dentistry

Dr. Fay Goldstep offers tips and tricks of minimally invasive dentistry

By Kristine Colker, Managing Editor

► **TODAY from 10 to 11 a.m. in aisle 5000, room 3, Dr. Fay Goldstep will present “Predictable, Proactive and Profitable Minimally Invasive Dentistry” as part of the DTSC Symposia.**

In her session, she will focus on “patient friendly” direct restoration repair instead of indirect replacement as a predictable, minimally invasive option. On the proactive front, easy and effective bioactive sealants can be placed without the need for etching. Bioactive restorative materials enhance the healing of teeth and reduce restorative failure.

Goldstep talked to *today* about what to expect from the symposium.

Dr. Goldstep, you are presenting a DTSC Symposia session called “Predictable Proactive and Profitable Minimally Invasive Dentistry.” Would you give us a brief overview of your session?

We are working today in what I think is the “Golden Age of Dentistry.” We have the technology and techniques that finally enable us to treat our patients with a medical, not a surgical, approach.

This session will highlight the techniques that make this possible. Our patients are seeking minimally invasive options and searching out the dentists who provide them. This session will show the attendees how to take this gentler, patient-friendly dentistry to a level that makes it predictable, proactive and even profitable.

When we talk about minimally invasive dentistry, what are some examples of this and how do you see those techniques benefitting patients?

Minimally invasive techniques are conservative. The medical approach helps the patient preserve healthy oral tissues and new bioactive materials can actually promote healing.

For example, we are now able to map the early incidence of decay on the occlusal surface and evaluate the areas that need treatment. This real-time map shows both the location and severity of the decay. Then very conservative preparation techniques such as fissurotomy burs (S.S. White) or microabrasion selectively remove



• Beautifil Flow Plus (Photo/Provided by Shofu Dental)

only the decayed areas. We restore with Beautifil Flow Plus (Shofu), a bioactive giomer flowable material that adapts into all surfaces of the tiny preparation. The bioactive giomer's remineralizing properties promote healing.

You talk in your session about how minimally invasive dentistry can also be more profitable. Can you explain how this is possible?

Minimally invasive dentistry absolutely improves the practice's profitability. In today's economically challenging times, we are competing more and more for patient dollars. Minimally invasive procedures are appealing to patients. They seek out the dentists and practices that provide these treatments.

Minimally invasive dentistry is easier and faster. Although it takes less time and involves less stress than conventional treatment, it is similarly billable.

If attendees are interested in incorporating minimally invasive dentistry into their practice, are there any tips you would have to offer? Are there any specific techniques or materials that would be good to start with?

First and foremost, have an open mind. Think along the medical model of practice.

Dentistry has focused too long on surgery; we are paid by how much we

remove. This thinking must change.

Fortunately, there are dental manufacturers that are helping us change by providing the tools and materials to heal and not just amputate oral tissues.

This session introduces the “Perimeter Prep,” a predictable, highly conservative, direct restoration repair. It is a great technique to get you started with minimally invasive dentistry.

If attendees are interested in going to your session, is there anything they should be aware of ahead of time? Is your session aimed at specialists or is it more of a general topic?

The session is geared to dentists and hygienists. Both will come away with techniques that will enhance their practices.

For the dentists – they'll get a step-by-step guide from preparation techniques to bioactive restoratives. For the hygienists – a new bioactive remineralizing sealant that can be placed without etch.

Your session is sponsored by Shofu. How did you begin working with the company and what do you like about its products and services?

I have worked with Shofu since the 1980s. I have always been impressed with the quality and innovation of their products. And, more importantly, I have been impressed with the integrity and professionalism of

About the speaker



Fay Goldstep, DMD, has been a featured speaker in the ADA Seminar Series and has lectured at the ADA, Yankee, AACD, AGD and the Big Apple dental conferences. She has lectured nationally and internationally on CONSERVATIVE Dentistry, Innovations in hygiene, dentist health issues, magnification and office design. Goldstep has served on the teaching faculties of the post-graduate programs in esthetic dentistry at SUNY Buffalo, Universities of Florida (Gainesville), Minnesota (Minneapolis) and UMKC (Kansas City). Goldstep sits on the editorial board of Oral Health Magazine (healing/preventive dentistry) and Dental Tribune, U.S. edition. She is a fellow of the American College of Dentists, International Academy of Dental-Facial Esthetics and the Academy of Dentistry International. Goldstep has been a contributing author to three textbooks and has published more than 20 articles. She has been listed as one of the leaders in Continuing Education by Dentistry Today since 2002. Goldstep is a consultant to a number of dental companies and maintains a private practice in Toronto, Canada.

the Shofu team. The company has revolutionized minimally invasive dentistry with the introduction of its unique giomer technology. It has also created products that simplify and take the stress out of practicing dentistry.

If there is one thing you hope attendees to your session come away with, what would it be?

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Improve patient care while maximizing production

Dr. Ron Kaminer talks tips and tricks of minimally invasive dentistry

By Kristine Colker, Managing Editor

► **TODAY from 12:45 to 1:45 p.m. in aisle 5000, room 3, Dr. Ron Kaminer will present "Tips, Tricks and Techniques to Maximize Success" as part of the DTSC Symposia.**

In his session, he will focus on the new materials that can make traditional restorative techniques easier and more efficient. The program will cover the 10-minute bonded post and

core; heavy flow flowable composites and their application in routine dentistry; and esthetic temporaries for crown and bridge.

Kaminer talked to *today* about what to expect from his symposium.

Dr. Kaminer, you are presenting a DTSC Symposia session called "Tips, Tricks and Techniques to Maximize Success." Would you give us a brief overview of your session?

There are a lot of great new products in dentistry. This program will be fast paced and loaded with pearls that the doctor can immediately implement in their practice.

The pearls will lead to greater effi-

ciency, great productivity and better dentistry.

Your session focuses a lot on new materials and how they can help with day-to-day techniques. What are some of the newest materials that have really impressed you and helped you the most in your practice?

The new highly filled flowable composites have really made an impact on restorative dentistry. Easier to place than traditional flowables, they are a must in every dentist's arsenal. A new material that will make splinting of teeth easier to do than ever before will be presented, as well as the 10-minute bonded post and core. Lots of fun stuff!

About the speaker



Ron Kaminer, DDS, graduated from the State University of New York at Buffalo in 1990 and remained in New York to practice laser and comprehensive dentistry in Hewlett and Oceanside. He lectures around the globe on the subject of integrating lasers into dental practices and is a member of the Academy of Laser Dentistry, Academy of General Dentistry, American Dental Association and Academy of Operative Dentistry. He lives in Hewlett, N.Y., with his family.

AD

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When it comes to new materials, do you like trying them out or do you prefer to stick with what you know? Why is that, do you think?

Change is critical to success. It is always easier using what you always used. But dentistry is always changing; we must not resist change.

In your session, you're going to be going over a lot of techniques in a short time. Could we get a sneak peek of what some of these techniques are and what attendees will be learning about them?

I hate giving away my pearls in advance, but lets just say every attendee will walk away with at least one pearly that they can immediately implement in his or her practice.

If an attendee is interested in going to your session, is there anything he or she should be aware of ahead of time? Is your session aimed for specialists or is it a more general topic?

This is a program for day-to-day, bread-and-butter dentistry aimed at the GP.

Your session is sponsored by VOCO. How did you begin working with the company and what is it that you like about its products and services?

All of VOCO's products are well thought out before coming to market. They are far bigger in Europe than here In the United States but are rapidly gaining market share because once you try a VOCO product, you fall in love with it, in my opinion.

If there is one thing you hope attendees to your session come away with, what would it be?

New products and materials require careful evaluation before incorporating them into one's practice. But if the technique and product make sense, then change is important to success.

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Dr. Mike Rethman speaks on fluorides and non-fluoride interventions for caries control

By Kristine Colker, Managing Editor

► **TODAY from 2 to 3 p.m. in aisle 5000, room 3, Dr. Mike Rethman will present "Fluorides and Non-Fluoride Interventions for Caries Control – An Overview" as part of the DTSC Symposia.**

In his session, he will focus on non-fluoride anti-caries adjuncts in the context of fluoride anti-caries strategies, including problems associated with recommending the use of non-fluoride adjuncts.

Rethman talked to *today* about what to expect from his symposium.

Dr. Rethman, you are presenting a DTSC Symposia session called "Fluorides and non-Fluoride Interventions for Caries Control — An Overview." Would you give us a brief overview of your session?

Fluorides have long been recommended as key parts of anti-caries programs. Recently, non-fluoride regimes have gotten increasing buzz. In the wake of chairing a recent

ADA expert panel and evidence-based review of the literature on the latter, I'll report what we found in the context of the concepts and effectiveness underlying the use of fluorides and other anti-caries methodologies.

Could you talk a little more in-depth about non-fluoride anti-caries adjuncts and some of the issues surrounding them, including problems with recommending them? Fluorides help. Sealants help. Some non-fluoride adjuncts also appear

About the speaker



Mike Rethman, DDS, is a board-certified periodontist with more than five years of general practice experience. He is also a dental research scientist and a former director of the U.S. Army Institute of Dental Research, as well as a past-president of the American Academy of Periodontology.

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effective. Patients at low risk for caries may need no interventions, others might benefit from all. Every patient is different and because the literature reports average responses, clinicians need to remain aware that no patient is average.

How do non-fluoride anti-caries adjuncts fit in treatment protocols compared with fluoride-based interventions? Are there any positives or negatives associated with one over the other?

In my opinion, non-fluoride anti-caries adjuncts are best considered as adjuncts to fluorides and sealants for reasons I'll discuss in my talk. Head-to-head comparisons could tease out the comparative and/or additive effects but such studies are unlikely.

If an attendee is interested in going to your session, is there anything he or she should be aware of? Is your session aimed for specialists or is it a more general topic?

It's a topic of interest to all dentists and dental hygienists who treat patients.

Your session is sponsored by Colgate. How did you begin working with the company and what is it that you like about its products and services?

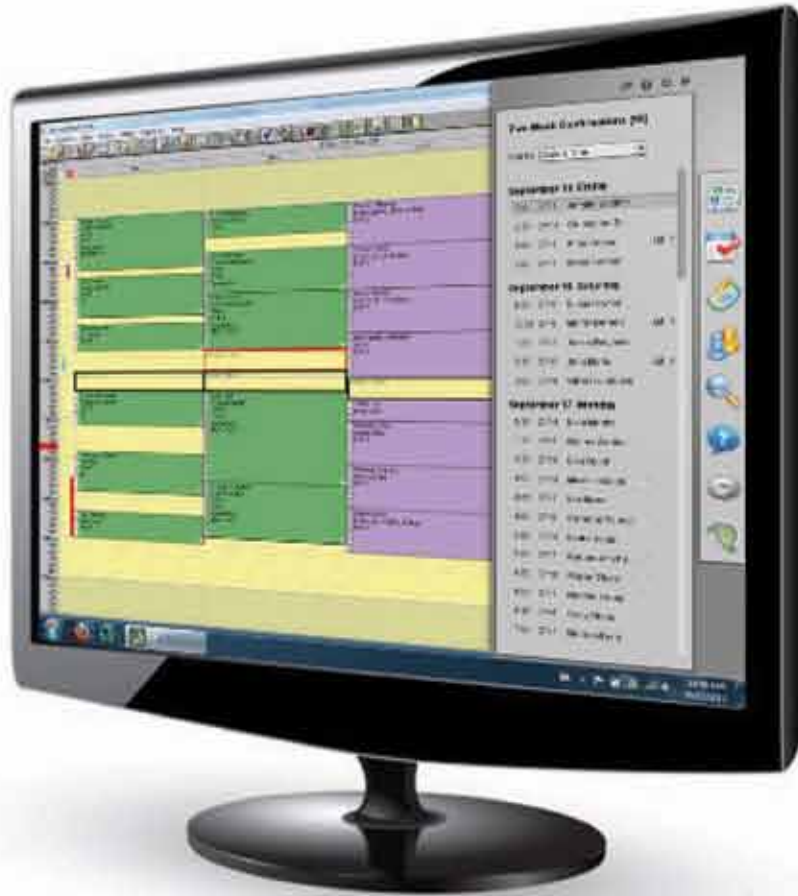
Colgate is a highly reputable company that sponsors many speakers and conferences worldwide with no expectation of gleaning anything more than the respect of participants. And Colgate has earned my respect. But to drill down a bit, I've had sessions sponsored by close to a dozen companies over the years. Crucial to me is that a sponsoring company expects nothing more than an arms-length treatment of a topic. That's what I endeavor to provide, and it's all Colgate expects.

If there is one thing you hope attendees to your session come away with, what would it be?

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Dr. Mark Duncan talks about 'Dentistry's Dirty Little Secrets'

By Kristine Colker, Managing Editor

► **TODAY from 3:15 to 4:15 p.m. in aisle 5000, room 3, Dr. Mark Duncan will present "Dentistry's Dirty Little Secrets: What Is It That We Don't Know?" as part of the DTSC Symposia.**

In his session, he will focus on some of the hidden connections between a healthy and pain-free patient and what issues 80 percent of adult patients present with. There are so many issues that patients suffer with that are dentally related but are totally missed because they don't know to talk to their dentist about them.

Duncan talked to *today* about what to expect from his symposium.

Dr. Duncan, you are presenting a DTSC Symposia session called "Dentistry's Dirty Little Secrets ... What Is It That We Don't Know." Would you give us a brief overview of your session?

For sure! I will focus on the things that patients will present with that generally are not seen as our first concern. We have amazing training in dental school and can do some absolutely astounding things for our patients, but there are still some very troubling issues with dental care today. The most commonly occurring infectious disease on the planet is periodontal disease with an incidence of more than 80 percent. We understand better and how to address and manage - and even prevent and heal periodontal disease. We also can perform genetic tests from their spit and see how susceptible our patients are.

All the while there is another foundational issue that we are all but totally ignoring - and that is the way that the bite fits. To be clear, when I'm talking about the bite, I mean two different things at the same time. No question we need to have proper tooth-to-tooth gearing or micro-occlusion - but actually more importantly, we must provide proper jaw-to-jaw relationships, or macro-occlusion, that will allow the mandible to function correctly.

Providing our patients with the proper macro-occlusion is of paramount importance. This is the rest of the foundation in that, like periodontal health, it is only when the jaws are functioning in a way that is comfortable for the entire system that we are not forced to deal with consequences of muscle discomfort and poor posture.

My dental school training, like perhaps all dentists, covered a lot of these issues but was not clear in why they were important. Or perhaps I was not ready to understand the intricacies

About the speaker



Mark Duncan, DDS, is the clinical director at the Las Vegas Institute for Advanced Dental Studies. He is a fellow of the institute and started teaching there in 2002. He has lectured on esthetics, occlusion, CAD/CAM technology and practice management internationally and serves as development consultant to several dental manufacturing companies.

at such an early stage in my career. However, I was also trained that things like bruxism were idiopathic and totally untreatable. "Don't know why it happens and we can't do anything about it." To my surprise, when I utilize balance in the entire system not only do I have an effect on bruxism, but I can eliminate it predictably!

The position of the lower jaw in space was treated as if it were an inviolate relationship and that we were forced to deal with whatever is happening when the patient presents, or we refer them out for orthognathic surgery. The reality is there is a non-surgical modality that is not only more conservative and predictable and comfortable, but may well save the patient's life! The lower jaw posture is directly and inextricably connected to the airway, and we are professionally bound to help protect that for our patients. This is a new topic in mainstream dentistry; however, it is perhaps the most important aspect of our patients' care!

In your session, you talk about how so many issues patients suffer with are actually dental-related, yet these issues are constantly overlooked. Why do you think this is, and what do you think needs to change in the dental industry to make a difference in uncovering these issues?

Dental schools are built with the purpose of creating dentists. In order to create dentists, the schools must have them ready to pass board exams. The reality of this process has two major impediments to routinely producing progressive dentists with respect

to technological advances. To start, there is still only the same four years in which to train the students. There is vastly more material, but the same amount of time.

Secondly, many of those exams are still holding on to very old concepts. While gold foil is no longer a part of the process, neither is a conservative adhesive onlay. Neither is bite diagnosis based on muscular comfort in addition to tooth and bone relationships.

As students, we do address signs and symptoms, but their attached meaning is often lost. Perhaps we are simply not quite ready as students. Perhaps we would be better served with a more contemporary system of exam and licensure. Perhaps both.

It seems a lot of the issues go untreated just because patients don't know to mention them. Are there any things clinicians can begin looking for or doing in order to help their patients communicate better and get help for some of their medical issues?

We have trained our patients how to be patients and what to expect for years. We made it OK for them to allow their benefits manager at their insurance company to decide which treatment is the most cost-effective for them.

Well, most cost-effective for the insurance company. But as dentists, we made it acceptable for our patients to allow their insurance plan's benefit to determine which option to pursue.

Dental insurance is much like a rebate and the amount of service rendered is generally not vastly different than the amount paid in premiums. The point or goal of these plans is not better health care, but rather a modest basement level of care as a benefit to employees and still allow for a profit for the insurance company. The most important thing we could do is step outside of the insurance benefits - start talking to patients about what we see and what we can do to help them.

Our patients have a huge variety of dental issues and concerns and there are so many new and innovative approaches to delivering dental care today. However, we need to know how to discuss those in a safe environment with our patients.

It continually amazes me how much patients will censor what they tell us and how tainted our perspective is as a result. The biggest hurdle is getting them to tell us the whole story. For years, our focus has been on the teeth, things we can take X-rays of. If the X-rays show something bad we treat. If not, we don't. We literally have become a profession that largely focuses on mechanical repair of the

hard tissues. Our patients are so much more!

Some of the most critical things to assess are not even in the mouth! With a thorough cranial nerve exam or adequate muscle palpation exam, we can tell so much about the state of affairs for our patients' health.

Our bodies are very intricately connected, and it is our responsibility to outline these and determine where there may be issues or consequences that our patients struggle with.

For instance, if a patient were to somehow think to tell his or her dentist that he or she has lower back pain or numb fingertips, would we know how to respond to that? I know in my own career, I would have had to suppress a laugh if a patient had suggested to me he or she was walking funny or fingertips were numb and it was from their bite.

Not the case any longer! As a profession, we need to know how all the pieces interconnect. Learning those connections and being able to communicate them will be a huge thing for our patients. Imagine if there was no longer a reason for anyone to take Im-trex or other migraine medications ...

Do you have any specific examples of screenings that have led to saving a patient's life?

The easiest one to incorporate would be the Eppworth Sleepiness Index. Perhaps a bold statement, but medicine cannot treat sleep apnea as effectively without a dentist as it can with. We cannot make a legal diagnosis of sleep apnea, but this is such a pervasive and serious problem that it is irresponsible to not screen for it. It is irresponsible for our profession to not make sleep dentistry a routine part of practice. It is more important to live than to have white teeth. We are lucky enough that we can help to support both!

If an attendee is interested in going to your session, is there anything he or she should be aware of? Is your session aimed for specialists or is a more general topic?

There is no reason why every dentist or dental health professional would not get something from the discussion. Of course, any interaction like this is a two-way street. It is not my mission to convert anyone - but rather to open eyes to what we have seen work time and time again.

It is not what I was taught in dental school, but it happens that it works significantly better in my hands. I see the same from the thousands of dentists I have know who have taken a similar journey.

The bottom line is ours is a very

young profession with lots left to learn. There will hopefully always be more to discover and more to learn, so the most important thing we can have is an open mind! Any dentist or dental health care professional should be able to gain from the discussion.

Your session is sponsored by LVI, of which you are the clinical director. How did you begin working with LVI and can you tell us a little more about it for those who may not know?

LVI is an amazing place that continues to grow and evolve. It was created out of the frustration of one dentist with dental practice. Feeling forced to do what every dentist did, he was becoming burned out and bored.

Then one of his mentors helped him to realize dentistry is about options as much as anything and that he could always refer away the treatment he didn't enjoy doing. That spilled into esthetics, and the treatment of esthetics led to the inevitable quest for a better system of understanding occlusion.

As it happened, the study of neuromuscular dentistry was well under way in the year 2000, and it was a platform from which LVI could evolve and grow. Teaching neuromuscular occlusion at LVI with the benefit of the live patient courses, the field of NM grew more quickly in the decade-plus than it had in the previous 30 years, and now it is a very predictable and methodical process of evaluation and data gathering to support decisions in patient care.

This perspective has led to thousands of dentists from across the globe implementing NM in their practice and helping their patients to enjoy a higher quality of life. Better management of the micro- and macro-occlusion led to more predictable and more pervasive healing, and along with that, came the painfully obvious management of airway.

Thirty years ago a dentist helped to develop a pacifier and nipple for babies that supports proper growth and development of the dental arches. This undeniable connection to the airway led to the inclusion of airway in the workup of patients.

While we obviously are not able to make the diagnosis of medical issues, it is irresponsible to not have a dentist on the team that is managing these patients. The statistics are staggering. With more than a third of male adults in North America being affected and our increasing girth as a population, this is a health-care issue that must be addressed. While there are a number of opportunities to learn about sleep disturbances and airway, most are focused on a particular appliance or an arbitrary starting point. The programs at LVI include discussion of sleep issues, starting at the very first one, Core I.

Airway issues are what created malocclusion to begin with, so it is only appropriate that dentistry join in the management of airway when our patients need it. The beautiful thing is dental support will help in nearly every patient who suffers with obstructive sleep apnea (OSA)!

If there is one thing you hope attendees to your session come away with, what would it be?

The most important thing I would like to leave with the attendees is the appreciation for the huge impact we can have on our patients. Dentistry is an amazing profession, and we can do some incredibly good things for our patients and never do anything we weren't taught in dental school. However, in Jim Collins' book, "Good to Great," the single biggest obstacle to attaining greatness is simply being good. It is easy to be good at dentistry. I hope in some way I encourage or inspire someone to step forward and start the quest to be great!

We have an opportunity to help patients live significantly better lives. We can end migraine in the majority, if not all, migraine sufferers. We

can catch periodontal infection and reverse it before the entire body is affected and slips into metabolic syndrome. If we screen for OSA, those eight yes/no questions may not only save the life of a patient, but end the needless suffering of so many. We have control of the reins of so much for our patients, but we must look beyond the "pano and four bitewings"!

Is there anything else you would like to add?

Only the obvious, I am full time faculty and clinical director at LVI. No question my perspective has been modified by my association with LVI going back to about 1999.

I have seen some amazing dentists as I have tried to grow my skills and knowledge, both at LVI and other places. I have witnessed the way edu-

cation changes the dentist and affects the patients from every angle, and I have no doubt any dentist who truly cares to deliver the best for his or her patients must be aggressive in his or her education.

Dental school quite simply isn't enough. There are a few places where comprehensive care is addressed; however, I am not aware of any that combine the balance of hard and soft tissues (and in particular, muscles) with the business and communication skills, along with leadership development and, finally, live patient education.

It has been said "you can't be down on something you aren't up on," and regardless of what you have heard about LVI or neuromuscular dentistry, we are making peoples lives better.

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Crest Oral-B supports hurricane relief

Enter to win tickets to a taping of the Dr. Oz show

By Robert Selleck, *today* Staff

■ In addition to using the Greater New York Dental Meeting to introduce new products and services, Crest Oral-B is using its presence here to help families affected by Hurricane Sandy. For every case of manual toothbrushes ordered at the booth (No. 4225) during the meeting, the company is donating 12 of the same model toothbrushes for personal health-care kits being distributed to people displaced by the storm.

The kits are being assembled at Procter & Gamble headquarters in Cincinnati and distributed by Matthew 25 Ministries across the multi-state area hardest hit by the storm. Other Procter & Gamble personal-care products are also being included in the kits.

"We really have heartfelt concern for all of the victims of Hurricane Sandy," said Dr. Veronica Sanchez, global scientific communications ER manager at Procter & Gamble. "And we wanted to give everybody here the opportunity to help Crest Oral-B in our efforts to help the victims of Hurricane Sandy."

Also at the booth, Crest Oral-B is inviting dental hygienists to sign up for weekly prize drawings through its Crest Oral-B Facebook page for professionals, [Facebook.com/professionalcrestoralb](https://www.facebook.com/professionalcrestoralb).

Sanchez said prizes, which include a variety of products from Crest Oral-B and other Procter & Gamble brands, will be given away weekly—all in honor of 2013 being the 100th anniversary of the dental hygiene profession. Sanchez said the activity is an extension of the company's "Pros in the Profession" program, in which



■ In the Crest Oral-B booth, No. 4225, Dr. Veronica Sanchez, shows the just-released Oral-B Deep Sweep™ brush head, which offers all of the effectiveness of a power toothbrush head but looks like a traditional manual toothbrush in order to broaden its appeal to hesitant users.

dental hygienists nominate their peers for Crest Oral-B recognition.

"It's a great opportunity for us to celebrate the profession and this important anniversary," Sanchez said. The prize drawings run through Jan. 31, 2014.

Another activity at the Crest Oral-B booth unique to the Greater New York Dental Meeting is the opportunity to win tickets to the taping of an episode of the Dr. Oz television show.

"This is the perfect place for this promotion because so many of the attendees are from the New York City

area," Sanchez said.

Winners of the Dr. Oz tickets will be able to pick the show they want to attend (travel costs are not part of the prize). You can enter the raffle for tickets by buying \$100 or more of Oral-B products at the Crest Oral-B booth.

The drawing for the tickets is an extension of a partnership between Oral-B and the Dr. Oz show to promote dental health. An episode planned for Dec. 6 will prominently feature an Oral-B power toothbrush. Dr. Jonathan Levine, the show's "dentist of choice" for dental-health matters,

Here at the GNYDM

Help with the Hurricane Sandy relief efforts, enter to win tickets to the Dr. Oz show, sign up for Crest Oral-B Facebook prizes and learn all about a variety of products at the Crest Oral-B booth, No. 4225.

will show viewers how to use the power toothbrush. Karen Wilson, RDH, one of the 2012 Pros in the Profession winners, will also appear on the program.

Dentatus introduces the new Elypse Platform

■ At this year's GNYDM, Dentatus is introducing an expansion of its ANEW Narrow Body Implant System, providing doctors and their patients more treatment options. The uniquely designed Elypse Platform greatly enhances the Dentatus product line by blending the best features of the Atlas technique with the ANEW Implant.

The ANEW Implant with the new Elypse Platform allows doctors to immediately retrofit a patient's lower dentures with a future option of later converting that restoration into a fixed restoration—all the while maintaining a soft silicone interface between a patient's ridge and denture for enhanced comfort and retention. The ANEW Narrow Body Implant system is an extraordinary complement to other implant systems, enabling practition-



■ Dentatus' new Elypse Platform enhances the company's implant line.

ers to offer more restorative solutions for patients with insufficient bone, limited interdental spaces or con-

verging roots. For many periodontists, it is the implant of choice for complex cases where provisionalization allows for measured, expert treatment planning often required.

First used in 2000 and FDA approved in 2004 for long-term use, the narrow-diameter 1.8, 2.2 and 2.4 single-piece ANEW Implants have met with the most precise implantology standards and have undergone rigorous testing, research and clinical use by the profession.

ANEW Implants are made of Grade V titanium alloy, surface treated on the threaded portion, and delivered sterile. The tapered end mimics anatomical design and increases primary implant stability. This in turn allows the implant to be immediately loaded with a minimally invasive procedure

Here at the GNYDM

To learn more about Dentatus implants, visit the booth, No. 1200.

and eliminates most postoperative challenges. With ANEW Implants, total time in treatment is dramatically reduced so that many more patients can experience a quality of life that implantology offers.

With these newly introduced options, ANEW Implants offer unparalleled versatility with screw-retained prosthetics. They are an ideal addition in the armamentarium of any doctor who routinely places implants and who on occasion must find sound and tested alternative solutions to traditional implant protocols.



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RoadToRecovery

NSK looks back on success of expansion

By Robert Selleck, *today* Staff

■ This year's Greater New York Dental Meeting marks a first anniversary for NSK Dental, which launched its expanded presence in the United States and Canada in November 2011 with a broadened distribution channel and the opening of a service and support center.

"Looking back, it's been a great year for us," said Mirco Stiehle, president of NSK Dental. "We saw very nice growth every month this year and did even better than we were expecting with our expanded distribution channels."

NSK products continue to be designed and built in Japan, with virtually every phase of the process taking place in house – from product concept through each step of the manufacturing process.

With the opening of the service and support center just outside of Chicago, all product support activities for North American sales are now handled domestically. The North American service center was key in supporting NSK's shift from an exclusive distributor relationship to working



NSK Dental President Mirco Stiehle in the NSK booth, No. 2036, in front of the attention-getting giant handpieces. (Photo/Robert Selleck, *today* Staff)

with all of the major dental-product distributors in North America.

The market has been receptive to NSK's larger presence. That wasn't surprising given the company's global expansion record of accomplishment.

Yet there have been at least a couple surprises that market analysis didn't reveal ahead of time.

"One big surprise for us has been the popularity of our electric handpieces," Stiehle said. "The U.S. is traditionally a high-speed, air-driven market, but we have been extremely successful with the electric too. There seems to be a real customer need for it."

Stiehle said the NSK reputation for high quality, combined with the lighter weights, friendly ergonomics and an attractive price point have resonated with customers.

The company's Ti-Max Z series of electric handpieces, for example, offers dentists the smallest head and slimmest neck in electric attachments. "We see this trend continuing," Stiehle said of the surprising amount of interest in the electric-motor products. "It's obviously hitting an untapped demand in the marketplace."

Here at the GNYDM

Visit NSK at booth No. 2036 (look for the giant handpieces) to inspect and learn more about NSK's latest handpieces and see just how small the S-Max Pico and Ti-Max Z really are.

On the air-drive side, the S-Max Pico has been another nice surprise for the company.

Originally designed to help dentists in Asian countries who were often working with patients with smaller mouths, the S-Max Pico has been widely embraced by dentists working with children.

It boasts the industry's smallest head and neck size of any handpiece, and has been one of the company's most popular products in North America.

Stiehle said dental professionals could expect more new products from NSK in 2013, with new ideas always in play based on feedback and requests the company receives from customers. "That's what NSK stands for. We believe in innovation – and new products," Stiehle said.

AD

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Invest in KaVo now

By KaVo Staff

■ Award-winning KaVo's electric handpiece collection offers the widest range of attachments to address all restorative, orthodontic, pedodontic and endodontic needs, according to the company. Earlier this year, KaVo introduced the fourth generation of KaVo electric handpiece technology—the ELECTROtorque systems with KL 703 short motor featuring MULTI LED and SAFEdrive.

The new system embraces reduced weight and sound, unprecedented cutting performance and power, powerful lighting and efficient "Plug-n-Prep" technology with the KL 703 short motor.

It is time to add KaVo electric handpieces to your practice. The KL 703 short motor's unique design weighs approximately 30 percent less and is 25 percent shorter than market-leading electric options. The short motor operates at only 55 dB, making it one of the quietest motors on the market today. Dental professionals and patients alike will benefit from the lighter, quieter KL 703.

Demand consistency and power

The KL 703 short motor and KaVo's upgraded ELECTROtorque TLC and ELECTROtorque plus controllers offer precise performance to assist with faster and smoother preps, the first time and every time. SAFEdrive, an intelligent adaptive motor control solution, helps you complete your preps with assurance. Now you can use your electrics with confidence, and your patients can spend less time in the chair.



• (Photo/Provided by KaVo)

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The ELECTROtorque systems offer a color temperature similar to daylight at the bur tip.

Make it easier on yourself

The ELECTROtorque TLC and ELECTROtorque plus system with KL 703 short motor feature an innovative "Plug-n-Prep" auto-calibration technology for easy setup, requiring zero adjustment to other equipment.

Here at the GNYDM

To learn more about KaVo products, stop by the company's booth, No. 3809. In addition, KaVo is offering exclusive Greater New York Dental Meeting "Buy 1, get 1" electric promotions. When you take advantage of one of these offers by Tuesday, you will also get an extra \$100 off.

Doctors, assistants, hygienists and patients will all appreciate the quick,

efficient work made possible by innovative "Plug-n-Prep" technology.

Adding KaVo electric handpieces to your practice means you are aiming for big results in your practice. In addition, KaVo is excited to announce that the KL 703 motor or ELECTROtorque TLC system is now available as an integrated option with the Pelton & Crane Spirit 3000 series of delivery units. Seamless assimilation is now at your fingertips, and the future of your practice is in your hands.

AD



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BEAUTIFIL Flow Plus, BeautiBond join forces in kit

■ Two of Shofu's most acclaimed products are now available in two new kits offering discounted pricing.

The new kits will contain six syringes of the flowable restorative BEAUTIFIL Flow Plus in either zero-flow or low-flow viscosities and a

box of 50 0.1 ml unit dose bottles of BeautiBond™, the seventh-generation bonding agent.

The kits are expected to synergize sales of both products, while providing significant cost savings to customers already using both products.



AD

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Here at the GNYDM

For more information on the new kits, call Shofu at (800) 827-4638, visit www.shofu.com or stop by the Shofu booth, No. 3207.

BEAUTIFIL Flow Plus

BEAUTIFIL Flow Plus represents the next generation of restorative materials, with a syringe-delivery that provides void-free adaptation and strength and durability of leading packable composites.

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Henry Schein launches Mac-based practice management solution

■ Henry Schein, one of the world's largest provider of healthcare products and services to office-based dental, medical and animal health practitioners, recently announced the launch of "Viive," a new dental practice management software for the Apple Mac computer.

Viive features a patient-centric workflow on a simple and clean platform to manage dental practices. The new workflow takes advantage of the Mac operating system to provide access to all available management tools directly from one patient screen, streamlining task management to a single click.

Charts, ledgers and other tasks are completed faster and more simply by eliminating the need to switch between modules. "Viive has a very esthetic, clean, beautiful look. Its patient-centric approach makes it easy to gain access to information, charts and management tools," said Dr. Derek Fine, a Viive user practicing in Denville, N.J.

Another reason for Viive's speed is its powerful PostgreSQL database, which loads charts and dental images almost instantly, synchronizes records in real time and allows updates to the same patient record from the front and back office simultaneously.

"One of the largest benefits of Viive is its backing by Henry Schein, which guarantees continued development of advanced features that integrate the office technology," said Kevin Bunker, president and general man-



(Photo/Provided by Henry Schein Dental)

ager of Henry Schein Practice Solutions. "It also ensures that users will receive the highest level of customer service."

"With more dentists choosing the Mac platform, Viive will become an important foundation for the integrated digital Mac office," Bunker said.

Viive was built directly on the Mac OS X platform, providing the user with the same robust, simple features

already built into the Mac operating system.

"I love Mac computers because of their elegance, combined with simplicity and ease of use. Henry Schein successfully captured that balance in the Viive practice management system," said Liz Alexander, an office manager based in Doylestown, Pa.

The Viive Practice Management system will be launched with a number of equipment partnerships

Here at the GNYDM

For more information about Viive, visit www.viive.com, call Henry Schein Dental at (855) MAC-VIIVE or visit its booths, Nos. 3225, 3140 and 3432.

that ensure a comprehensive imaging solution and integration of core technologies. These include Planmeca, digital X-ray and imaging; Digital Doc intraoral cameras; and Acteon dental imaging equipment.

About Henry Schein

Henry Schein is the world's largest provider of health-care products and services to office-based dental, medical and animal health practitioners. The company also serves dental laboratories, government and institutional health care clinics and other alternate care sites.

Henry Schein employs more than 15,000 Team Schein members and serves approximately 775,000 customers. The company offers a comprehensive selection of products and services, including value-added solutions for operating efficient practices and delivering high-quality care.

Henry Schein operates through a centralized and automated distribution network with a selection of more than 90,000 national and Henry Schein private-brand products in stock, as well as more than 100,000 additional products available as special-order items.

A new way to assess, treat and manage pain

■ The TruDenta® System is a complete system for assessing, treating and managing dynamic force imbalances in the mouth that contribute to pain. It incorporates patented and FDA-cleared assessment and treatment technology and software supplemented by clinical training and ongoing implementation assistance.

The system evaluates the amount and balance of forces during closure, at closure and while chewing using digital force measurement (T-Scan) technology. The cervical range of motion is measured with the computerized TruDentaROM (range of motion) tool. A cervical ROM disability correlates with a mandibular ROM disability and/or an imbalanced dental foundation (Fig. 1).

Patients undergo therapies using a proprietary combination of low-level laser, therapeutic ultrasound, transcutaneous electrical stimulation and

intraoral orthotics. These modalities were originally developed by MDs to speed the healing of joints and force related traumas. TruDenta combines these with advanced dentistry, as needed, to achieve long-lasting outcomes.

Dentists can use TruDenta to realize predictable approaches for assessing and treating muscle and force dysfunction. They can, therefore, provide patients with opportunities to address painful symptoms through a pathway to long-term dental stability.

Here at the GNYDM

For more information about the TruDenta System by Dental Resource Systems, visit www.dentalresourcesystems.com or stop by the booth, No. 3302.

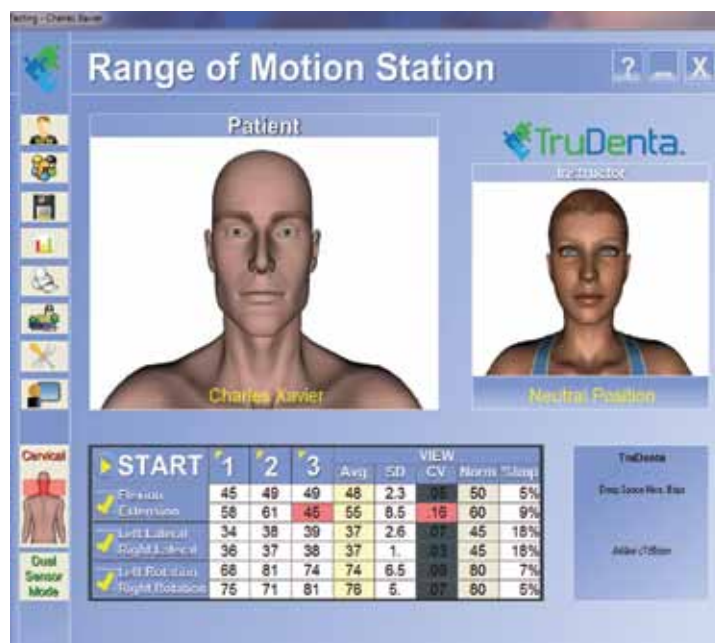


Fig. 1: Illustration of the ROM assessment data provided by the TruDenta system. (Photo/Provided by TruDenta)

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Patterson Dental and RevenueWell get serious about practice marketing

■ Patterson Dental comes to this year's show with a new product and renewed focus on helping its customers succeed in the Internet age. Its new partner, Chicago-based RevenueWell Systems, developed an online service that helps dental offices cut costs, attract new patients and engage existing patients with very little effort from the clinician and staff.

RevenueWell is an online system that uses information from the office's existing practice management software (e.g., Eaglesoft, Dentrix) to automatically communicate with patients, let them access their accounts online and help practices send out highly targeted marketing campaigns to the patient base.

One of RevenueWell's main value propositions is its ability to completely automate more than 20 types of common patient communications. RevenueWell does this by analyzing each patient's appointment, procedure and account data and sending him or her timely emails, postcards,

Here at the GNYDM

For more information on Patterson Dental or RevenueWell, stop by the Patterson Dental booth, No. 2600.

letters, text messages and automated voice calls based on the practice's settings. Some of these communications, such as appointment confirmations, birthday cards, welcome packets and post-op instructions, are focused on improving the practice's operations and delivering better patient care. Others are geared at bringing patients back into the office for recommended treatment and maintenance. This includes:

- Recall and reactivation communications that use a combination of email, text and direct mail messages to ensure that patients stay current with their hygiene appointments
- Expiring insurance benefits reminders that remind patients to



• RevenueWell can help you communicate with patients by more than 20 different means, including text messaging. (Photo/Provided by www.sxu.hu)

use their insurance benefits before the end of the year

- Video treatment plan follow-ups, an industry-first feature that automatically follows up with patients who have had a treatment plan cre-

ated for them but didn't yet make an appointment to start treatment

RevenueWell takes a similarly comprehensive and automated approach to solving its customers' other marketing and patient management challenges. From automatically collecting online patient reviews to asking patients for referrals to establishing and maintaining a practice's profile across 150-plus online destinations, the system makes the best out of today's online technologies to make practice marketing easy.

"RevenueWell is the first company that we saw in the marketplace that not only gets the technology aspects of online marketing but was willing to invest into applying these concepts uniquely to the dental field," said Tim Rogan, vice president, marketing.

Patterson Dental is the only nationwide distributor of the RevenueWell Suite and offers professional installation and support for the product through its Patterson Technology Center.

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Scannable abutments: digital impressions for dental implants

By Carlos A. Boudet, DDS, DICOI

Technological advances are making it easy to practice dentistry in almost every dental procedure.¹ This article aims to increase awareness of a new modality for the restoration of implants by general practitioners and prosthodontists utilizing chairside digital impression systems.²

Taking an implant impression for crowns and bridges requires a stock or custom impression tray loaded with a polyvinyl siloxane or polyether material that is placed in the mouth to record the position of a properly seated impression coping. This impression is then used to pour a stone model from which the laboratory fabricates the final restoration.

Digital intraoral impressions were first introduced in 1987 by Siemens with the CEREC 1.³ There are now several systems that offer intraoral scanning and digital impression capabilities for the construction of crowns and bridges without the need for impression trays or materials.^{4,5}

For the dentist who needed an implant impression, however, this technology was yet available. In 2004, BIOMET 3i introduced a coded implant healing abutment that provided all of the necessary implant information without the need for impression copings.⁶

In 2010, Straumann introduced a scannable abutment called a “scanbody,” which allowed for the taking of a digital implant impression. We needed this option to be available for the most commonly used implant systems, but Straumann only works with iTero™.⁵

Axis Dental Design Center has taken the concept further by developing scannable abutments that are compatible with implant systems from most of the major implant companies, allowing dentists to submit digital impressions for CAD/CAM design and milling of implant abutments and fixed restorations. However, at the time of this writing, they, too, can use only the iTero scanner.⁷

In February, Glidewell Laboratories introduced intra-oral scanning abutments under its Inclusive® line of implant products for implant systems from Astra Tech, Straumann, Neoss and Zimmer, as well as Certain®, PrimaConnex® and Brånemark System®, NobelActive™ and NobelReplace™. These Inclusive Scanning Abutments are also available for the lab's line of Inclusive Tapered Implants, and they can be used to create digital implant impressions with available, compatible intraoral scanners, such as iTero, Lava™ C.O.S.®, CEREC®, FastScan® and the soon-to-be-compatible E4D® Den-

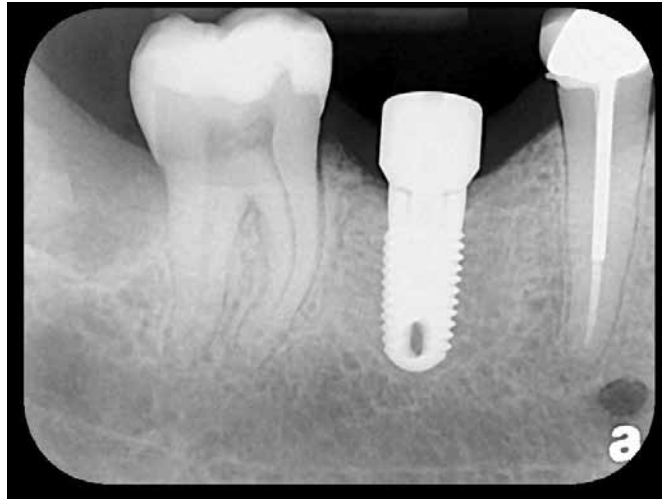


Fig. 1 (Photos/Provided by Glidewell Laboratories)

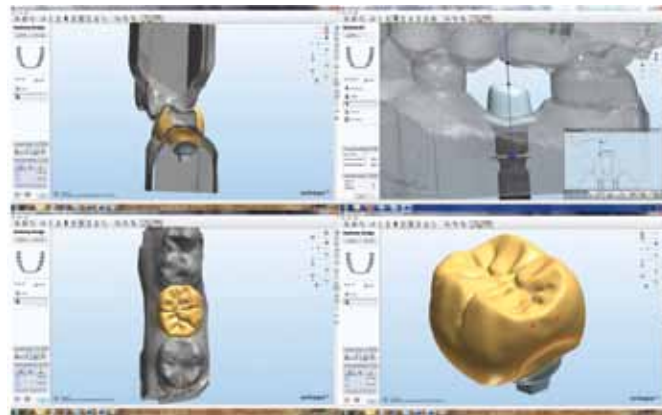


Fig. 3

Here at the GNYDM

For more information on Glidewell Laboratories' intra-oral scanning abutments, stop by the booth, No. 4400.

tist. Heraeus projects to have a new intraoral scanner, the cara TRIOS®, available this year.

The following case example demonstrates the simplicity of capturing a digital implant impression using an Inclusive Scanning Abutment and CEREC Redcam acquisition unit with version 3.8 CEREC Connect software to restore a Zimmer Screw-Vent® implant. However, any of the previously mentioned chairside digital impression systems available today are compatible and can be used for this technique.

Case presentation

A 62-year-old male needed the restoration of a Zimmer Screw-Vent 4.7 wide implant in the area of the right mandibular first molar (Fig. 1). The gingiva healed around the healing abutment and was ready for the implant impression.

After removing the healing abutment, I placed the Inclusive Scanning Abutment and finger tightened it over the implant. If tissue shaping is required for proper emergence of



Fig. 2



Fig. 4

the final abutment because you did not use a custom healing abutment, you can do it now. You will need good hemostasis, as bleeding will interfere with the impression.

Next, we powdered the scanning abutment and adjacent teeth and took the scans for the digital impression (Fig. 2). I then took the buccal bite and correlated the models before replacing the scanning abutment with the healing abutment.

Lastly, we selected Glidewell Laboratories as the dental laboratory in the CEREC Connect software and completed the detailed prescription for the simultaneous fabrication of the CAD/CAM custom abutment and crown. I selected a titanium abutment and BruxZir® Solid Zirconia crown. Before the lab began the milling process, the technician called as I had requested, and we fine-tuned the design (Fig. 3).

The case arrived, I tried in and verified the fit of the CAD/CAM abutment, torqued it to the recommended specifications and then cemented the BruxZir crown with very minimal adjustment (Fig. 4).

Conclusion

I could have handled this case in-office with good results using soft-tissue models, a prefabricated titanium abutment prepared extraorally and

About the author



Carlos A. Boudet, DDS, DICOI, graduated from Medical College of Virginia in 1980 with a DDS. He established his dental practice in West Palm

Beach, Fla., in 1983 and has been there for 26 years. He is a diplomate of the ICOI, a member of the Central Palm Beach County Dental Society and sits on the board of directors of the Atlantic Coast Dental Research Clinic. Contact him at www.boudetdds.com or (561) 968-6022.

an IPS e.max® crown, but why would I want to spend more time doing laboratory work when I can be more productive and deliver state-of-the-art dentistry to my patients? When you compare the simple steps involved in capturing digital implant impressions using scannable abutments to conventional impression systems, the digital method is easier and makes you a better and more productive dentist.⁸

References are available upon request from the publisher.

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Does your implant training hold up?

Proposed guidelines finally catch up to legal standard-of-care expectations for general dentists placing implants

By Ken Hebel, BSc, DDS, MS, certified prosthodontist, and Reena Gajjar, DDS, certified prosthodontist

■ Until recently, implant dentistry was considered to be a therapy that was primarily provided by dental specialists, and as such, training regulations were not an issue because most specialties incorporate implant therapy into their residency programs.

With implant dentistry becoming more mainstream and being incorporated into general practices, educators and licensing bodies are starting to set training guidelines and parameters for practice.

Background

Several years ago, the Institute for Dental Implant Awareness (IDIA) released a document, "Recommended C.E. Training Protocols to Meet the Legal Standard of Care for Implant Placement." Although not legally enforceable, this document provided some guidelines for continuing education programs to meet the standard of care for implant therapy.

These guidelines were based on existing guidelines in the United Kingdom and reviewed by many dentists, both general dentists and specialists.

The release of such a document indicates the awareness by the profession for guidelines to be established, both for the protection of patients and the profession.

Many undergraduate dental schools do not offer a full curriculum in implant dentistry. As such, many dentists are required to obtain their implant education through post-graduate continuing education programs. With the proliferation of implant courses, it is critical to be aware of the training that is considered adequate

Here at the GNYDM

Ken Hebel and Reena Gajjar can be reached at www.handsontaining.com or info@handsontaining.com, by calling (888) 806-4442 or by stopping by the booth, No. 807.

by the profession in order to embark on implant therapy in your practice. It has been established that short-duration programs (one to three days in length) cannot fulfill the minimum standard that the profession considers appropriate for training in implant dentistry.

Standard of care

Did you know that although a licensed dentist can perform any dental procedure, if a general dentist chooses to perform treatments that are not routinely performed by general dentists, the law holds all practitioners to the same standard of care that would be provided by specialists providing similar treatments?

As such, it is imperative that dentists who are not formally trained in implant therapy pursue educational programs that meet and exceed the minimum guidelines that are proposed by not only the profession but by their licensing body.

Recently, the Royal College of Dental Surgeons of Ontario (Canada), the licensing body for dentists in Ontario, released a draft document proposing minimum standards of educational requirements for any dentist performing implant therapy.

Although this document applies only to dentists in Ontario, it is suggestive of the direction of the profession in establishing standards and indicative of what current practitioners of implant therapy consider the

minimum educational requirements.

In addition, although these requirements are not legal requirements, when a licensing body takes these steps to provide recommendations regarding training, it can be assumed that should an issue arise for a dentist providing implant therapy, the college and other involved parties will defer to these recommendations regarding the type and scope of training that dentist received.

Cross-training

One interesting aspect of these proposed guidelines is that regardless of what phase of implant therapy you choose to provide to your patients, you should be trained in all phases. Dentists providing only the surgical phase need to be trained in implant prosthetics, and those providing prosthetics need to be trained in surgical considerations.

This cross-training is indicative of the complex, integrated nature of implant therapy and the suggestion that one is not competent in one aspect of implant therapy without understanding all aspects.

Another interesting aspect is the requirement for continued education and training. Implant dentistry is such a new and exciting area within dentistry that techniques and products are still changing and advancing. The need for more frequent continuing education is more critical in this field than in other areas of dentistry.

So what does this mean for you?

If you are considering incorporating implant dentistry into your practice, or if you already provide one or both phases of implant dentistry, we recommend you follow these steps:

- Review the RCDSO proposed

guidelines and review the IDIA training protocols. Both these articles can be found on our website, www.handsontaining.com, under the "Downloads" tab.

- Research your licensing body and determine if it has set any minimum standards or guidelines.

- Make sure the training you are considering, or have already taken, fulfills those minimum standards (or refer to the existing guidelines if your licensing body has not yet set any guidelines).

- Make sure the training institution that you choose provides not only a comprehensive training program but also provides tools and resources that allow you to review, refresh and continue to learn.

It is critical to emphasize that even with continued education, a general dentist should only practice in accordance with his or her training and experience. As such, patients who present with complex treatment situations – or a level of difficulty beyond the practitioner's training and skill set – should be referred to a specialist.

In any profession, guidelines are set to not only protect the providers within that profession but to protect the interests of the public. Without proper guidelines, the standard of care is diminished, and in many situations, a low standard of care not only affects treatment outcomes but also establishes a damaging reputation for that particular therapy.

Guidelines within implant dentistry are long overdue, and the establishment of educational recommendations will serve to raise the standard of implant therapy provided and improve treatment outcomes to protect both the public and the profession.

3Shape opens new office near Los Angeles

Location strengthens services for 3Shape's customer base throughout the West Coast area

■ 3Shape continues to expand its presence around the globe with the opening of a new office in California. Located in Rancho Cucamonga, near Los Angeles, the office will offer training, technical support, product demonstrations and business support to 3Shape partners and end-users.

Local service, support, training — Pacific Time

3Shape's latest expansion will meet

the increasing demands for CAD/CAM solutions in the area and lay the groundwork for the increased activity surrounding the release of 3Shape TRIOS®, a digital impression solution system for dentists.

The opening of the new office demonstrates 3Shape's commitment to maintaining the market's highest standards for service, according to the company. Customers and partners all over the West Coast will now have quick local access to 3Shape technical support and sales support during their normal business hours (Pacific Time).

Henrik Vestermark, the vice president of operations in North America, said: "The opening of this office represents our commitment to offer the best support and training possible. We are



• 3Shape's office in Rancho Cucamonga. (Photo/Provided by 3Shape)

witnessing a strong growing demand for our latest CAD/CAM solutions, and the new office allows us to continue building our market, while promoting the advantages of digital dentistry and ensuring our customers' maxi-

mum uptime and competitiveness."

The office will be managed by Vestermark, who has also been managing the East Coast office in New Jersey. The new office will host modern training facilities and equipment where users and partners can benefit from hands-on courses in 3Shape's digital technologies for labs and clinics.

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Aribex donates 10,000th NOMAD

GNYDM special salutes achievement

■ Aribex®, a worldwide leader in handheld X-ray technologies, is celebrating the production of 10,000 NOMAD® handheld X-ray devices here at the Greater New York Dental Meeting at booth No. 3538.

In marking this milestone, Aribex will provide customers who purchase a NOMAD during the meeting 10,000 cents in the form of a fresh \$100 bill. In addition, purchasers will be entered into a daily drawing for a no-charge total care plan, a \$495 value.

Unlike the conventional wall-mount and portable X-ray systems, NOMAD handheld devices from Aribex are lightweight, rechargeable (battery-powered), and can go anywhere. Dental professionals around the world have rapidly chosen the NOMAD as their preferred X-ray device, both in and out of the office.

"We're proud that because the NOMAD has been so widely accepted in the market, we've been able to reach this 10,000-unit milestone,"

Here at the GNYDM

For more information about Aribex or the NOMAD, visit booth No. 3538.

said Ken Kaufman, president and CFO of Aribex. "We've worked hard to get to this point, and we can't thank our customers enough for their continued patronage and support."

Recently, Aribex donated its actual 10,000th NOMAD unit to the Christian Medical & Dental Associations (CMDA). Headquartered in Bristol, Tenn., CMDA centers much of its work on humanitarian outreach – the common denominator of both organizations.

"The NOMAD handheld X-ray was created in response to humanitarian needs," Kaufman said.

"We thought it appropriate to donate this historic unit to CMDA, an organization that does wonderful work among those who need the help so desperately."

CMDA will utilize the NOMAD as a diagnostic tool by dentists and dental



• Dr. Jeff Amstutz from the Christian Medical & Dental Associations with the 10,000 NOMAD handheld X-ray device. (Photo/ Provided by Aribex)

students as part of its Global Health Outreach program. CMDA schedules 45 trips to 25 countries each year. In addition, CMDA helps train dentists in emerging nations, lectures at international dental schools and is developing a ministry for disaster relief.

"We're grateful for the capability the Aribex donation will provide CMDA," said Dr. Peter E. Dawson, founder of The Dawson Academy, a renowned training center that has

provided continuing dental education courses for more than 30 years. "CMDA will put this X-ray device to good use in dozens of humanitarian dental missions."

Aribex will share the humanitarian outreach journey made by the 10,000th NOMAD on its website, www.aribex.com, where visitors can follow the travels of the NOMAD and CMDA in their focus to bring greater access to care to those who truly need it.

The latest from Osada: the Enac Model OE-F15

Long awaited bone-cutting specialist with extended boosting power

By Osada staff

■ In 1984, Osada developed and introduced Enac, a piezoelectric ultrasonic system and multi-purpose instrument that can be used in various applications in the dental field. Utilizing the wonderful nature of piezoelectric ultrasonic system, Enac has been used extensively in endodontic and periodontic treatments.

Because it is automatically tuned, Enac system is user friendly. It provides a continually stable oscillation at any level of power with any of the chosen tips; its ease of operation enhances the users' technique in achieving excellent results.

The clinical application of the ultrasonic device in the oral surgery field has been seen in a variety of different contexts such as the ultrasonic scalpels, apicoectomy, bone surgery in the maxillofacial area, to name a few. In particular, bone surgery, which uses the piezoelectric element (the dynamic energy in the ultrasonic wave), ensures minimal invasion to biological tissues including blood vessels and nerves, which in turn leads to faster healing after surgery. Upon introducing the Osada Enac OE-W10, featuring extended power setting #10 through #12 and sterile irrigation by

Here at the GNYDM

For more information on Osada products, stop by booth No. 1711, visit www.osadausa.com, or call (310) 841-2220.

the peristaltic pump, many extended applications in oral surgery became easily attainable: atraumatic tooth extractions, osteotomy, osteoplasty, sinus lift, split ridge, crown extension, implant preparation, corticotomy, etc.

With Osada's latest model, Enac OE-F15, the focus is on the powerful but safe bone cutting (power #10 through #15). The surgical tips (also known as ultrasonic scalpels) enable the surgeons to present the magical effect (Osada's signature): fine, precise cutting results.

Combined with newly introduced stronger tips, the OE-F15 makes the minimally invasive surgical procedures easier to attain by cutting the bone faster but leaving the adjacent soft tissue, blood vessels, nerves, etc., with minimal injury. The ergonomically designed SE15 handpiece stays cool and its LED illuminates the surgical area. The built-in peristaltic pump with simultaneous irrigation minimizes temperature increases on the handpiece, tips and the surgical area.

Along with the Enac OE-F15, Osada still leads the industry with many other products including:

• **OSADA ENDEX and ENDEX PLUS:** The most accurate third generation



• Osada's Enac Model OE-F15 (Photo/ Provided by Osada)

apex locators. The original Endex is a compact sensor that guides you through root canal preparations with visual and audio feedback indicating the critical apical region. Capable of determining the root canal length under wet canal conditions, there is no patient discomfort due to low current. Precise readings of root canals eliminate the risk of over instrumentation and reduces X-ray use.

The Endex Plus functions as two apex locators built into one compact console. It can measure canals in the original Manual Reset Mode (Endex), and it can also measure canals with the added Auto Reset Mode. This allows the user to measure most canals in an easy one-step method while allowing the possibility of switching back to manual if auto reset is not attainable.

The Endex Plus magnifies the critical apical region of the canal. The user is able to visualize the distance from the apical foramen and signals with an increasing pulsating alarm from

the constriction area to a continuous alarm as the file reaches the anatomical apex.

• **OSADA XL-S30 Oral Surgery and Implant Handpiece System:** This high-torque/low-speed micromotor handpiece system with built-in peristaltic irrigation system has an air-free surgical drill system designed for oral surgeons. The XL-S30 offers a variety of handpieces that are specifically designed for oral surgery, implant drilling and implant tapping.

• **OSADA XL-30W Table Top Surgical Handpiece System:** Low-speed/high-torque handpiece system with optional variable-speed foot pedal or on-off foot switch for orthodontics, general dentistry or dermabrasion/hair transplant.

• **OSADA EXL-M40:** For those who demand the best, we offer the finest Brushless Micromotor System for dental laboratory use. This extremely quiet, low-speed/high-torque handpiece system comes with the LHP12 handpiece, L12M brushless micromotor, MC12 motorcord and MVFP magnetic variable-speed foot pedal and is virtually maintenance free.

• **OSADA XL-230:** Chairside handpiece or laboratory handpiece, low-speed/high-torque electric handpiece system. For the laboratory, we offer the LHP6 handpiece, L5M micromotor and straight or coiled motorcord. It is comfortable to use, even for small hands. For chairside use, we offer a variety of handpieces, LVS micromotor and motorcord.



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Award-winning manufacturer makes more than 300 dental products

Mydent International's record of reliable service dates back more than 25 years

■ Launched in 1985, the DEFEND brand, by Mydent International, has grown into a global leader serving 43 countries in the manufacturing of high-quality infection-control products, disposables, preventatives and impression-material systems. With more than 25 years of reliable service to the dental industry, Mydent International manufactures more than 35 percent of consumables used in the dental operator.

From its award-winning sterilization products, impression materials, prophylaxis paste, wipes and lab coats, to disposables and more, Mydent International manufactures more than 300 items used by dental professionals.

Sterilization pouches

DEFEND+PLUS Pouches, awarded "Best Product 2010" by Hygiene Product Shopper magazine, have lead-free dual indicators to ensure the correct sterilization temperature, saving both time and treatment costs by eliminating the need for separate indicator strips.

These durable pouches are constructed with triple-sealed seams and strong materials to help prevent instrument penetration and tears. DEFEND+PLUS Pouches, with added internal indicators, also received an "Editors' Choice" award and 4.5 out

Here at the GNYDM

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. 2215.

of 5 rating from The Dental Advisor.

Impression-material line

Mydent International's impression-material line is an industry favorite. Recognized by Dental Product Shopper, DEFEND impression materials have been described by dentists as "the best material ever used." Offering exceptional mix and flow characteristics, DEFEND VPS and bite registration impression materials provide outstanding detail and need minimal dispensing effort.

Prophy paste

DEFEND+PLUS Prophy Paste, a 2010 "Recommended" product, delivers superior polishing and stain removal in a splatter-free formula. The paste is gluten-free to ensure against allergic reactions and contains 1.23 percent active fluoride ion. The paste comes in mint, cherry, vanilla/orange, root beer, tangerine and bubble gum flavors.

Disinfectant wipes

DEFEND+PLUS Wipes disinfect, deodorize and clean hard, non-porous surfaces safely and effectively. The wipes, which contain a stable, low-pH-formulated disinfectant and deodorant, feature a new, two-minute kill time for 11 organisms, including:

methicillin-resistant *Staphylococcus aureus*; influenza A; *Pseudomonas aeruginosa*; hepatitis B and C; and they deliver a one-minute kill time for human immunodeficiency virus-1. This product has been recognized by Dental Product Shopper magazine as "Best Product 2011."

Ultrasonic cleaning tablets

Mydent International's Ultrasonic Enzymatic Tablets dissolve in a gallon of water in under a minute to create a powerful and effective ultrasonic cleaning solution. This solution will greatly assist in the removal of blood, bone, tissue, food particles and other soils that may be resistant to chemical detergents. This easy-to-use product may also be used as an instrument pre-soak or as an evacuation system cleaner.

Gloves and masks

We also manufacture a variety of gloves and masks, including Powder-Free Micro Textured Latex Exam Gloves, Powder-Free Nitrile Textured Exam Gloves, Powdered Professional Latex Exam Gloves, "Diffuser" (Anti-Fog) Pleated Ear Loop & Tie-On Mask, DEFEND+PLUS Pleated Procedural Ear-Loop Mask, Pleated Ear-Loop Mask with Shield, and more. DEFEND Powder-Free Textured Nitrile Exam Gloves (LITE) are popular. These latex-free gloves, purple in color, are packed 200 per box to provide maximum value. They are also highly puncture resistant and provide great tactile strength and dexterity.

Jackets and lab coats

Mydent International offers

DEFEND+PLUS Jackets and Lab Coats as well as DEFEND Ortho Boxes. Awarded a 4.5+ rating out of 5 from The Dental Advisor, DEFEND+PLUS jackets and lab coats provide the latest technology in protection, with 28 percent better bacterial filtration (Nelson Laboratories January 2011).

These jackets and lab coats are made of a soft three-layer SMS fabric and provide higher quality stitching, cuffs and collar compared with the leading competition. DEFEND Ortho Boxes, available as retainer and denture boxes, close completely and securely, have a durable hinge and keep contents safe.

New products

Mydent International recently expanded its product line by introducing new products, including DEFEND Prophylaxis Angles, Light-Cured Pit & Fissure Sealant, X-ray Barrier Envelopes, Temporary Crown & Bridge Material, Dental Needles, Plastic Triple Trays, Paper Tray Covers, Bouffant Caps and Shoe Covers.

Charitable initiatives

Mydent International is active in supporting charitable organizations. With autism rates estimated as high as one in 91 children, Mydent International feels compelled to take action. As a result, a portion of the profits from every DEFEND product sold goes to Autism Speaks, the nation's largest – and a highly effective – autism science and advocacy organization.

Mydent International also supports Dental Lifeline Network and ADA's Give Kids a Smile through a variety of product donations.

Chairside restorative solutions more open than ever

■ With the release of E4D DentaLogic™ software version 4.5 featuring E4D Sky, D4D Technologies announces the creation of a truly open network of chairside restorative solutions for patient treatment. The E4D Sky communication network enables E4D system operators to exchange case data via the Internet with internal and external service providers, greatly extending the range of treatments they can provide their patients.

"With E4D version 4.5 and E4D Sky, a dental office has total flexibility and a full range of options for assistance with more complex cases, for some extra help at busy times or for additional material options to those that are typically milled in office, like zirconia," said Gary Severance, DDS, of D4D Technologies.

E4D Sky is supported by Henry

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For more information, visit www.e4d.com or stop by the booth, No. 3824.

Schein's DDX (Digital Dental Exchange) and connects E4D systems running version 4.5 software with a variety of outsourcing options for restoration design and fabrication:

- E4D Digital Services experts design, mill or complete restorations, as well as make models or bridges.
- E4D Certified Laboratories offer a variety of services.
- Any third-party provider can be sent an .stl open platform file.

"E4D Sky takes the E4D system to the next level while supporting the launch of our E4D Solo scan only options. Operators will also be able to

exploit the flexibility of the .stl open platform file export to access numerous other services with their scanned data," said Glen Freeman of D4D Technologies. "We are pleased to announce that the expanded capabilities of E4D DentaLogic software version 4.5 with E4D Sky are now available to all new and current customers."

About D4D Technologies

D4D Technologies is taking the dental profession to a higher level of productivity, patient comfort and convenience with its E4D restorative solutions. DentaLogic™ software in the E4D Design Center enables the operator to customize a virtual restoration before it is sent to the robust E4D Mill for fabrication. With the introduction of version 4.5 and E4D Sky, each of these system components is now also

available for custom configurations and interfaces to meet the needs of any dental office or laboratory.

E4D Sky communicates with E4D Digital Services, certified E4D dental laboratories, and any third-party provider accepting open format files (.stl) for a full range of production and delivery options. E4D Compass™ integrates E4D restorative designs with cone-beam data to plan and communicate restoratively driven implant therapies. E4D Compare™, the latest addition to the E4D suite of products, employs adaptive learning technology to dental education.

Henry Schein Dental is responsible for global sales and distribution for D4D Technologies, headquartered in Richardson, Texas, a suburb of Dallas; 3M ESPE and Ivoclar Vivadent provide restorative materials.

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Why patient recall?

By Ron Barsotti, President,
Recall System Pro

■ As practice management consultants, we have spent the past 20 years supporting dental practices in maximizing productivity while maintaining high standards of patient treatment, service and care — no easy task. Systemization is critical to realizing these goals, and we came to understand early the role patient recall and recall system management play in the overall productivity and success of dental practices.

In addition to the beneficial impact patient recall has on the dental health of patients, patient recall is also the single most important system to the overall survival and success of dental practices. More than 70 percent of practice revenues stem from patient recall, yet recall continues to represent one of the most underperforming systems in many of today's practices.

As a result, significant numbers of dental practices struggle to keep up because of underperforming recall systems, and an equal number do not do as well as they could for the very same reasons — this includes high-functioning practices. Under-



(Photo/Provided by Recall System)

Here at the GNYDM

To see a live demo of Recall System Pro and to learn about Patient Recall Study Group Webinar presentations in your area, stop by the Sikka Ecosystem Booth, No. 4431, or call (800) 651-8603.

performing recall systems are costing dental practices hundreds of thousands in lost revenue annually.

From our viewpoint, a major contributing factor to this problem is that the importance of patient recall, in terms of the difference that patient

recall can make to the financial, scheduling and service success of a dental practice, is not sufficiently understood by dentists or the profession as a whole.

This lack of understanding results in dentists not committing the necessary time, energy or resources to the enhancement of patient recall, which could highly leverage the performance and productivity of their practices. From our perspective, this does not occur out of choice, this occurs out of a lack of knowledge and information.

Another major factor that contributes to dentists not being able to realize the full benefit of patient recall is a lack of comprehensive software solutions to assist dental practices in adequately tackling patient recall. Patient recall is a challenging system with no easy solutions, and the lack of systemization contributes to the ongoing frustration and lost revenues experienced by practices.

Education is an important part of what we do at Recall System Pro. We are committed to educating dentists and the dental profession as a whole regarding the importance of patient recall, which includes defining the

specific difference patient recall can make to practice productivity and success. We are actively involved in providing educational webinars and study group presentations.

Our commitment to practice optimization through patient recall has also resulted in the development of Recall System Pro, a software solution that enables dental practices to maximize the benefits of recall. Recall System Pro is the industry's first comprehensive software solution that goes beyond automated messaging to provide lasting results. Recall System Pro provides dental practices with the necessary systemization and tools to fully leverage recall and recover thousands in lost revenues.

Providing dentists with the information they need to make informed choices regarding how recall system optimization can impact the performance and productivity of their practices is a driving force behind our company's vision. We are also equally committed to providing dental practices with access to information, instruction and software solutions they can use to maximize the benefit of recall.

Reflections on Directa products

Reflections on the Fender Wedge

Several studies from different countries show 60-100 percent injury to adjacent teeth at proximal preparation with a high risk of subsequent caries on the damaged surface.

There is a clear ethical motive to avoid causing an injury to biological tissue while repairing something else. The repair of such injuries is very costly, and the benefits for the patient and society are great if the adjacent tooth is protected during preparation.

Dentists therefore have a strong desire to give patients safer care by reducing obvious risks of injury. They also are likely to appreciate the opportunity to work faster and safer.

Fender Wedge was developed by the Swedish company Directa in collaboration with an advisory group of dentists. It was introduced in 2006. Today, several dental education programs worldwide require students to use preparation protection at pre-clinical and clinical stages.

Reflections on the Fender Mate

The reason Directa and the advisory group developed a new sectional matrix was that they wanted to offer



Fender Wedge, left, and Fender Mate (Photo/Provided by Directa)

the first choice when looking for a composite matrix for Class II cases. It had to be easy and quick to put in place, should only consist of one part, should offer an optimal curvature and a good cervical connection. And the filling can be made by a single operator.

Fender Mate was introduced in 2009 and attracted great interest.

Advisory group reflections

Dr. Jan Johansson from KUSP, Directa's Dental Care Advisory Group said: "Dental company Directa has an excellent business idea. It collects product ideas and innovations from the Swedish dental care community. Directa receives aid from KUSP, an independent advisory group of some 20 dentists, dental hygienists and

Here at the GNYDM

For more information on Directa products, visit www.directadental.com, follow Directa on www.facebook.com/directaab or visit Directa at booth No. 2332. To contact Dr. Jan Johansson, email jan.johansson@directadental.com.

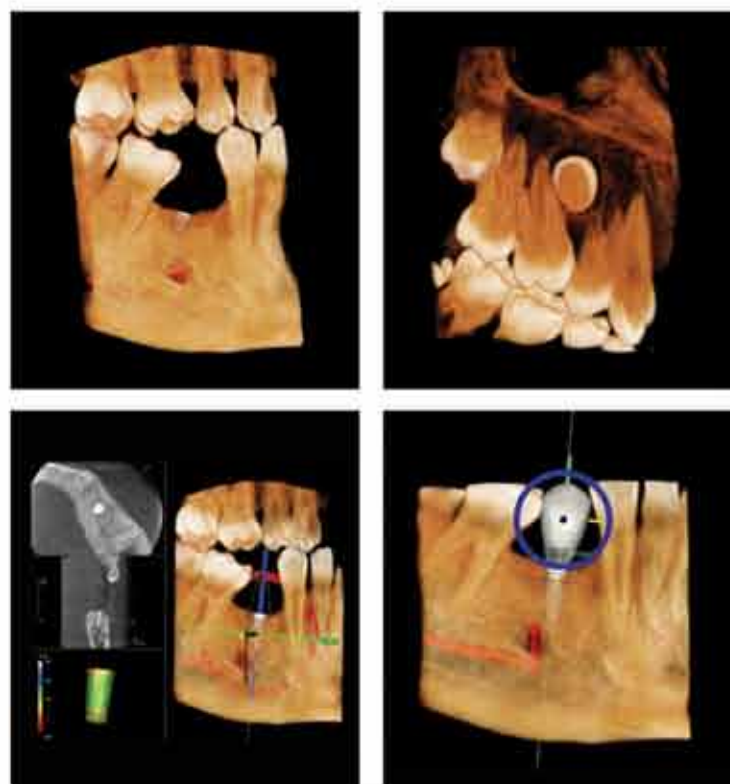
dental carers with broad connections in dental clinics and among faculty. This advisory group selects which ideas should be developed. The group then follows the work, tests the products and offers advice on continued product development. The company's motto is 'Design by Dentists.'

The glue for Directa is that they benefit from strong communication between different stakeholders.

The group's advice to Directa is that direct communication with users should be fortified in every possible way: The website and Facebook should harvest any feedback, clinical cases and new product ideas. The company should ask how new ideas and products will be received, and it should offer free hands-on courses to test products, as well as an open telephone line with advice for users."

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