

# today



### Famous faces

It wasn't just your ordinary lunch Monday as celebrity speaker George Stephanopoulos shared his thoughts with the crowd.

»page 6



### Hear them speak!

Want to learn about integrating implants? Or hear why you should consider a diode laser? Look no further than the DTSC Symposia.

»starting from page 8



### Scenes from Monday

You haven't done it all until you've had a hand massage, taken a picture with Dr. Rabbit and helped out a scavenger (hunter).

»starting from page 22

# New, improved, upgraded

## Products take center stage on the exhibit hall floor

By Robert Selleck, Dental Tribune

Because of its high-profile, international attraction and big attendance numbers, the Greater New York Dental Meeting and, more specifically, the exhibit hall, has long been a favorite launch site for new products.

A stroll through the hall on Monday morning revealed no shortage of brand new or newly improved products and services.

A sampling of a few:

- DentalVibe Gen II (booth No. 2317) had a new setup to display its new, patented injection comfort system. It helps eliminate the pain of dental anesthetic injections by sending vibrations to the brain to cut off the

»see new, page 38



Children from local public schools gather around to learn about proper nutrition. (Photo/Fred Michmershuizen, Dental Tribune)

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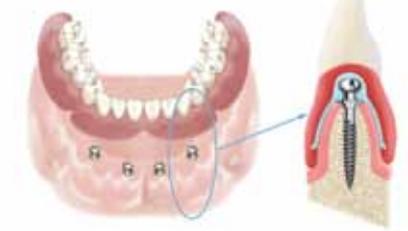


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• Rob Mikhli answers questions during Dr. Russell Baer's all-day workshop, 'Hands-on Modern Implant Dentistry for the General Dental Office,' in one of the glass classrooms on the exhibit floor. (Photos/Robin Goodman, Dental Tribune)

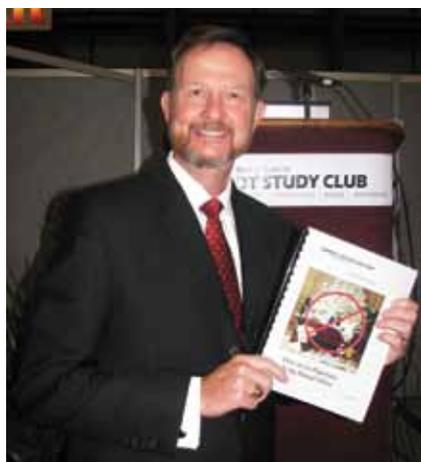
# Variety is the 'spice of education' at the GNYDM

By Robin Goodman, Dental Tribune

■ It was another day of renowned speakers at the DTSC Symposia on Monday with a lineup that included Dr. Fay Goldstep, Dr. George Freedman, Dr. Larry Emmott, Dr. Shamshudin "Sam" Kherani and Dr. Marty Jablow. Topics ranged from laser dentistry to self-adhesive technology, 3-D imaging, e-services and satisfying patient' and dentists' needs at the same time.

Emmott explained how digital technology has permanently altered every aspect of dental practice, such as communicating with patients, labs and colleagues and affecting clinical decisions. Dentists now have to contend with how to best utilize the Internet and e-services, and a lack of knowledge on the topic tends to prevent many from taking any action at all. Emmott explained exactly what e-services are, how to use them to improve patient care and the steps to follow when implementing e-services.

Jablow helped clear up the large amount of confusion surrounding self-adhesive materials and when to best utilize these different types of products. The introduction of self-etch self-adhesive flowable composites, cements, bonding agents and core materials have only helped to cloud the topic even more. Jablow first explained the difference between totaetch vs. self-etch adhesives. Next he clarified when and how to use self-adhesive cements and core material. He concluded his presentation with a clear picture of when and how to use self-etch flowable composites.



• Dr. Larry Emmott asks 'Remember When 'E' Was Just a Letter? Use e-Services to Improve Patient Care and Increase Profitability' at DTSC on Monday.

There are two more days of lectures, each with an opportunity to earn at least six units of C.E. credits, so mark your calendar for the ones you don't want to miss. Today's lineup includes Dr. Gregory Kurtzman, Dr. Pedro Lazaro Calvo, Dr. Freedman, Dr. Goldstep, Dr. Stanley Malamed and Dr. Enrico DiVito.

Next door to the DTSC Symposia hall is the Live Dentistry Arena, where Dr. Frank Milnar and Dr. Ara Nazarian took to the stage, each with a half-day lecture. Milnar presented "Anterior Fiber-Reinforced Composite Resin Bridge," with equipment and supplies provided by VOCO America and the Greater New York Dental Meeting.

Traumatically missing anterior teeth can be replaced by a variety of modalities, from implants to conventional Maryland Bridges. During



• Dr. Ara Nazarian presents Monday at the Live Dentistry Arena on 'OCO BIOMEDICAL Presents: Simple Implant Placement in a Complex Economy.'

this live patient presentation, Milnar explained two restorative techniques: one for the restoration and the other for the creation of a fiber reinforced bridge for the replacement of an anterior tooth. In the afternoon session, Nazarian taught attendees how to improve their skills and confidence placing and restoring dental implants and why the OCO BIOMEDICAL implant design allows the clinician to restore immediately after implant placement.

Come early if you'd like to be sure to have a seat at today's live dentistry events with Dr. Marilyn Ward, Dr. Ruben Cohen and Dr. Gary Kaye. Ward will demonstrate "Professional Tooth Whitening: Strategies to Take Advantage of the Latest Whitening Technology" while Cohen will discuss "Implants, CAD/CAM and Other Techniques Used to Enhance Patient Care."

**today** About  
the Publisher

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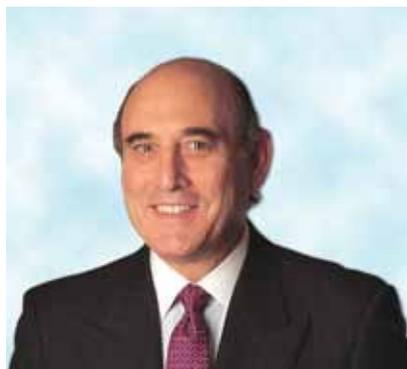
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# DTSC Osseo Summit is back

Osseo Summit teams up with Laser Dentistry Summit; find both in aisle 6000, room No. 3

■ On Wednesday, join Dental Tribune and the Dental Tribune Study Club to learn about implant-driven dentistry from a true collection of masters, carefully selected from across the globe. Lectures take place in aisle 6000, room No. 3.

The Osseo Summit is back for the second year, thanks to popular demand. This year, however, we are doubling up the fun by combining the implant event with the Laser Dentistry Summit. Aimed toward dentists who are interested in better preparing themselves to determine which treatment option is most appropriate for each individual patient, the combined event promises to benefit clinicians seeking C.E. by offering great relevance to their daily work while letting them learn from a world-class, experienced faculty.



• From left, Drs. David Hoexter and Robert Horowitz will speak Wednesday as part of the Osseo Summit at the GNYDM. (Photos/Provided by DTSC)

The program is moderated by Dr. Selma Camargo, one of DTSC Brazil's KOLs and also a professor and a coordinator of the laser dentistry unit at the University of Cidade de sao Paulo. She will walk attendees through a collection of the hottest topics in implantology and laser dentistry.

The program is as follows:

- 12:30-12:45 p.m.  
Opening remarks and introductions by Camargo.
- 12:45-1:45 p.m.  
Dr. Ron Kaminer and Dr. Armin Ned-

jat, "Minimally Invasive Implant Dentistry for the General Practitioner"

The program will cover the complete techniques of minimally invasive implant surgery and prosthetic restoration. Even the general practitioner new to implant dentistry will be able to incorporate these simplified surgical techniques into his or her practice.

- 1:50-2:50 p.m.

Dr. David Hoexter, "Innovative and new instruments to preserve bone during extractions"

## Here in New York

Join us Wednesday in aisle 6000, room No. 3 and earn four C.E. credits.

This presentation will present and discuss new and innovative instruments that will effectively aid you in the regeneration of predictable bone and its preservation during extractions of teeth.

- 2:55-3:55 p.m.

Dr. Robert Horowitz, "Optimizing periodontal, restorative and implant therapy with a 1064 laser"

Attendees will learn how implant and periodontal therapy can be made more predictable with a small, portable laser.

- 4-5 p.m.

Dr. Michael Egan, "Overview of the most practical procedures performed by erbium, 1064 NdiYag, 1064 diode emphasis on periodontal procedures"

Attendees will learn how additional procedures can be enabled by the use of hard- and soft-tissue lasers, which are used to add to the general dentist's inventory of procedures.

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# Breakfast honors Hispanic dentistry

## Henry Schein discusses partnership with FOLA

By Javier Martínez de Pisón  
Dental Tribune

Presidents of Latin American dental associations were joined by representatives from Henry Schein and federal and state government officials for the Federación Odontológica Latinoamericana (FOLA) 2011 Leadership Breakfast, held Monday morning.

Stanley M. Bergman, chairman and CEO of Henry Schein, who received the 2011 Hispanic Dental Association (HAD) Humanitarian Award, said the Hispanic community is a constituency that keeps on growing in the United States. Schein is interested in the demographic changes taking place in the United States. It is projected that by 2023, most of the population will have roots in other countries, the majority from Latin America. Bergman singled out the partnership of Schein with the HDA, which is dedicated to helping Hispanic dental professionals and students in the United States.

HDA president Margo Melchor invited guests to attend the first Multicultural Oral Health Summit, which will take place in July in Boca Raton, Fla., sponsored by Schein.

Steve Kess, vice president of global professional relations for Henry Schein, introduced FOLA President Dr. Adolfo Rodríguez, who said the partnership between Schein and FOLA should continue because it benefits dentists and patients alike.

"Dentistry has to walk together to be able to build a road where we can all succeed," said Rodríguez, who mentioned he will be leaving his post as FOLA president in 2012 but he hopes to have contributed to strengthening the relationship between Schein and Latin American dentistry.

New York State Senator Adolfo Espaillat said organizations supported by Schein, such as the Dominican Dental Association – USA, are very important because their members work in their communities and provide high-quality health care to people who otherwise would not be able to afford it.

Aditi Palli, international trade specialist of the U.S. Department of Commerce, said the Greater New York



Stanley M. Bergman, chairman and CEO of Henry Schein, speaks at the FOLA Leadership Breakfast. Behind him is Dr. Lauro Medrano Saldana, who translated Bergman's remarks into Spanish. (Photo/Fred Michmershuizen, Dental Tribune)

Dental Meeting has been a long-time participant of the buyer program, which brings foreign businesses to the United States. Palli said growth in this sector has been strong.

This is the second year in a row Schein sponsored an event honoring Hispanic and Latin American dentistry. The event was also sponsored by GNYDM and Henry Schein Cares, a program that has delivered health products and equipment in disaster areas, such as New Orleans after Hurricane Katrina and Haiti after the 2010 earthquake.

Also attending the breakfast were

FDI President Dr. Orlando Monteiro da Silva; Dr. Adriano Forghieri, president of the Sao Paulo Dental Association; Dr. Ricardo Martínez Lalis, president of the Argentinean Dental Association; Lauro Medrano, GNYDM board member; Dr. John Halikias, GNYDM general chairman; and Jaime Donado, president of the Colombia Dental Federation.

The event ended with the projection of a video showing the work performed throughout the years by Henry Schein Cares, and a group photo of the main figures in Hispanic and Latin American dentistry.

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# Dentistry's movers and shakers meet for the inaugural Dental Tribune Awards

By Javier de Pison, Dental Tribune

■ The Dental Tribune International (DTI) Media Lounge hosted the first Dental Tribune Global Awards yesterday afternoon at the Greater New York Dental Meeting. DTI President Torsten Oemus introduced the first eight winners of these 2011 awards. All were recognized from a refined pool of outstanding individuals in dentistry.

Oemus highlighted the careers of:

- Dr. Adolfo Rodríguez, president of the Latin American Dental Federation, who received the "Outstanding Individual of the Year" award,
- Samuel Prophete, president of the Haitian Dental Association, who received the "Dentistry in a Crisis Zone" award,
- Alan Miller, founder of AMD LASERS, who was received the "Innovation in Dentistry" award and
- Wolfgang Van Hall, managing director of Shofu Europe, who received an award for "Lifetime Achievement."

Rodríguez thanked DTI for the help the company gave him in Latin America, where he developed dental health campaigns and was instrumental in developing professional associations. Prophete, who could not be present in



• SHOFU GmbH Managing Director Wolfgang Van Hall, from left, Latin American Dental Federation President Dr. Adolfo Rodríguez, Dental Tribune International (DTI) Publisher Torsten Oemus and AMD LASERS President Alan Miller at the Dental Tribune Awards ceremony Monday afternoon at the DTI Media Lounge.

New York, sent a letter of thanks to and acknowledge his thanks for the many organizations who helped Haiti in its time of need during the devastating 2011 earthquake.

Perhaps the most moving words of thanks belonged to Alan Miller, who said that Dental Tribune helped a small Midwestern dental laser manufacturing company become a recog-

nized world player in dentistry, not only through advertising but also via the Dental Tribune Study Club courses, which allowed AMD LASERS to show their products worldwide.

## Political forecasts offered up at President's Luncheon



• Dental Tribune International Publisher Torsten Oemus speaks during the President's Luncheon. (Photo/Carlo Messina, Flx Video & Photography)

By Javier de Pison, Dental Tribune

The traditional President's Luncheon at Greater New York Dental Meeting (GNYDM), which honors presidents and directors of dental organizations as well as deans of dental schools worldwide, welcomed the well-known anchor of "Good Morning America," George Stephanopoulos as the celebrity speaker this year.

Stephanopoulos, who was a senior advisor in the Clinton administration, explained the changing, contradictory and polarized political landscape of the country, saying that he had never seen anything like this in his lifetime.

The ABC host, who has a masterful command of political trends and polls, explained how the initial favorite Republican candidates, such as Donald Trump, suddenly lost all the advantage to newcomers on the scene. Stephanopoulos conceded Trump had decided to not run for president after signing a \$60 million contract with ABC.

In one of the highlights of the event, Torsten Oemus, publisher of Dental Tribune International (DTI), conferred an award on Dr. John Halikias, general manager of the Greater



• GNYDM General Chairman Dr. John Halikias, Good Morning America Anchor George Stephanopoulos and Dental Tribune International Publisher Torsten Oemus at Monday's President's Luncheon at the Greater New York Dental Meeting. (Photo/Jan Agostaro)

New York Dental Meeting.

Oemus said that DTI was extremely proud to work as a partner of the GNYDM, a dental show that is now the largest in the United States and is evolving continuously in order to offer dentists from around the world the best possible education and the most innovative products.

Oemus explained that the daily newspaper, *today*, and the high-quality lectures offered by the Dental Tribune Study Club Symposia are two samples of how both organizations work together to bring the best of the best to attendees to the GNYDM.



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**12:45 - 1:45** DR. G. FREEDMAN & DR. F. GOLDSTEP // Course No. 5710  
**THE DIODE LASER: THE ESSENTIAL SOFT TISSUE HANDPIECE**

**2:00 - 3:00** DR. PEDRO LAZARO CALVO // COURSE NO. 5720  
**SURGICAL DECISION MAKING IN AESTHETIC IMPLANT DENTISTRY**

**3:15 - 4:15** DR. S. MALAMED AND DR. M. FALKEL // COURSE NO. 5730  
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# Integrating implants in your practice

By Kristine Colker, Managing Editor

► **Today from 11:15 a.m. to 12:15 p.m. in aisle 6000, room 3, Dr. Paul Goodman will present “Capitalize on the Hidden Implant Production in Your Practice” as part of the DTSC Symposia.**

In the session, he will discuss how the general dentist can enhance the implant portion of his or her practice and why loupes should be used on a daily basis. Participants will learn about effective consultation techniques to increase case acceptance; streamlining the implant process from planning to final restoration; and how loupes help maintain better ergonomics and are especially helpful for working with small implant parts.

Goodman sat down with *today* to share more insights into the session.

**Your DTSC Symposia session is called “Capitalize on the Hidden Implant Production in Your Practice.” Could you give us a brief overview of your presentation?**

We are dealing with challenging

economic times in our dental practices. My presentation will focus on how to communicate effectively with potential implant patients to help them accept implant cases. Not only are implants an outstanding patient service, but they're also an excellent revenue source for every general practice.

**What do you see as the most important benefits of enhancing the implant portion of one's practice? How would you recommend a clinician get started doing this?**

There are numerous benefits to enhancing the implant portion of your practice. Most important is the clinical and emotional benefit to your patient.

Traditional fixed prosthodontic dentistry can work well, but patients truly appreciate being able to keep the teeth on either side of their edentulous space intact.

A dental practice that performs a substantial amount of implant dentistry will be viewed as cutting edge, which will enhance their reputation in the community. In my opin-

ion, the best way to get started is to take hands-on continuing education in both placing and restoring implants. Even if your goal is not to place your own implants, it is immensely helpful to have a solid foundation of surgical knowledge.

**You also talk about loupes in your presentation. Why do you feel using loupes is so important?**

I have been using loupes since dental school and would not want to practice without them. Loupes allow me to maintain a proper working position, which decreases strain on my neck and back.

Additionally, many implant components are extremely small and using loupes allows you to manipulate these components with confidence.

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

I hope course attendees leave energized and motivated to talk to all of their patients about implant dentistry. Implant dentistry is rewarding, profitable and fun!

## About the speaker



Paul Goodman, DMD, is a graduate of University of Pennsylvania School of Dental Medicine, one of the best in the country. He has been a dentist for years and has been through several postgraduate courses in different fields of dentistry since receiving his DMD degree in 2002.

His emphasis on patient comfort as well as keeping up-to-date with the latest advancements in dentistry enable him to provide his patients with the best quality of care in the field. Goodman has a wide range of experience in different areas of dentistry, from cosmetic and restorative dentistry to surgical treatments.

AD

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# Diode laser: the essential soft-tissue handpiece

By Kristine Colker, Managing Editor

► **Today from 12:45 a.m. to 1:45 p.m. in aisle 6000, room 3, Dr. Fay Goldstep and Dr. George Freedman will present "The Diode Laser: The Essential Soft-Tissue Handpiece" as part of the DTSC Symposia.**

In the session, they will discuss how the soft-tissue laser is also a vital tool for periodontal treatment by dentists and hygienists. The diode laser empowers the dental team to take an even greater role in the healing therapies designed for the dental patient including laser bacterial decontamination, laser assisted periodontal therapy, and laser biostimula-

tion. The following questions will be addressed: What do the clinical studies say? What is the relevant science? How easy is it to operate the laser? How can you implement this exciting new treatment into your practice? Do you need a soft tissue laser? Can you afford to be without one?

Goldstep and Freedman sat down with *today* to share more insights into the session.

**Yesterday, you both presented a DTSC Symposia session, "Diode Lasers and Restorative Dentistry." Today, you have another one on "The Diode Laser: the Essential Soft-Tissue Handpiece." What can you tell us about today's**

**presentation and how it differs from yesterday's?**

The soft-tissue laser is also a vital tool for periodontal treatment by dentists and hygienists. The diode laser empowers the dental team to take an even greater role in the healing therapies designed for the dental patient including biostimulation, laser bacterial decontamination and laser curettage.

**Let's say some attendees are interested in using a diode laser but are worried about affording one, operating it and whether they really need it. How would you address those concerns?**

The daily cost of the Picasso, amor-

tized over just one year, is approximately \$10 per day. The consumable costs are negligible. There are countless reasons to use the diode laser in the practice every single day. You can't really afford to be without one. After having used the soft-tissue diode laser, you will ask yourself "How did I ever work without one?"

**What would you each say are the most important benefits and advantages of owning your own diode laser? Would you recommend one for everyone or just for those who practice certain types of dentistry?**

We started off with one diode laser. Almost immediately, the dentists and the hygienists began to line up, waiting to use it. This was inefficient and costly. We added another laser. And another. Now, we have a laser in every operator. The laser is essential, and used for so many treatment procedures, that it is impractical NOT to have one in each treatment room.

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## About the speakers



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 CONSERVE-ative Dentistry, Innovations in Hygiene, Dentist Health Issues, Magnification and Office Design.



George Freedman, DDS, is past president of the American Academy of Cosmetic Dentistry and the chairman of the Dental Innovations Forum (Singapore). Freedman is the author or co-author of 11

textbooks, more than 400 dental articles and numerous CDs, video and audiotapes and is a Team Member of REALITY. Freedman is a co-founder of the Canadian Academy for Esthetic Dentistry and a diplomat of the American Board of Aesthetic Dentistry.

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# Advancements in local anesthetic performance

By Kristine Colker, Managing Editor

Today from 3:15 to 4:15 p.m. in aisle 6000, room 3, Dr. Stanley Malamed and Dr. Mic Falkel will present "Local Anesthetic Performance: Fiction, Fact and Advancements (Precision Buffering)" as part of the DTSC Symposium.

In the session, they will focus on the science and clinical performance of local anesthesia, including recent advancements.

Falkel sat down with *today* to share more insights into the session.

**Dr. Falkel, you and Dr. Malamed are presenting a DTSC Symposia**

**session called "Local Anesthetic Performance; Fiction, Fact and Advancements (Precision Buffering)." Could you give us a brief overview of your session?**

Our session is all about how local anesthetic actually works for dentists and how latency may impact their practice flow. Anesthetic latency impacts the way we deliver care, the confidence we convey in the operator and the stress level across the practice.

**You talk about the reality of anesthetic performance versus commonly held beliefs in your session. Could you give us a few**

**examples of what you mean by that?**

Anesthetic mythology plays an interesting role in the confidence equation. We, as dentists, are taught that local anesthetic works in about three to five minutes for infiltrations and five to seven minutes for blocks.

Those numbers are a little unfortunate because they don't describe the time necessary to achieve profound anesthesia, which is what we need to go to work comfortably.

In fact, a lot of dentists wonder what is wrong with their technique because they were taught that anesthetic should work more quickly and reliably than they are typically experiencing in practice.

We'll show dentists where these numbers may have come from, and what 30 published studies using EPTs say about the time it takes dental patients to achieve profound numbness.

We will help attendees appreciate what is within the dentist's control regarding the time-course of analgesia in dentistry, and what is not.

**You also discuss a new precision cartridge pH buffering system. What is this new system and what would you say are some of the advantages of it?**

The principal advantage of precision buffering is that it allows the dentist to get control of onset time, radically shortening anesthetic latency. We'll talk about the impact this has on the day-to-day practice of dentistry.

Bringing the pH of local anesthetic from lemon juice to neutral has benefits that go beyond onset time. Foremost, obviously, is that a pH neutral injection hurts less (and may even enhance the best injection technique). Comfort is an important metric for many patients and practitioners.

\*see Falkel, page 19

AD

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## About the speakers

Stanley F. Malamed, DMD, was born and raised in the Bronx, New York, graduating from the New York University College of Dentistry in 1969. Malamed has authored more than 140 scientific papers and 17 chapters in various medical and dental journals and textbooks.



Mic Falkel, DDS, above, co-founded Onpharma and serves as its chief medical officer. In addition to his role with Onpharma, Falkel maintains his private general dentistry practice in Monterey, Calif., where he is a partner in the Monterey Peninsula Dental Group. Falkel is active in the dental profession, having served on the board of directors of the Monterey Bay Dental Society from 1998-2005 and as its president from 2002-2004. Falkel received his DDS from the University of the Pacific, and his bachelors degrees in chemistry and biology from the State University of New York, at Albany. Falkel conducted a general practice residency in dentistry at the Wadsworth Veteran's Administration Hospital in West Los Angeles.

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## Attend the session

Today from 2 to 3 p.m. in aisle 6000, room 3, Dr. Pedro Lazaro Calvo, will present "Surgical Decision Making in Esthetic Implant Dentistry" as part of the DTSC Symposia. The aim of this presentation is to introduce a surgical decision making to help the clinician in the selection of the most adequate surgical technique in the implant treatment of esthetic areas in order to reach the objectives described above. Each surgical decision is presented with a case report. In addition, the biologic rationale is discussed.

## About the speaker

Pedro J. Lazaro Calvo, DDS, of Complutense University in Madrid (UCM 1985-1991). He received his continuing education in periodontics at Columbia University in New York (1993), MSD in periodontics (UCM 1993-1995) and ITI fellow. He is active member of the European Association for Osseointegration and an active member of the European Federation of Periodontology. He's in a practice limited to periodontics and implant surgery

ized service and as part of its expansion in the United States, is looking for distributors and/or agents. If interested, contact [jmartinez@klockner-us.com](mailto:jmartinez@klockner-us.com).

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# Understanding restorative ferrule and why it is still important

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

Practitioners are familiar with the saying, "Implant dentistry is a restorative treatment with a surgical component," but that same philosophy should be applied to teeth that present with endodontic issues. The basis of dentistry is restorative. We need to evaluate the tooth to determine, "Can it be restored predictably long term?"

Dentistry today, specifically restorative treatment is adhesive-oriented. Yet, some of the principles that were taught before the adhesive revolution seem to be forgotten.

Restorative ferrule is as important today as it was before bonding entered dentistry. In the absence of a ferrule, failure may occur resulting in a patient presenting with the crown in hand and the entire coronal core within the crown due to stresses upon the marginal area under load of the crown.

Catastrophic failure may also result, in teeth restored with a post, wherein stress is concentrated on the post and vertical root fracture results due to a lack of ferrule to protect the tooth under function.

The question remains how do we make those treatment decisions when presented with a broken down tooth? The literature demonstrates that when a restorative ferrule is present of at least 2 mm stresses placed upon the crown are transmitted through the root and not concentrated at the margins of the crown.

This is most critical in the maxillary anterior where off axis loading is normal. When the anterior teeth occlude, loads result in tension on the lingual crown margin and compression on the buccal margin (Fig. 1).

This micro-movement over long periods of time can result in loss of the seal of the crown on the tooth leading to undetected decay initially or fracture of the core from the tooth. As these endodontic teeth lack pulpal tissue the patient is not aware of the breakdown marginally and resulting decay until failure results.

It is also difficult for the practitioner to detect until sufficient marginal breakdown has occurred or the patient presents wanting the crown recemented (Fig. 2).

Material selection is also important on rebuilding these endodontically treated teeth or those vital teeth that require a core buildup. Clinically, metal posts are being used less and less and fiber posts are being chosen more frequently when a post is needed (Fig. 3).

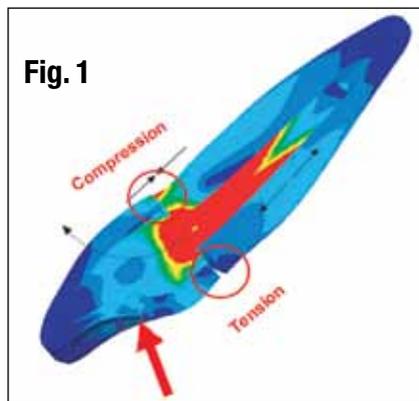


Fig. 1

• Fig. 1: As lingual load is placed on the crown during occlusion, stress concentrates (red) and tension results at the lingual crown margin which can lead to breaking of the seal between the crown and tooth resulting in recurrent decay. (Photos/ Provided by Dr. Kurtzman)



Fig. 2

• Fig. 2: Typical crown presenting for recementation with a preparation showing insufficient ferrule to resist tipping of the crown off the preparation.



Fig. 3

• Fig. 3: Root restored using a metal post demonstrating a vertical root fracture from prosthetic overload.

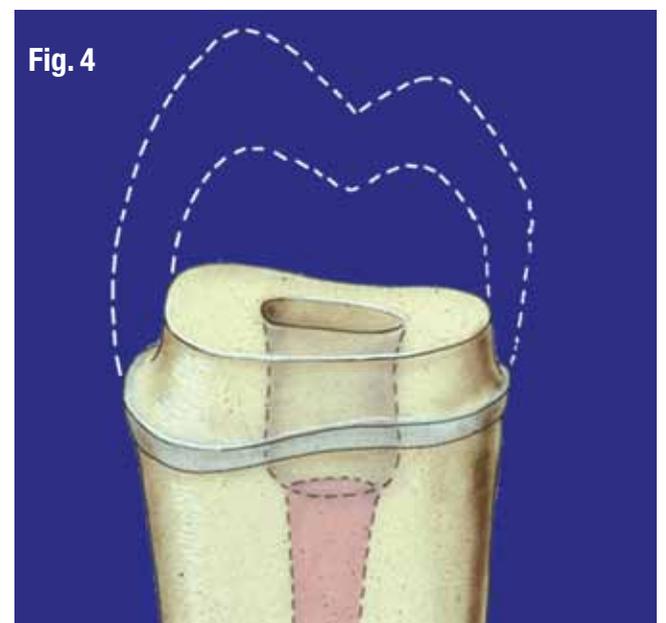


Fig. 4

• Fig. 4: Visualization of a prepared tooth and the ferrule that is required to eliminate stress on the core.



• Fig. 5: An endodontically treated tooth with minimal tooth missing or replaced by old restorative material that will not require a post or crown and may be restored with a bonded composite restoration.



• Fig. 6: Anterior tooth ready to be restored following endodontics that will require a post to help retain the core and consideration needs to be made for osseous crown lengthening to a restorative permit ferrule.

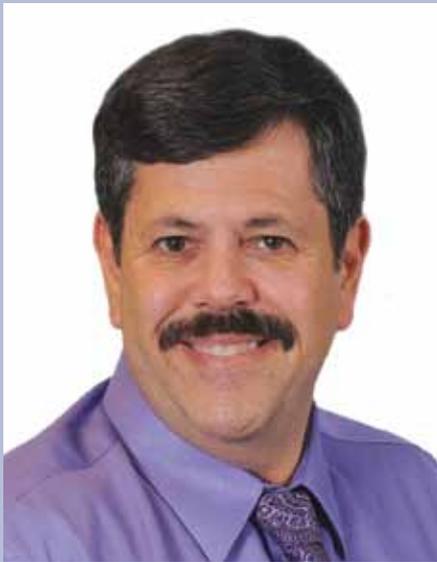
It is important to remember that the sole purpose of the post is to retain the core. The practitioner needs to determine how much tooth structure

will remain surrounding the core portion after the crown preparation is performed (Fig. 4). If sufficient dentin will remain circumferentially

around the core, then we can forgo the post in those endodontically treated teeth being restored (Fig. 5). But when there is minimal dentin encompass-

## Attend the session

Today from 10 a.m. to 11 a.m. in aisle 6000, room 3, Dr. Gregori Kurtzman will present "Core Buildups, Post & Cores and Understanding Ferrule" as part of the DTSC Symposia. In his session, he will offer discussion on how to restore endodontically treated teeth and the decision-making process on core buildup versus a post and core. Techniques and materials will be reviewed for creating durable predictable core buildups and post and cores. Additionally, he will discuss the importance of restorative ferrule in today's adhesive world and why it's just as important today to achieve long-term clinical success. The session is sponsored by Kuraray.

## About the author

Gregori Kurtzman, DDS, is in private general practice in Silver Spring, Maryland and a former Assistant Clinical Professor at University of Maryland. He has lectured internationally on the topics of Restorative dentistry, Endodontics and Implant surgery and prosthetics, removable and fixed prosthetics, Periodontics and has over 200 published articles. He has earned Fellowship in the AGD, AAIP, ACD, ICOI, Pierre Fauchard, ADI, Mastership in the AGD and ICOI and Diplomat status in the ICOI and American Dental Implant Association (ADIA). Dr. Kurtzman has been honored to be included in the "Top Leaders in Continuing Education" by Dentistry Today annually since 2006.



Fig. 7: Endodontically treated tooth ready to be restored, which, upon crown preparation, will result in minimal tooth remaining circumferentially around a core placed within the tooth, indicating a post is indicated to help retain the core.

ing the core, a post is a good adjunct to help retain the core and lessen the chance that it will come off in the crown (Figs. 6 and 7).

When using fiber posts, it is critical to only use resin cements, as these types of posts require bonding to the canal walls for strength. Failure can be expected when using the cements that are typically used for metal post cementation, such as glass ionomers and Durelon (polycarboxylate), as these do not bond to either the canal wall or the fiber post allowing potential micro movement under repetitive load leading to pull out of the post or

possible fracture of the post. Self-etch, self-adhesive resin cements such as Clearfil SA Cement (Kuraray America, New York, N.Y.) allow a simplified post-cementation technique that is less technique sensitive versus the need to etch the post preparation and place separate adhesive before injecting cement and inserting the post.

Join us at the Dental Tribune Study Club in Aisle 6000, Room 3 at 10 a.m. today for a lecture discussing this topic and further details on how to restore endodontically treated teeth, providing long-lasting core buildups and when to use posts.

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# Advanced photoacoustic endodontic applications, (PIPS); the Lightwalker Er:YAG & Nd:YAG dual wavelength laser

By Enrico DiVito, DDS,  
and Giovanni Olivi, MD, DDS

■ The goal of endodontic treatment is to obtain effective cleaning and decontamination of the smear layer, bacteria and their byproducts in the root-canal system.

Clinically, traditional endodontic techniques use mechanical instruments as well as ultrasonic and chemical irrigation, in an attempt to shape, clean and completely decontaminate the endodontic system, but still fall short of successfully removing all of the infective microorganisms and debris.

This is because the complex root-canal anatomy and the inability for common irrigants to penetrate into the lateral canals and the apical ramifications.

It seems, therefore, appropriate to search for new materials, techniques and technologies that can improve the cleaning and the decontamination of these anatomical areas.

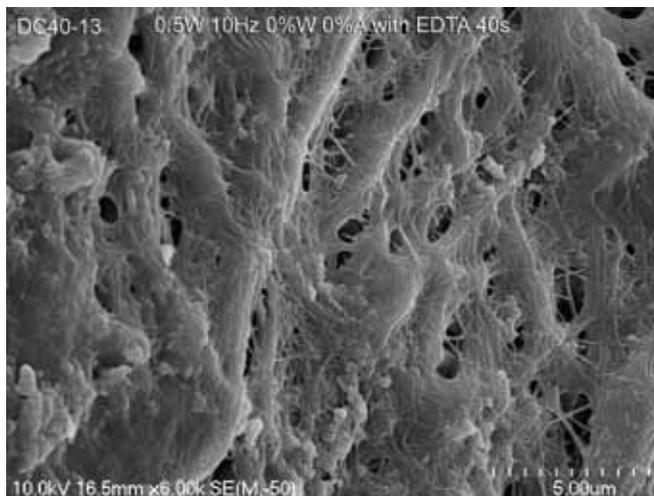
Among the new technologies, the laser has been studied in endodontics since the early 1970s<sup>1-3</sup> and has become more widely used since the 1990s.<sup>4-6</sup>

Different wavelengths have been shown to be effective in significantly reducing the bacteria in the infected canals and important studies have confirmed these results in vitro.<sup>7</sup> Studies reported that near infrared laser are highly efficient in disinfecting the root-canal surfaces and the dentinal walls (up to 750 microns the diode 810 nm and up to 1mm the Nd:YAG 1064 nm).

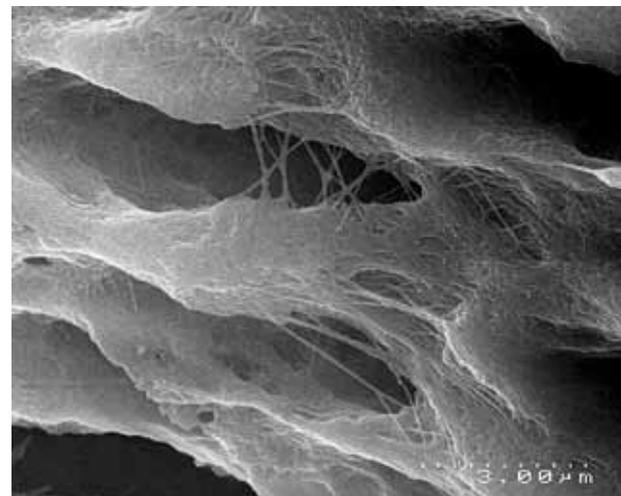
On the other hand, these wavelengths did not show effective results in debriding and cleansing the root canal surfaces and caused characteristic morphological alterations of the dentinal wall.

The smear layer was only partially removed and the dentinal tubules primarily closed as a result of melting of the inorganic dentinal structures.<sup>5,8</sup> Other studies reported the ability of the medium infrared laser in debriding and cleaning root canal walls.<sup>9,10</sup>

The bacterial load reduction after erbium laser irradiation, demonstrated high on the dentin surfaces, but low in depth of penetration because of the high absorption of laser energy on the dentin surface.<sup>7</sup> Also, the laser activation of commonly used irrigants (LAI) resulted in statistically more effective removal of debris and smear layer in root canals compared with traditional techniques (CI) and ultrasound (PUI).<sup>11,12</sup>



• Fig. 1 (Photos/Provided by Dr. Enrico DiVito)



• Fig. 2

Additionally the laser activation method resulted in a strong modulation in reaction rate of NaOCl significantly increasing production and consumption of available chlorine in comparison to ultrasound activation.<sup>13</sup>

A recent study has reported how the use of an Erbium:YAG laser, equipped with a newly designed radial and stripped tip, in combination with 17 percent EDTA solution, using very low pulse duration (50 microseconds) and low energy (20 mJ) resulted in effective debris and smear layer removal with minimal or no thermal damage to the organic dentinal structure through a photoacoustic technique called Photon Induced Photoacoustic Streaming or "PIPS."<sup>14,15</sup>

Also the same photoacoustic protocol in combination with 5.25 percent sodium hypochlorite solution has been investigated and shown three-dimensionally to reduce the bacterial load and its associated biofilm in the root-canal system.<sup>16</sup>

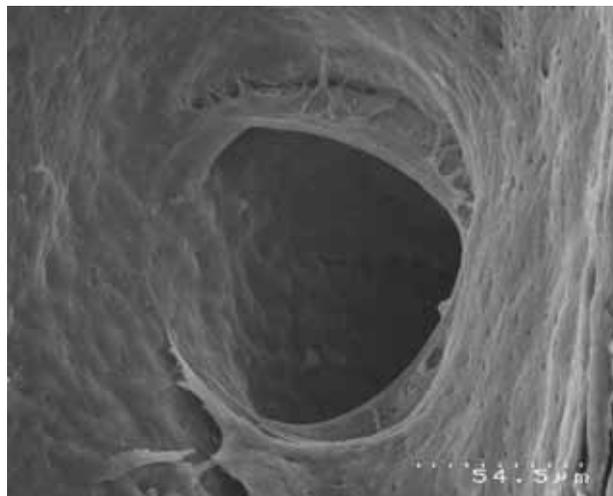
Other similar studies are in progress for publication and the results are promising and suggest a three-dimensional positive effect of this laser-activated decontamination (LAD) method.

The purpose of this article is to present briefly the experimental background of this laser technique.

## Scientific background

The microphotographic recording of the LAI studies suggested that the Erbium lasers used in irrigant filled root canals generate a streaming of fluids at high speed through a cavitation effect.<sup>17</sup>

The laser thermal effect generates the expansion-implosion of the water molecules of the irrigant solution, generating a secondary cavitation



• Fig. 3

effect on the intracanal fluids. To accomplish this streaming, it is suggested that the fiber be placed in the middle third of the canal, 5 mm from the apex and stationary.<sup>18</sup> This concept greatly simplifies the laser technique, without the need to reach the apex and to negotiate radicular curves.

Also the recorded video of the new PIPS technique showed a strong agitation of the liquids inside the canals. It differs from the already cited LAI technique by activating the irrigant solutions in the endodontic system through a profound photoacoustic and photomechanical phenomena. The use of low energy (50 microsecond pulse, 20 mJ at 15 Hz, 0.3W average power or less) generates only a minimal thermal effect.

The study with thermocouples applied to the radicular apical third revealed only 1.2 degree C of thermal rise after 20 seconds and 1.5 degrees C after 40 seconds of continuous radiation.<sup>14</sup>

When the Erbium laser energy is delivered at only 50 microsecond pulse duration through a special

designed tapered and stripped 400 microns tip (Fotona LightWalker, Technology4Medicine), it produces a large peak power of 400 watts when compared to a longer pulse duration. Each impulse, absorbed by the water molecules, creates a strong "shock wave" that leads to the formation of an effective streaming of fluids inside the canal while also limiting the undesirable thermal effects seen with other methodologies.

The placement of the tip in the coronal portion only of the treated tooth allows for a more minimally enlarged canal preparation with less thermal damage as seen with those techniques placed into the canal system. The root canal surfaces irrigated with 17 percent EDTA and laser activated for 20 seconds showed exposed collagen matrix, opened tubules and the absence of smear layer and debris (Figs. 1, 2). The rinsing with 5.25 percent sodium hypochlorite and laser irradiation for 20 seconds produced a strong activation of the solution, as reported by Macedo<sup>13</sup>, improving the disinfecting action of the sodium hypochlorite<sup>16</sup>. The disinfect-

ing action of PIPS is very effective both on the root surface, the lateral canals and the dentinal tubules, as confirmed with SEM and confocal studies. (Fig. 3)

The profound and distant effect of PIPS eliminates the need to introduce the tip into the root canal system. Unlike traditional laser techniques requiring placement of the tip 1 mm from the apex, or even 5 mm from the apex as proposed for LAI,<sup>18</sup> the PIPS tip is placed in the coronal portion of the pulpal chamber only and left stationary allowing the photoacoustic effect to spread into the openings of each canal.

A new tip design consisting of a 400 micron diameter, 12 mm long, tapered end is used for this technique (Fig. 4). The final 3 mm of coating is stripped from the end to allow for greater lateral emission of energy compared to the frontal tip.

This mode of energy emission allows for improved lateral diffusion with low energy and enhanced photoacoustic effect.

### Discussion

Laser irradiation is a common technique used in endodontics to improve the cleaning, the debriding and disinfection of the root canal system. Many wavelengths and protocols are used. Near infrared lasers are used for the three dimensional decontamination of the endodontic system. Nd:YAG and diode lasers use thermal energy to destroy bacteria. Observations reveal a certain grade of thermal injury to the root canal surface and create a typical morphological damage. Moreover, they are not able to thoroughly remove the smear layer.

On the contrary, Erbium lasers are used for their effective smear layer removal while their bactericidal activity is limited to the root surface. The placing of the tip close to the apex and its back movement during the activation process is related to the risk of apical perforation, ledging and surface thermal damage, due to the ablation ability of this wavelengths.

Also a combination of the near and medium infrared lasers has been proposed. A technique, called twinlight endodontic treatment (TET) uses the Erbium laser energy first, to clean the root canal surface and remove the smear layer and the Neodimium:YAG laser second, used in dry mode as the final disinfecting step.<sup>19</sup>

All these techniques utilize traditional tips and fibers placed into the

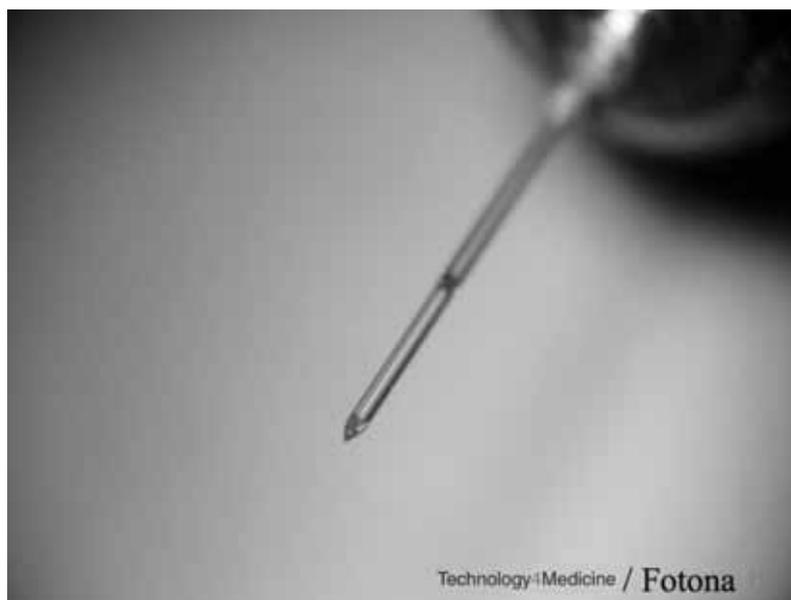


Fig. 4

canal, close to the apex (1 mm) with all the corresponding thermal disadvantages observed in long, narrow and curve canals.

The Erbium lasers are also used as a medium of activation of commonly used irrigants (LAI), avoiding the risk of thermal damage, while increasing the cleaning and disinfecting activity of the fluids. PIPS in particular reduces all these risks and disadvantages thanks to the position of the tip in the coronal orifice only and to the use of minimally ablative energy levels of 20 mJ or less.

The findings of our studies demonstrated that PIPS technique resulted in a safe and effective debriding and decontaminating the root canal system. Our clinical trials showed that PIPS technique greatly simplifies root canal therapy while facilitating the search for the apical terminus, debriding and maintaining patency.

As a result of the efficacy of PIPS, the final size required for canal shaping can be significantly reduced, often to a size 25/04, allowing for a more minimally invasive and biomimetic preparation which can then be obturated three dimensionally.

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### Attend the session

Today from 4:30 to 5:30 p.m. in aisle 6000, room 3, Dr. Enrico DiVito will present "Minimally Invasive Endodontics Using Photon-Induced Photoacoustic Streaming (PIPS) as part of the DTSC Symposia. In his session, he will explain an improved system for irrigating and debriding root canal systems. He will present the latest in laser-activated irrigation technique (LAI) using PIPS and most recent results using bacterial, histological, SEM, Confocal and micro CT scanning. The clinician will learn the value of using LAI and PIPS for irrigation, the ability to eliminate both bacterial and biofilm within the root canal and to decrease the size of instrumentation needed and maintaining more internal root structure.

Technology  Medicine.

### About the author

Enrico Divito, DDS, from University of Pacific, faculty clinical instructor at the Arizona School of Dentistry and Oral Health (ASDOH). He is adjunct professor at the Arizona School of Dentistry and Oral Health and is in private practice at Arizona Center for Laser Dentistry Scottsdale. Contact him via e-mail at [edivito@azclcd.com](mailto:edivito@azclcd.com).

Giovanni Olivi, MD, DDS, professor of Endodontics University of Genoa (School of Dentistry - Laser in Dentistry Master Course, Dir. Prof. Benedicenti S.). He's in private practice in Rome, Italy.

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### Falkel <sup>from page 12</sup>

**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 more of a general topic?**

Precision buffering benefits all dentists and hygienists who deliver local anesthetic injections.

Practitioners who know how often they give anesthetic in a typical day, whether they inject and leave the operator while patients "marinate,"

how long they typically wait before returning and how frequently they need to re-inject will then have a good basis for our discussion.

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

I developed Onpharma precision pH buffering products for dentistry after finding myself regularly frustrated by the way my local anesthetic worked

- and after trying the various techniques and devices that were available, some of which I incorporated into my practice, but none of which gave me what I wanted.

After reviewing the published studies and anesthetic textbooks on pH buffering, my team and I developed Onset, a simple precise tool for buffering anesthetic cartridges at chairside, right before delivering the injection.

We'll show dentists at the Dental Tribune Study Club meeting how

Onset works. They can buffer cartridges right there.

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

I hope our attendees come away appreciating the real time-course of analgesia in dentistry and understanding what they can do about it. Onset changes the game. Malamed has described Onset as "the biggest improvement in dental anesthetic" since he wrote the book on it in 1978.

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# Scenes from Monday



• A meeting attendee gets a hand massage at the Hu-Friedy booth (No. 1401).



• Dr. Yaacov Levy, from left, Shmuel Rozen and Michael Spicer of Cortex Dental Implants (booth No. 3837).



• Dental Assistants Cindy Gonzales, Kiara Collins, Tania Valencia and Christine Mangi all hail from White Plains, New York.



• Dr. Rabbit has a message for kids — brush!



• Susan Leta, left, and David Davis of American Express Open (booth Nos. 1525 and 4617).



• Julianne Ibarra of Ashtel Dental (booth No. 531) shows off the new Justin Bieber toothbrush.



• Students from local public schools are here to learn about proper oral care. The brushing station makes it easy to practice their new skills.



• Sergeant First Class Eric Feliciano, left, and Staff Sergeant Kissa L. Floyd of the United States Army Medical Recruiting Station (booth No. 637).

Photos by Robin Goodman, Fred Michmershuizen and Robert Selleck of Dental Tribune



Hygienist Meghan Nolan, from left, administrative staff members Megan Domeck and Diana Zelentsova and dental assistant Ruby Guruzaran strolled into the Javits center Monday afternoon around 2:30 p.m. and headed straight to the exhibit hall.



This furry creature was hanging around at the Denticator booth (No. 1108).



Jeffrey Gangelhoff, from left, Jamie Schefen and Laura Sims of MD Brands (booth No. 101) show off some illuminated eyewear.



Dr. Joseph D. Maggio offers a presentation on endodontic instrumentation on Monday morning.



You can get your hearing checked here at the GNYDM. Look for the bus parked across from the DTSC Symposia classroom, in the educational hall. Pictured is Andrine Gordon, who was signing people in on Monday.



Meeting attendees watch a presentation at the Philips Sonicare booth (No. 201/601).



Dr. Joseph J. Massad offers hands-on instruction during an educational session Monday morning.



A sign for DMG America hovers over the show floor.



• Ron Buonocore with A-dec carefully covers the features of the A-dec 500 dental chair system with Jerry Rosenfeld, DDS, of Avon Conn., in booth No. 3401 on Monday.



• Dr. Earl Bergersen, inventor of a number of orthodontic techniques available from Ortho-Tain (booth No. 3114), offers an educational presentation.



• Angela Wheeler, with the HurriPak periodontal anesthetic starter kit in the Beutlich Pharmaceuticals booth, No. 2812.



• Elly Koskorelos, left, and Robert Santiago are both students at NYU.



• This Central High School class from Newark, N.J., is sent to the exhibitor hall by their health class teacher to compete in a scavenger hunt. Items on the list included tubes of toothpaste, sugarless gum, tooth brushes and similar items. Pictured from left in back are Tahaj Hawkins, Jaselee Zayas, Khadijah Super, Fredda Addo, Osayande Osa and Robinson Pierre. In front from left: Elizabeth Nti and Zainab Jimoh.



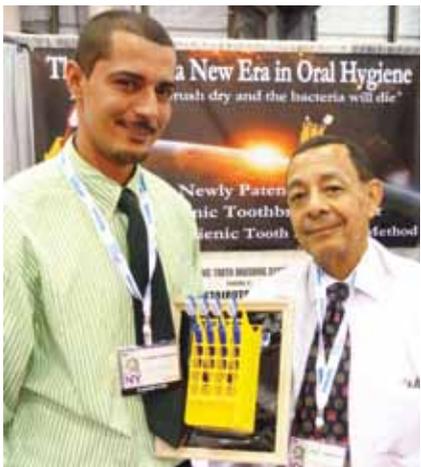
• In the PhotoMed booth (No. 1100) with a full display of the company's digital dental cameras are Tony Aguilar, left, and Rex Koskela.



• In the NSK booth (No. 233), from left, Rob Gochoel, Dan DeZak, Dawn Petit, Mirco Stiehle and Adam Burt are busy throughout the day on Monday showing visitors the complete line of NSK handpiece systems, including the S-Max Pico, with the world's smallest head and neck size.



• Jeff Huling, DDS, PC, business development and clinical affairs with Direct-Crown Products, discusses the dental restorative system with Dr. Alaa Abu Shareia of Poniky, Slovakia. Jong Shiaw Lim, DDS, MS, center, of Elmhurst, N.Y., an experienced user of the product, couldn't resist sharing a hardy endorsement with Abu Shareia.



• Jose Camacho, MD, right, inventor of the Hygienic Tooth Brushing System/Holder has Edwin Rendon helping him out in booth No. 530, to demonstrate how the product's design premise is based on the concept of: 'Let the toothbrush dry and the bacteria will die.'®



• Kenneth Zoll, national sales manager with Zoll-Dental, has a new product in the booth (No. 3424), the Z-Soft dental hygiene instrument, with soft grips and both ends.



• Ron Brush, recruiting manager with Aspen Dental, meets with Wesley Hartswell, DDS, of Plainview, N.Y., in front of the dental practice job placement firm's full mock-up of a dental office (booth No. 3633).



• Displaying the Cubex Smart Inventory Management System in the Henry Schein booth (No. 1217) are Cubex President and CEO Anton Visser and Dental Sales & Marketing Manager Kelly Griffin.



• Staffing the Milestone Scientific booth (No. 3013) on Monday are, from left, Director of International Business Dale Johnson, Director of Education Renee Cultrara, RDH, Director of Domestic Sales Marvin Terrell and Product Specialist Gene Romaska.



• Sales Representative Bill Iavaroni will show you the latest in dental-chair systems, the Elevance, in the Midmark booth (No. 217).



• Aribex marketing coordinator Kimberlee Winterton displays the highly mobile Nomad By Aribex digital X-Ray system in booth No. 925.



• Instrumentarium Dental and Soredex Territory Manager Patrick Humm demonstrates Instrumentarium OP30 digital panoramic imaging system on Monday in booth No. 2208.

# No interface degradation? It must be Ceramir Crown & Bridge then...

By Robin Goodman, Dental Tribune

■ Permanent and stable are words that bring peace of mind to many on a variety of topics. Now, Doxa Dental brings this peace of mind to the dental office with Ceramir Crown & Bridge, a new bioceramic luting cement. You might wonder, "How can a new luting cement be any different than what is already out there?"

One difference is that Ceramir® has the unique ability to make tight and impermeable contact with tooth tissue that is stable over the long term. In fact, no cement is closer to natural tooth structure than Ceramir.

This is because Ceramir fosters a build-up of nano-crystals that integrate with dentin and enamel, forming a biomimetic material that the company calls "nanostructurally

## Here in New York

To learn more about Ceramir Crown & Bridge, stop by the booth, No. 1526.

integrating bioceramics" (NIB). The transmission electron microscope images, showing how at 20 nm (the molecular level) Ceramir integrates with enamel in vivo, are quite com-



Emil Abrahamsson, president of Doxa Dental, holds a 20-pack box of the company's new bioceramic luting agent, Ceramir Crown & Bridge. Swing by the booth, No. 1526, to enter to win an iPad2 and read the scientific studies supporting the fact that no cement is closer to natural tooth structure than Ceramir. (Photo/Robin Goodman, Dental Tribune)

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elling and can be seen at the booth (No. 1526).

Another dramatic difference in comparison to other cements is that Ceramir creates an alkaline environment (high pH) that resists acid and bacterial decay. Thus, the product remains chemically stable in the oral environment over time. Because it was designed to be stable in an oral environment, Ceramic does not require optimal conditions for a good seal.

The questions on everyone's mind when discussing dental cement usually revolve around working time, setting time, film thickness and mechanical strength.

Ceramir's working time is two minutes while its setting time is approximately five minutes. In addition, Ceramir meets the film thickness for well-fitting restorations by coming in at around 15 µm. Finally, Ceramir's mechanical strength was measured in terms of compression strength and, after 24 hours, was measured at 170 MPa.

Ceramir Crown & Bridge cement is backed by 25 years of research and development by Swedish Professor Leif Hermansson and his wife, Irmeli, founders of Doxa Dental. Stop by the booth, No. 1526, to learn more about this unique bioceramic luting cement, and enter to win an iPad2. If you buy a 20-pack, you'll also receive another one for free as well as a \$25 Visa gift card.

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Each day will feature a variety of presentations on topics, which will be led by experts in that field. Participants will earn one C.E. credit for each lecture they attend, with potential to earn a total of 24 credits! DTSC is the official online education partner of GNYDM.



## SUNDAY, NOVEMBER 27

10:00 - 11:00 DR. HOWARD GLAZER // COURSE NO. 3780  
**GIOMERS: NEW GIANTS OF MI DENTISTRY**

11:15 - 12:15 DR. SHAMSHUDIN KHERANI // COURSE NO. 3790  
**COMPREHENSIVE DENTISTRY USING DIGITAL IMPRESSION TECHNOLOGY**

12:45 - 1:45 DR. RON KAMINER // COURSE NO. 3800  
**MINIMALLY INVASIVE DENTISTRY: TIPS AND TRICKS TO MAXIMIZE SUCCESS**

2:00 - 3:00 DR. LOUIS MALCMACHER // COURSE NO. 3810  
**THE HOTTEST TOPICS IN DENTISTRY**

3:15 - 4:15 DR. BRIAN NOVY // COURSE NO. 3820  
**TECHNOLOGY TO IMPROVE YOUR CARIES MANAGEMENT**

4:30 - 5:30 DR. GEORGE FREEDMAN // COURSE NO. 3830  
**EVOLVING CONSERVATIVE RESTORATIONS**

## TUESDAY, NOVEMBER 29

10:00 - 11:00 DR. GREGORI KURTZMAN // COURSE NO. 5690  
**CORE BUILDUPS, POST & CORES AND UNDERSTANDING FERRUL**

11:15 - 12:15 DR. PAUL GOODMAN // COURSE NO. 5700  
**CAPITALIZE ON THE HIDDEN IMPLANT PRODUCTION IN YOUR PRACTICE**

12:45 - 1:45 DR. GEORGE FREEDMAN AND DR. FAY GOLDSTEP // COURSE NO. 5710  
**THE DIODE LASER: THE ESSENTIAL SOFT TISSUE HANDPIECE**

2:00 - 3:00 DR. SELMA CAMARGO // COURSE NO. 5720  
**LASERS IN ENDODONTICS: CLINICAL APPLICATION FOCUS ON DIFFICULT CASES**

3:15 - 4:15 DR. STANLEY MALAMED AND DR. MIC FALKEL // COURSE NO. 5730  
**LOCAL ANESTHETIC PERFORMANCE; FICTION, FACT AND ADVANCEMENTS (PRECISION BUFFERING)**

4:30 - 5:30 DR. ENRICO DIVITO // COURSE NO. 5730  
**MINIMALLY INVASIVE ENDODONTICS USING PHOTON INDUCED PHOTOACOUSTIC STREAMING (PIPS)**

## MONDAY, NOVEMBER 28

10:00 - 11:00 DR. FAY GOLDSTEP // COURSE NO. 4670  
**WHAT PATIENTS WANT... WHAT DENTISTS WANT: EASY, HEALTHY DENTISTRY!**

11:15 - 12:15 DR. DAMIEN MULVANY // COURSE NO. 4680  
**WHY VIEW YOUR 3D PATIENTS WITH 2D IMAGES? A COMMON SENSE APPROACH TO 3D IMAGING IN THE GENERAL PRACTICE**

12:45 - 1:45 DR. LARRY EMMOTT // COURSE NO. 4690  
**REMEMBER WHEN "E" WAS JUST A LETTER? USE E-SERVICES TO IMPROVE PATIENT CARE AND INCREASE PROFITABILITY**

2:00 - 3:00 DR. GEORGE FREEDMAN AND DR. FAY GOLDSTEP // COURSE NO. 4700  
**DIODE LASERS AND RESTORATIVE DENTISTRY**

3:15 - 4:15 DR. SHAMSHUDIN KHERANI // COURSE NO. 4710  
**LASER DENTISTRY OVERVIEW WITH AN UPDATE ON CLOSED FLAP OSSEOUS**

4:30 - 5:30 DR. MARTY JABLOW // COURSE NO. 4720  
**UNDERSTANDING THE ADVANCES IN SELF-ADHESIVE TECHNOLOGY AND HOW TO INCORPORATE THEM INTO YOUR RESTORATIVE PRACTICE**

## WEDNESDAY, NOVEMBER 30

10:00 - 11:00 DR. IRA LAMSTER // COURSE NO. 6600  
**MANAGEMENT OF THE PATIENT WITH DIABETES MELLITUS: CONSIDERATIONS FOR DENTAL PRACTICE**

11:15 - 12:15 DR. GEORGE FREEDMAN AND DR. MARC GOTTLIEB // COURSE NO. 6610  
**ABC'S OF BONDING CERAMIC CROWNS AND CERAMIC REPAIR**

12:30 - 5:00 **THE 2ND ANNUAL OSSEO UNIVERSITY SUMMIT: REVOLUTIONARY IMPLANT DESIGN UNVEILED; FOLLOWED BY THE LASER SUMMIT** // COURSE NO. 6620 THIS PROGRAM INCLUDES THE FOLLOWING LECTURES:

12:45 - 1:45 DR. RON KAMINER AND DR. ARMIN NEDJAT  
**MINIMALLY INVASIVE IMPLANT DENTISTRY FOR THE GENERAL PRACTITIONER**

1:50 - 2:50 DR. DAVID HOEXTER  
**IMPLANTS AND BISPHOSPHONATES, OSTEONECROSIS, OSTEOPOROSIS AND ESTHETICS**

2:55 - 3:55 DR. ROBERT HOROWITZ  
**OPTIMIZING PERIODONTAL, RESTORATIVE AND IMPLANT THERAPY WITH A 1064 LASER**

4:00 - 5:00 DR. MICHAEL EGAN  
**OVERVIEW OF THE MOST PRACTICAL PROCEDURES PERFORMED BY ERBIUM, 1064 NDIYAG, 1064 DIODE EMPHASIS ON PERIODONTAL PROCEDURES**



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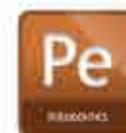
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# Treating the whole body

**Total Health: Beyond the Mouth program from Henry Schein helps dentists keep patients healthy from head to toe**

By Fred Michmershuizen  
Dental Tribune

■ It's no secret that good oral health is vital to a person's overall health. Now, thanks to a program being introduced by Henry Schein, dentists have new tools to help educate their patients not only on periodontal disease and oral cancer, but also sleep disorders, heart disease, diabetes and other serious conditions.

"Our goal is to help practitioners educate their patients on the seriousness of oral health and how it affects the rest of the body," said John Chatham of Henry Schein Dental during an interview Monday after-



• John Chatham, left, and Jen McGuire of Henry Schein Dental (booth No. 1217) have been busy here at GNYDM telling meeting attendees about the new Total Health: Beyond the Mouth program. (Photo/Fred Michmershuizen, Dental Tribune)

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Jen McGuire of Henry Schein Dental said that Total Health: Beyond the Mouth, developed by Henry Schein in conjunction with the American Academy for Oral Systemic Health, offers dentists a number of tools that they can use to educate their patients and improve their overall health.

It all starts when a patient is asked to complete a checklist, which assists the dentist in assessing oral health and its impact on overall health. Patients are asked to indicate whether their gums bleed or are sore or swollen, whether they have difficulty chewing or swallowing, if they snore, and if there is a family history of heart disease or diabetes.

The patient is also given a brochure stating that when gums become infected and inflamed from periodontal disease, bacteria in plaque can spread and grow below the gum line. The bacteria can then enter into the blood stream and travel to major organs and begin new infections.

Ongoing research suggests that periodontal disease may be linked to heart disease, osteoporosis and diabetes, the brochure states.

"Periodontal disease is inflammation, and if you have inflammation anywhere in your body, it is not a good thing," Chatham said.

After the patient has received the information, the dental professional can then use the checklist in evaluating the patient, and when necessary further information can be provided.

Additional resources for patients with sleep apnea are available through the Henry Schein Sleep Complete dental sleep medicine program.

Chatham said that since most people see their dentist more often than their physician, it makes sense for dentists to speak to patients about their overall health. The main objective of the Total Health: Beyond the Mouth program, he said, is to help elevate dentists in the minds of their patients.

"After all," he said, "If dentists do better, we as a company do better."

**'Our goal is to help practitioners educate their patients on the seriousness of oral health and how it affects the rest of the body.'**

# Solving one of dentistry's most challenging problems

By Mark Hochman, DDS

■ Of all the procedures performed on a routine basis, the one procedure that is universally perceived by patients as the most fearful and anxiety provoking is the dental injection. In spite of the significant advances made during the past 100 years, our profession has yet to conquer one of the greatest challenges of dentistry – or has it? Milestone Scientific, after spending the past decade responsibly and methodically studying this problem, now believes that with the introduction of its new instrument, The Wand®/STA Single Tooth Anesthesia System, this age-old problem has finally been conquered.

The Wand/STA Single Tooth Anesthesia System represents the world's first and only technology that uses the patented Dynamic Pressure Sensing® (DPS®) technology, which accurately and safely performs a pressure-regulated intra-ligamentary dental injection. The new Wand/STA Single Tooth Anesthesia System can also perform all traditional dental injection techniques, i.e., inferior alveolar block, supra-periosteal infiltration, etc. All techniques are performed more efficiently, more effectively and virtually painlessly.

Milestone's new technology incorporates visual and audible real-time feedback, giving clinicians an unprecedented level of control and information when performing a dental injection. The Wand/STA Single Tooth Anesthesia System replaces the antiquated heavy metal dental syringe with an ultralightweight disposable handpiece weighing less than 10 grams for superior ergonomics and tactile control. The experience for both patient and dentist is one that is significantly less stressful.

Milestone Scientific created and defined a new category of dental instruments called C-CLAD® (computer-controlled local anesthetic delivery) systems. These are the only dental injection instruments that have the published scientific data that substantiate the claim of eliminating or reducing pain perception when performing a dental injection.

This technology has undergone the rigors of clinical testing that has been performed in numerous universities and research centers throughout the world for more than a decade. These studies are published in some of the most highly respected dental journals in our profession. No other instrument, technology or device developed specifically to reduce pain and



• The STA Single Tooth Anesthesia System. (Photos/Provided by Milestone Scientific)

## Here in New York

To see The Wand/STA Single Tooth Anesthesia System for yourself, stop by the Milestone Scientific booth, No. 3013.

## About the author

Mark Hochman, DDS, is director of clinical affairs at Milestone Scientific.

anxiety while performing a dental injection can currently make that statement.

With the introduction of C-CLAD technology, several newly defined injections were also introduced to dentistry. The Wand/STA Single Tooth Anesthesia System has been optimized to perform these new dental injections. The first of these techniques, the anterior middle superior alveolar (AMSA) nerve block, published in 1997 by Friedman and Hochman, is a contemporary technique to achieve maxillary pulpal anesthesia of multiple maxillary teeth from a single palatal injection without producing the undesired collateral anesthesia to the lip and face.

Subsequently, Friedman and Hochman introduced a second injection, named the palatal-approach anterior superior alveolar (P-ASA) nerve block, in which pulpal and soft tissue anesthesia of the central and lateral incisors are achieved by a single palatal injection. The general reduction in pain perception for all injections has led to innovative ways to produce more efficient and effective dental anesthesia.

In addition to the new dental injections discussed above, The Wand/

STA Single Tooth Anesthesia System improves the success rate of traditional injections such as the inferior alveolar nerve block. Holding The Wand handpiece with its unique pen-like grasp allows the clinician to easily rotate while simultaneously moving the needle forward, increasing accuracy by decreasing needle deflection. Advancing the ability to use the new multi-cartridge injection feature, The Wand/STA Single Tooth Anesthesia System provides numerous advantages when performing traditional injection techniques.

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

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

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The Wand.

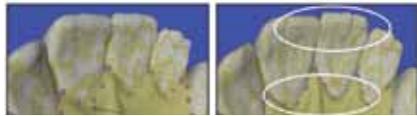
# Invisalign impressions go digital with iTero technology

By Srin Kaza, Align senior director of advanced development

Providers of Invisalign® treatment have a new tool to improve treatment quality, save time and virtually eliminate rejected cases with the launch of Invisalign integration for the iTero™ intra-oral scanner and the iOC™ (powered by iTero) intra-oral scanner.

Traditionally, PVS impressions are used for Invisalign treatment. By upgrading to the intraoral scanner, practices can realize a wide range of benefits, including:

- **Better fit.** The greatest advantage to the intraoral scans is the quality of data collected. Prior to releasing the iTero/iOC Invisalign connectivity, Align engaged 10 doctors to conduct a beta test of the technology. Each doctor took impressions using both methods (PVS and intraoral) on 10 Invisalign patients. Invisalign trays were cre-



• Fig. 1 (Photos/Provided by Align Technology)



• Fig. 2

ated from both types of scans for each patient, and the doctors conducted a blind fit test. The instance of issues related to fit was significantly lower with the trays that had been created using intraoral scans compared to those created from PVS impressions. Similarly, a dimensional comparison of the



• Fig. 3: iTero digital impressions are automatically imported to the Invisalign Doctor Site.



• The iTero intra-oral scanner.

two types of scans showed significantly better data from the intraoral compared to PVS, particularly with regard to gingival margins (Fig. 1).

- **Faster turnaround time.** Align can process digital scans taken with the iTero/iOC scanners much faster than can converting PVS impressions into digital data. In fact, assuming there are no issues, doctors can expect to receive their ClinCheck digital treatment plan back as quickly as the same day they submit the case and usually by the following day. With PVS impressions, turnaround time averages five to seven days due to shipping times, and the time it takes Align to scan a physical model into the system.
- **Almost no rejects.** We have found over the years that providers taking PVS impressions for Invisalign typically experience a 3 to 4 percent rate of rejects – where the case must be returned by Align due to flawed or incomplete data. In the thousands of cases processed since the launch of Invisalign integration to orthodontists in June 2011, the reject rate for the intraoral scans has been just 0.3 percent.
- **Better treatment quality.** Of course, the most important benefit is higher quality treatment for your

## Here in New York

For more information about Invisalign and iTero technology, stop by booth No. 4625.

patients. The better quality data provided by the intraoral scan enables us to more accurately define the shape of the teeth in the arch and, especially, the critical gingival margin. The result is Invisalign trays that more precisely conform to the patient's teeth, giving the doctor greater control of tooth movement (Fig. 2)

- **A more comfortable patient experience** compared to the traditional process using impression material.
- **Reduced impression-taking time** in most instances, allowing practice staff to use their time more productively.

The process of acquiring the digital impression for Invisalign takes an average of six to eight minutes per arch plus 1 minute for the bite registration, depending on the user proficiency. With iTero there is no need to coat the teeth with powder for scanning thus ensuring that the critical interproximal areas, gingival margin and incisal edges are accurately captured

After the scan is sent to Align's iTero network the data is quickly routed to the doctor's Invisalign Doctor Site (Fig. 3). Once the doctor has completed the online treatment prescription the case is sent to the Align Treat facility where the Invisalign ClinCheck™ digital treatment plan is created.

Exclusive connectivity with the iTero intra-oral scanner is expected to be broadly released before the end of the year, allowing general dentists to replace their traditional Invisalign PVS impression with iTero digital impressions.

In addition to the Invisalign integration the iTero scanner is also used for comprehensive restorative dentistry including: crowns, bridges, inlays, onlays, veneers and fixture level implant impressions.

The open architecture platform with iTero allows for the clinician to ensure a seamless integration with their dental laboratory and with their third-party digital treatment service providers through our STL export features. The STL export features for the doctor enable the integration of the digital impression with cone-beam CT data for expanded treatment planning of implants and orthodontics.

AD

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# The difficult Class II composite restoration

## Missing cusps no longer a problem

By Dr. Patrick Roetzer, DDS, FICD

■ Using two case studies, this paper will demonstrate how to restore the difficult tooth with posterior composite utilizing the ABC Wedge (a better contact wedge) manufactured by Danville Materials in California.

ABC Wedges were designed to work in pairs, maintain the normal contours of the tooth, establish broad tight contacts and work with all the currently available separating ring systems.

The first patient is 55 years old, a self-employed male with no dental insurance. He presents with a failing amalgam in a lower second molar and could not afford a crown at the time. Upon removal of the old restoration and decay it was decided to restore this tooth with a posterior composite material utilizing the ABC Wedge.

The ABC Wedge with a little imagination looks like an elephants head, and I will describe its parts as such. The ears were designed to support the sectional band in three dimensions and prevent the sectional rings from crushing in the matrix band. Two wedges are utilized from the buccal and lingual and the curved trunks slide past each other sealing off the gingival floor.

A central groove is located on the back between the ears to line up the sectional separating ring and directs the forces interproximally for maximum separation.

The tooth was easily restored in incremental layers, trimmed back and bite adjusted.

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

Once again, the ABC Wedge was utilized to prevent the separating ring from crushing in the matrix, provide anatomic contours and avoid fracture of the lingual wall when placing the separating ring.

In this clinical situation, the grove behind the ears not only directs the pressure between the teeth but it also secures the ring and prevents it from popping off the tooth. This tooth was also restored with a posterior composite following the manufacturers guidelines, trimmed and occlusion adjusted.

This technique addresses many of the issues involved in restoring the large Class II lesion. Larger MOD restorations and teeth missing a cusp can easily be restored using the ABC Wedge. It's so easy, it can be used with the Tofflemire contoured band without the retainer.

When the entire lingual is missing,

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For more information on Danville products, see [www.danvillematerials.com](http://www.danvillematerials.com) or stop by the booth, No. 1016.

a continuous band is easier to place rather than two small sectionals and the ears will stabilize and hold the band in place. Separating rings are placed and the tooth restored with a posterior composite.

The ABC Wedge with a little imagination can be used to restore rotated teeth and because they are available in various sizes, mixed and matched



Thelma Bruns, left, and Craig Bruns of Danville Engineering & Materials (booth No. 1016). (Photo/Fred Michmershuizen, Dental Tribune)

up to fit any embrasure. Because they can be trimmed and modified with a scissor or bur, they can be used for all Class II applications.

AD

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# A new standard in digital sensor holders

■ The Rinn division of DENTSPLY has provided service to the dental X-ray market since 1923. While 2011 is notable as the company's 88th year in operation, it's also the year that Rinn is launching three universal holders for intra-oral digital sensor positioning: Uni-Grip® 360, XCP-DS FIT® and Snap-A-Ray® DS.

Since the introduction of Trophy intraoral digital sensors in the 1980s, the dental market has seen a variety of uniquely shaped and sized digital sensors. With the latest round of thicker CMOS-based sensors, the variations in size continue to grow. Compared to X-ray film, which is available in a limited number of standardized sizes, size variations present a challenge for practitioners in finding the right holders for their sensor.

However, digital users no longer have to search far for custom baskets because the three new universal holder systems available from Rinn are designed to adapt to all intraoral sensors currently on the market and to all expected future iterations.

For users who prefer an autoclavable solution that integrates with their existing Rinn arms and rings, the XCP-DS FIT Universal sensor



• The XCP-DS FIT universal holder for intra-oral digital sensor positioning. (Photo/Provided by DENTSPLY Rinn)

holders are the ideal solution. The XCP-DS FIT system comprises five indication-specific biteblocks: anterior, posterior, horizontal bitewing, vertical bitewing and endo.

Each biteblock is made with a self-adjusting clip that accommodates any sensor brand, from the smallest sized one to the largest. Soft silicone covers soft-tissue contact points while also minimizing risk of sensor cover perforation. Because XCP-DS FIT biteblocks are front-loading on the face of the sensor, there is no plastic surrounding the cord connection area on the back.

## Here in New York

For more information on DENTSPLY Rinn products, stop by the booth, No. 2803.

Available in introductory kits or refill packages with biteblocks only, the XCP-DS FIT system has become a popular choice for autoclavable sensor holders.

Another autoclavable universal sensor holder available is the Snap-A-Ray DS. Designed along the lines of the original Snap-A-Ray for film (which has been around since the 1940s), Snap-A-Ray DS is made to allow for quick and easy periapical imaging.

A patented set of collapsing grips made of soft plastic allows the Snap-A-Ray DS to gently but firmly grip digital sensors. An optional arm and ring set is available for use with the Snap-A-Ray DS to aid new users with accurate alignment. The sensor holder is available in two versions: a standard hygiene version and an endodontic version with reduced bite surface area to allow room for files and a rubber dam clamp.

If you prefer a disposable holder for the ultimate in infection control, the Uni-Grip 360 universal sensor holder is an ideal solution. It attaches with adhesive to covered sensors but does not require tight-fitting sensor covers for positioning stability.

Uni-Grip 360 utilizes four adhesive tabs that provide secure mounting by locking the sensor on both sides and bottom. Perforations in the tabs allow for easy removal after use.

The real timesaver with this product, though, is the unique bite-tab, which is adjustable to all the FMX indications (anterior, posterior and bitewing – horizontal and vertical). This allows users to quickly change indications and quadrants without having to search for additional pieces in the operatory or change biteblocks between images.

Available with a three-in-one positioning arm and ring (UniGripAR®), Uni-Grip 360 allows for fast, easy and accurate imaging.

DENTSPLY Rinn is demonstrating these products at booth No. 2803. Online video demonstrations are available at [www.YouTube.com/dentalxrays](http://www.YouTube.com/dentalxrays) or within the Rinn iPad app "DENTSPLY Rinn."

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## Buy a Picasso and get a clinical how-to manual

AMD LASERS, a global leader in providing affordable laser technology for dental professionals, continues to add educational solutions that will help new laser dentists from their first day of laser ownership. This week, the company is offering a free set of clinical step-by-step manuals with the purchase of a Picasso or Picasso Lite.

The manuals are yet another step in AMD LASERS' educational strategy. The company has innovated around multiple learning platforms, including the profession's first iPad app for laser education, the International Center for Laser Education to provide laser certification, the Masters of Laser Dentistry seminar series, online video courses through YouTube and other outlets and many other educational platforms.

This fall, the company has partnered with long-time laser educator Dr. Phil Hudson to be the worldwide exclusive distributor of "Diode Laser Soft-Tissue Surgery for General Dentists, Volumes 1-3." The comprehensive, three-volume set includes more than 700 total pages of step-by-step clinical instructions, photography of each clinical step, appropriate billing codes, insurance narratives and other important information related to 161 soft-tissue laser procedures spanning 51 FDA approved soft tissue procedures.

## Here in New York

Attendees can receive the \$295 three-volume series at no charge with the order of a Picasso or Picasso Lite laser. Current Picasso owners may order the set of manuals for 50 percent off at the AMD LASERS exhibit in booth No. 4431.



• (Photo/Provided by AMD LASERS)

"These manuals offer users of Picasso laser technology an incredible, comprehensive amount of clinical information. We want every office to maximize their usage of Picasso laser technology, and this marks another important milestone in our goal to provide education in a variety of different formats," said Alan Miller, president and founder of AMD LASERS.

Attendees can receive the \$295 three-volume series at no charge with the order of a Picasso or Picasso Lite laser. Current owners may order the set for 50 percent off at the AMD LASERS booth, No. 4431.

# Make your day-to-day practice life easier with Eaglesoft 16

■ Eaglesoft 16 Clinical and Practice Management Software is Patterson Dental's premier dental software. As the latest version, Eaglesoft 16 offers a new look, better functionality and enhanced adaptability while integrating the digital products for the office, clinical and imaging procedures all in one simple software.

Working to simplify the daily routine of dental offices, Eaglesoft 16 offers complete information access, condensing daily office management practices and providing specific tools that give each member of the dental team the power to do more in less time.

In addition to increasing efficiency, Eaglesoft 16 can help reduce stress and increase profitability by streamlining everyday tasks and allowing offices to personalize the software to their individual needs.

New features of Eaglesoft 16 include:

- *Line item accounting* enables users

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to apply a payment directly to a specific item.

- *Customizable windows/dockable panels* allows users to choose how much information to display on the "Account," "Appointment" and "OnSchedule" windows as well as where to place the information within those windows.
- *OnSchedule* provides a variety of features, such as the ability to change the time without effecting existing appointments. "OnSchedule" allows for provider views, so the front office can check providers' schedules to identify double bookings and availability.
- *The Patient Bar* provides quick access to patient-specific informa-

tion, so users can customize which icons they use the most in each area.

- *Family Walkout Eaglesoft 16* no longer requires separate appointments to be processed one at a time when the entire family is in on the same day. Now the front office staff can process a walkout for all family members at once and issue one receipt for the family.
- *Smart Claim/Smart Invoice* allows office managers to create insurance claims and patient walkout statements more easily and check today's items at the simple click of a button.
- *Date based reporting* is a new option for select financial reports letting users run financial reports for any range of dates; it is no longer necessary to choose a range of end-of-day reports.
- *Automatic account aging* helps office managers save time on end-of-day processing and statement

processing and also keeps account balances up to date.

The help menu has also been updated and now offers easier access to the FAQ knowledge base.

Additional features include "Money Finder," "Fast Check-In," "The Treatment Plan," "eReferral," "Prescription Writer," "Patient Notes" and "Messenger."

By understanding the many tools provided by Eaglesoft 16, dental offices can equip themselves with the software needed to make their office run more efficiently and increase revenue.

In addition to its software, Patterson Dental offers support and customer service. Patterson Dental's in-depth understanding of the market and commitment to development and customer satisfaction has driven the development of Eaglesoft 16 Practice Management Software and has made it a vital tool for every dental office.

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# Have 'the WOW experience' with the DentalVibe Injection Comfort System

By Dr. Steven Goldberg

■ According to USA Today and other news sources, the U.S. economy is in an upswing.

Let's face it: Every dentist is looking to grow his or her practice and, with the upswing in the economy, we're all looking to bring in as many new patients as we can.

The fact is that as dentists, we are so focused on our technical skills while we are performing our craft, we may lose sight of one of the most important issues on the "business" side of dentistry. That is, delivering the "WOW experience."

According to Dr. Joe Blaes, editor of Dental Economics, speaking of DentalVibe in Pearls for Your Practice, January 2011 edition, "It's the "WOW experience" that will truly grow your practice."

Consider this; you spend a half hour with a new patient, treating tooth #15 with a MOD-bonded filling. You carefully excavate the decay, skillfully prepare the tooth with perfect cavosurface margins, etch, prime, place adhesive and composite, and cure for the appropriate time period.

You spend a great deal of time

## Here in New York

To learn more about the DentalVibe Injection Comfort System, stop by booth No. 2317.

creating a beautifully artistic representation of occlusal anatomy, and after perfecting the occlusion, you even place secondary grooves in the marginal ridges.

Then you polish like you've never polished before. You're proud of the artistic piece that you have created. And you've provided a tremendous service to your patient.

When your patient goes home and reports back to his/her family and friends, is he or she going to tell them how wonderful your secondary grooves are? More likely, what will be said is either; "I had a filling today, and it hurt so much!" Or, "I went to the dentist today for a filling, and it didn't hurt at all! My dentist is the best and really cares about my comfort, you should go there too!"

What patients remember is the very beginning of the appointment. The dreaded injection. If you anesthetize your patients painlessly, you will be considered a painless dentist.



• Dr. Steven Goldberg

After all, once your patients are numb, you are practicing painless dentistry, but if you hurt them during the injection process, you are no longer considered a painless dentist.

Hence, the DentalVibe Injection Comfort System, now in its second generation.

This patented, award-winning device utilizes revolutionary VibraPulse technology to send soothing pulsations deep into the oral

mucosa. This stimulation is picked up by the submucosal nerve receptors, sending a message to the brain, effectively closing the neural "pain gate" and allowing for the comfortable administration of intraoral injections.

Adults and children are reporting painless injections, and dentists report less stress during the injection process. It is cordless, portable, non-threatening and easily affordable. It has been receiving rave reviews all around the world from key opinion leaders in dentistry and has been featured on all of the TV news networks.

This is one dental product that can be marketed to consumers because of its universal appeal. Nobody wants to feel pain, and these days, patients are no longer willing to accept it, as they may have in years gone by.

Therefore, DentalVibe has launched a multi-million dollar consumer awareness campaign, including TV commercials, consumer print ads, cinema advertising, Internet banner ads and a web-based dentist locator, to drive patients to those dentists who use DentalVibe.

Give your patients the "WOW experience," and you both will enjoy our wonderful profession a little bit more.

# An answer to your amalgam separation needs

■ Having sold more than 250,000 amalgam separators around the globe, Pure Water Development – METASYS Group is a worldwide leader in amalgam separation technologies.

In the United States, Pure Water produces and distributes the ECO II, an ISO 11143-certified amalgam separator that meets all states' requirements because it removes more than 99 percent of amalgam from a dental office's wastewater.

The ECO II is centrally installed before the main vacuum, accommodating either wet or dry systems. Because of its compact size, the ECO II fits into even the smallest spaces. The separator comes with wall-mounting brackets, all necessary fittings and an easy-to-follow installation manual. Installation can be accomplished in just 30 to 60 minutes.

Unlike many other separators, the ECO II will never clog or cause the vacuum system to stop functioning. Amalgam is separated via advanced sedimentation technology, and fine particles are captured with a special mercury-absorbing material. Thanks to its advanced air- and water-separation technology, the vacuum stream and the amalgam separation occur separately, protecting your practice

## Here in New York

For more information, visit the Pure Water Development booth, No. 4522, or go online to [www.ecotwo.com](http://www.ecotwo.com).

from costly downtime.

The ECO II is virtually maintenance-free. Approximately once per year, the captured amalgam must be sent in for recycling and the replacement unit inserted – a process that takes only a few minutes and requires no special tools or expertise. The replacement unit comes with a pre-paid label for the recycling of the full container.

Once the full container is received by Pure Water's recycling facility, the dentists will receive a recycling certificate for their records. The certificate is their proof of recycling, and receiving it relieves them of all liability.

Pure Water Development offers one of the most environmentally friendly processing of amalgam waste programs available. The amalgam is recycled at the plant owned by Pure Water's parent company, METASYS.

Amalgam waste is completely recovered for reuse – there is no



• The ECO II (Photo/Provided by METASYS)

incineration or land-filling of the waste because these methods redis-

tribute the hazardous materials back into the environment.

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• Spokesmodels Farah Angel, left, and Jennifer Lynn help SNAP Dental President Bob Ash (in background) get the word out about the faster, easier-to-use smile evaluation photo system. (Photos/Robert Selleck, Dental Tribune)

#### New *from page 1*

path of pain sensation. DentalVibe inventor Steven Goldberg, DDS, said the marketing strategy for the device also is new, with consumer-focused advertising linked to a website listing dental offices that are using the technology.

- Orasoptic, a wholly owned subsidiary of Sybron Dental Specialties (booth No. 4025), had its Suby loupe frames on display, the first fashion loupe designed for women.
- SNAP Instant Dental Imaging (booth No. 3606) was demonstrating the latest version of its cosmetic dental simulation system. "It's now faster and easier to create free smile evaluation photos in order to increase your cosmetic revenue," said SNAP President Bob Ash.
- Jose Camacho was set up in booth No. 530 with his invention, the Hygienic Tooth Brushing System. It consists of a special rack that up to four family members can use to hold four toothbrushes each. The idea is to flip over your brush after each use, then by the time you have cycled through all four, the first brush has had adequate time to safely and completely dry out.
- In the brand new NSK booth (No. 233), the S-Max Pico handpiece was generating a lot of attention, especially from orthodontists and children's dental practices because of having the smallest head and neck size in the world. NSK used the



• Jamie Los, in marketing/communications with Orasoptic (booth No. 4025), models a new product, Suby frames, the first fashion loupe designed for women. Scott Loucks, right, is territory manager for Orasoptic.

GNYDM exhibitor hall to launch a high profile in the marketing and distribution of all of its handpieces and handpiece systems.

- The display of dental instruments at Zoll Dental (booth No. 3424) included a new Z-Soft two-ended dental hygiene tool, featuring a padded grips to make the tools more comfortable and easier to hold and operate.
- And, of course, we can't leave out the Justin Bieber Singing Tooth Brush released early this year by Brush Buddies. It was the dominant display item in the Ashtel Dental booth (No. 531), and Ashtel Oral Care Manager Jessica Reza said it was the most popular item, selling at \$10 each or \$7.50 for bulk orders. The brush plays two Justin Bieber hit songs, each two minutes long, one for the morning and one for the evening. The idea is have kids keep brushing until the song ends.



• Bing Innovations President Steven Goldberg, DDS, inventor of the DentalVibe injection comfort system, displayed his company's new product in booth No. 2317.



• In the AshtelDental booth (No. 531), Ashtel Oral Care Manager Jessica Reza, left, and sales representative Julianne Ibarra said the Justin Bieber singing toothbrush by Brush Buddies was selling fast at \$10 each.

## CALM-IT DESENSITIZER

DENTSPLY Caulk has patented its integrated brush unit-dose delivery system used for Calm-It™ Desensitizer.

U.S. patent No. 7,959,370 was awarded to DENTSPLY for its all-in-one unit dose dispenser that includes an integrated application brush. The built-in brush makes application of the desensitizing material easier and faster. The steps are simple: snap open the unit dose vial, apply and gently air dry.

Calm-It Desensitizer is fast and pro-

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Calm-it Desensitizer is well-tolerated by other dental materials such as restoratives, adhesives, cements, temporary materials and amalgams. Calm-it Desensitizer comes in a 6 ml bottle.

For more information, contact your local DENTSPLY Caulk distributor, call (800) 532-2855, go to [www.caulk.com](http://www.caulk.com) or stop by the booth, Nos. 2603/2803/3103.



• (Photo/Provided by DENTSPLY Caulk)



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