



DAILY

WEDNESDAY EDITION

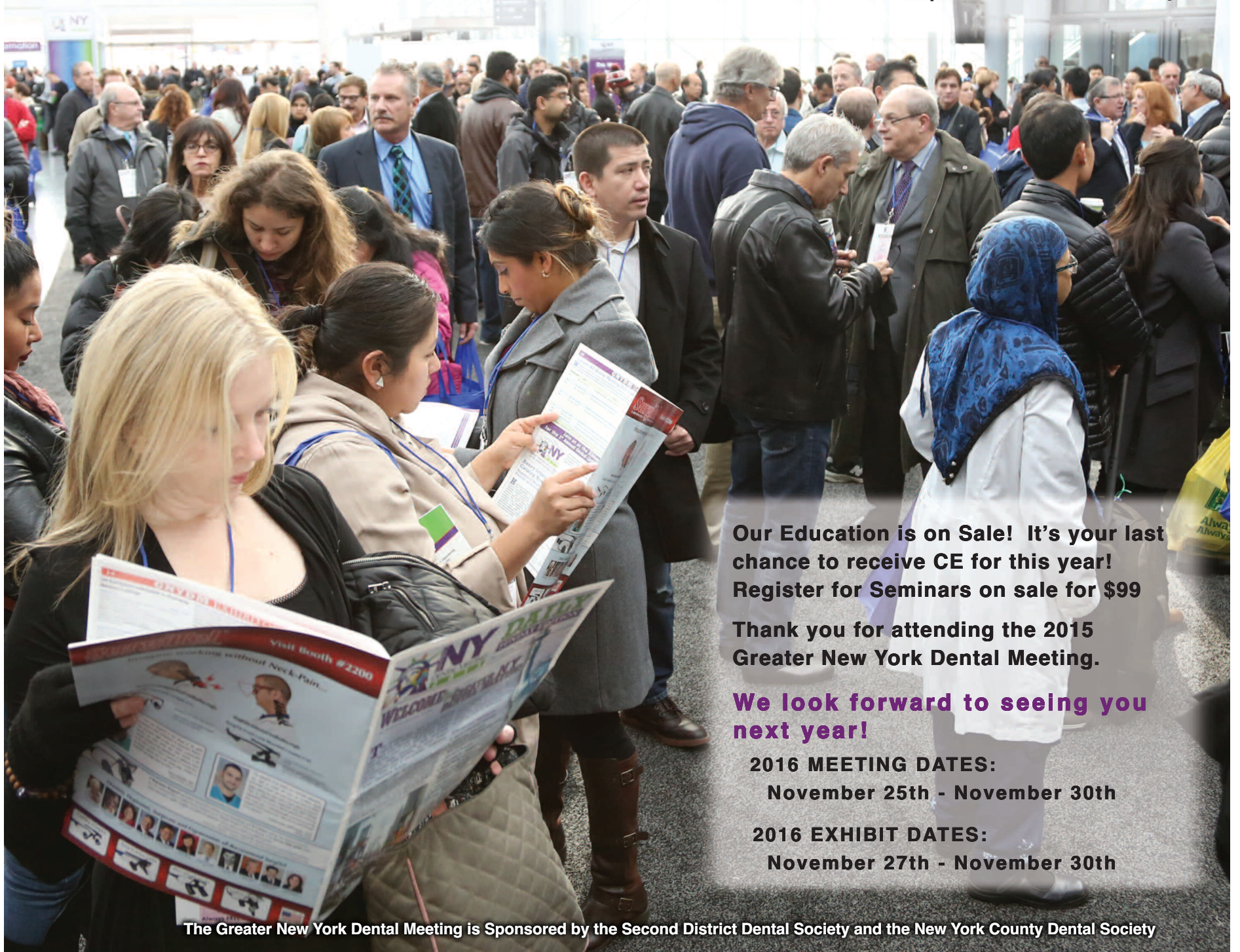
December 2, 2015

Record **BREAKING** Attendance & Still Going

19,110 Dentists & 54,201 Total Registrants

Today marks the closing of the 2015 GNYDM!

Don't miss out on the incredible sales' opportunities from over 700 exhibiting companies. Walk the floor and stop in for educational presentations at any of the 1,500 booths. View the newest products on display at our Product Pavilion located at the end of the 5400 Aisle. The Exhibit Hall is open until 5:30PM today.



Our Education is on Sale! It's your last chance to receive CE for this year! Register for Seminars on sale for \$99

Thank you for attending the 2015 Greater New York Dental Meeting.

We look forward to seeing you next year!

2016 MEETING DATES:
November 25th - November 30th

2016 EXHIBIT DATES:
November 27th - November 30th

DISCOVER A GENEROUS SCHOLARSHIP PROGRAM.

Choose a path that sets you apart from your peers with the **U.S. Army Health Professions Scholarship Program (HPSP)**. To see if you qualify, visit Army Dental Recruiting at **Booth #825** or go to **healthcare.goarmy.com/ce71** to learn more.



First International Oral Cancer Symposium Only at the Greater New York Dental Meeting

During the 91st annual Greater New York Dental Meeting, the event's organizers hosted the first International Oral Cancer Symposium on Saturday November 28th for all registered Greater New York Dental Meeting attendees.

The all-day event, entitled "The Science and Practice of Treating Head and Neck Cancer," provided a comprehensive overview of the current surgical and medical management of oral and oropharyngeal cancer patients. Diagnostic criteria and rehabilitative medicine as well as guidelines for oral cancer management were discussed by leading experts in Otolaryngology, Pathology, Craniofacial Surgery, Oncology and Maxillofacial Prosthetics.

The International Oral Cancer Symposium was also sponsored by Columbia University College of Dental Medicine, New York-



Presbyterian Hospital Roswell Park Cancer Institute, Johns Hopkins University, Meharry Medical College Department of Pathology, Hispanic Dental Association and the National Dental Association.

Dr. Ian Lerner, General Chairman, GNYDM honors Dr. Dennis Mitchell, Vice Provost, Columbia University, for continuous support, participation and support for the International Oral Cancer Symposium.



Dr. Ian Lerner, General Chairman, GNYDM with Dr. Dennis Mitchell, Vice Provost, Columbia University, at the International Oral Cancer Symposium

DAILY WEDNESDAY EDITION

About the Publisher

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General Information

General Registration

Jacob K. Javits Convention Center Upper Level - Crystal Palace

| | |
|--|-------------------------|
| Friday, November 27 | 12:00 Noon to 4:30 P.M. |
| Saturday, November 28 | 8:00 A.M. to 4:30 P.M. |
| Sunday, November 29 through Tuesday, December 1 | 8:00 A.M. to 5:30 P.M. |
| Wednesday, December 2 | 8:00 A.M. to 4:00 P.M. |

NO CARRIAGES OR STROLLERS ARE PERMITTED ON THE EXHIBIT FLOOR.

If you did not receive your tickets or anticipate purchasing tickets on-site, please arrive one hour before the program begins.

Exhibitor Registration

Jacob K. Javits Convention Center Upper Level - Crystal Palace

| | |
|--|------------------------|
| Friday, November 27 | 8:00 A.M. to 4:30 P.M. |
| Saturday, November 28 | 8:00 A.M. to 4:30 P.M. |
| Sunday, November 29 through Tuesday, December 1 | 8:00 A.M. to 5:30 P.M. |
| Wednesday, December 2 | 8:00 A.M. to 2:30 P.M. |

All exhibit personnel or company representatives should preregister.

Both verification of employment with the exhibiting company and photo identification are required for on-site registration at the Exhibitor Registration Desk. False verification of individuals as company representatives, miss use of exhibitor badges or any other method used to assist unauthorized persons to gain admission to the exhibit floor may result in expulsion of the exhibiting company from the exhibition.

Non-exhibiting dental trade can be registered upon presentation of appropriate credentials, photo identification and payment on-site of \$125.00.

Press can only register at the Executive Headquarters Office on-site with credentials and a portfolio of previous published dental literature.

Admission

Admission to the Meeting is by badge only, which can be obtained by presenting photo identification and a 2015 membership card in one of the organizations or affiliations related to Dentistry.

All Dentists, American and International, their family members, staff and guests are admitted **FREE** as long as they preregister before November 27th.

There is a \$30.00 per person on-site and on-line administration fee starting Friday, November 27, 2015 for those who do not pre-register. Payment must be in cash, MasterCard, Visa or American Express.

CHECKS ARE NOT ACCEPTED ON-SITE.

Dental hygienists, assistants and students will be admitted **FREE** by presenting photo identification and a written affiliation to dentistry.

Laboratory owners and technicians must present photo identification and a business card or evidence of their certification or membership in the National Association of Dental Laboratories or an affiliation to Dentistry.

Postgraduate students and those participating in a Residency Program will be admitted **FREE** by presenting school or hospital affiliation and photo identification.

Dental students must present photo and school identification.

Video and Photography Disclaimer

Please be advised that the Greater New York Dental Meeting (GNYDM) will videotape and photograph attendees during the entire 2014 event. By attending the Meeting you consent to the GNYDM's use and/or reproduction of, and the development of derivative works from, your name, voice, and/or likeness in any and all formats, presently conceivable or not presently conceivable, singularly or in conjunction with other media, or as part of a compilation advertisement, including but not limited to audio, video, paper, digital, and/or electronic media, in any manner, anticipated or unanticipated, for advertising, commercial, publicity, or any other business purposes of the GNYDM. The GNYDM will not be liable for any claims against you arising out of or otherwise associated with said use, reproduction or derivation of your name, voice and/or likeness. Moreover, you understand and agree that you will not be entitled to any financial or other remuneration for said use, reproduction or derivation by the GNYDM.

All programs are held at the Jacob K. Javits Convention Center 11th avenue between 34th & 39th street, t: (212) 216-2000 unless otherwise indicated in the Program & Exhibit guide.

Badges

All those attending the Meeting must register and wear their badge throughout the Jacob K. Javits Convention Center at all times. Entrance to the Exhibit Floor and classrooms are strictly limited to attendees wearing a current badge.

Coat Check

Coat Check areas are located on the First and Second Levels.

Disability-Related Accommodations

If you need a disability-related accommodation or wheelchair-access, please go to the concierge desk next to the Executive Headquarters Office.

Executive Headquarters

Registration Area - Crystal Palace - Upper Level.

Exhibits Office

Registration Area - Crystal Palace - Upper Level.

Exhibits - Technical and Scientific

| | |
|-----------------------|------------------------|
| Sunday, November 29 | 9:30 A.M. to 5:30 P.M. |
| Monday, December 30 | 9:30 A.M. to 5:30 P.M. |
| Tuesday, December 1 | 9:30 A.M. to 5:30 P.M. |
| Wednesday, December 2 | 9:30 A.M. to 5:00 P.M. |

First Aid

A First Aid Station is located in the southwest corner of the Convention Center behind the Special Events Hall on the Lower First Level. Healthcare professionals are available during the Meeting: (212) 216-2489.

Food Service

Full service and specialty cafes, food carts and restaurants are located throughout the Jacob K. Javits Convention Center. A variety of hot and cold sandwiches, salads, snacks and beverages are available. Ample seating is provided.

International Hospitality Center

A Hospitality Center for International Attendees is located at the International Registration Area - on the Upper Level in the Crystal Palace.

Press Desk

Assistance for visiting media representatives is available in the Executive Headquarters on the Upper Level in the Crystal Palace. Current credentials and prior dental related publication samples are required for admission.

Regulation

Audio, video taping, the use of photography and the placing of coats on empty seats are prohibited in all Scientific Sessions. Smoking is prohibited throughout the Jacob K. Javits Convention Center. **BABY STROLLERS ARE NOT PERMITTED ON THE EXHIBIT FLOOR AT ANY TIME.** A limited number of baby carriers are available in the Executive Headquarters Office.

Nursing Mothers

A private area is available for nursing mothers. Please come to the Executive Headquarters Office for information.

Ticket Sales

Tickets required for all functions except for Live Dentistry and Affiliated/Alumni group programs.

Tickets for all functions can be obtained at all general registration booths located in the Registration Area on the Upper Level in the Crystal Palace of the Javits Center.

NO CHECKS ACCEPTED ON-SITE - ONLY CASH AND CREDIT CARDS ACCEPTED

Live Dentistry Arena Aisle 6200 (Booth #6230)

Wednesday, December 2

Sponsored By

10:00 - 12:30 **The Role Of Bioactive Materials & Conservative Restorative Techniques In Modern Dentistry A "Live" Demonstration**

(Robert A. Lowe, D.D.S.)



2:30 - 5:00 **Optimizing Cad/Cam Workflow With Team Delegation: A "Live" Presentation**

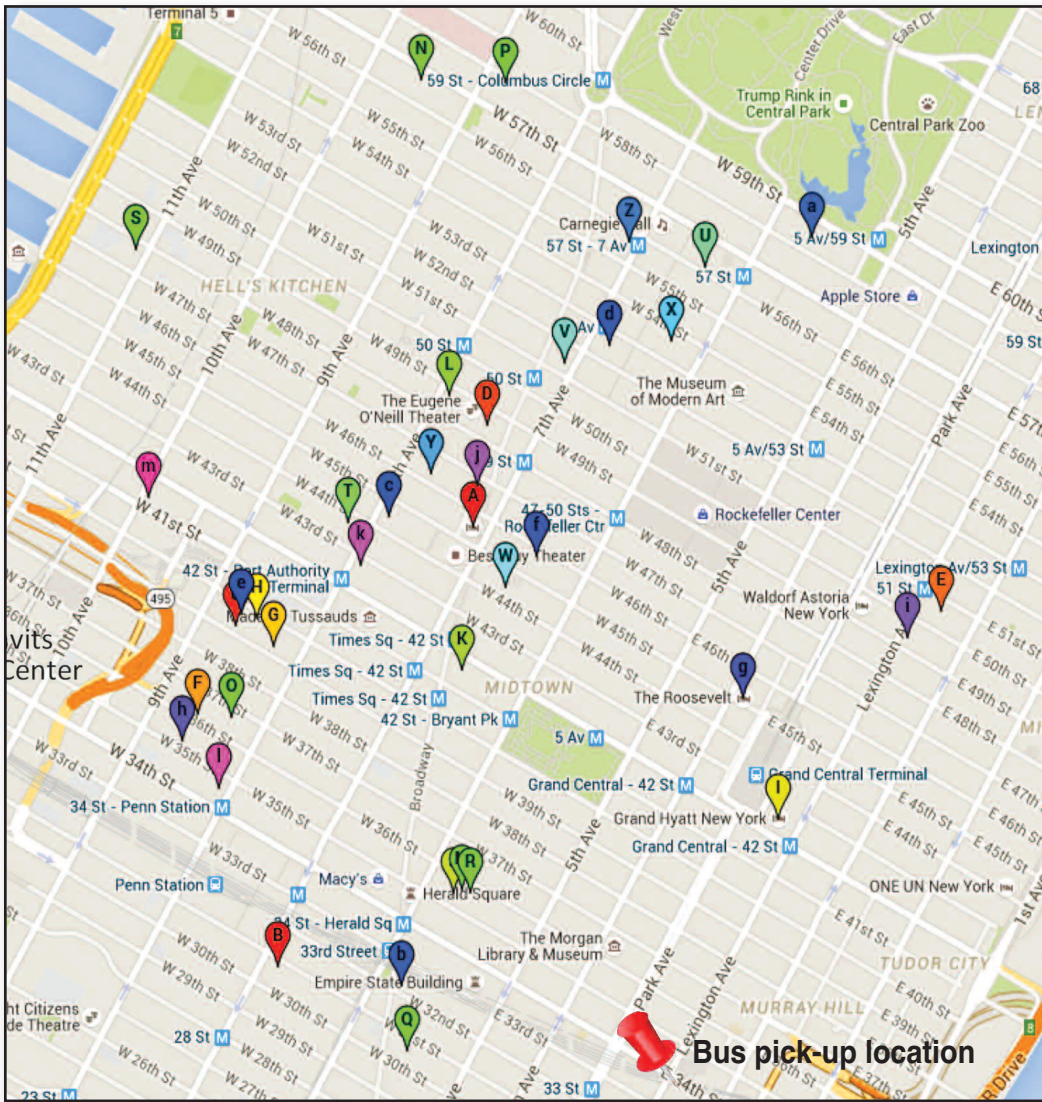
(Alex Touchstone, D.D.S. & Angela Severance, R.D.A., C.D.D.)



Supporting Companies:



Hotel Map



- A. New York Marriott Marquis
- B. Affinia Manhattan Hotel
- C. Candlewood Suites Times Square
- D. Crowne Plaza Times Square
- E. DoubleTree Metropolitan
- F. DoubleTree Times Square South
- G. Element New York Times Square
- H. Four Points by Sheraton
- I. Grand Hyatt
- J. Hampton Inn-Empire State Building
- K. Hilton Garden Inn New York/ Times Square Central
- L. Hilton Garden Inn Times Square
- M. Holiday Inn Express Times Square South
- N. Holiday Inn New York City - 57th Street
- O. Homewood Suites Midtown
- P. Hudson Hotel
- Q. Hyatt Herald Square New York
- R. Hyatt Place New York Midtown South
- S. Ink48 - A Kimpton Hotel
- T. InterContinental New York Times Square
- U. Le Parker Meridien
- V. Manhattan at Times Square Hotel
- W. Millennium Broadway Hotel
- X. New York Hilton Midtown
- Y. Paramount Hotel
- Z. Park Central New York
- a. Park Lane
- b. Radisson Martinique on Broadway
- c. ROW NYC
- d. Sheraton New York
- e. Staybridge Suites Times Square
- f. The Muse New York - A Kimpton Hotel
- g. The Roosevelt Hotel
- h. Tryp by Wyndham Times Square
- i. W - New York
- j. W - Times Square
- k. The Westin New York at Times Square
- l. Wyndham New Yorker Hotel
- m. YOTEL New York



Complimentary Shuttle Bus Schedule

| DATE | HOURS OF SERVICE | APPROXIMATE FREQUENCY |
|---------------------------------|--------------------|---|
| Fri., Nov. 27 | 9:30 AM - 5:00 PM | On the half hour from Hotels On the hour from Javits |
| Sat., Nov. 28 | 8:15 AM - 4:00 PM | Routes 1 & 2 - 20 minutes Route 3 - 30 minutes |
| | 4:00 PM - 5:45 PM | Continuous |
| Exhibitors Only | 5:30 PM - 9:00 PM | On the half hour from Hotels On the hour from Javits |
| Sun., Nov. 29 | 8:00 AM - 10:30 AM | Continuous |
| Wed., Dec. 2 | 10:30 AM - 4:00 PM | Routes 1 & 2 - 20 minutes Route 3 - 30 minutes |
| | 4:00 PM - 6:30 PM | Continuous |
| Wed., Dec. 2 Exhibitors Only | 6:30 PM - 9:00 PM | On the hour from Javits |

PUBLIC BUSES - The 34th Street Crosstown Bus (M34) will stop on the side of the Javits Center (34th Street and 11th Avenue). The 42nd Street Crosstown Bus (M42) will stop on 42nd Street and 11th Avenue. These buses run east to west with stops on every block and are accessible from most north-south bus routes via a free transfer. Fare is \$2.75 in coins (exact change) or MetroCard.

ROUTE 1

New York Marriott Marquis 45th Street, off Broadway
Servicing: Crowne Plaza, Hilton Garden Inn Times Square, Ink48, Millennium Broadway, Novotel, Paramount Hotel, The Muse, The Roosevelt, W Times Square

ROUTE 2

A - Hilton New York 53rd Street, off 6th Avenue (Side of Hilton)
Servicing: DoubleTree Metropolitan, W New York

B - SHERATON NY

7th Avenue, between 52nd & 53rd Streets (Across from hotel)
Servicing: Hudson Hotel, Le Parker Meridien, The Manhattan at Times Square Hotel, Park Central, Park Lane

C - THE WESTIN AND THE ROW

Corner 43rd Street and 8th Avenue
Servicing: Candlewood Suites Times Square, Element by Westin, Four Points by Sheraton, Grand Hyatt, Hilton Garden Inn New York/Times Square Central, InterContinental New York Times Square, Staybridge Suites Times Square, Yotel New York

ROUTE 3

Penn Station 31st Street, between 7th & 8th Avenues
Servicing: Affinia Manhattan, DoubleTree Times Square South, Hampton Inn Empire State Building, Holiday Inn Express Times Square South, Homewood Suites Midtown, Hyatt Herald Square New York, Hyatt Place New York Midtown South, Radisson Martinique on Broadway, TRYP Times Square South, Wyndham New Yorker Hotel



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Now more than ever, a smile is worth sharing.



Operation  Smile



WEDNESDAY, DECEMBER 2

| | | |
|--------------|--|----------------------------|
| 9:45 – 12:45 | Predictable Augmentation with Block Grafts: Considerations For Allogenic Blocks Vs. Ridge Expansion (Shankar Iyer, D.D.S., M.S.) | Exhibit Floor, Booth #2015 |
| | *Managing The Abutment For Implant Prosthetic Success (Scott D. Ganz, D.M.D.) | Exhibit Floor, Booth #2024 |
| 2:00 – 5:00 | Simplifying Complex Restorative Cases (Peter Pizzi, C.D.T.) | Exhibit Floor, Booth #2015 |
| | *Hands-on Socket Preservation And Bone Grafting (John Minichetti, D.M.D.) | Exhibit Floor, Booth #2024 |

*This indicates the program is a hands-on workshop



Proceso de Transferencia de Casos de Ortodoncia Desde Otro País Hacia New York Una Perspectiva Preliminar

Claudia L. Cruz, DDS, MPH

New York, NY

Division of Orthodontics, Section
of Growth & Development, Columbia University

La inexistencia de directrices para los casos de transferencias externas en ortodoncia, provenientes de otro país hacia los Estados Unidos junto al creciente desafío de su gestión en la práctica debido al crecimiento prolífico de la ortodoncia, la diversidad de técnicas, aparatologías, y la cobertura de seguro del tratamiento donde en muchos casos puede ser inexistente, hacen de el proceso de transferencia un verdadero desafío para ambas partes; ortodoncistas y pacientes en tratamiento activo.

El paciente inmigrante en sus primeros años de adaptación es susceptible a enfrentar dificultades tales como la adaptación al nuevo sistema de salud y el acceso a la atención médica, pero especialmente a la atención odontológica. La falta de continuidad en el seguimiento del tratamiento ha demostrado ser fatal para la salud bucal.

Una visión preliminar del proceso de transferencia de casos externos de ortodoncia en estado activo que vienen a Nueva York

recopilo datos cualitativos a través de un grupo de enfoque estructurado de doble moderador. El grupo focal estuvo compuesto por cinco ortodoncistas, que individualmente aceptara con antelación participar en la discusión de flujo libre de una serie de preguntas abiertas con una predeterminada dinámica de ir de una pregunta general a una pregunta específica. Antes de su primer encuentro como grupo, los participantes debían examinar las preguntas de una encuesta piloto que examinaba el proceso de transferencia externa. El criterio de inclusión para su participación fue tener una consulta de ortodoncia activa en la ciudad de Nueva York al momento de su participación. Los participantes incluidos tuvieron una experiencia en la práctica privada promedio de 24 años en la ciudad de Nueva York y representaban la atención a comunidades de diferentes orígenes sociales.

Los datos obtenidos a partir de la discusión de grupo focal fueron compilados, codificados y clasificados para su análisis. Los resultados de este encuentro determinaron que el origen de los casos de transferencia externos que vinieron a la consulta de los participantes eran estudiantes internacionales, trabajadores de temporada, y empleados y/o sus hijos que se encontraban trabajando en más de un país a la

vez. Las fuentes de referencia más comunes fueron de dentistas generales, ortodoncistas internacionales, amigos y familiares de los casos.

Como un requisito previo para la aceptación de casos de ortodoncia activos externos, los participantes en su práctica diaria tomaban en cuenta la calidad de los registros transferidos, estado de el tratamiento, la exactitud del plan de tratamiento formulado por el ex dentista o ortodoncista y la situación financiera del caso. Los participantes también experimentaron casos en que los pacientes visitaron otros países para la colocación de aparato de ortodoncia y luego se presentaron a su consulta para la continuación del tratamiento con la expectativa de obtener precios reducidos.

Todos los participantes coincidieron en que los casos de transferencia externos experimentan largos periodos sin supervisión. Los participantes también indicaron que la calidad del tratamiento se ve comprometida cuando se compara con los casos realizados en tiempo. Los participantes recomendaron la creación de directrices para los casos de transferencias externas, lo que incluiría la transferencia de los registros, reporte del progreso y la programación de costos, como aspectos básicos fundamentales para la continuación de un tratamiento.

No es desconocido, dentro de la actual realidad de grandes movimientos de migración, ver pacientes en tratamiento activo buscando continuidad. Aun en el mas idóneo caso de transferencia en ortodoncia donde un paciente

sea directamente referido por su doctor y el progreso de su tratamiento sea formalmente documentado a un colega conocido en el nuevo país, el paciente puede encontrarse aun con un amplio espectro de problemas, tales como la simple localización de la oficina; no llegar a ser conveniente, hasta encontrarse con que financieramente no le es compatible. La mayoría de pacientes tienen la expectativa de que los costos dependen exclusivamente de el tiempo restante de tratamiento, sin tener en cuenta su complejidad y asumen equivocadamente que el ortodoncista en el nuevo país esta supeditado a hacer ajustes mensuales desconociendo que el nuevo ortodoncista es legalmente el directo responsable por cualquier etapa de tratamiento.

Por otro lado el mayor obstáculo para la aceptación de casos por parte de los ortodoncistas receptores es el dilema ético y legal cuando el diagnostico y/o plan de tratamiento puedan estar seriamente comprometidos. Aunque se necesita más investigación para encontrar los métodos óptimos de aplicación de las directrices externas de referencia que satisfagan las necesidades de la población inmigrante. Es un deber ético y profesional orientar y educar de manera adecuada y suficiente a los pacientes en este proceso. Una transferencia adecuada de los casos de inmigrantes es esencial para mitigar los problemas presentes en la preservación de la salud oral.

Don't Miss Dr. Cruz's Essay

Wednesday: Course: 659 1:00 – 5:00

Tuition: \$25.00

4 CEUs



Tratamiento de Recesiones Gingivales Mediante Injertos de Tejido Conjuntivo

Luis Bueno, M.S.

Montevideo, Uruguay

Profesor Director de la Cátedra de Periodoncia,
Universidad de la República Oriental del Uruguay

La estética es uno de los motivos de consulta más frecuentes donde la periodoncia juega un papel muy importante por lo que el manejo de los tejidos blandos periodontarios se ha transformado en una preocupación de los clínicos⁽¹⁾.

Cirugía Plástica Periodontal se define como el conjunto de procedimientos de cirugía plástica destinados a corregir defectos en la morfología, posición y/o cantidad de encía en torno a dientes. Sus indicaciones son: motivaciones estéticas, situaciones de difícil control de placa microbiana en la zona de la recesión, previo tratamiento ortodóncico en casos de movimientos de riesgo de causar recesión y previa rehabilitación en zonas con ausencia de encía insertada⁽²⁾.

La Cirugía Plástica Periodontal Basada en la Evidencia es definida como "una evaluación sistemática de evidencias científicas con significancia clínica con el propósito de investigar los efectos estéticos y funcionales de defectos de encía, mucosa o hueso, basada en el conocimiento clínico y resultados centrados en los pacientes, tales como la percepción de las condiciones estéticas, limitaciones funcionales, dolor, disconfort, sensibilidad radicular, nivel de sociabilidad luego de la cirugía y preferencias⁽³⁾.

La recesión gingival puede definirse como la exposición oral de la superficie radicular provocada por el desplazamiento del margen

gingival en sentido apical a la unión amelocementaria. Se puede presentar en forma localizada como generalizada⁽⁴⁾.

Son muy frecuentes inclusive en población de países desarrollados y con un muy buen control de placa microbiana⁽⁵⁾.

En cuanto a su etiología podemos diferenciar factores predisponentes y desencadenantes⁽⁶⁾.

Factores predisponentes: Banda de encía adherida estrecha, frenillo de inserción aberrante, malposición dentaria, disarmonías dentoalveolares, fenestraciones y dehiscencias óseas, biotipo periodontal fino.

Factores desencadenantes: Traumatismo frente al cepillado, enfermedades inflamatorias de los tejidos gingivoperiodontales (Enfermedad Gingival por Placa, Periodontitis), tratamiento ortodóncico e iatrogenia profesional⁽⁷⁾.

La clasificación de las recesiones gingivales más aceptada es la presentada por Miller, PD en el año 1985⁽⁸⁾. Se basa en la situación del margen más apical de la recesión respecto a la unión mucogingival y a la cantidad de tejido perdido (encía y hueso) en las zonas interproximales adyacentes a la recesión.

Cairo, F, 2011, propone una nueva clasificación donde relaciona la pérdida de tejido proximal con el tamaño de la recesión gingival vestibular.

Se considera recubrimiento completo cuando se logra situar el margen gingival a

nivel de la línea amelocementaria, el surco gingival tiene una profundidad al sondaje inferior a 2mm y no hay sangrado al sondaje.

Los injertos de tejido conjuntivo fueron descritos por Edel en 1974, popularizadas por Langer y Langer en 1985 y modificadas por diversos autores.

El injerto de tejido conectivo debe considerarse patrón de oro cuando de cobertura radicular se trata debido a su previsibilidad, estabilidad en el tiempo y aumento de espesor y largo de encía queratinizada⁽⁹⁾.

Son altamente estéticos y predecibles para cobertura radicular y se reportan porcentajes de cobertura completa que llegan a 89%⁽¹⁰⁾.

El postoperatorio es mejor con la utilización de injertos conjuntivos que con las técnicas de injertos libres. El doble aporte sanguíneo que recibe el injerto aumenta sus tasas de éxito^(11,12).

Diferentes técnicas fueron propuestas para la utilización de injertos, en túnel (Raetzke, 1985; Allen, 1994), con la reposición del colgajo para cubrir el injerto conectivo con un ribete epitelial en forma parcial (Langer, B; Langer, L), con colgajos avanzados coronalmente con descargas verticales (Nelson, S; Wennstrom, J); o sin ellas (Bruno, J.), o con traslación de papilas lateralmente (Harris, R)^(13, 14, 15, 16, 17, 18, 19).

La raíz expuesta de la recesión en general es tratada con curetas⁽²⁰⁾.

Con la utilización de injertos conjuntivos o epitelio - conjuntivos logramos la formación de un epitelio de unión largo con una inserción fibrosa^(21,22) aunque algunos estudios reportan regeneración en porcentaje variable. Solo zonas que preservaron cemento fueron capaces de neoforlar cemento⁽²³⁾.

Caso Clínico

Foto 1 – Pre-tratamiento



Foto 2- Post-tratamiento



Conclusiones

Es prioritario un riguroso protocolo de diagnóstico para lograr éxito

Los injertos de tejido conjuntivo subepitelial son el gold standard en cirugía plástica periodontal.

La ciencia y la tecnología avanzan en cultivos celulares con el objetivo de poder reemplazar el injerto de tejido conjuntivo. Por otra parte han surgido biomateriales, homoinjertos (Alloderm) y heteroinjertos (Mucograft) con resultados promisorios pero todavía no tan interesantes como los logrados con el uso de injertos de tejido conjuntivo.

Wednesday Education Course Listings

| Course | Room | Time | Title | Speaker Primary Last |
|--------|----------------------------|-------------------|---|--------------------------------|
| 6010 | Booth #2015 | 9:45am - 12:45pm | Predictable Augmentation with Block Grafts | Iyer, S. |
| 6020 | Booth #2015 | 2:00pm - 5:00pm | Simplifying Complex Restorative Cases | Pizzi, P. |
| 6030 | Booth #2024 | 9:45am - 12:45pm | Managing The Abutment for Implant Prosthetic Success | Ganz, S. |
| 6040 | Booth #2024 | 2:00pm - 5:00pm | Hands On Socket Preservation and Bone Grafting | Minichetti, J. |
| 6060 | Booth #318 | 9:45am - 12:45pm | What Airway, Malocclusion and Gingival Recession Have in Common | Evans, M. |
| 6070 | Booth #318 | 2:00pm - 5:00pm | 3D Guided Approach to Muco-Ginval Problems in Orthodontics | Evans, M. |
| 6080 | Booth #301 - INVISALIGN | 9:45am - 1:45pm | Invisalign Fundamental Course (IFC): An Introduction to Invisalign for Doctors and Team Members | Galler, D. |
| 6085 | Booth #307 - iTero Theater | 9:45am - 1:45pm | Invisalign Fundamental Course (IFC): An Introduction to Invisalign for Doctors and Team Members (staff) | Galler, D. |
| 6090 | Booth #301 - INVISALIGN | 2:00pm - 5:30pm | Invisalign Intermediate Course (IIC) | Miraglia, B. |
| 6100 | Booth #307 - iTero Theater | 2:00pm - 5:30pm | Comprehensive Orthodontics Records Training (CORT) | Various Speakers |
| 6110 | Booth #6230 | 10:00am - 12:30pm | The Role of Bioactive Materials and Conservative Restorative Techniques in Modern Dentistry | Lowe, R. |
| 6120 | Booth #6230 | 2:30pm - 5:00pm | Optimizing CAD/CAM Workflow with Team Delegation | Touchstone, A. & Severance, A. |
| 6130 | 1D03/04 | 9:45am - 5:00pm | Botox and Facial Fillers: A Clinical Workshop and Demonstration | Clark, S. |
| 6140 | 1E09 | 9:00am - 5:00pm | The Next Steps: Your Dental Sleep Medicine Journey | Tucker, J. |
| 6150 | 2D16 | 9:00am - 4:30pm | Creating the Ultimate Internet Presence | Seigel, Esq, D. & Erickson, C. |
| 6160 | 2D14/15 | 9:00am - 12:00pm | Introduction to Microscope Use | Various Speakers |
| 6170 | 1E07 | 9:00am - 12:00pm | The Top CDT Coding Errors | Blair, C. |
| 6180 | 1E08 | 9:00am - 12:00pm | Battling Biofilm with Air Polishing and Power Instrumentation | Low, S. & Davis, K. |
| 6190 | 1E10 | 9:00am - 12:00pm | Pediatric Sedation/Anesthesia | Various Speakers |
| 6200 | 1E11 | 9:00am - 12:00pm | Differential Diagnosis of TMD and Minimally Invasive Treatment | Bouloux, G. |
| 6210 | 1E12 | 9:30am - 1:30pm | Risk Management | Treitel, K. |
| 6220 | 1E14 | 9:00am - 12:00pm | An Advanced Start to Achieving an MBA in One Hour | Farran, H. |
| 6230 | 1E18 | 9:00am - 12:00pm | New York University Periodontics Program | El Chaar, E. & Warren, R. |
| 6240 | 2D06/07 | 9:00am - 12:00pm | Removable Options For the Edentulous Arch | DiPede, L. |
| 6250 | 1E20 | 9:00am - 12:00pm | Come In and Catch It: An Oral Pathology Review That Sticks | Svirsky, J. |
| 6260 | 1D05/06 | 9:00am - 12:00pm | Innovations In Endodontic Obturation and The Restoration of the Endodontically Treated Tooth | Glassman, G. |
| 6270 | 1E19 | 9:00am - 12:00pm | Premier Dental Hygienists' Program | Various Speakers |
| 6280 | 1E19 | 2:00pm - 4:00pm | HPV, Not the Hanky Panky Virus The Media Portrays It to Be | Sabatini, D. |
| 6300 | 1E07 | 2:00pm - 5:00pm | Financial Considerations: The Future of Dentistry | Blair, C. |
| 6310 | 1E08 | 2:00pm - 5:00pm | Infection Control In Practice: Instrument Processing and Sterilization | Wilson, J. |
| 6320 | 1E10 | 2:00pm - 5:00pm | Adult Sedation/Anesthesia | Various Speakers |
| 6330 | 1E11 | 2:00pm - 5:00pm | Invasive, Surgical Treatment of TMD and Complications | Bouloux, G. |
| 6340 | 1E12 | 2:00pm - 5:00pm | Information Technology in the Dental Practice: Is It Worthwhile for You? | Various Speakers |
| 6350 | 1E18 | 2:00pm - 5:00pm | Current Perio-Perspectives Around Teeth and Dental Implants | Kumar, A. |
| 6360 | 1E20 | 2:00pm - 5:00pm | Special Needs Dental Care | Lish, B. |
| 6370 | Booth #4836 | 9:45am - 12:45pm | Laser Technology in Periodontal Environment | Al-Falaki, R. |
| 6380 | Booth #4836 | 2:00pm - 5:00pm | Digital Scanning & 3D Printing | Jones, P. |
| 6390 | Booth #2414 | 9:45am - 12:45pm | Endodontic Microsurgery | Kratchman, S. |
| 6400 | Booth #2414 | 2:00pm - 5:00pm | Treatment Planning Endodontic Failures: Retreatment, Surgery, Implants | Setzer, F. |
| 6410 | 2D10/11 | 9:00am - 5:00pm | CPR Certification and Re-Certification Course | Reilly, M. |
| 6420 | Booth #6218 | 9:45am - 12:45pm | uVeneer: Cosmetic Dentistry Simplified | Comisi, J. |
| 6430 | Booth #5800 | 9:45am - 12:45pm | The Maximum Efficiency Dental Systems For Your 2016 Practice | Blaes, J. |
| 6440 | Booth #5634 | 9:45am - 12:45pm | Enhanced Implant Workflow Workshop | Various Speakers |
| 6450 | Booth #6225 | 9:45am - 12:45pm | Let's Stick Together: Durable Aesthetics | Griffin, J. |
| 6460 | Booth #5809 | 9:45am - 12:45pm | Lingerie of The Smile? Yes, Incisal Translucency! | Willhite, C. |
| 6470 | Booth #6209 | 9:45am - 12:45pm | Biologically Driven Crown Lengthening Workshop | Lim, J. |
| 6480 | Booth #5827 | 9:45am - 12:45pm | Exodontia Secrets for Predictable Stress-Free Results | Koerner, K. |
| 6490 | Booth #6218 | 2:00pm - 5:00pm | Biomimetic Aesthetic Dentistry with uVeneer | Jacobson, S. & Lowe, R. |
| 6500 | Booth #5800 | 2:00pm - 5:00pm | The Maximum Efficiency Dental Systems For Your 2016 Practice | Blaes, J. |
| 6510 | Booth #5634 | 2:00pm - 5:00pm | Dental Office Design: Enhance Practice Efficiencies and Productivity | Various Speakers |
| 6520 | Booth #6225 | 2:00pm - 5:00pm | Endodontic Workshop: Innovations In Endodontic Obturation and the Restoration of the Endodontically Treated Tooth | Glassman, G. |
| 6530 | Booth #5809 | 2:00pm - 5:00pm | The Magic of Microfill Composite | Willhite, C. |
| 6540 | Booth #6209 | 2:00pm - 5:00pm | Predictable Gingival Grafting Made Easy | Lim, J. |
| 6550 | Booth #5827 | 2:00pm - 5:00pm | Difficult Extractions: Avoiding and Managing Complications | Koerner, K. |
| 6560 | 1E06 | 9:00am - 12:00pm | Advances in Cosmetic Dentistry Essays | Various Speakers |
| 6570 | 1E06 | 2:00pm - 5:00pm | Periodontics & Oral Surgery Essays | Various Speakers |
| 6580 | 1E21 | 9:00am - 12:00pm | Simposio Multi-Disciplinario ROCA Internacional | Various Speakers |
| 6590 | 1E21 | 1:00pm - 5:00pm | Simposio Multi-Disciplinario ROCA Internacional | Various Speakers |
| 6600 | 1E15 | 9:00am - 5:00pm | Instituto Dental Standard Mexico | Various Speakers |
| 6610 | 1E13 | 2:00pm - 5:00pm | Academia Internacial de Odontologia Integral (AIOI) | Various Speakers |
| 6620 | 1E13 | 9:00am - 12:00pm | Asociacion Dental Mexicana | Aguilar, R. |
| 6630 | 1E16 | 9:00am - 5:00pm | Escuela Superior de Implantologia | Various Speakers |
| 6650 | 2D04/05 | 10:00am - 12:00pm | Spanish Courses | Ceccotti, E. |
| 6670 | Booth #338 | 9:45am - 12:45pm | Dental Technology a Career For You | Caputo, J. |
| 6680 | Booth #338 | 2:00pm - 5:00pm | The Age of Digital Manufacturing: Model- Free Dentistry | Jurim, A. |
| 6690 | 2D09 | 9:00am - 12:00pm | Colegio Internacional de Dentistas | Various Speakers |
| 6695 | 2D09 | 2:00pm - 5:00pm | Colegio Internacional de Dentistas | Hernandez, F. & Mutis, M. |
| 6700 | 1E14 | 2:00pm - 5:00pm | Is TMD A Multisystem Disorder | Gottesman, L. |

Seminar

Workshop

Essay

U.S. Commercial Service Connects U.S. Companies with International Buyers



More than 70 percent of the world's purchasing power and 95 percent of potential consumers are outside of the United States, but many businesses don't explore their export potential because they believe exporting is too burdensome or difficult.

What they may not know is that the U.S. government can help facilitate sales to international markets. With a global network of trade specialists, the U.S. Commercial Service can help make introductions to overseas government decision makers and potential buyers and provide export counseling and market research. This network includes healthcare specialists who focus on opportunities in the healthcare sector, among others.

Export Assistance: "No one-size fits all"

Our assistance is tailored to individual clients. For example, we help companies target the best prospects in foreign markets through customized market research and offer the option of using one or more of our programs. This might include the Gold Key Service, a business matchmaking service that arranges prescreened appointments with potential agents and distributors abroad.

The U.S. Commercial Service also provides customized support to assist U.S. companies in rolling out new product lines, helps them target key decision makers by adding clarity to client presentations, and provides U.S. government advocacy support to help level the playing field when it comes to bidding on foreign government contracts. We also assist in making international sales offers more competitive through sister agencies such as the U.S. Export-Import Bank, which provides export insurance and financing. Our offices also provide training on complying with U.S. export control issues and guidance on protecting intellectual property during overseas expansion. All of these services save businesses valuable time and resources when competing in world markets.

No time for travel? We can help

It's always best to meet potential customers face to face, but many small companies don't have the time or the budget for extensive travel. The International Partner Search service enables companies to find qualified distributors and end-users overseas without traveling abroad, and our staff presents detailed results of the trade leads to the U.S. company.

Another great place to meet international buyers is through U.S. trade shows, including Greater New York Dental Meeting. GNYDM is one of the dozens of trade shows where the U.S. Commercial Service recruits international buyers from around the world and introduces them to U.S. exhibitors at events. At these shows, our trade professionals set up one-on-one business meetings in advance and host seminars featuring country-specific opportunities.

Many of our dental sector companies exhibit at GNYDM and benefit from these valuable introductions. GNYDM is just one example of how the U.S. Commercial Service has revitalized its focus on healthcare/dental sector exports with upcoming programs tailored for the industry, such as webinar briefings on country-specific sales opportunities, export counseling at U.S. trade shows and trade missions. The best way to learn about these time-saving resources is to work with your local U.S. Commercial Service international trade specialist.

The time is right to expand your international sales

For many companies, the Internet, improved logistics and transportation options, and government export programs have made exporting more viable than ever, for even the smallest businesses. Furthermore, exporting is a great way to build competitiveness, and many companies report that international diversification has enabled them to better weather economic downturns. When it comes to developing sales strategies, the biggest risk is not looking beyond U.S. borders.

The U.S. Commercial Service has offices across the country and in American Embassies and Consulates in over 70 countries. In 2013, the worldwide U.S. Commercial Service facilitated 14,700 export successes worth billions of dollars in U.S. export sales. For more information and to find your local office, visit www.export.gov.

This assistance includes export counseling, market research, matchmaking, pre-arranged business appointments abroad through its Gold Key Service, advocacy, videoconferencing, international partner searches, trade events, and more. For more information please visit www.trade.gov/cs.

Michael Grossman is a trade specialist with the U.S. Commercial Service in Westchester, New York. He can be reached at michael.grossman@trade.gov.



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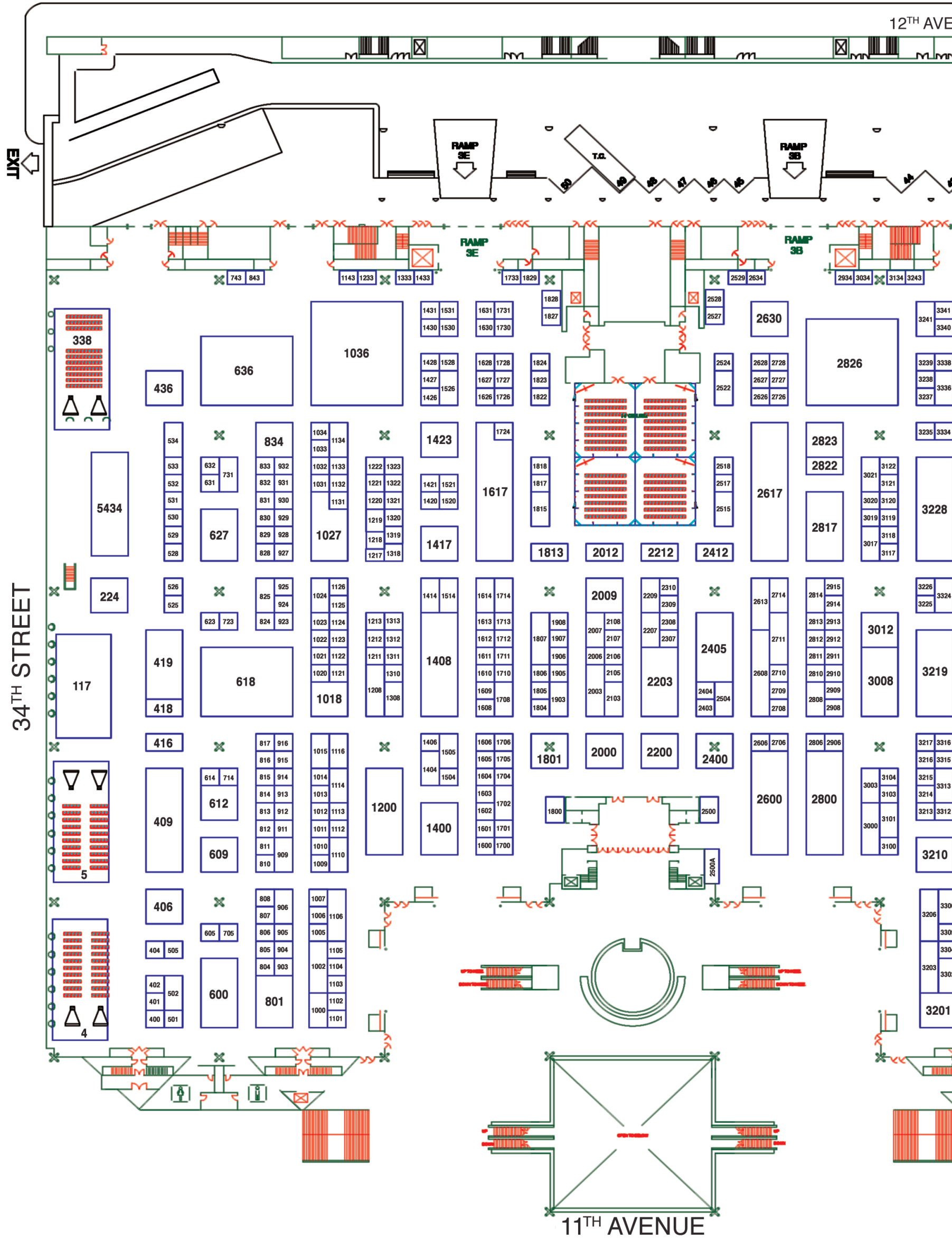
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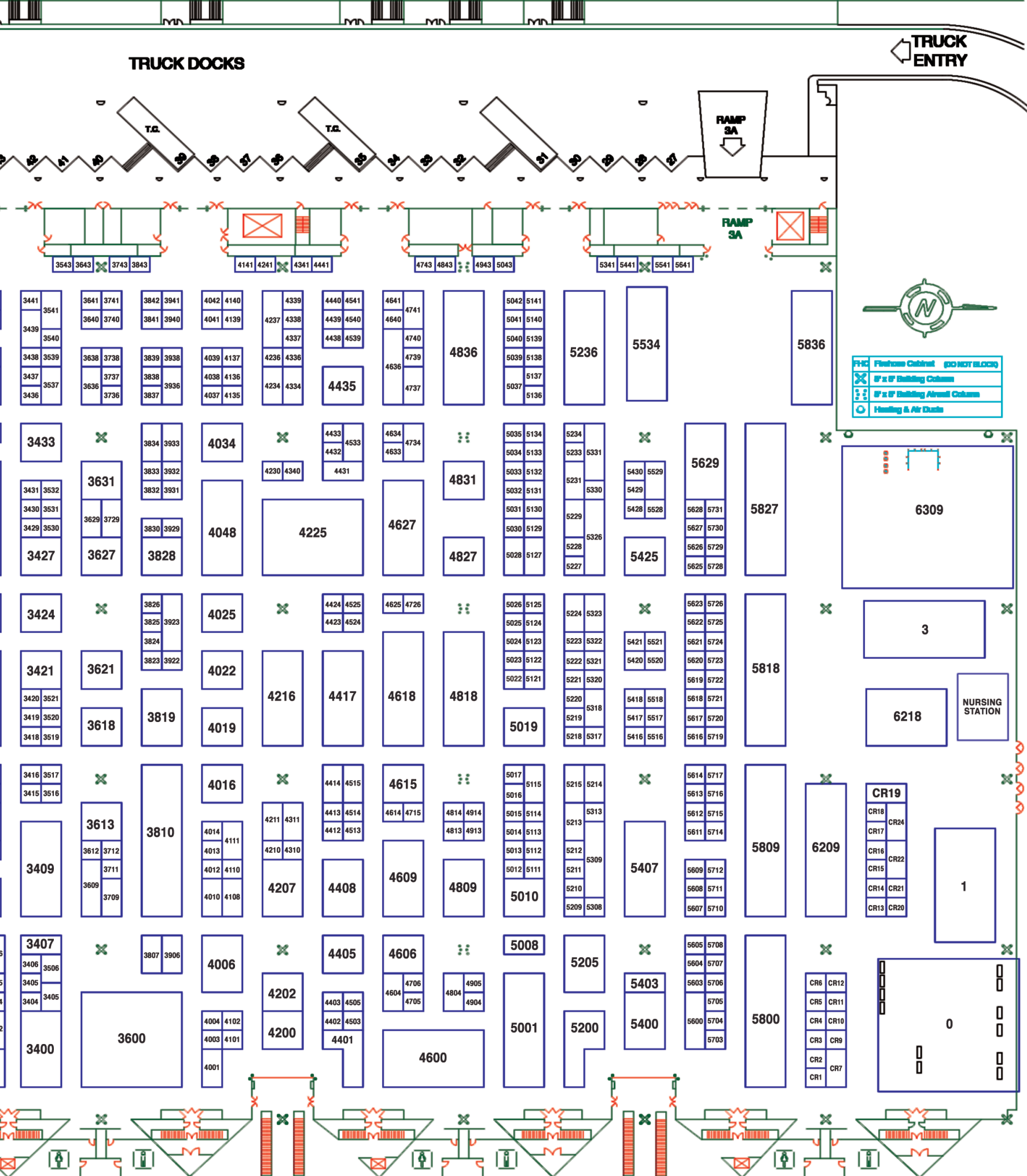
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PDT, Inc./ Paradise Dental Technologies

Booth: 1908

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Phone: (800) 240-9895 or Fax: (406) 626-4550
Website: www.pdtdental.com; E-mail: exhibit.manager@pdtdental.com

EXPORT PRODUCTS: Dental Instruments, Dental Sterilization Cassettes, Sharpening Systems

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Contact: Jeremy Rudo, Export Manager
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Website: www.ribbon.com; E-mail: ribbon@ribbon.com

EXPORT PRODUCTS: Ribbond® Dental Fiber Reinforcements

RANGE OF DISTRIBUTION: Worldwide

INTERNATIONAL BUSINESS DESIRED: Foreign Agents/ Distributors

Shofu Dental Corporation

Booth: 4408

Contact: Matt Carroll, National Sales Director
Phone: (800) 827-4638 Fax: (760) 736-3276
Website: www.shofu.com; E-mail: customer-service@shofu.com

EXPORT PRODUCTS: Restorative Materials, Abrasives, Polishers, Bonding Agents, Ceramics, Cements, Camera

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INTERNATIONAL BUSINESS DESIRED: Direct Sales, Foreign Agents/Distributors

Summit Dental Systems (SDS)

Booth: 3101

Contact: Paulo Muller, Sales
Phone: (954) 730-3636 Fax: (954) 730-3602
Website: www.summitdental.com; E-mail: export@summitdental.com

EXPORT PRODUCTS: Dental equipment (chairs, units, lights, assistant's instrumentation, stools)

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The Stick/Team Stick, Inc./ Amazing Solutions Booth: 3239

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Regenerative Therapies & Tissue Engineering: Getting a Second Look in the Field of Periodontics

Pamela K. McClain, D.D.S.
Aurora, CO
Associate Clinical Professor, University of Colorado
Diplomate, American Board of Periodontology
Private Practice



Data from the Centers for Disease Control and Prevention (CDC) indicates that nearly half of American adults over the age of 30 have some form of periodontal disease. At a time when a body of literature links periodontal health to such systemic conditions as cardiovascular disease and diabetes, caring for a patient's gums and supporting bone has become about more than maintaining the dentition and enhancing aesthetics; it's about the patient's overall wellbeing.

Periodontists are equipped with a wealth of evidence-based techniques that provide positive outcomes for those who present with all levels of periodontal disease, particularly cases of moderate to severe periodontitis, which affects 38% of American adults. Not the least of these techniques is one that has seen tremendous innovation in recent years—periodontal regeneration and tissue engineering. Regenerative periodontal procedures restore hard and soft tissues lost to disease, either to maintain supportive structures for an at-risk tooth or to prepare damaged sites for the future implant placement. Although methods of periodontal regeneration have been around for decades, modern-day innovations in this field have enabled clinicians to regrow once-infected and eroded soft and hard tissues into natural, healthy, and functioning foundations for patients' smiles.

Among these advancements are the U. S. Food and Drug Administration's approval of growth factors for clinical use, the increased efficacy of biologic agents and biomaterials, and the advent of novel delivery systems. The evidence-based effectiveness of these materials and techniques warrants more than a perfunctory once-over by the periodontal specialty; these advancements mark a tipping point for the dental community at large, an opportunity for all practitioners to ponder about what the current and potential states of regenerative science could mean for clinical improvement and quality patient care.

The American Academy of Periodontology saw an opportunity to take an in-depth look at regeneration and tissue engineering, and in June 2014, the Academy hosted a dedicated workshop on the subject. More than 50 of the world's leading experts in periodontics, tissue engineering, and regeneration convened in Chicago to evaluate the veracity of regenerative therapies that are commonly used in the clinical setting (including bone grafting, biologic agents, and guided tissue regeneration). Areas of focus in the workshop included periodontal soft-tissue root coverage procedures; gingival enhancement or replacement for non-root coverage procedures; regeneration of periodontal intrabony and furcation defects; and emerging technologies. The workshop culminated in the publication of systematic reviews, consensus reports, and practical applications based on therapeutic advancements, printed in the *Journal of Periodontology* and *Clinical Advances in Periodontics* respectively. Key findings from the workshop include the enhanced prognosis of teeth managed by regenerative procedures for both intrabony and furcation defects. In addition, soft tissue root coverage procedures and gingival grafting for functional purposes are predictable and the results are long lasting. These technologies are improving our patient's health and quality of life.

One notable point of discussion is that inflammation, which is a culprit in the development of periodontal disease and its associated conditions, can be reduced in the removal of diseased bone and gum tissue and the biological processes of tissue regrowth. Some evidence suggests that a reduction of a patient's overall inflammatory load may correlate with improvements in systemic inflammatory ailments making it even more critical to resolve periodontal inflammation.

Although regenerative therapies are not a panacea in the treatment of periodontal disease, they have expanded clinical possibilities for practitioners and patients. Regeneration and tissue engineering is an area of much promise, but one that requires

continued investigation. Tackling the complex nature of periodontal disease requires a collaborative multi-disciplinary approach from all corners of medical, dental, and biological science. Enhancing periodontal health through regenerative technologies is a reality and ultimately can improve function, esthetics and help patients retain their natural dentition.

Don't Miss Dr. McClain's Sunday Courses:

| | |
|-------------------|--------------|
| Course: 3300 | 9:00 – 12:00 |
| Course: 3440 | 2:00 – 5:00 |
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Technological Advancements in Implant Dentistry Make It Easy For More General Dentists to Get Involved

John C. Minichetti, DMD
 Director, Dental Implant Learning Center
 Private practice in Englewood, NJ
 Diplomate, American Board of Oral Implantology

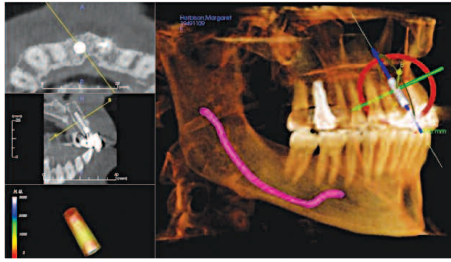
It is with great excitement that the American Academy of Implant Dentistry has partnered with the Greater New York Dental Meeting. The mission of our AAID reads, "To advance the science and practice of implant dentistry through education, research support and to serve as the credentialing standard for Implant Dentistry for the benefit of mankind." It's with this vision that the AAID has had a long term relationship with the Greater NY Dental Meeting. Now into our 2nd year of collaboration with the Greater NY Dental Meeting Implant Expo 2015 we are expanding our educational opportunities for so many and broadening the scope of implantology.

With baby boomers living close to 90 years of age the need for implant dentistry continues to grow at an exponential rate. Patients are spending more than ever on elective and cosmetic medical/dental treatment and general dentists are in perfect position to recommend implant dentistry. Technological advancements are enabling more general dentists to become more involved in the implant surgery and prosthetics.

Diagnostics have evolved rapidly in the dental field. Digital radiography is now utilized within many dental offices today. They allow for calibrated measurements prior to, during and after implant surgery. Quick intra-operative check films during surgery verify safety and accuracy during implant surgery.

Cone Beam Computed Tomography (CBCT) has revolutionized implant dentistry. General dentists are utilizing this technology more frequently with many installing units within their own dental office. CBCT technology offers general dentists 3-D Imaging for precise diagnostic and pre-surgical evaluation of bone volume, density and anatomic detail.

Advancements in computer software now allow for better pre-surgical implant planning. General practitioners are in excellent position to utilize CBCT technology to treatment plan cases for implant dentistry due to their experience in restorative dentistry. Implant libraries now allow the general dentist to perform virtual surgery prior to incision.



(3D imaging nerve identification and implant placement in the maxillary right central incisor area. Right images from top to bottom show, axial view, cross sectional view and bone density reading surrounding implant.)

Fabrication of surgical drill guides assist in accurate and safe osteotomy preparation. Although we are seeing a greater utilization of CAD/CAM constructed stereolithographic guides, surgical judgment and training is necessary for implant surgery.

Advances in the biologics and implant biomaterials, have allowed clinicians more predictability in dental implant treatment. Advancements in bone substitutes allow general practitioners to maintain and even increase bone volume. General dentists often see patients requiring tooth extraction before the specialist and therefore can easily perform these procedures. Socket grafting maintains bone width and allows for a more predictable implant surgery.

Advances with barrier membranes used in Guided Bone Regeneration (GBR) allow the development of bone volume in both the horizontal and vertical

dimension. A number of various resorbable and non resorbable materials are available for GBR. These membranes can be utilized at the time of extraction to maintain horizontal bone width or during augmentation to allow for implant placement. The continuing development of Bone Regenerative Materials allows for the placement of implants into sites once precluded by the general dentist.

Advancements by implant manufacturers have made it easier for the general dentist to place and restore implants. Surface enhancements of dental implant design and connections allow the general practitioner to place and restore dental implants more easily. Smaller diameter implants, 3.0mm and less, are now available in one and two piece designs, allowing general dentists to replace teeth in the narrow bone areas. Shorter implants, 5 and 6 mm in length, allow general practitioners new options for the posterior maxilla and mandible.

Advances in implant surgery allow for a more predictable and esthetics outcomes. Small diameter implants with flapless procedures provide less morbidity with clinical precision. Minimally invasive incision techniques, such as laser surgery, can be utilized for less bleeding and quicker post operative recovery.



(CO2 laser being utilized for stage II implant surgical uncover procedures prior to impression for abutment fabrication.)

One of the most rapidly developing technologies in dentistry is CAD/CAM computer milling. Surgical guides are a great adjunct for the general practitioner in placing implants in proper anatomic and restorative position.

The utilization of CAD/CAM technology for the construction of prosthetic abutments is increasing. Computer milled abutments allow for re-angulations of implant positions for either screw retained or cementable prosthesis in zirconium or titanium. Intraoral scanning is increasingly being utilized by general practitioner for implant restorations.

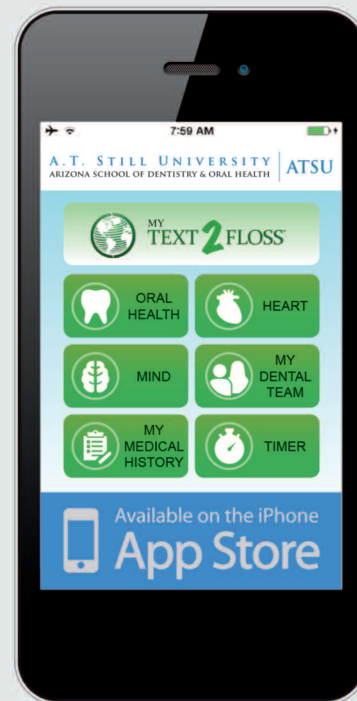
Once the implant position is verified, virtual images allow the general dentist to review the abutment design to determine shape, length, contour, retention and cement lines prior to fabrication. Custom abutment implant construction is becoming increasingly affordable and allows for development of ideal soft tissue emergence profile and improved esthetics.

Overdenture procedures are becoming more popularly amongst general dentists. Narrow diameter implants have allowed more GPs to place implants with minimally invasive surgery to help retain removable dentures. Computer milling procedures make removable implant over denture bar construction simple, accurate and cost effective.

Advancements in abutment designs and prosthetic construction have made of the implant supported screw retained prosthesis much more versatile. Newer material choices offer the general dentist practitioner more options. Conventional porcelain fused to metal implant supported fixed prosthesis is still quite popular, although there is a growing interest in titanium and zirconium computer milled frameworks. The esthetic outcomes of today's implant supported prosthesis allow general practitioners to become more confidently involved with this evolutionary field.

Dentistry has seen tremendous growth in the utilization of dental implant for tooth replacement within the profession. Statistics demonstrate an increase in both the restoration and surgical placement of dental implants by general dentists within the United States. Technological advancements in implant dentistry are allowing more general practitioners the ability to predictably and safely provide implant procedures to their patients. There are many continuing education programs, such as the American Academy of Implant Dentistry Maxicourses®, where general dentists can properly learn these technologies.

The future of patient communication is here.



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9:45 – 12:45 Dental Technology A Career For You
(Joseph Caputo, B.S., C.D.T.) 

2:00 – 5:00 The Age Of Digital Manufacturing
Model-Free Dentistry (Alan Jurim, D.D.S.)

9:45 – 12:45 Laser Technology In Periodontal
Environment (Rana Al-Falaki, B.D.S., M.R.D.) 

2:00 – 5:00 Digital Scanning & 3D Printing
(Perry Jones, D.D.S.) 

Wednesday Night Happening



All Attendees are Welcome & Pre-Registration and Badge is Required

6:30 - 8:30PM
NEW YORK MARRIOTT MARQUIS HOTEL
WESTSIDE BALLROOM - FIFTH FLOOR

NO Registration will be done on-site
 at the New York Marriott Marquis Hotel.
CHILDREN UNDER 18 WILL NOT BE ADMITTED.

MARK YOUR CALENDAR

NOVEMBER 25th Thru 30th



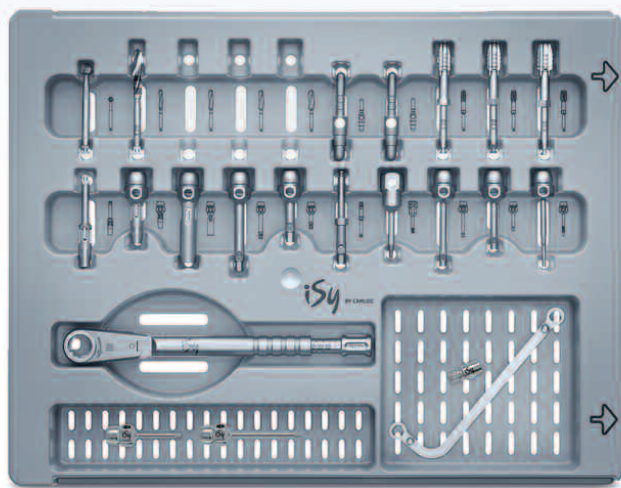
GREATER NY DENTAL MEETING 2016

Henry Schein Dental Surgical Solutions Makes Digital Dentistry 'iSy®' (Ē'Zē') For Surgeons & Their Interdisciplinary Partners

iSy Implant System Optimizes Treatment Efficiency, Offers Practitioners Choice of Digital, Conventional or Combined Treatment Workflow

Henry Schein Dental Surgical Solutions is featuring the new iSy® (pronounced, ē'zē') implant system here at the Greater New York Dental Meeting. iSy, manufactured by leading implant provider, Camlog, and exclusively distributed by Henry Schein, was first introduced into the U.S. market during the Annual Congress of the American Academy of Implant Dentistry (AAID).

iSy, a play on the words Intelligent System, is designed to optimize implant treatment efficiency, while minimizing the complexity of treatment planning - enabling practitioners to choose a digital, conventional or combined treatment workflow.



The iSy implant system is packaged with everything needed for the clinical team to place and restore an implant.

The system includes the implant, a pre-mounted abutment, two multi-function caps (scan body, impression coping, temporary coping, bite registration aide), a protective cap and a final drill. iSy offers clinicians the choice and flexibility to customize implant cases.

“As more surgeons and their restorative partners are driven to deliver high-quality patient care at an affordable price, implementing digital dentistry into the practice offers an opportunity to improve efficiency and enhance patient care. Henry Schein offers a comprehensive technology portfolio with associated training for dental implant digital dentistry. The CBCT, intra-oral scanner, final lab scanner, and mill, can all be seamlessly connected with the innovative implant concept of iSy. Our customers will have everything they need for an entire implant case from final drill to final abutment in one package all supported by Henry Schein and its digital portfolio.” said Tony Susino, Vice President and General Manager of Henry Schein Dental Surgical Solutions.

iSy is optimized for a digital workflow. By partnering with leading technology manufacturers, the system can seamlessly integrate with the diagnosis and treatment plan phase (CBCT); the intraoral digital impression; the CAD/CAM abutment delivery, and the final crown, either during the first stage surgery or at a later phase after healing. Conventional and digital treatment workflows can also be combined to provide a customized final result.

To learn more about Henry Schein’s digital dental solutions that benefit the patient, practice and laboratory, visit Henry Schein Dental Surgical Solutions at Booth # 4230, and at the Henry Schein ConnectDental Pavilion located on the Main Floor of Jacob K. Javits Convention Center at the Crystal Palace entrance

To learn more, visit www.iSyimplants.com or contact a Henry Schein Dental Surgical Sales Consultant at 877-537-8862.



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GNYDM 2015 - VISIT US IN BOOTH 2000

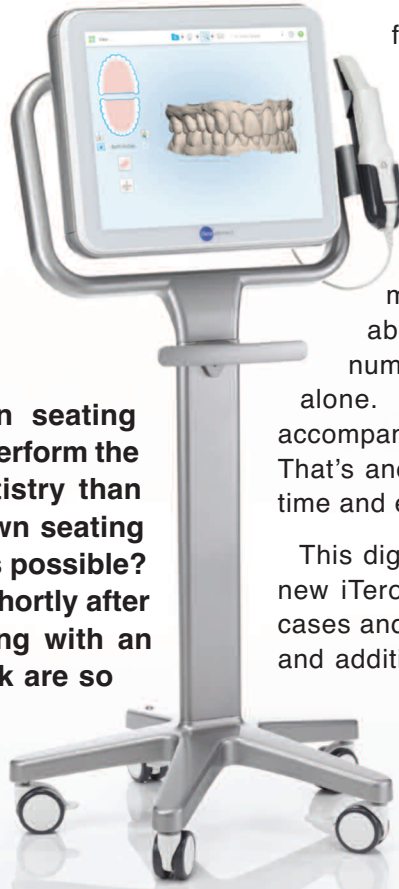


Dr. Perry Jones
Private Practice
Adjunct Faculty Associate, Virginia Commonwealth
University Dental School

Why I Don't Schedule Crown Seating Appointments

My practice doesn't schedule crown seating appointments. It's not that we don't perform the procedure anymore; we're doing more dentistry than ever. It's that we simply insert all of our crown seating procedures between patient visits. How is this possible? Well here's a hint: we adopted this structure shortly after I made the move to digital impression taking with an iTero® Scanner. The restorations we get back are so accurate; I don't even worry about making adjustments.

I can have a full schedule and still tell the patient to show up at whatever time works best



for them. All I have to do is walk in the room, check the occlusion, which is always 100% perfect, cement the crown and I'm done. From there, I let my staff finish the case. The crowns really are this accurate.

Of course, this is more than just a neat scheduling trick. It translates to real money. The typical GP has a gross production of about \$500 per hour. If I could save just 15 minutes of that time taking impressions, that comes out to about \$125. If I did 125 crowns in a year, a very reasonable number, that comes out to \$15,625 of savings per year on labor alone. That doesn't include the cost of the PVS and the accompanying materials, which we'll estimate at about \$30 per case. That's another \$3,750 in savings, and that's without considering the time and expense of retaking an impression.

This digital precision extends beyond just crowns. Working on my new iTero® Element™ Intraoral Scanner, I can do extremely large cases and know they'll turn out spectacularly. If this kind of accuracy, and additional income, piques your curiosity then take a look at the new iTero Element scanner. If you can make some time for it, it will return the favor many times over.



A Look at Temporomandibular Joint Dysfunction

Gary F Bouloux MD, DDS, MDS, FRACDS (OMS)
Associate Professor
Emory University School of Medicine Atlanta, GA

Temporomandibular joint dysfunction (TMD) is a rather heterogeneous group of disorders characterized by the presence of pain within the temporomandibular joint or masticatory muscles or limited jaw function. Multiple factors are thought to contribute to the development of TMD including macro-trauma, micro-trauma, parafunctional habits, malocclusion, osteoarthritis, systemic arthritides, cervical pain and psychological factors. Rest, dietary change, non-steroidal anti-inflammatory drugs, muscle relaxants, physical therapy, heat and occlusal splints are the first line treatment for many but not all patients. Patients who fail to improve with non-surgical therapy may be candidates for arthrocentesis, arthroscopy, arthroplasty or total joint replacement.

Our current understanding of the pathophysiology of TMD embraces a biopsychosocial model that incorporates biological factors, psychological factors, genetic factors as well as neuroadaptive mechanisms such as peripheral and central sensitization. The biological mechanisms are the easiest to appreciate and include synovitis, chondromalacia, osteoarthritis, disc displacement and perforations, tumors and intra-articular trauma. Psychological factors are complex and are thought to play a role in both the etiology of TMD and the response to treatment. Chronic anxiety, depression, somatization, sleep disorders and social coping skills are all very important. Genetic factors including single nucleotide polymorphisms which influence the metabolism of serotonin and norepinephrine are also thought to play a role in TMD as well as many other chronic pain states.

The role of occlusion in the etiology of TMD continues to incite much debate and controversy. The majority of literature while generally weak in scientific merit, suggests merely an association. Occlusal splints of various design are frequently used to help patients with TMD particularly for patients with myofascial pain or nocturnal bruxism. The

hard flat plane occlusal splint is the most popular and probably the safest to use in that changes in the occlusion do not occur. There is no evidence to support the isolated use of occlusal equilibration or orthodontics in the treatment of TMD.

Temporomandibular joint surgery remains a predictable and valid treatment in certain patients with intra-articular sources of TMD. Arthrocentesis performed under local anesthesia or under intravenous sedation provides the opportunity to elute inflammatory products including interleukins, prostaglandins, leukotrienes and reactive oxygen species. Additionally degraded pro-inflammatory proteins can also be removed. The hydrodynamic pressure used to perform the irrigation may also improve subsequent joint dynamics. Arthroscopy can also be performed under local anesthesia although it is typically performed under a general anesthesia. Arthroscopy provides the same benefit as arthrocentesis in terms of elution of inflammatory products but it also provides several additional benefits including diagnosis and the opportunity to introduce a second working portal to allow the introduction of mechanical instrumentation, laser fibers, coblation wands and motorized shavers. Arthrocentesis and arthroscopy are both associated with significant improvement in pain although arthroscopy appears to result in a more robust increase in mouth opening.

The spectrum of open surgery has changed considerably over the last 50 years. Arthroplasty typically involves either disk repositioning or discectomy with some type of autogenous or temporary alloplastic graft. Disk reposition can be completed with sutures and or bone anchors. The long-term outcomes are typically good with success in terms of pain and function that approaches ninety percent particularly with Wilkes grade I, II and III internal derangements. The presence of degenerative joint disease as is typical with Wilkes grade IV and V internal derangements often necessitate discectomy. Disk replacement with autogenous fat grafts or temporalis muscle/fascia flaps is often combined with discectomy to reduce progression of osseous degenerative changes. As the degree of degenerative joint disease progresses or with failed prior arthroplasty, the possibility for total joint

replacement (TJR) should be considered. Current Food and Drug Administration (FDA) approved devices include the stock Biomet TJR and patient fitted TMJ Concepts TJR. These devices were developed on sound orthopedic principles using the identical materials and testing modalities used to develop the currently used devices in orthopedic surgery. Current FDA post marketing surveillance on these devices suggests that they are very successful with a small failure rate that is similar to knee and hip orthopedic devices and approaches 1.5% per year.

here is considerable active research in TMD with three broad areas of investigation. The first relates to oro-facial pain and the complex neural mechanisms of pain amplification and modulation. The research is basic science with some translational applications. This has allowed researches to appreciate the influence of genetic polymorphisms on the metabolism of serotonin and norepinephrine which has significant implications in pain pathways. Opportunities to clinically modulate pain based on these findings are currently being explored. The second area of research continues to be the biomechanics of TJR with emphasis of tribocorrosion and the influence that wear and corrosion has on tissue responses and device longevity. The last area of research is tissue engineering which remains the most challenging but potentially the most rewarding. The ability to regenerate bone and cartilage in a three dimensional model using biological constructs, nanotechnology and growth factors has seen the development of animal models that allow regeneration of the mandibular condyle and disk.

The diagnosis and management of TMD remains a challenge but given the prevalence of the condition it behooves us all to treat patients with TMD using the most advanced techniques guided by the most scientific evidence that exists.

Don't Miss Dr. Bouloux's courses today:

Differential Diagnosis of TMD & Minimally Invasive Treatment

Course: 6200 9:00 – 12:00PM
Tuition: \$99.00 3 CEUs

Invasive, Surgical Treatment of TMD & Complications

Course: 6330 2:00 – 5:00PM
Tuition: \$99.00 3 CEU

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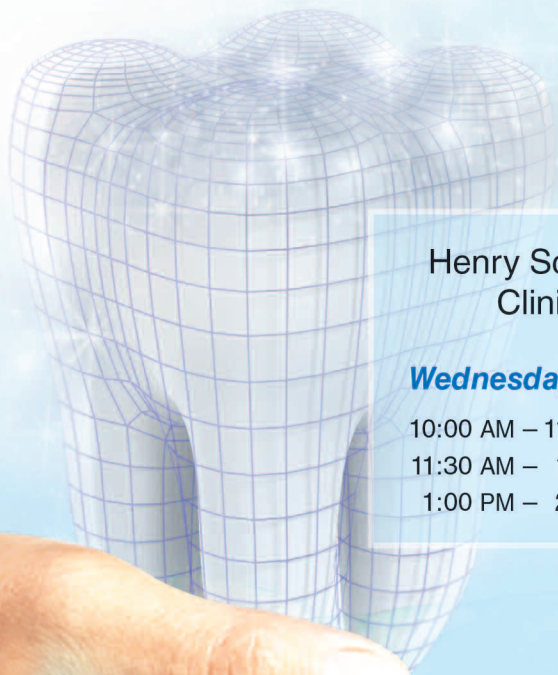
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(Outside the show area)

Meet us for coffee!

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Henry Schein ConnectDental Pavilion
Clinician Advocate Speakers

Wednesday, December 2nd

10:00 AM – 11:30 AM **Dr. Ed Suh & Heather Hennen**
11:30 AM – 1:00 PM **Dr. Beatrice Deca**
1:00 PM – 2:30 PM **Dr. Jim Stein**

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- Precision optical alignments with patented arm stabilizers and divergence elimination technology



"I feel that SurgiTel is way ahead of the game compared to their competitors in ergonomic features. The extremely light weight and easily customizable features are much better than other brands in the overall comfort of the practitioner. At different times in the past 3 years I have wondered if I would have to change careers due to too much pain. Thanks to SurgiTel I no longer have to worry."

Darryl Hatchett, DDS
Denver, North Carolina



"The SurgiTel FLM loupes are vertically adjustable, very light in weight and have an excellent depth and width of field. My neck has never been in better shape during the nine years I have been in practice. They are lightweight, ergonomic and allow infinite adjustability. If you are a dental practitioner suffering from neck pain, I wholeheartedly recommend giving SurgiTel FLM loupes a try - they are an essential part of my practice."

Amjad Ansari, BDS MJDF 1 RCS
Doha, Qatar



Clinicians Report awarded SurgiTel's Micro LED Headlight a **CR Choice** rating for *highest-results* in *CR multi-product comparisons* citing it as a "Small bright LED headlamp with **lowest blue peak**, best color accuracy, light weight, no glare in patients' eyes, and overall excellent grade."

An independent, non-profit, dental education and testing foundation, *Clinicians Report*, August, 2015. For the full report go to www.SurgiTel.com.

Dentists, Hygienists, Surgeons and Ergonomists all Recommend SurgiTel



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