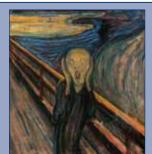






DTSC Symposia kicks off today!

Join Dr. Louis Malcmacher at 2 p.m. in aisle 5000, room 3 as he discusses 'The Top 8 Game Changers in Dentistry' as part of the DTSC Symposia. To see who else is speaking and what they are speaking about, turn to pages 8–18.



Get outside and see New York City

You'll 'Scream' when you see this guide we've put together for you of the best things to do while you're in town.

»page 54

Takeitallin



A world of opportunity awaits visitors to New York City. (Photo/www.sxc.hu)

Exhibit hall opens its doors for the 88th annual Greater New York Dental Meeting

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

The exhibit hall doors have been opened. Courses have begun. All around you are opportunities for workshops, hands-on courses, live dentistry and more.

The 88th annual Greater New York Dental Meeting (GNYDM) is officially under way, and there is a lot to take in.

"see take it all, page 6





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today Greater New York Dental Meeting Show Preview appears in advance of the Greater New York Dental Meeting in New York City, N.Y., Nov. 25–28, 2012.

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There's something for everyone during the DTSC Symposium

Join us for the fifth annual Dental Tribune Study Club Symposium

As the official online education partner of the Greater New York Dental Meeting, Dental Tribune has once again teamed up with the meeting's organizers to offer four days of symposia in various areas of dentistry.

World-renowned speakers such as Dr. Howard Glazer, Dr. Mark Duncan, Dr. Mark McOmie, Dr. Louis Malcmacher, Dr. Franklin Shull, Dr. George Freedman, Dr. Fay Goldstep, Dr. Gary Henkel, Dr. Ron Kaminer, Dr. Mike Rethman, Dr. Robert Horowitz, Dr. Chris Glass, Dr. Ron Jackson, Dr. David Evans, Dr. David Hoexter and Dr. David Peck will speak on a variety of topics from flowable resins to minimally invasive dentistry to bone grafting to endodontics and digital dentistry.

Participants of any of the sessions will not only earn C.E. credits but also gain an invaluable opportunity to learn diverse aspects of dentistry and how to integrate a variety of treatment options into their practice.

For a sneak peek into today's sessions, including interviews and articles from all the speakers, turn to page 8.

ΔD

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Robert M Wai Jr D.D.S.

TESTIMONIAL

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Here at the Greater New York Dental Meeting (GNYDM), the commercial service offers export programs to assist you in your export and partnering efforts.

Contact

For more information about the U.S. Commercial Service worldwide network, call (800) USA-TRADE or visit www.trade.gov/cs.

So, whether you're new to export or want to expand into new markets, the commercial service expertise can help add to your bottom line.

Stop in and see the commercial service representatives. They are located in the International Business Center, part of international registration, just next to the show office.

International Buyer Program

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

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

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

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

The commercial service offers free, interactive export seminar

Through the Commercial Service Export Seminar, exhibitors will learn the tools of the trade and have an opportunity to learn about the different markets represented by international commercial specialists.

The export seminar will take place $8:30-9:30\,$ a.m. on Tuesday in the exhibitor lounge on the fourth floor, A/B Terrace.

Go global with help from the U.S. Commercial Service

U.S. firms looking to increase their bottom line by making new sales abroad can benefit from the export services and programs of the U.S. Commercial Service, many of which are available at no cost. Talk to a commercial service representative to find out more. Highlights include:

- market research,
- trade events that promote products or services to qualified buyers,
- introductions to international partners.
- counseling and advocacy.







C.E. SYMPOSIUM

at the GNYDM, November 25th - November 28th 2012, Isle 5000, Room 3



Course 3050 \$75.00

Sunday, 11.25.2012

10:00 - 5:30

Dr. Howard Glazer, Dr. Mark Duncan, Dr. Louis Malcmacher, Dr. Frank Shull, Dr. George Freedman, Dr. Mark McOmie - Various Dental Topics Course 4090 \$75.00

Monday, 11.26.2012

10:00 - 5:30 Dr. Fay Goldstep, Dr. Gary Henkel, Dr. Ron Kaminer, Dr. Mike Rethman, Dr. Mark Duncan, Dr. Robert Horowitz - Various Dental Topics Course 5070 \$75.00

Tuesday, 11.27.2012

10:00 - 5:30 Dr. Chris Glass, Dr. David Evans, Dr. Ron Jackson, Dr. David Hoexter - Various Dental Topics Course 6070 \$75.00

Wednesday, 11.28.2012

10:00 - 5:00 Dr. David Peck, Dr. Ron Kaminer - Various Dental Topics



Register on www.GNYDM.com

ADA CERP Continuing Education Recognition Program

www.DTStudyClub.com

take it all "from page 1

Exhibit floor

When you walk through the doors of the exhibit hall, expect to find 1,500 exhibit booths, including more than 600 companies. Many of them, in a commitment to help support colleagues who are rebuilding and rehabilitating their practices after Hurricane Sandy, are offering special sales and expedited deliveries as well as extended credit terms on merchandise and small equipment purchases.

Educational highlights

- Build your own website for your dental practice in a three and a half hour hands-on workshop offered today through Wednesday. The GNYDM will supply the computers while all you have to bring is a USB flash drive with pictures and office information. You will leave this workshop with a fully functioning website.
- Don't miss the first ever "Smoking Cessation Seminar," offering an effective way for dentists to deliver tobacco dependence treatment. This will be presented on Monday.
- Learn about Botox, Dysport and dermal fillers in unique hands-on workshops that will introduce procedures on actual patients to teach you how to use Botox/Dysport and dermal fillers in your practice. Courses are offered through Tuesday.

AD

Gre	eater New York Dental Meeting's Live Dentistry Arena (Aisle 5000)
Today	
10 a.m 12:30 p.m.	VOCO America presents 'Everyday Esthetic Dentistry' with Dr. Franklin Shull
2:30-5 p.m.	Philips Discus presents 'Whitening Technology' with Dr. Marilyn Ward
	Monday
10 a.m 12:30 p.m.	VOCO America presents 'Everyday Esthetic Dentistry' with Dr. Franklin Shull
2:30-5 p.m.	OCO Biomedical presents 'Simple Implant Placement' with Dr. Ara Nazarian
	Tuesday
	Benco Dental, COLTENE and Septodont present 'Componeers: A Live Demonstration
10 a.m 12:30 p.m.	with Dr. Ross Nash'
	Millennium Dental presents 'LANAP: Laser Assisted Periodontal Technique'
2:30-5 p.m.	with Dr Raymond Yukna
Wednesday	
10 a.m 12:30 p.m.	DentaVerse presents 'Anterior Esthetics' with Dr. Larry Rosenthal as well as other
2:30-5 p.m.	leading clinicians

Here at the GNYDM

For more information on the GNYDM, and an insider's glance into the exhibit hall and upcoming educational sessions, pick up a copy of the today GNYDM edition every morning through Wednesday.

technological advances and the newest dental materials.

- Learn how to establish dental sleep medicine protocols in your practice, identify patients at risk, integrate medical practice systems and treat patients successfully during the Sleep & Appliance Expo. Programs are offered every day.
 - Learn how to incorporate Invis-

align into your practice during the Invisalign Expo, recommended for the entire dental team.

'Live' demonstration arena

The "Live" dentistry arena, a 430-seat high-tech patient demonstration area, offers revolutionary concepts of treating patients with new materials and applications. It takes place right on the exhibit show floor every morning and afternoon, today through Wednesday. There is no cost to attendees.

Check out the chart above for details on the educational sessions.

Greater New York Smiles

The GNYDM gives back to the communities of New York City each year, by

bringing together 1,300 grade-school children for the most unique children's dental health-care program in the country. For the past four years, with leading sponsorship from Colgate Palmolive Company, DentaQuest (Doral) and the United Federation of Teachers, the Greater New York Smiles program has supported oral hygiene education and dental screening for New York City's third- and fourth-grade public school children.

This year's Greater New York Smiles is set to take place from Monday to Wednesday. The program will include 1,500 children brought by school buses from various New York City public schools throughout the five boroughs here to the convention





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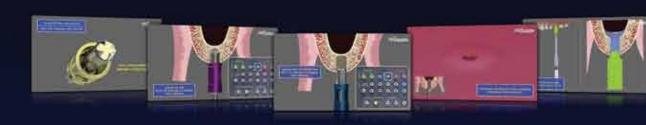
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Prize provided as travel voucher through licensed travel agent.





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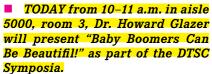
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A 'Beautifil' line

Dr. Howard Glazer talks about the evolution of flowable resins and how Beautifil Flow Plus and Beautifil II can benefit your patients

By Kristine Colker, Managing Editor



In his session, Glazer will discuss the various uses of two GIOMERbased materials relative to their properties and clinical usage.

Beautifil Flow Plus can be safely and effectively used in a variety of restorative procedures because of its availability in a wide range of shades and its ability to resist wear and maintain a high glossy finish.

To complement Beautifil Flow Plus, there is the conventional composite Beautifil II, which is extremely durable, long lasting and ideal in larger restorative instances.

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

Dr. Glazer, you are presenting a DTSC Symposia session called "Baby Boomers Can Be Beautifil." Would you give us a brief overview of your session?

First of all, the word "beautiful" is not misspelled, but rather a play on the product line Beautifil from Shofu. The title is to imply that as my generation is maturing, there may be a need for enhanced esthetic restorations, and Shofu's Beautifil line of products will allow the dentist to provide those services.

Could you talk about flowable resins in general? What are some of the advantages of them and what should clinicians be looking for when they pick one to use?

Flowable resin, such as Shofu's Beautifil Flow Plus, have undergone a wonderful evolution into a material that is no longer just used for a base or liner but can now be used as a full restorative solution.

Clinicians should look for a flowable resin that can be used as a base-liner-restorative and has the following characteristics: highly viscous, stackable, good color range and stability, high-compressive strength so as to be abrasive resistant, highly polishable and plaque resistant, fluoride releasing (viz. GIOMER chemistry) and, of course, is durable over a long period of time.

How long have you been using Beautifil Flow Plus and Beautifil II,



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

what are the advantages of both of these materials that you have found, and why would you recommend them to other clinicians?

I have been using Beautifil II for more than three years, and it has been about two years since I was introduced to Beautifil Flow Plus. I would recommend both to my colleagues without reservation.

As I've mentioned before, the new era of what I call "no flow-flowables" allows us to use these materials in instances where we previously had to use conventional composite resins. For example, I readily use Beautifil Flow Plus in Class V and Class I restorations as well as shallow Class IIs. I rely on Beautifil II for large Class II restorations where I want a more packable resin that will also tolerate high masticatory forces.

That said, there are many instances whereby I create the cusps with Beautifil Flow Plus and fill the bulk of the restoration with Beautifil II.

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 at specialists or is it more of a general topic?

The target audience for my presentation is the general dentist and his/her staff so that they become familiar with the advantages of these wonderful Shofu products.

Through the lecture and with cases, I will be able to demonstrate the use of the materials and their respective advantages.

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

My first association with Shofu was an introduction by a colleague who asked me to try their seventh-generation adhesive, Beautibond. As a big fan of seventh-generation adhesives, I was duly impressed and began

About the speaker



Howard S. Glazer, DDS, FAGD, FACD, FICD, FASDA, FAAFS, is a past president of the AGD and former assistant clinical professor in dentistry at the Albert Einstein College of Medicine in Bronx, N.Y. He is the deputy chief forensic dental consultant to the Office of Chief Medical Examiner in New York City. Named as one of the "Leading Clinicians in Continuing Education" by Dentistry Today, he lectures and publishes internationally on the subjects of cosmetic dentistry and forensic dentistry.

to familiarize myself with more of Shofu's products.

I continue to be impressed with its product line and, therefore, continue our relationship not only because of the products but also because of the people who are Shofu.

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

My objective is to have the attendees leave the presentation with a better understanding of what can be accomplished for our patients with flowable and conventional composite resins and to introduce them to the benefits of the beautiful Beautifil product line.

Is there anything else you would like to add?

Come, learn and ask questions. That is the hope for any audience by an educator. I think DTSC has provided a wonderful forum for such education, and I hope many will attend not only my program but others as well during the course of the meeting.



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What questions should we really be asking?

By Mark Duncan, DDS

It has often been said that he who asks the questions controls the conversation. This couldn't be truer than when we are performing a comprehensive exam; even as dental students, we were exposed to the tremendous interconnection between medicine and dentistry. The unfortunate reality is that for the majority of the profession, the day-in and dayout practice of dentistry is directed toward comprehensive care, but it often comes up short.

Our profession has bickered over the concept of "over-diagnosis," and lay media has produced hatchet jobs about how dentists are diagnosing patients purely for financial gain. In my experience, this couldn't be further from the truth! After having met clinicians from across the globe and talked with thousands of dentists, it is painfully obvious the issue we face isn't over-diagnosis but rather that of under-diagnosis. Quite simply, we don't ask the right questions most of

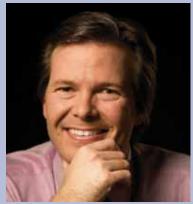
In dental school, we are charged with learning in four years the breadth of what dentistry has grown through during the last 150 years. Dental schools are charged with teaching us the foundations required to pass board exams and attain our licensure, and they try to stay current with a constantly changing frontier. The interesting thing, though, is that especially now, the most important lessons are not at all about new technology and not at all about advances in the profession; the most important things to consider happen during the health history - and most of us aren't even asking the right questions to find out!

There is an absolute connection between the health of the oral stomatognathic system and the rest of the body, and it is imperative to our patients that we delve into issues such as head and neck and facial pain. In fact, the *vast* majority of what has

Attend today's session

Today from 11:15 a.m. to 12:15 p.m. and Monday from 3:15 to 4:15 p.m. in aisle 5000, room 3, Dr. Mark Duncan will present "Dentistry's Dirty Little Secrets ... What Is It That We Don't Know" as part of the DTSC Symposia. In his session, he will discuss the variety of signs and symptoms that are quite often related to dental issues and help to create the base of conversation to help these patients discover how to get help.

About the author



vanced Dental Studies. He is a fellow of the institute and started teaching there in 2002. He has lectured on esthetics, occlusion, CAD/CAM technology and practice management internationally and serves as development consultant to several dental manufacturing companies.



been diagnosed or called migraine is in reality a dental issue.

The patients with fingertip numbness more often than not are dealing with a bite issue. Those people who suffer with atypical endodontic pain with no evidence of pulpal pathology are suffering from issues that are not addressed with endodontic therapy but rather bite therapy. There are more than 500 systemic consequences of a poor bite and nearly 100 that are so common they should be screened for in every single patient

The practice of dentistry is based on the foundation of a healthy periodontium and a physiologic bite. Most restorative work done today is lacking on one or, more commonly, both of these factors.

Medicine discovered decades ago that about 90 percent of pain in the body is muscular in origin. Dentistry should be addressing that same principle. As oral physicians and not simply doctors of the hard tissues, we can dramatically improve the quality of our patients' lives. We can end chronic pain. We can extend the lifespan of our restorations. We can make our patients whole again.

We will cover some of these topics from the floor today and Monday here at the meeting, and we are always looking forward to the next Core I program at LVI to discuss these concepts - and help our patients to live healthier and happier lives!



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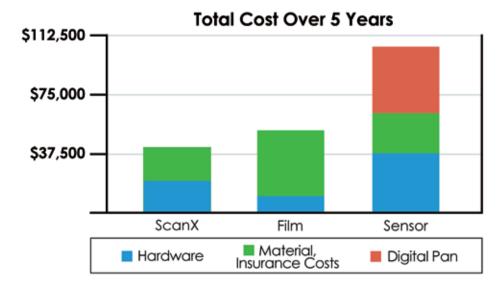
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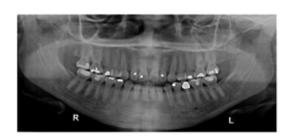


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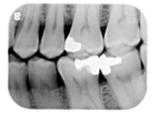


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'We have truly revolutionary products'

Dr. Mark McOmie reflects on the future of dentistry and new materials that can't be ignored

By Kristine Colker, Managing Editor

TODAY from 12:45 to 1:45 p.m. in aisle 5000, room 3, Dr. Mark McOmie will present "Materials and Methods for Your Practice" as part of the DTSC Symposia.

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

Dr. McOmie, you are presenting a DTSC Symposia session called "Materials and Methods for Your Practice." Would you give us a brief overview of your session?

Dentistry is always changing; sometimes there are things that are changing not for the better. I will give background and information on some of the new materials in dentistry that work. This is an exciting time to be a dentist. We have truly revolutionary products. I will give the attendees knowledge that can be used the next day in their practices.

Your session is all about new

materials. What are some of the new materials that have really impressed you?

When you talk about new materials that are innovative, you can't ignore the self-adhesive cements and the new crown materials such as BruxZir and E-max. These are revolutionizing dentistry.

You also talk about upcoming trends in the dental industry. What trends do you see that are most going to affect dental practices in the future?

The future of dentistry is going to be more and more cosmetic. It is no

About the speaker

Mark D. McOmie, DMD, practices full time in Chattanooga, Tenn. He graduated in 1998 from the University of Louisville School of Dentistry and has been in private practice ever since.

longer acceptable to do restorations that are visible to the public. The public demands more esthetic options. No longer is just white enough; it needs to have the right value, hue, chroma and translucency.

If an attendee is interested in going to your session, is there anything he or she should be aware of ahead of time?

There is a revolution going on right now in dentistry. We as a profession are replacing a 50-year-old proven material with one that has been on the market for only four years. I speak to the general practitioner who is trying to navigate new materials and procedures. So many materials come on the market each year. Yet a remarkable number of them will fail and won't be here a year later. Avoid getting into things that don't work.

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

A number of years ago, I was speaking, and after my lecture, Daniel Razzano from Kuraray came up to me and asked if he could book me for some lectures. I said I wouldn't change anything I was saying just because they were sponsoring the lecture. He said he liked what I said and would never ask me to change anything.

Kuraray's products in my lecture simply work. I really like that they are simple to use but very effective — a must in today's busy practice.

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

A clear knowledge of the new crown materials and the new cements on the market, where they are best used and what innovative things can be done with them. Attendees will be able to leave armed with knowledge they can take to their practice and immediately implement. Attendees will leave with good ideas of things that can make their day easier with higher quality of work.

Is there anything else you would like to add?

What a great time it is to be in dentistry! We have new cements that can bond crowns in less than five minutes! We can detect oral cancer earlier. We can decrease the amount of radiation used in our radiographs while increasing the quality of our image. I love dentistry and love sharing things I know work with others.



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Choose the best facial esthetics training

By Louis Malcmacher, DDS, MAGD

As president of the American Academy of Facial Esthetics (AAFE), I am excited to have the AAFE annual meeting in conjunction with the 2012 Greater New York Dental Meeting. I am pleased to have been asked to offer my thoughts on the facial esthetics educational standards, so that dental professionals can provide the best esthetic and therapeutic outcomes to their patients when using Botox and dermal fillers within the scope of practice for dentistry.

How does a dentist keep up with this expanding role of dentistry? Continuing education is the primary source for becoming proficient in new ways to better treat patients and deliver dentistry. So, how do you go ahead and choose the right course that will comprehensively train you in facial esthetics? Here are some guidelines I have used during my 30 years of taking continuing education to get the best value and practical experience necessary.

Who are the faculty members and are they proficient with minimally invasive dental and facial esthetic treatment?

When I take courses and when I choose faculty members for the AAFE, I personally look for instructors who have real clinical practices and are treating patients every day. I also like to make sure that faculty members are experienced clinicians in these procedures.

Each faculty member treats patients with minimally invasive facial esthetics techniques with Botox and dermal fillers, and they have developed sufficient practice management techniques in their offices in order to motivate patients to accept treatment and have high-case acceptance. They are also all certified trainers for botulinum toxins (Botox, Dysport and Xeomin) and dermal fillers (Juvederm, Restylane, Radiesse and others), and this certification is certainly important in what you should look for in course instructors.

I and other AAFE faculty members have personally written protocols for Botox and dermal filler treatment for liability insurers as well as worked with many state dental boards establishing acceptable educational training standards.

What has been the feedback from peers about a particular course and instructor?

Are there test imonials and references available? Can you contact people for references? Are the names and cities real or does it say, "Dr. T, Texas"? What other clinicians think of a course is extremely important because then you know the course and the instructors are proven in their ability to comprehensively train you.

On the www.facialesthetics.org website, you will literally find hun-



Fig. 1: James Jesse, DDS, AAFE faculty, instructs an attendee on proper extra-oral injection Botox techniques. (Photos/Provided by American Academy of Facial Esthetics)



Fig. 3: Faculty member David Kimmel, DDS, outlines treatment planning options for this patient.

dreds and hundreds of testimonials from clinicians all over the world with their real names and where they live. That says something about an organization, and it says something about the comprehensiveness of the course and the quality of the AAFE faculty members.

Is there post-course support?

This is extremely important, especially when you are getting into new areas for your practice. In areas such as TMJ syndrome, myofascial pain and Botox and dermal fillers, continuing support is essential because there are so few resources available in these areas for dental professionals.

This is exactly why we have a forum and discussion group section on the www.facialesthetics.org website. What we wanted to create was a clinicians' support group, so every time you have a question about treatment or about individual patients, all you have to do is go to the forums on the website and either find or ask the question to our expert faculty and other member clinicians who are using these procedures every day in their office.

Too many times in the past I have left a training course, come back to my practice, had a question on the first patient I was treating but had nowhere to turn. We wanted to make sure that dental professionals have a place to go where they can get answers fast, share their own experiences, upload their own cases to share with others and interact with all of our expert faculty.

What we are really proud of is there is not another resource group like this in the field of dental and facial esthetics, and in less than two years, this has grown to nearly 4,000



Fig. 2: Kristine Krever, MD, center, AAFE medical director, teaches individualized anatomical esthetic treatment planning to an attendee.



Fig. 4: Louis Malcmacher, DDS, MAGD, AAFE president, teaches proper dermal filler delivery technique for subtle lip augmentation.

members strong who regularly visit and use our resources.

Is the course anatomically based or does it use a 'cookbook' approach?

Here is what I mean - most Botox and dermal filler medical and dental courses teach clinicians a cookbook approach to performing these procedures. For example, they will tell you to put 10 units of Botox here, five units there, 0.3 ml of dermal fillers in this fold, etc. This cookbook approach in giving the same treatment plan to every patient will guarantee poor outcomes because each patient's needs and anatomy are markedly different.

We teach the most comprehensive anatomy of any course because once you understand the patient's facial anatomy and how it works, your treatment decisions then fall into place, and you will achieve outstanding therapeutic and esthetic outcomes using Botox and dermal fillers for esthetic and myofascial pain treat-

How many clinicians has the organization and faculty trained?

During the past three years, the AAFE has trained and educated nearly 7,000 dental professionals from 49 states and 36 countries. There is a reason for that - the AAFE delivers one of the best educational experiences, is very comprehensive and teaches our attendees outstanding skills to start delivering Botox and dermal filler techniques immediately into their practices with the best post-course support available.

I've talked to too many dentists during the years who have wasted too much time and money getting

Attend today's session

Today from 2 to 3 p.m. in aisle 5000, room 3, Dr. Louis Malcmacher will present "The Top 8 Game Changers in Dentistry Today" as part of the DTSC Symposia. The primary goal of this seminar is to teach dentists and team members how to take a common-sense approach to their practices to integrate new techniques and concepts.

About the author



Louis Malcmacher, DDS, MAGD, is a practicing general dentist and an internationally known lecturer, author and dental consultant. He is the president of the American Academy of Facial Esthetics (www.facialesthetics.org). You can contact him at (800) 952-0521 or by email at *drlouis@FacialEsthetics*. org. His website is www.commonsense dentistry.com.

Here at the GNYDM

- The AAFE is sponsoring a number of courses at this year's meeting.
 Monday, 9 a.m.-noon: "Total Dental and Facial Esthetics for Every Dental Practice," Dr. Louis Malcmacher, president AAFE dent AAFE
- Monday, 2-5 p.m.: "Botox Therapeutics for Dental and Facial Pain Treatment," Dr. Lisa Germain, diplomate, American Board of Endodontics, and faculty member AAFE
- Tuesday, 9 a.m.-noon and 2-5 p.m.:
 "Building A Successful Dental and Facial Esthetic Practice," Dr. Peter Harnois, president, Illinois AAFE, and Beatriz Chalaz, founder, Doctor Web Solutions
- Wednesday, 9 a.m.-noon: "Botox and Dermal Filler Treatment for Every Dental Practice," Dr. Louis Malcmacher and Kristine Krever, MD, diplomate AAFE and American Board of Family

facial esthetic training that was inadequate, useless and too superficial to be acceptable by any standard. Make sure the training you receive includes the integration of these procedures into your dental practice.

The AAFE Botox and dermal filler courses are the primary and original courses accepted by the vast majority of dental state boards. The AAFE has trained dozens of dental state board members across the country. Use the same careful due diligence in your choices of education providers as you would in any other important decision for your practice. Your money, time and dental license are much too valuable to lose.

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Solving everyday esthetic challenges

Dr. Franklin Shull looks at the latest materials and techniques in his DTSC Symposia session

By Kristine Colker, Managing Editor

TODAY from 3:15 to 4:15 p.m. in aisle 5000, room 3, Dr. Franklin Shull will present "Esthetic/ Restorative Dentistry Live Patient Demonstration" as part of the DTSC

In his session, he will focus on

preparation design, provisionalization and the delivery sequence of new high strength ceramics. Direct composite protocol and bulk fill techniques will also be demonstrated to include matrix systems.

Shull talked to today about what to expect from his symposium.

Dr. Shull, you are presenting a **DTSC Symposia session called** "Esthetic/Restorative Dentistry **Live Patient Demonstration.**' Would you give us a brief overview of your session?

The live patient sessions will focus on everyday esthetic challenges and how they can be solved by the use of the latest materials and techniques, specifically the preparation, provisionalization and cementation of a high-strength ceramic restoration. We will also demonstrate the use of new bulk-fill composite resins and discuss their indications.

Your session is going to explore some of the advancements in direct composites and dentin/ enamel bonding agents. What can you tell us about these advancements?

Dental adhesives have seen many advances over the years. Understand-

About the speaker



Franklin DMD, graduated from the Medical University of South Carolina School of Dentistry in 1993 and completed a general practice residency at Palmetto Richland Hospital, Columbia, S.C. He

is a fellow of the Academy of General Dentistry and past president of the South Carolina Academy of General Dentistry. Shull maintains a private practice in Lexington, S.C., and lectures nationally on esthetic dentistry, dental materials and dental photography.

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*Educators subject to change





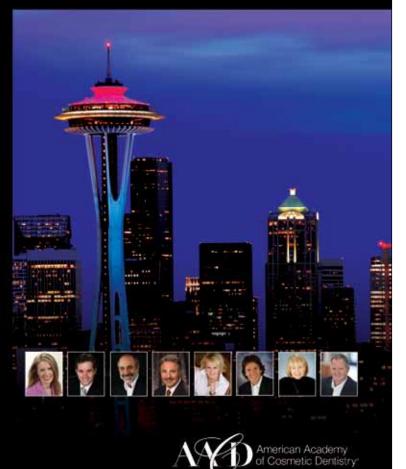






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ing their differences and their indications are very important to treatment

When it comes time for you to use new materials for restorative dentistry purposes, what are some things you look for? How often do you like to check out new materials?

I have the opportunity to try many new materials as they come to the dental market. However, I always read the research behind the product to decide if it fits into my needs. New is not always better!

Your session is also going to focus on fiber reinforcement. Could you just touch on a couple of the different dental dilemmas that it can solve?

Fiber reinforcement is a great addition to any restorative dental practice. A few indications include splinting mobile teeth, support for immediate pontic placement and support for long span provisional bridges.

Is your session aimed at specialists or is it more of a general topic?

The sessions are for any dental professional who is interested in seeing how the advancement in restorative materials can improve our functional and esthetic outcome. Proper techniques for using these materials will be highlighted.

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

I have been using VOCO products for about seven years and feel the company produces very high-quality products. It is known as a leader in composite resins. However, it has many other great products. It is a company that you need to explore!

Is there anything else you would like to add?

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Seventh-generation self-etch adhesives: better, faster, easier and more predictable

By George Freedman, DDS, FAACD,

When Michael Buonocore first described tooth surface adhesion in 1955, he could not have imagined the magnitude of the paradigm shift he was about to unleash on the dental profession during the next halfcentury.

The road to predictable adhesion has not been easy or smooth, nor without controversy, but Buonocore's discovery was the first of many steps along the long and complex path to the 21st-century adhesive dentistry that the dental profession enjoys (and too often takes for granted) today.

Dental adhesives are the cornerstones of the popular treatment modalities in every branch of dentistry: preventive to restorative, pediatric to geriatric and endodontic to orthodontic. The quantum leaps in adhesive technology have increased bond strength and longevity, but most importantly, they have decreased the need for invasive procedures.

There have been four revolutionary techno-chemical advances in dental adhesion technology during two decades.

- Fourth-generation adhesives (early 1990s) ushered in the era of relatively predictable esthetic adhesion. Enamel and dentin were etched simultaneously, with good bond strength to both. Multiple technique-sensitive components and steps, over-etching and a rash of post-operative sensitivity complaints were the downsides. Moist dentin, an undefined and elusive surface condition, was required to ensure successful adhesion to
- Fifth-generation adhesives (1995) consolidated all the adhesive components (except for the etch). Both technique and post-operative sensitivity were significantly reduced. However, moist dentin, still undefined and elusive as ever, was still required.
- Sixth-generation adhesives (2000) eliminated the separate etching step. The multiple-bottle chemistry provided excellent dentinal adhesion, but the enamel bonding was somewhat less predictable. There were few reports of post-operative sensitivity.
- Self-etching seventh-generation adhesives (2002) are the least technique sensitive of all the bonding agents. Post-operative sensitivity is



Applying BeautiBond (Photos/Provided by Dr. George Freedman)



Applying Beautifil Flow Plus

virtually non-existent. Most importantly, they are equally effective on moist or dry tissues, eliminating the concern of moist dentin. All the necessary ingredients are contained in a single bottle, or compule, and delivered to both enamel and dentin in a single step.

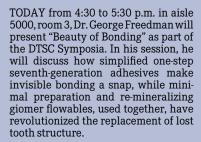
The highly popular seventh-generation adhesives etch the enamel and dentin surfaces immediately upon application. The neutralized etch and its dissolved dentinal contents are not rinsed off the tooth surface; they are instead incorporated into the hybrid layer. Because the smear plug is never removed to open dentinal tubules,

there is little risk of post-operative

Shofu's seventh-generation Beauti-Bond has unique dual-adhesive monomers that provide equal (non-stressing) bond strength to both enamel and dentin with an ultrathin 5µ film thickness. A straightforward, singlestep application makes it easier and totally predictable.

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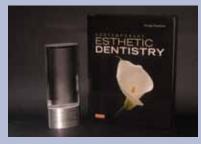
Attend today's session



About the author



George Freedman, DDS, FAACD, FACD, is a founder and past president of the American Academy of Cosmetic Dentistry, a co-founder of the Canadian Academy for Esthetic Dentistry and a diplomate of the American Board of Aesthetic Dentistry. His most re $cent\, textbook, "Contemporary\, Esthetic$ Dentistry," is published by Elsevier. Freedman is the author or co-author of 12 textbooks, more than 700 dental articles and numerous webinars and CDs and is a Team Member of REALITY. He was recently awarded the Irwin Smigel Prize in Aesthetic Dentistry presented by NYU College of Dentistry. He lectures internationally on dental esthetics, adhesion, desensitiza $tion, composites, impression \ materials$ and porcelain veneers. A graduate of McGill University in Montreal, he maintains a private practice limited to esthetic dentistry in Toronto.



Dr. George Freedman's most recent textbook, 'Contemporary Esthetic Dentistry' and the Irwin Smigel Prize he was awarded from the NYU College of Dentistry.

What happens next?

By David Keator, Keator Group

■ During the last 30 years, we have seen investment "bubbles" of different varieties that are nothing more than extreme investment swings based on a myriad of factors. Internet, commodity and real estate bubbles, to name just a few, have all caused many investors anxiety. The primary drivers of these inflated values are based upon momentum and greed. It comes from a feeling that everyone else is making money and the investor is missing out.

It's OK to be an optimist, but it's a good idea to be watchful when everyone is an optimist. Beware of crowds at the extreme. When we see the type of exuberance that typically leads to inflated values, we believe it's a good time to take a breath and put up a safety net.

Last year, many economists and market analysts warned bond prices would decline and the result would be higher interest rates. As a result, the conventional wisdom was to shorten the duration of a fixed income portfo-

lio in an attempt to create a bunker. Because we have enjoyed unprecedented and historically low yields (high-bond prices), many heeded this call. Some saw a bond "bubble," and it was time to take profits.

Last spring, the five-year treasury yield was 2.23 percent. Four months later, the five-year yield was 1.48 percent. When prices on bonds rise, their yields typically fall. That means the short-term investment call was premature, giving credence to market calls being more art than science.

So, what is being done with all of the cash that is being held?

Investors are searching for a place to invest it. Short treasury yields (one year) fell from .30 basis points (one-third of 1 percent) to .16 basis points (one-sixth of 1 percent) between March 2010 and July 2011. This has caused investors to hunt for yield and seek higher income potential from more aggressive investments.

Theoretically, the higher the potential yield, the greater the risk, but the appetite for higher yield has been strong and that has the potential to

cause a bubble in the high-yield market just as high demand for Internet stocks caused unrealistic valuations in the late 1990s.

Buyer beware: A fixed-income investment paying a 5 percent yield might not seem risky on face value, but if it is compared to the relative security of treasuries, then you can easily see a potential for a disconnect.

So, back to our title: "What happens next?" The next step for each investor is to evaluate where your safety net is. Do you have an investment plan? Have you figured out your risk profile and adjusted your investments accordingly? Do you have a bunker?

If the market drops by 10 to 20 percent, do you have enough cash and liquid investments as a reserve so that you can avoid selling undervalued assets to meet emergency or even day-to-day needs? Are you properly diversified?

It is painful to see CDs and shortterm treasuries paying less than 1 percent. If it is part of your bunker, you have to stay disciplined. If your investment time frame is short, you

About the author

David Keator is a partner at Keator Group. Contact him at (877) 532-8671.

must be very careful of volatility. With a longer time frame, you could possibly take advantage of high-quality stocks with dividend potential or short-term corporate bonds. Remember, we are in a global economy, so do not overlook investment opportunities throughout the world.

We believe one of the safest ways to invest is with a long-term horizon.

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The evolution of sinus lift techniques

By Andrew Kelly, DDS

When Dr. O. Hilt Tatum performed his sinus lift technique in 1975, I wonder if he had any idea of how it would evolve or the controversies that would surround this procedure. I can say there exist as many techniques as there are opinions on how the procedure should be performed and who should perform it.

A sinus lift is a surgery that adds bone to the maxilla in the area of the molars and premolars. It's sometimes called a sinus augmentation. The bone is added between the floor of the maxillary sinus and the Schneiderian membrane. To make room for the bone, the sinus membrane has to be moved upward, or "lifted." Any dentist who is trained to do it can do a sinus lift. Tatum, the originator of the procedure, is a general dentist.

There are two basic methods for performing the sinus lift technique. The first is the Lateral window technique, which Boyne described in 1960. Boyne used the procedure to achieve an optimal intercrestal distance needed for denture making.

The sinus lift techniques have undergone numerous modifications

Contact

To attend an educational seminar by Andrew Kelly, DDS, visit www. dentalofficesolutions.com.

through the years. In 1975, Tatum was the first to perform the lateral window technique in conjunction with autogenous bone grafting for the purpose of placing dental implants in the newly formed bone. Although the lateral window technique is highly invasive, it is a necessary procedure. In 1994, Summers, in pursuit of a less invasive method, made the surgical protocol easier by offering the crestal approach or osteotome technique.

Initially, the osteotome technique was used for compressing the soft maxillary bone to improve primary stability of implants and to increase success rates of implants placed in the posterior maxilla. After a period of success using the technique for bone compression, Summers started floor dilatation of the sinus, thus increasing the length of his implants.

When the osteotome technique was first introduced, there were two significant disadvantages that limited its indications. The first was the limited height that the sinus could be raised. Initially, Summers was able to lift the membrane 1-3 mms.

The second limitation was the inability to directly visualize the membrane. The technique was initially performed with convex osteotomes by using the sinus floor to lift the membrane. After the membrane was lifted, bone-grafting material was then used to hydraulically lift the Schneiderian membrane.

Today, using modern technologies such as piezoelectric units and balloons, as well as crestal approach kits, which use saline, we are now able to achieve height gains that rival those of the lateral window technique, with little concern for membrane perfora-

So where are we today? Very few practitioners, including Tatum, routinely use autogenous bone for sinus augmentation. One of the main reasons is there are several excellent alternative bone-grafting materials available that don't require a secondary surgical site and provide very similar results to autogenous bone. So one question that is being asked a lot lately is: Is autogenous bone the "gold standard"? The jury is still out, but there is a lot of evidence out there that suggests it is not. Only time will tell.

The lateral window technique is being used more sparingly these days. There are several methods available that have allowed us to effectively raise the Schneiderian membrane 5-7 mms or more and place the implant simultaneously, as long as we have enough crestal bone to get primary stability. This technique is safer for the patient, and it reduces the chance an infection will occur.

Lastly, with the evolution of safer and more predictable sinus lift methods, more dentists are able to successfully perform the procedure, which allows more patients to have implants in the posterior maxilla.

Implant dentistry requires the practitioner to possess a wide range of skills. As technology improves, it will open the door to a wider dissemination of implant dentistry into our society and help to increase the quality of life for many patients who need our help. Technology will never replace knowledge and skill; however, it can and will lower the learning curve and help more practitioners provide stateof-the-art services to their patients.



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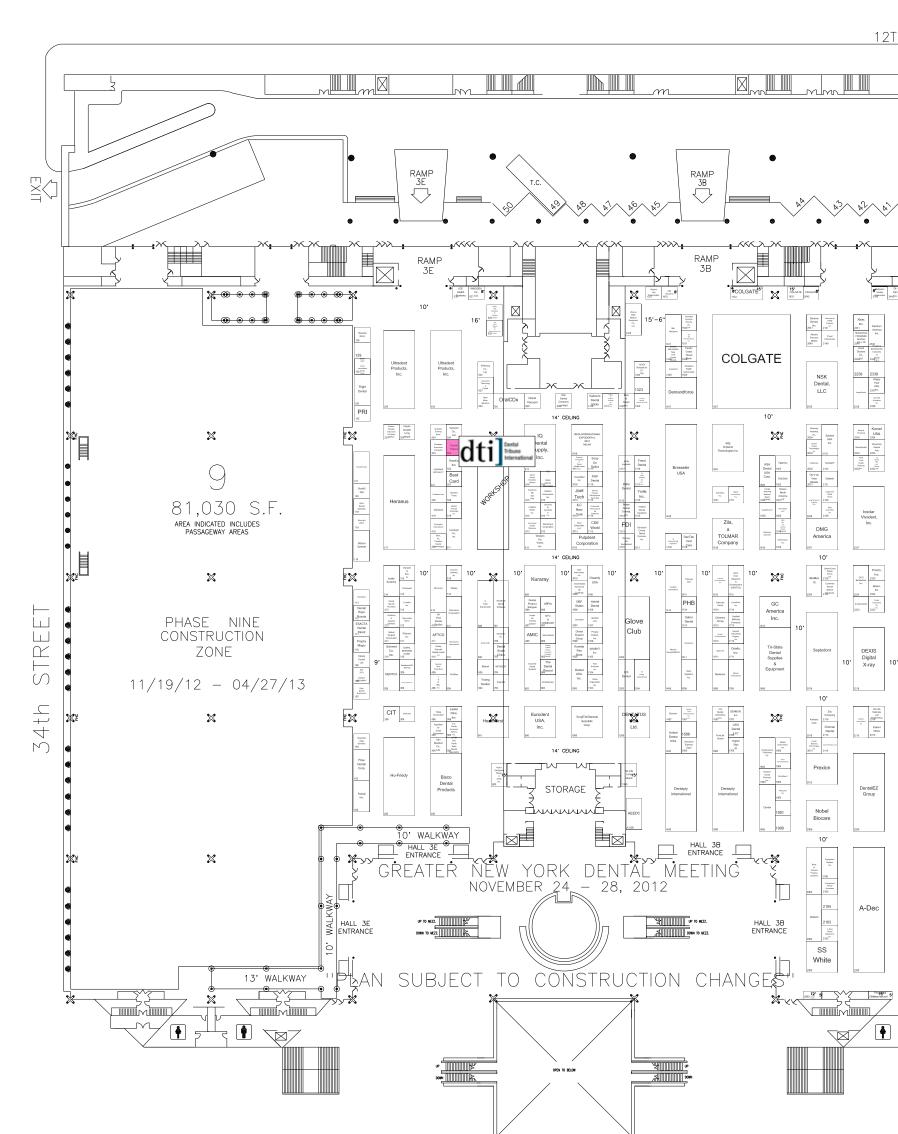
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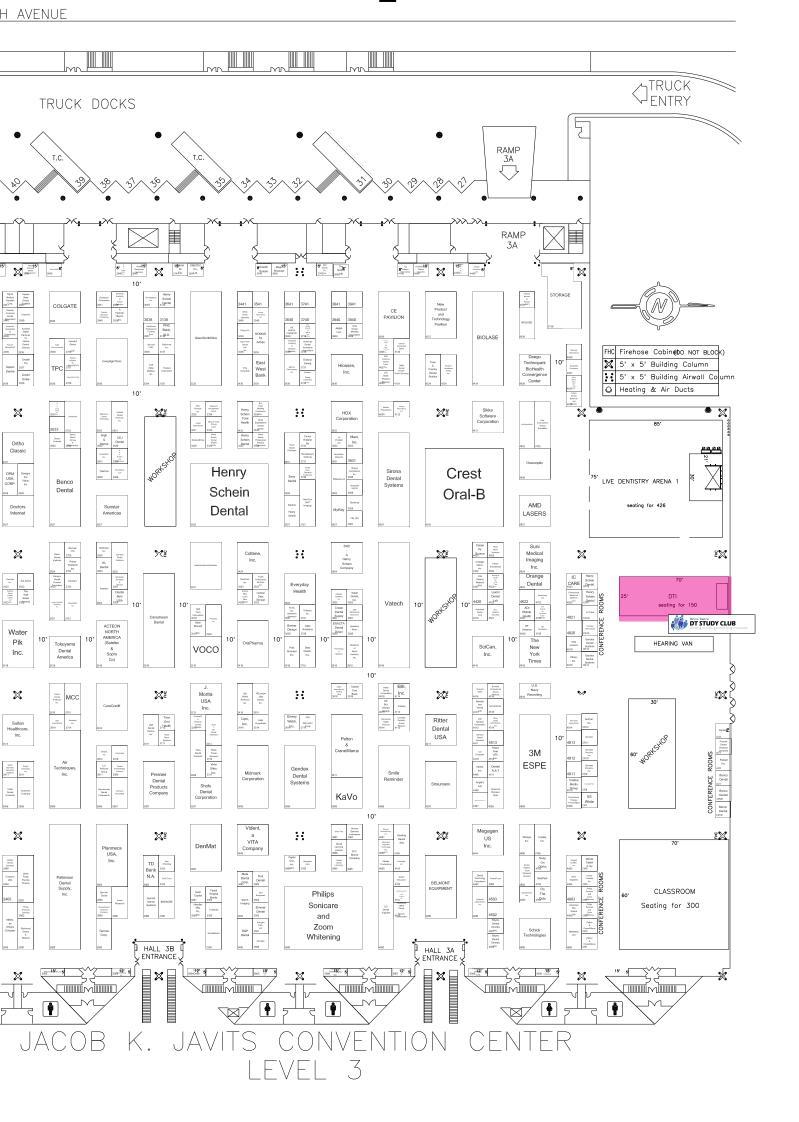
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Ceatus Media Group Center for Hearing and Communications Central Data Storage (CDS) Centrix Certol International CIT Bank — Small Business Lending Civitas Architects Clarion Financial ClearCorrect Clinician's Choice Dental Products Clinipix Colegio de Cirujanos Dentistas de Puerte COLGATE 1627, 1933, 1733 Collagen Matrix	4810 s aisle 5000 3522 1800 3231 206 2336 2632 4603 1313 2812 0 Rico 1121 , 2042 2640 4422 3424 2209
Ceatus Media Group Center for Hearing and Communications Central Data Storage (CDS) Centrix Certol International CIT Bank — Small Business Lending Civitas Architects Clarion Financial ClearCorrect Clinician's Choice Dental Products Clinipix Colegio de Cirujanos Dentistas de Puerte COLGATE 1627, 1933, 1733 Coltane Columbia Dentoform Common Sense Dental Products	4810 s aisle 5000 3522 1800 3231 206 2336 2632 4603 1313 2812 p Rico 1121 , 2042 2640 4422 3424
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Ceatus Media Group Center for Hearing and Communications Central Data Storage (CDS) Centrix Certol International CIT Bank — Small Business Lending Civitas Architects Clarion Financial ClearCorrect Clinician's Choice Dental Products Clinipix Colegio de Cirujanos Dentistas de Puerte COLGATE 1627, 1933, 1733 Coltane Columbia Dentoform Common Sense Dental Products	4810 s aisle 5000 3522 1800 3231 206 2336 2632 4603 1313 2812 o Rico 1121 , 2042 2640 4422 3424 2209 2124 2621
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Center for Hearing and Communications Central Data Storage (CDS) Centrix Certol International CIT Bank – Small Business Lending Civitas Architects Clarion Financial ClearCorrect Clinician's Choice Dental Products Clinipix Colegio de Cirujanos Dentistas de Puerte COLGATE 1627, 1933, 1733 Collagen Matrix Coltene Columbia Dentoform Common Sense Dental Products Consult-Pro/DHC Marketing ContacEZ, the Ultimate Proximal Contactors Solution Cosmalite Cosmedent	4810 s aisle 5000 3522 1800 3231 206 2336 2632 4603 1313 2812 0 Rico 1121 , 2042 2640 4422 3424 2209 2124 2621 ct 3212 1007 2721
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Center for Hearing and Communications Central Data Storage (CDS) Centrix Certol International CIT Bank — Small Business Lending Civitas Architects Clarion Financial ClearCorrect Clinician's Choice Dental Products Clinipix Colegio de Cirujanos Dentistas de Puerto COLGATE 1627, 1933, 1733 Collagen Matrix Coltene Columbia Dentoform Common Sense Dental Products Consult-Pro/DHC Marketing ContacEZ, the Ultimate Proximal Contac Solution Cosmalite Cosmedent Cosmetic Dentistry Grants Program CR Foundation Cranberry (M) Sdn Bhd Credit Suisse	4810 s aisle 5000 3522 1800 3231 206 2336 2632 4603 1313 2812 0 Rico 1121 , 2042 2640 4422 3424 2209 2124 2621 ct 3212 1007 2721 4112 4720 815 3542
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Center for Hearing and Communications Central Data Storage (CDS) Centrix Certol International CIT Bank — Small Business Lending Civitas Architects Clarion Financial ClearCorrect Clinician's Choice Dental Products Clinipix Colegio de Cirujanos Dentistas de Puerte COLGATE 1627, 1933, 1733 Collagen Matrix Coltene Columbia Dentoform Common Sense Dental Products Consult-Pro/DHC Marketing ContacEZ, the Ultimate Proximal Contact Solution Cosmedent Cosmedent Cosmedent Cosmetic Dentistry Grants Program CR Foundation Cranberry (M) Sdn Bhd Credit Suisse Crest Oral-B Crystal Tip CURAPROX USA	4810 s aisle 5000 3522 1800 3521 206 2336 2632 4603 1313 2812 0 Rico 1121 , 2042 2640 4422 3424 2209 2124 2621 ct 3212 1007 2721 4112 4720 815 3542 4225 2537 2404
Center for Hearing and Communications Central Data Storage (CDS) Centrix Certol International CIT Bank — Small Business Lending Civitas Architects Clarion Financial ClearCorrect Clinician's Choice Dental Products Clinipix Colegio de Cirujanos Dentistas de Puerte COLGATE 1627, 1933, 1733 Collagen Matrix Coltene Columbia Dentoform Common Sense Dental Products Consult-Pro/DHC Marketing ContacEZ, the Ultimate Proximal Contac Solution Cosmedic Dentistry Grants Program CR Foundation Cranberry (M) Sdn Bhd Credit Suisse Crest Oral-B Crystal Tip CURAPROX USA CustomAir	4810 s aisle 5000 3522 1800 3521 206 2336 2632 4603 1313 2812 0 Rico 1121 , 2042 2640 4422 3424 2209 2124 2621 ct 3212 1007 2721 4112 4720 815 3542 4225 2537 2404 2209
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Center for Hearing and Communications Central Data Storage (CDS) Centrix Certol International CIT Bank — Small Business Lending Civitas Architects Clarion Financial ClearCorrect Clinician's Choice Dental Products Clinipix Colegio de Cirujanos Dentistas de Puerte COLGATE 1627, 1933, 1733 Collagen Matrix Coltene Columbia Dentoform Common Sense Dental Products Consult-Pro/DHC Marketing ContacEZ, the Ultimate Proximal Contac Solution Cosmedic Dentistry Grants Program CR Foundation Cranberry (M) Sdn Bhd Credit Suisse Crest Oral-B Crystal Tip CURAPROX USA CustomAir D4D — A Henry Schein Company da Vinci Dental Studios	4810 s aisle 5000 3522 1800 3521 206 2336 2632 4603 1313 2812 0 Rico 1121 , 2042 2640 4422 3424 2209 2124 2621 ct 3212 1007 2721 4112 4720 815 3542 4225 2537 2404 2209 3824 412
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COMPANY **BOOTH**

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Danville Materials and Engineering

DBF Studio

DC Dental Supplies	4000
DCI Equipment	3503
Dear Doctor	3718
Delfin Dental Europe	4134
Delta Dental	1215
Demandforce	1427, 3230
DENBUR	1707
DenLine Uniforms	515
DenMat	3203
Denovo Dental	2041
Dent Corp. Research & Development (
Dental Arts Publishing	5009
Dental Assisting National Board (The	
tion)	1821
Dental Benefit Providers	213
Dental Burs USA	2920
Dental Creations	4440
Dental Ear/Audiology Solutions	2909
Dental Economics RDH Magazine	314
Dental Hi Tec	3141
Dental Learning Centers	3806
Dental Product Shopper	808
Dental R.A.T.	4511
Dental South China	705
Dental Technology Consultants	4402
Dental Tribune America	523
Dental USA	1003
DentalExpo Russia	112
DentalEZ Equipment	2209
DentalEZ Group	2209
Dentalree.com	420
Dentaltown	113
DentalTshirts.com	4605
DentalVibe	2733
	2132
DentalXP DENTAQUEST	1903
DENTATUS USA	1200
Dentaverse Dentazon/DXM	4722 2841
DENTCA	208
	423
Dentegra Insurance Company DenTek Oral Care	1518
Denticator	306
Dentimax	3928
	520
Dentistry Today Dentium America	2341
DentLight DentLight	4103
Dentozone Corporation	913
Dentrix – Henry Schein	3627
DentServ	2723
DENTSPLY Caulk	
Dentsply International	1400, 1600
DENTSPLY Maillefer	1400, 1600 1400, 1600
DENTSPLY Professional	1400, 1600
DENTSPLY Prosthetics	1400, 1600
DENTSPLY Raintree Essix Glenroe	1400, 1600
DENTSPLY Rinn	1400, 1600
DENTSPLY Tulsa Dental Specialties	1400, 1600
Dependable Dental	312
Designs For Vision	812, 2529
DEXIS Digital X-ray	2218
DiaGold/www.Goldburs.com	1922
Diatech Digital Dog	2002, 2131
Digital Doc	3605
Digital Sign ID Diversionary Therapy Technologies	1705 4809
DMETEC Co.	3241
DMG America	2027
DMO MIIGHOO	2027

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Doc's Duds DOCS Education 4102 Doctor Bright's Tooth Whitening System 4604 **Doctors Internet** 2427 **DORAL REFINING** 310 **DoWell Dental Products** 2931 DPM USA 2429 Dr. Kim 2442 DSG Americus New York 4037 Dux Dental 3504 Dyno-Tech Dental Lab 3438 East West Bank 3536 Eastern Dentists Insurance Company (EDIC) 224 Easy Dental 3629 EBI 4114 Ellman International 1709 Elsevier 1407 Emblemhealth 2223 **Emerald Professional Dental Products** 4516 Emery & Webb 3614 Empire Blue Cross Blue Shield 3422 519 Epstein Practice Brokerage **Equipment Brokers** 2106 Erskine Dental 3737 Essential Dental Systems 803 Eurodent USA Everyday Health 3622 , 3820 **EXACTA Dental Direct Expert Promotions** 2511 EZ Bur Dental Supply 4015 Facial Imaging Mobile 3303 FDI World Dental Federation Federal Bureau of Prisons (BOP) 4641 4837 Fialkoff Dental Study Club Fidelity Dental Lab 109 Fisher Inventments 4524 Flight Dental Systems 126 Flow Dental 102 Forest Dental Products 2615 Fortune Management 2438 Franklin Dental Supply 5005 Freud Dental 1318 Garden State Dental Supplies 2541 Garfield Refining Company 1713 2922, 4411 **Garrison Dental Solutions** GC America 1813 Gendex Dental Systems 3609 Genoray America 2034 1507 George Taub Products/Fusion Gimhae Biomedical Center 4136 GlasSpan 706 GlaxoSmithKline Consumer Healthcare 3235 Glidewell Laboratories 4400 Global Medical Implants S.L./ILerimplant Group3714 Global Surgical 211 Glove Club 1205 Golden Dental Solutions (formerly GoldenMisch) 2405 Good Doctors 2239 Great Expressions Dental Centers 3533 Great Lakes Orthodontics 4514 2115 Groman Group Financial Services 2502 GSD Academy 3720 Handler Mfg. Co. 3200 Hands On Training Institute 807 Hanses Practice Management Consulting 1115 Hartzell & Son, G. 315 Hawaiian Moon 130, 3920 Hayes Greater Long Island 324 HDX Corporation 3833 Head Dental Corporation 4016 Health Resources Services 3040 Healthcare Office Design - Beacon Construction4100 Healthcare Professional Funding 3037 HealthFirst 601 Healthplex 2825 Health-Pro Realty Group 2130

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Handpiece manufacturer aims for global leadership

exhibitors

TOKYO, Japan: It is no secret that the years since the global financial crisis have not been very kind to companies in Japan. First, the recession slowed business investments significantly down, then the negative effects of last year's tsunami and the massive destruction it wrought almost brought the world's third largest economy to a halt.

For NSK, one of the country's largest dental manufacturers, troubles in the home market are its least concern because the company conducts most of its business elsewhere.

According to president and CEO Eiichi Nakanishi, with whom Dental Tribune International recently had the opportunity to speak at the company's headquarters in Tochigi, more than 80 percent of the company's revenues are now generated by its operations outside of Japan.

In the last three years, NSK has been performing particularly well in mature markets such as Europe and North America, where it boosted its presence with the opening of its new headquarters near Chicago last year, despite unfavorable conditions such as high market saturation and the ongoing decline of the yen against the dollar.

Since 2009, Nakanishi has also seen his company regaining its former market shares in Asia through centralized distribution and after-sales support offered by its new subsidiary in Singapore.

Another significant contributor has been NSK's European office in Germany, which accounted for almost one third of the 22.2 billion yen (\$278 million) in sales the company reported in 2011.

'That is why economic conditions in our home market have little or no impact on our overall business. We really think globally," Nakanishi explained.

According to the 48-year-old, who has run the company since 2000, one of the major reasons for NSK's strong market position, even in established markets, is its dedication to innovation and quality, combined with the excellent after-sales service it is able to provide to customers in almost every country except North Korea. But this hasn't always been the case.

Founded in the 1930s, the company had a rough start and operations were completely halted during World War II. Since the production of dental handpieces resumed in 1951, however, the company has grown extensively and now employs more than 700 people in its Japanese







- Above left: Eiichi Nakanishi, right, in talks with DTI Publisher and CEO Torsten R. Oemus.
- Above right: NSK still manufactures most of the precision parts in-house.
- At left: The company's headquarters in Tochigi, Japan.

(Photos/Lutz Hiller, DTI)

offices in Tochigi and Tokyo.

NSK also still produces most of the precision parts in-house, which, according to Nakanishi, is one of the reasons that dentists now identify the $company\ with\ high-quality\ products.$

We employ many good engineers and marketing people who help us to constantly improve our brand and make it more attractive to dentists,"

One of NSK's recent innovations, launched at last year's IDS in Cologne, for example, is the Ti-Max Z series, a durable premium handpiece that is claimed to have the smallest heads and necks in the industry, as well as an exceptionally low noise level and

Here at the GNYDM

For more information on NSK Nakanishi and its products, stop by the booth,

virtually no vibration. The Surgic Pro surgicalmicromotorhasalsoreceived much interest, particularly by dental implant surgeons. This device is distributed alongside implant systems by major implant manufacturers.

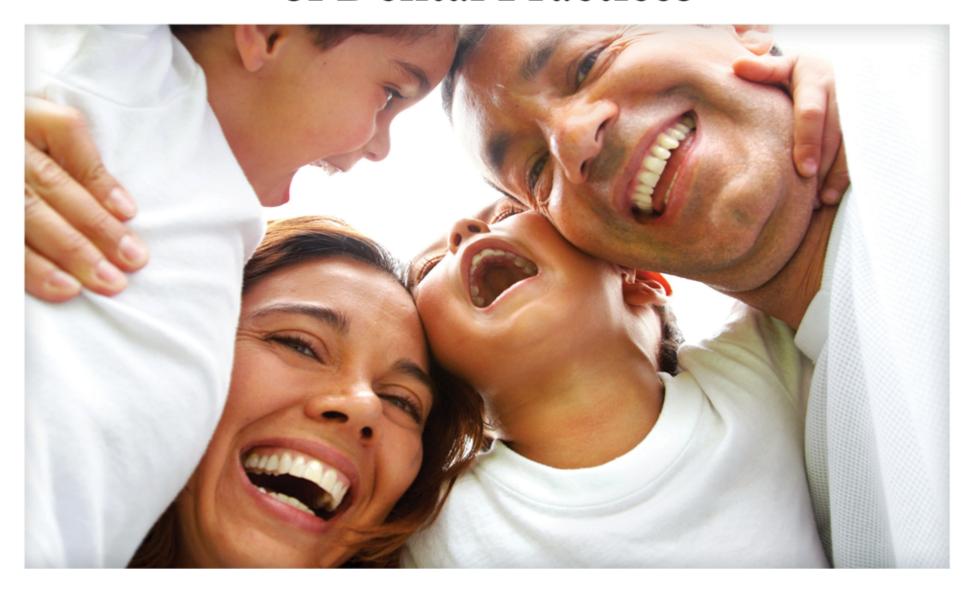
NSK asserts it pays close attention to the needs of its customers, a philosophy that has resulted in products such as the S-max pico, which was developed solely for the treatment of

patients with smaller mouths, such as children.

Moving into other markets is conceivable but unlikely to happen anytime soon, according to Nakanishi. Even though his company has begun to enter new areas in the last decade with the launch of instruments such as ultrasonic scalers and polishers, its core business will remain dental handpieces and other small-motor equipment.

"When it comes to handpieces, we have produced more innovations than our competitors," remarked Nakanishi. "Our goal is to become the No. 1 company worldwide in this segment."

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Helping you do it yourself

The EZ Care™ Handpiece Maintenance Kit is the latest addition to the ProScore line of products. These maintenance kits are customized to your handpiece and include everything needed to keep it in optimal running condition: an XTend™ Ceramic turbine, Smart Cleaner, gaskets, coupler o-ring sets, handpiece cleaner/lubricant, detailed maintenance instructions and other products.

The EZ Care Handpiece Maintenance Kit complements ProScore's in-office repair product line and the ProRepair/ProService Handpiece and small equipment maintenance courses presented at dental shows.

XTend Ceramic kits and turbines for high-speed handpieces

With the XTend Ceramic line of turbines and kits, ProScore offers dentists the best quality do-it-yourself products for high-speed handpieces in the market, according to the company. Not only are XTend Ceramic products backed with one of the best warranties in the business — one year for turbines and six months for rebuild kits — but XTend products have been

Here at the GNYDM

For more information, visit ProScore at the Henry Schein booths, Nos. 225, 3140 and 3432, call (800) 726-7365 or visit *www.scoredental.com*. You can also follow the company on Facebook at *facebook.com/ProScore*.

known to outperform steel bearings, last longer and produce less noise and vibration

The ceramic bearing technology incorporated in XTend Ceramic prod-



(Photo/Provided by ProScore)

ucts provides many handpiece performance benefits:

- Reduced wear: Ceramic balls are twice as hard as steel balls.
- Increased durability: Ceramic balls are 40 percent lighter than steel, which reduces the internal forces and loads caused by high-speed rotation.
- Longer life: Ceramic bearings perform better than steel under marginal lubrication.
- Quieter and smoother operation: Noise and vibration are reduced as a result of lower loads.

Other EZ Solutions

ProScore's other EZ Solutions offer dentists various do-it-yourself repair and maintenance options.

- EZPress III™ and EZ Rebuild™ Kits: The EZ Press III Repair System is the answer to the high costs and downtime associated with sending high-speed handpieces out to be repaired. Allowing the dentist to easily change those parts that have worn out, the EZ Press III utilizes simple procedures, requires no guesswork and ensures precision placement of the bearings on the spindle.
- EZ Install™ Turbines: For an instant repair, dentists can replace cartridges chairside with EZ Install Turbines, which are manufactured with high-quality parts and quality assurance procedures, including dynamic balancing. The result is a high-performance, long-lasting turbine that often outlasts others in the market, according to ProScore.
- Smart Cleaner: The Smart Cleaner is a one-of-a-kind maintenance tool that not only helps prevent residue build-up in handpieces and coupler waterlines but also clears away obstructions if they occur. Simply connect the handpiece or coupler to the Smart Cleaner and activate the hand pump to clear obstructions and debris.
- EZ Care Cleaner and EZ Care Lubricant: EZ Care Cleaner was formulated to flush debris and remove build-up from the handpiece's internal rotating parts, improving long-term handpiece performance and sterilization efficacy. EZ Care Lubricant has been designed to minimize bearing wear and to resist corrosion. When used together, EZ Care Cleaner and EZ Care Lubricant ensure handpieces and accessories will achieve maximum longevity and maintain optimum performance.





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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 realtime 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 then 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



Here at the GNYDM

To see The Wand/STA Single Tooth Anesthesia System for yourself, stop by the Milestone Scientific booth, No. 1818.

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 lead 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 penlike 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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A new conical connection implant

■ MIS Implants Technologies has recently launched the new C1 implant system. This new C1 system brings a combination of proven and innovative design features to market, including a conical connection and abutments that utilize a platform-switching concept.

The 6-degree conical connection ensures a secure fit between the abutment and implant. By minimizing micro-movement at that junction, bone loss at the crestal level is reduced. There is a six-position cone index within the conical connection to help orient the implant during

Here at the GNYDM

To receive more information about the C1 or other MIS products, call (866) 733-1333, visit *www.misimplants.com* or stop by the booth, No. 1623.

insertion and place the abutment into the proper position.

Implants, abutments and tools are color-coded according to platform size for easy identification. The standard platform refers to the 3.75 and 4.2 mm diameter implants, while the 5 mm diameter implant is the wide

platform. Lengths for all of the diameters come in 8, 10, 11.5, 13 and 16 mm.

The C1 implant (as all of the MIS implants) is made from a titanium alloy that contains titanium, aluminum and vanadium known as Ti-6A1-4V-ELI (Grade 23). This alloy has high fatigue strength and is highly biocompatible. Similar to commercially pure titanium implants (Grades 1-4), the outer surface of these implants consists of a thin layer of pure titanium oxide (TiO2).

The unique geometry of the C1 implant encourages primary stability with mild bone compression at



- C1 Implant System. (Photo/Provided by MIS)

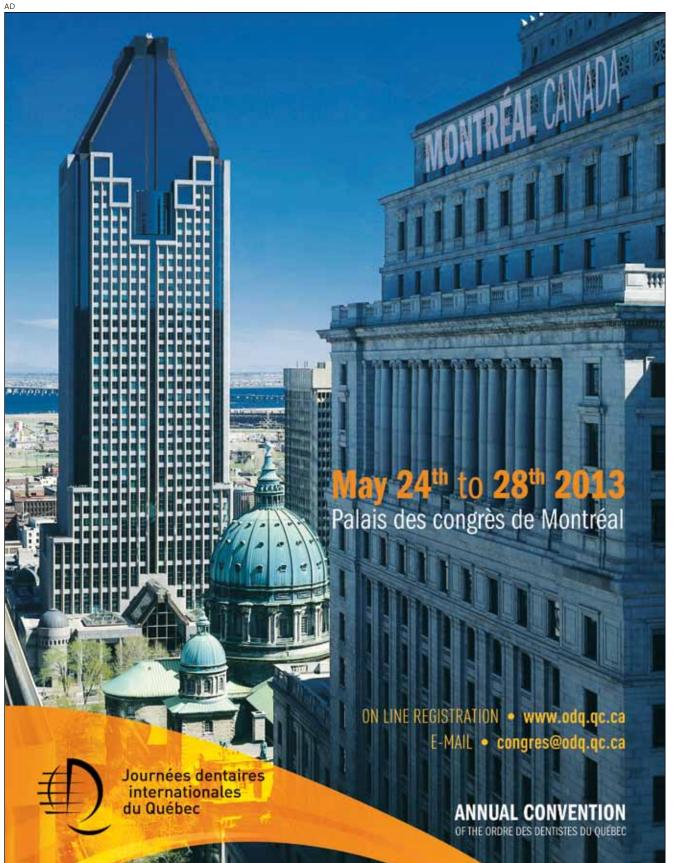
the upper 2/3 of the implant. The final drill, used during preparation of the osteotomy, is designed in such a way to allow less compression by the threads at the apical third of the implant, which will enable rapid bone growth in that area.

These two characteristics have been put in place to minimize the period of time between initial mechanical stability and long-term biologic stability.

Platform switching is a restorative concept that has been shown to minimize crestal bone loss. It has been theorized that moving the junction of the implant/abutment connection away from the outer edge of the implant platform reduces the bacterial component that could lead to loss of vertical height. For those clinicians who prefer to utilize platform switching in the restorative phase, the C1 abutments have been designed to allow this.

As with other MIS products, the surface treatment consists of both large particle blasting and acid etching. This not only creates micro- and nano-surface morphology but also ensures a high-quality, contaminant-free surface that has been shown to achieve superb osseointegration results, according to the company. The apex of the C1 implants is domeshaped to help prevent damage to the mandibular nerve as well as to avoid perforation of the sinus membrane.

Packaged with each C1 implant is a sterile, single-use final drill, a cover screw and a temporary PEEK abutment. Each implant (including these additional components) is sold for \$249.



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Invented by a Swedish dentist, Directa's Luxator instruments are specially designed periodontal ligament knives with a fine tapering blade that compresses the alveolar, cuts the membrane and gently eases the tooth from the socket. Here is Swedish dentist Dr. Lars Rundquist's opinion about Luxator.

The requirement for an atraumatic treatment during tooth extraction has recently been emphasized much in the field of dentistry.

Prior to treatment for implants, it is essential that there is as little bone loss as possible during extraction to obtain an optimal prognosis.

The increased number of patients under medication with anticoagulants, who often are not allowed to interrupt their medication when a tooth is to be extracted, requires extreme care to avoid postoperative bleeding. It is also necessary to endeavour to strive for as little damage to the tissues as possible to receive the optimal possibility for local haemostasis.

Patients treated with irradiation or cytostatics must be treated with



Fig. 1: Luxator Periotome (Photos/ Provided by Directa)

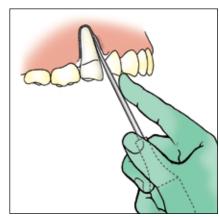


Fig. 2: Correct handling of Luxator Periotome

minimal trauma to diminish the risk of postoperative infections.

The possibility of avoiding unnecessary trauma when extracting teeth is considerably increased if the opera-

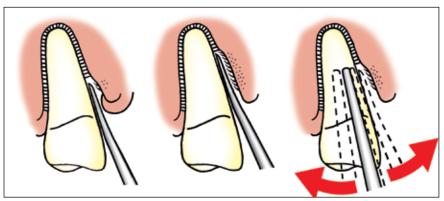


Fig. 3: Luxator severs the periodontal fibers and dilates the socket.

Here at the GNYDM

For more information about Directa Products, visit www.directadental. com, contact U.S. Sales Manager Frank Cortes at (203) 788-4224 or frank. cortes@directadental.com or stop by the booth, No. 2332.

tion is initiated or accomplished by employing a Directa Luxator to widen the alveolus and loosen the periodontal ligaments. The delicate tip of Luxator Periotome can be inserted to quite a deep level on the root, thus allowing

the final loosening and removal of the tooth to be performed with a minimal amount of force.

During my many years as an oral surgeon, I have found Luxator instruments are indispensable to meet the demands for an atraumatic method of tooth extraction.

Dr. Lars Rundquist is a former member of the Department of Oral Surgery and Oral Medicine, Faculty of Odontology, University of Lund, Malmö and the Department of Maxillofacial Surgery, Institute of Odontology, Karolinska Institutet, Huddinge, Sweden.



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No-flow flowables for 'Beautifil' restorations

By Howard S. Glazer, DDS, FAGD, FASDA

That's not a spelling error in the title. I have intentionally spelled it to mimic the name of the non-runny, non-flowable resin material I will discuss.

Resin dentistry has come a long way since the early days of silicates. Both patients and dental professionals have demanded restorative materials that are functional, durable, versatile and esthetic. Imagine, if you will, a material that is a base, liner and restorative all in one tube.

Shofu has developed just such a product: Beautifil Flow Plus. This new flowable resin is a sculptable, non-flowing resin available in two formulations: F00 and F03. Those designations mean that it flowed zero millimeters when an amount was placed on a pad and held vertically for one minute. Similarly, the F03 flowed only 3 mm during one minute. Both formulations contain the proprietary giomer chemistry and S-PRG fillers, which release and recharges fluoride like a glass ionomer.

The giomer chemistry is important. Giomers have an anti-plaque effect by providing a smoother surface when photo-cured. Furthermore, they aid in the reinforcement of tooth structure by forming an acid-resistant layer as well as helping to remineralize dentin. Recently, the ADA published the results of an eight-year giomer study, done at the University of Gainesville in Florida, that showed no secondary caries, no restorative failures, no post-op sensitivity and a 95 percent retention of luster on the restoration.

Beautifil Flow Plus stays where it is placed and does not require a more traditional composite resin to be placed on top to complete the restoration as some bulk fills do. It is approved for all cavity preparation classification.

There are nine shades for F00, including an opaque, incisal and bleach white. For F03, there are 12 shades, including a unique A0.5, "milky" and cervical shade. Once photo-cured, the materials are about 95 percent finished and polished, and a very high gloss can be achieved using the One Gloss and Super Snap Singles polishing systems (Shofu).

As you will see in the cases that follow, Beautifil Flow Plus is a very useful product that allows us to emphasize our artistic ability in the art and science of dentistry.

Case I

The patient is a 33-year-old male who has neglected his dental hygiene for several years and has a history of chewing gum and parking it in his cheek when on the telephone or focusing on his work.

He now presents with several areas of severe cervical erosion. These were successfully restored using a #35 inverted cone carbide and SmartBur



Fig. 1: Pre-op photos of the lower left first and second premolars and first and second molars showing cervical decay. (Photos/Provided by Dr. Howard S. Glazer)



~ Fig. 2: Post-op of the lower left first and second premolars and the lower left first molar.



- Fig. 3: Pre-op photo of the upper right cuspid. Note the large area of enamel erosion.



- Fig. 4: Post-op photo of the upper right cuspid. Erosion restored with 'invisible' margins.



Fig. 5: Pre-op photo of the upper left central incisor fracture.



Fig. 6: Post-op photo of upper left central incisor.

Here at the GNYDM

Today from 10 to 11 a.m. in aisle 5000, room 3, Dr. Howard Glazer will present "Baby Boomers Can Be Beautifil!" as part of the DTSC Symposia. In his session, he will discuss the various uses of Beautifil Flow Plus and Beautifil II relative to their properties and clinical

For more information about Beautifil Flow Plus and Beautifil II, stop by the Shofu Dental booth, No. 3207.

II # 4 round (both SS White) and then BeautiBond and Beautifil Flow Plus F03 A03 opaque shade and then F00 shade A3.

Fig. 1: Pre-op photos of the lower left first and second premolars and first and second molars showing cervical decay.

Fig. 2: Post op of the lower left first and second premolars and the lower left first molar.

Case II

The patient is a 63-year-old male with

a history of sucking on lemons. The upper right cuspid enamel has been eroded, and the patient had mild sensitivity. The canine was restored using a #34 inverted cone bur (SS White), and the restoration was performed with BeautiBond and Beautifil Flow Plus F00 shade A30 Opaque and

Fig. 3: Pre-op photo of the upper right cuspid. Note the large area of enamel erosion.

Fig. 4: Post-op photo of the upper right cuspid. Erosion restored with "invisible" margins.

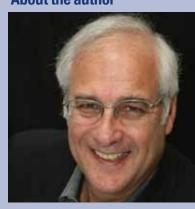
Case III

The patient is a 42-year-old male who fractured the upper right central incisor opening a package. The tooth was restored using a Fissurotomy bur (SS White) to create the enamel bevels and BeautiBond and Beautifil Flow Plus F00 A2.

Fig. 5: Pre-op photo of the upper left central incisor fracture.

Fig. 6: Post-op photo of upper left central incisor.

About the author



FICD, FASDA, FAAFS, is a past president of the AGD and former assistant clinical professor in dentistry at the Albert Einstein College of Medicine in Bronx, N.Y. He is the deputy chief forensic dental consultant to the OCME-NYC. Named as one of the "Leading Clinicians in Continuing Education" by Dentistry Today, he lectures and publishes internationally on the subjects of cosmetic dentistry and forensic



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Here at the GNYDM

For more information on Eaglesoft 16 Practice Management Software, stop by the Patterson Dental booth, No. 2600.

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 meet specific needs. New features include:

· Line item accounting enables



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adaptability.
(Photo/Provided by
Patterson Dental)

users to apply a payment directly to a specific item.

· Customizable windows/dock-

able 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 has a variety of features, including being able to change the time without affecting existing appointments. OnSchedule has 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 information 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
- 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 endof-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 FAO 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 the office run more efficiently and increase revenue.

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The pursuit of BruxZir anterior esthetics: part 1

By Michael C. DiTolla, DDS, FAGD

Glidewell Laboratories continues to test what the dental laboratory can do with BruxZir® Solid Zirconia crowns and bridges as it works to improve the esthetic nature of this zirconia material. As BruxZir crowns now account for 15 percent of the anterior crowns fabricated at the lab, the lab's research and development department is committed to working to increase the material's ability to be predictably prescribed in anterior situations.

This photo essay illustrates a recent case where a patient's tooth #8 and #9 were prepped for BruxZir

Fig. 1

The patient presented with a PFM crown on #9 that he wanted replaced, and #8 had a fractured incisal edge with a failing composite and recurrent decay. We decided to place BruxZir crowns on #8 and #9, taking advantage of this high-strength, cementable, all-ceramic material while avoiding possible metal margins.

Fig. 2

Before I do anything else, I take the shade to keep the teeth from dehydrating and appearing higher in value than they actually are. I use the VITA Easyshade® Compact (Vident) to determine the shades of the adjacent teeth. I try to position the tip of the device in the middle third of the tooth, avoiding the increased chroma in the gingival third and the increased translucency in the incisal third.

Then I place the PFG gel (Steven's Pharmacy), an important first step in giving a pain-free injection. Placing the gel with an Ultradent syringe makes it easier to "sneak" some of the anesthetic into the sulcus, so that the patient does not feel the insertion of the needle through the attachment. After 60 seconds, we wash the PFG gel off #8 and #9 and begin the injection.

Fig. 4

The STA Single Tooth Anesthesia System® device (Milestone Scientific) allows me to predictably get pulpal anesthesia with a pain-free PDL injection. I slide the 30-gauge extra short needle into the sulcus without going through the attachment. I step on the STA foot pedal and give a few drops of Septocaine into the sulcus prior to going through the attachment. I con-



Fig. 1 (Photos/Provided by Glidewell Laboratories)

exhibitors



• Fig. 3





Fig. 5

For more information on BruxZir Solid Zirconia crowns and bridges, stop by the Glidewell Laboratories booth, No. 4400. Be sure to pick up a copy of the GNYDM Daily on Wednesday to read Part 2.

Here at the GNYDM

tinue to express the Septocaine while the needle tip is advanced through the attachment until it reaches the crest of the bone.

Fig. 5

After removing the existing PFM crown using the Razor® Carbide bur (Axis Dental) and a Christensen Crown Remover (Hu-Friedy), I start prepping #8. Because this tooth has not yet been prepared, I am able to take advantage of the reverse

preparation technique. The mesial contact is already broken from when I removed the adjacent crown, so I now break the distal contact with a #55 bur. The reason we break the contacts first is because this technique requires the first retraction cord to be placed immediately.

The first cord I use is an Ultrapak cord #00 (Ultradent). This is a plain cord that has not been soaked in any medicaments, and I floss it into place on the mesial and distal. With the two interproximal portions of the cord locked into place, I pack the facial segment subgingivally.

This bottom cord provides about 0.5 mm of vertical retraction of the tissue. This allows me to prep the gingival margin right at the free margin of the gingiva.





Fig. 4



Fig. 6



Here at the GNYDM

Michael DiTolla, DDS, FAGD, graduated from the University of the Pacific School of Dentistry and was awarded his fellowship in the Academy of General Dentistry in 1995. In 2001, he became director of clini-

cal research and education at Glidewell Laboratory. DiTolla is editor in chief for Chairside Magazine, has a monthly column on restorative dentistry in Dental Economics and has been lecturing on restorative dentistry topics since 1995. As a self-proclaimed "average dentist," he has created techniques that give him great restorative results with a very average set of hands. His mission is to share these techniques with dentists to help them improve their preps, impressions and restorations.

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Hiossen CAS-KIT: a product review

One dentist shares his positive experience with the device

By Dr. David Chong

■ There are many kinds of devices available to help dentists place implants near the sinus in the absence of adequate vertical bone height, but none of them seemed to function adequately for me until I came across Hiossen's CAS-KIT. Since I was introduced to it 18 months ago, I have done



- The Hiossen CAT-KIT (Photo/Provided by Hiossen)

about 100 augmentations into which I have placed more than 127 implants.

I have been using it regularly in patients whose maxillary posterior bony ridge has enough bucco-lingual

width but where the sub-antral height is insufficient for placement of conventional implants. I use this kit when the bone remaining between the maxillary sinus and the crest of the alveolar ridge is approximately 5 mm. When it's less than that, I defer to a different Hiossen device—the Lateral Approach Sinus Kit or LAS-KIT.

In my practice, results of using the CAS-KIT have been very positive. After instructions from the company on when and how to use it, I was soon working with it on a regular basis to facilitate the successful placement of even more implants. What I like

Here at the GNYDM

For more information on CAS-KIT, stop by the Hiossen booth, No. 3836.

About the author



Dr. David Chong maintains a general practice in Flushing, N.Y., emphasizing implants and sinus grafts. He completed a two-year surgical and prosthetic implantology residency program at New York University and is now a clinical instructor and adviser in the Advanced Dental Implant Training Program for Hiossen. He is also a consultant for the State Board of Dentistry in New Jersey. Chong is a fellow of the International Congress of Oral Implantology and an active member of the Academy of Osseointegration. He can be reached at <code>jehyunchong@yahoo.com</code>.

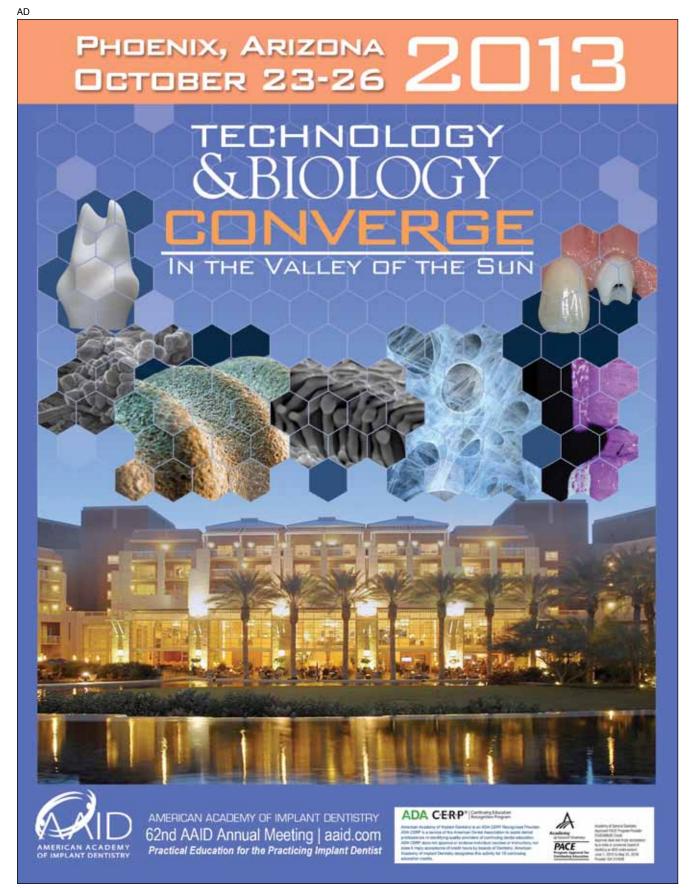
most is its predictability — how I can use the "stopper" system to drill up to and then through the bony wall of the sinus without perforation of the membrane.

Rounded drills create a "button of bone" that gently elevates a portion of the membrane. I have found that drill speed (rpm) is critical. After this elevation, water pressure is applied, allowing the membrane to "balloon out" and create just the right amount of space needed for the addition of a bone graft and then implant placement.

A specific amount of bone-graft material (no guesswork) is placed into the space that was developed under the sinus, and then the bone is dispersed laterally and evenly in a way that will completely surround the subsequently placed implant.

I have used several other systems in the past, but from my experience, this one seems to be the most precise and complete to safely accomplish the desired outcome. Other devices have some of CAS-KIT's features, but I have not found any that combine such a set of specific instruments, along with detailed protocol, to take the stress and worry out of what would otherwise be a troublesome procedure.

I have been very pleased with what we have been able to do with it in my office and would certainly recommend it to others.



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Dentatus announces the introduction of Elypse® – the newest platform available for the ANEW® Narrow Body Implant System – at this year's Greater New York Dental Meeting.

ANEW implants provide goldstandard treatment options for many patients. In areas of limited bone width, mesial-distal space or converging roots, ANEW is often an ideal solution because of its narrow diameters of 1.8 mm, 2.2 mm, 2.4 mm and 2.8 mm and varying thread lengths.

With the introduction of the Elypse

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Here at the GNYDM

For more information on the ANEW narrow body implants and the new Elypse platform, visit Dentatus at booth No. 1200.

for removable prostheses with the $Denture\,Comfort^{^{\!{}_{\text{\tiny TM}}}}\,technology\,-\,origi$ nally utilized with Dentatus' ATLAS Narrow Body Implant System. The new Elypse platform allows clinicians to immediately retrofit a patient's of conversion to a fixed restoration, all the while maintaining a soft-silicone interface between a patient's ridge and denture for enhanced comfort and retention.

ANEW Narrow Body Implant system is a complement to other implant systems, enabling practitioners to offer more restorative options with one narrow body implant system.

practitioner placing implants should consider including ANEW in his or her armamentarium so all patients might take advantage

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ANEW Implants (Photo/Provided by Dentatus)

Nearly 25 percent of patients who come in for implant treatment will not have enough bone to place a conventional diameter implant.

ANEW Implants should also be considered when financial constraints might delay or prevent treatment. According to the company, for many periodontists, it is the implant of choice for complex cases where provisionalization allows for measured, expert treatment planning.

ANEW Implants can be placed in interdental spaces as narrow as 3.5 mm without the need for bone augmentation or orthodontic interventions. With ANEW Implants, total time in treatment is reduced, so many more patients can experience the quality of life that implantology

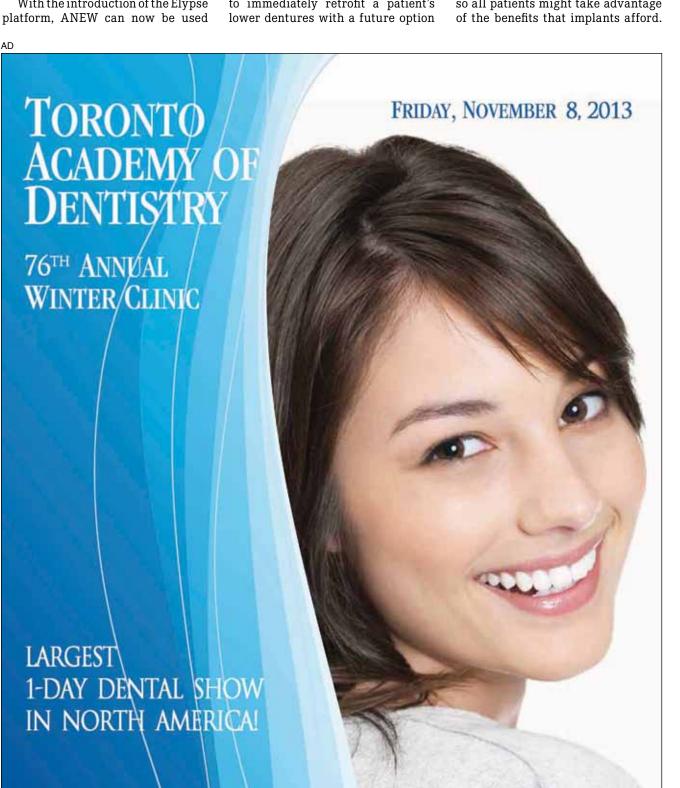
ANEW is the only narrow-body implant with a screw-retained prosthetic system and with more than 10 years of clinical research to support safe and reliable long-term use. ANEW's prosthetic components provide patients with cosmetic chairside restorations at the time of placement so they never have to go without

Prosthetic platforms and screwcaps are used to create temporary restorations, providing patients with immediate function and esthetic results. A variety of platforms are available and standardized in size to reduce necessary inventory levels. The passive assembly and retrievability of the screwcap provides easy access to the soft tissue to train the papilla, eliminating the "black triangle."

After the osseointegration process, a laboratory customized restoration can be constructed with the Castable platform.

Now, with the newly introduced Elypse platform, ANEW Implants offer more versatility with screwretained prosthetics. According to Dentatus, they are an ideal addition in the armamentarium of any clinician who routinely places implants and who, on occasion, must find sound and tested alternative solutions to traditional implant protocols.

The recommended surgical techniques allow for minimally invasive flapless placement and immediate loading. This eliminates most post-





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Stay ahead of the curve

TruDenta offers a way to cure patients suffering with chronic headaches and other pain

By Robert L. Harrell, DDS

■ There is an overwhelming need to treat patients suffering with chronic headaches and other symptoms affecting the head and neck areas. According to the National Institutes of Health, between 15 and 45 million Americans exhibit some form of TMJ/D issues.1 Statistics from the National Headache Foundation indicate that more than 45 million Americans endure recurring headaches, and within this group, 28 million suffer from migraines.^{2,3} Research suggests up to 80 percent of headaches result from dental force-related

A staggering number of people don't know why they're in pain or have been unable to find long-term relief. Many are unaware that dental force-related issues - either specifically related to their mouth or as a result of traumas such as whiplash can be the root cause of their pain. They usually don't tell their dentist or physician about their chronic pain, and they're unaware treatment exists.

I was fortunate to recognize the need for caring for these patients in a manner that provides long-term relief. After learning about the Tru-Denta system (www.drsdoctor.com, Ft. Lauderdale, Fla.), I incorporated this complete assessment and therapeutic technology into my practice (Fig. 1). The TruDenta system reflects an understanding and application of current research attributing dental force imbalances to muscle dysfunction in the head and neck area. Digital assessment technologies combine with treatment modalities proven in sports medicine and physical therapy as well as specialized education. Using TruDenta, dentists can restore patients to proper dental force balance, eliminate recurring pain and provide desperately needed care.

After integrating TruDenta into



 Fig. 1: Image of the complete TruDenta digital assessment and therapeutic system. (Photos/Provided by TruDenta)

my practice and marketing this treatment, I found many patients with similar stories, all suffering from ongoing pain, beginning to believe they were un-helpable and having exhausted nearly every available resource to find a solution. They sought treatment for chronic pain, not necessarily a dentist or dental treatment. Once my team and I began treatment, we found that within a 10- to 12-week period, our patients experienced life-changing relief and the system proved successful.

We've experienced professional growth, and I've expanded my practice in previously unimaginable ways, all by assessing and treating dental force-related conditions and their symptoms, including headache/ migraine pain. We've gained personal satisfaction by making a difference in people's lives, and my practice has witnessed increased financial growth. I truly believe dental headache care, and a headache clinic within a practice, is a model for success that my dental colleagues may want to consider.

Treating patients with TruDenta is straight forward. Through the training and education process, which includes on-site hands-on instruction and four to six weeks of distance courses, my auxiliary team and I found ourselves fully prepared



Fig. 2: Dr. Harrell's trained staff provides TruDenta therapy.

to offer TruDenta treatment to our

A year ago, I decided to open a separate headache care clinic within my practice. A goal was building awareness, so we used the marketing resources provided by TruDenta to initiate a marketing campaign. We targeted individuals seeking a solution for their pain who remained in the dark about this option. Building upon this awareness, we applied sound marketing strategies, such as proactive and free public relations, which resulted in news coverage on Fox News and articles in local newspapers and magazines. Currently, we're examining social media as another vital publicity outlet.

The results have been well worth the effort. The clinic is flourishing, and within recent weeks, we've had just shy of 100 patients wait for TruDenta treatment scheduling. We don't want to turn anyone away and are focusing efforts on hiring additional staff to accommodate the influx of patients in need of care. We also want to help potential patients burdened with financial constraints by examining every insurance and assistance program available to make treatment possible.

It is an extraordinarily satisfying experience to provide someone with a solution that takes away their pain.

Here at GNYDM

For more information on the TruDenta digital assessment and therapeutic system, stop by the booth, No. 3302.

About the author



Robert L. Harrell, DDS, is a general dentist practicing in Charlotte, N.C. His practice focuses on treating advanced restorative cases, TMJ/TMD and cosmetic dentistry. He can be reached at drharrell@charlotteheadachecenter.

From an economic standpoint, providing TruDenta care taps into a new market of clients directly benefiting from your services, which helps ensure increased revenue during economically unstable times. I humbly believe dental headache care, a clinic within a practice and the TruDenta system represent an amazing opportunity for dentists to help individuals reclaim power over their health and lives. In their eyes, this makes you a hero.

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- 3. Headache. US News and World Report. 2006. www.health.usnews. com/health-conditions/brain -health/headache. Accessed July 3,

implant "from page 46

operative challenges and dramatically reduces the total time in treatment. These implants can often solve the problems of time, money and perceived pain for most patients who otherwise do not proceed with care.

Many clinical reports cite the advantages of the implant design and materials in the following ways: ANEW is composed of Grade V titanium alloy, with the threaded portion of the implant mechanically roughened to maximize the bone-implant interface. The tapered design facilitates implant placement and promotes initial stability. In addition, the screw-retained prosthetic design allows for disassembly of restorations without tapping, ultimately protecting the implant.

ANEW narrow body implants have met the most precise implantology standards, having undergone rigorous testing, research and clinical use by the profession. First used in

2000 and granted FDA approval in implants is in "the same range and 2004 for long-term use as determined by health-care providers, ANEW Implants are widely recognized by clinicians and universities worldwide. The first results were published in 2004 showing consistently favorable

In 2005, the Journal of Oral and Maxillofacial Implants published a histology study where Dr. Michael Rohrer reports the percentage of bone in contact with the body of Dentatus

sometimes higher than what is usually seen with conventional implants." In 2007, Dr. Stuart Froum, et al, from the New York University Department of Implant Dentistry published a study in the International Journal of Perio and Restorative Dentistry following 40 Anew implants in patients for one to five years post-loading. According to the study, "No failures were reported, yielding a 100 percent survival rating."

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OSADA Enac Model: OE-F15 <u>Piezoelectric</u> **Ultrasonic System**

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120 years (almost) of innovation

By Gendex Staff

Some things improve with age: wine, wisdom and the innovative imaging solutions from Gendex. In 2013, Gendex will celebrate its 120th year of producing easy-to-use and affordable imaging solutions. From sensors to panoramics to 3-D imaging, Gendex quality, engineering and workmanship create products that give dental professionals more opportunities to bring quality and innovative dental care to their patients.

The new Gendex GXS-700 sensors represent the eighth-generation digital sensor from Gendex. Whether an office is changing from film to digital or just upgrading sensors, these sensors are easy to use and portable and create images instantly with outstanding quality and clarity. To maximize comfort, these sensors come in two sizes, to accommodate children and adults, and are designed with rounded corners and smooth edges.

X-rays can be captured more quickly with the "Always Ready" feature that automatically recognizes the presence of radiation and starts image acquisition without initiating the capture through software or hardware interfaces. And, because of the USB connection, the sensor is easily transferred between operatories, and the team member does not have to keep track of docking stations or card readers.

For offices that use panoramic imaging, the GXDP- $300^{\text{\tiny{M}}}$ offers diagnostic efficiency and office productivity. Accurate, clear views of the patient's anatomy are gained through proprietary FOX^M technology. Images can be viewed in a variety of imaging software programs employing GxT-WAIN interface.

Taking pans is easy and quick with a simple three-step operation and a



^ The GXDP-700 offers 33 panoramic options. (Photos/Provided by Gendex)

Here at the GNYDM

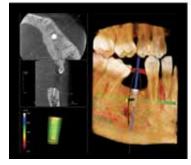
To learn more about Gendex's digital imaging solutions, stop by the booth, No. 3609.

large LCD touchscreen — just choose the projection, select the patient size and take the pan. The EasyPosition $^{\text{\tiny M}}$ system allows the team member to easily place and stabilize different-sized patients, even those in wheel-chairs, to reduce movement and optimize accuracy.

Taking radiography one step further, the Gendex GXDP-700™ Series has the ability to transform from 2-D panoramics to cephalometrics to 3-D. The system is modular, so besides the full complement of 2-D panoramic imaging, it can be upgraded to cephalometric and 3-D SFOV (small field-of-view). That way, as the practice grows, so can the dentist's imaging choices.

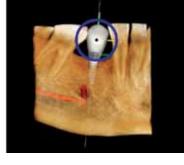
With images from this versatile unit, dentists can diagnose and treatment plan for caries, root investigation, orthodontics, implants and other surgical procedures, as well as perform patient education. The GXDP-







- 3-D images that can be captured with Gendex products.



700 offers 33 panoramic options -11 projections for three patient sizes, two 3-D volume sizes plus a dose-saving scout view and the ability to add cephalometrics -15 options and five projections for three patient sizes.

The 3-D scans from the GXDP-700 S 3-D can be sliced in any direction so the clinician can view anatomical variations and anomalies that can interfere with a procedure's success. The 3-D software is compatible with specialized restoration, digital impression and CAD/CAM programs, and the implant software allows for a choice of multiple implant brands or can be set for the clinician's favorite brand as well as for surgical guides and milled or standard restorations.

All of these digital imaging solutions give dentists the opportunity to educate patients so they better understand their clinical conditions, the need for treatment and compliance with "doctor's orders." With 2-D imaging, the practitioner has the

ability to enlarge the image or zoom in on an area of interest and show small details of the dentition.

With 3-D, by being able to see dental issues such as supernumeraries and impacted canines, dentists can not only explain the situation to their patients in a more visual way, but they can often avoid exploratory surgery and avoid additional trauma to the patient. The digital format also improves communication between referring dentists because all of the images can be easily and securely transmitted electronically.

With all of the imaging options that Gendex has to offer, every dentist can have the opportunity to choose the solution that is the right fit for his/her office. After more than a century of research, development and catering to loyal customers, Gendex continues to help dentists achieve more successful treatment outcomes for patients and help to grow the modern dental practice.

Report: Diode laser users choose Picasso Lite

■ Picasso Lite by AMD LASERS, a global leader in dental lasers and dental laser education, was recently voted the most popular dental laser as surveyed by diode laser users in the most recent Clinicians Report, titled "Are Diode Lasers Worth the Investment?"

Picasso laser technology was evaluated and compared against eight other diodes in the market.

Clinicians Report (CR), an independent, non-profit, dental education and product-testing foundation, concluded that, "Picasso Lite has a good combination of features, ease of use, low cost and is a valuable adjunct for soft-tissue surgery and hemostasis" (CR, June, 2012). Picasso Lite was awarded an excellent-good rating overall with top ratings in several

Here at the GNYDM

To learn more about Picasso Lite, visit www.amdlasers.com or stop by the booth, No. 4627.

categories, including handpiece and cord, simple controls and has the most affordable disposable tips, among eight leading brands.

According to CR, 73 percent of clinicians surveyed would recommend a laser and 80 percent felt it was a good investment. To view the full report, please visit www.amdlasers. com.

Picasso laser technology continues to be the game changer it was in 2009 when it was launched, to a representative from AMD LASERS. In three years, its popularity has increased, and it has been, according to the CR report, more than twice as popular as a competitive product that has been around for 25 years.

"We gave clinicians what they asked for: an affordable dental laser for soft tissue that was easy to use and had world-class training support," said Alan Miller, president and founder of AMD LASERS. "Picasso Lite delivered what no other laser could and continues to be the top pick against new lasers that are on the market

"CR is the most highly respected global testing facility for dental products and is the 'go to' report used by the majority of clinicians looking to make educated product purchases." CR was founded in 1976 by clinicians to help other clinicians make educated product purchases. CR was organized as a unique volunteer effort where clinicians worldwide would unite their expertise for the sole purpose of testing all types of dental products and disseminating results to colleagues throughout the world.

To learn more about Clinicians Report, visit www.cliniciansreport. org.

AMD LASERS is a global leader at providing affordable laser technology for dental professionals preparing to take their practices to the next level. The integration of the Picasso line of soft-tissue dental lasers enables dental practices to provide treatment for soft-tissue surgery, periodontal treatment and laser whitening.

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Directory assistance

Internet marketing is like the stock market: To avoid risk, diversify

■ Your website is the toast of town. With a beautiful design, before-and-after galleries and good search engine rankings, it may even be the object of your competitors' envy. But is it being seen by enough potential patients? And is it maximizing the conversion of the ones who do?

Without directory listings and other sources of online visibility, the answer, most likely, is no. And without visibility, your website will not produce the return you'd hoped for.

Choosing a directory: five simple steps

Just like investing in stocks, the key to investing in Internet marketing is diversification. Data from eMarketer shows that consumers are two-thirds more likely to convert if they see a product or service more than one place online. In practical terms, this means if a potential patient sees your website and then sees you somewhere else, your chances of converting to a consultation increase significantly.

Directory listings offered by patient-referral networks (Consumer Guide to Dentistry) are still among the best "somewhere elses" to invest in, potentially providing you with multiple opportunities to be found on the first page of the Google's search results. But how do you choose a good directory? Here are five simple steps.

1) Search like a patient

Start by searching for information about your specialty the same way a potential patient would. Look for information on procedures. "Cost" and "before-and-after pictures" are the highest converting search terms; when a potential patient wants to know the cost of a procedure and how it will look (i.e., before-and-after), he or she is closer to making

Here at the GNYDM

For more information on marketing your practice, stop by to have a talk with Ceatus Media Group in booth No. 4810.

a buying decision. So, if a directory does not appear on the first page of Google's search results for search terms such as "dental implants cost" or "veneers before-and-after," it's probably not worth the investment.

2) Read the content

Is the content credible and informative? Will it teach your patients something? If not, it will not help you convert potential patients. After all, that's why they clicked on the website to begin with. An educational website ensures that prospective patients have the information they need to understand the dental procedures they're interested in. In turn, it also ensures the dentist associated with it is viewed as an expert. As an additional benefit, people who are well-informed when they call your office are more likely to schedule an appointment and then a procedure.

3) Analyze the directory

Is the contact information of the dentists listed easy to find? Is it compelling? If so, prospective patients are more likely to convert. A good directory should offer each practice listed a customized profile page that includes information on the practice, including the dentist(s) bios, information on the practice and staff, images and testimonials. Each profile should also contain direct links to the dentists' website and prominently displayed contact information, making it easy for patients to contact



(Photo/Provided by Ceatus Media Group)

the practice. Directories that require prospective patients to fill out forms or click on multiple pages just to visit your website or obtain the practice phone number are an impediment that can reduce your ROI.

The last piece of the puzzle is to determine if it is a good fit for your practice. The old adage "birds of a feather" certainly applies to directories, so pay close attention to the types of dentists who are allowed to be listed. The goal of a good directory is to connect potential patients directly to your practice.

4) Avoid long-term contracts

It shouldn't take more than four to six months to determine if a directory is working for you, so there is no need to sign up for a long-term contract. Beware of directories that require them. You should see a 1:1 return, at a minimum. If a directory isn't making the grade, discontinue!

5) Track performance
Make sure the patient referral net-

works you invest in provide mechanisms to track the performance of their directories. To assess the effectiveness of your listings, you need to have the ability to monitor visitors to your profile page and practice website as well as your email leads and phone call leads. Directories that fail to provide this tracking data are not worth your time and money, so look into this before you sign up.

Dentists listed on quality educational portals receive several benefits, including expanded branding opportunities for the practice, the prestige of being associated with quality information and other elite dentists and, most importantly, being found for 80 percent of the searches that you would otherwise miss.

There are many useful Internet marketing tools at your disposal, but leveraging them for maximum benefit is another story. One thing is certain: if you're relying solely on your website to attract potential patients, you're taking a big risk. The key, as ever, is diversification.

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DENTSPLY Caulk announces the Aquasil Ultra Smart Wetting® Impression Material portfolio has expanded to include Aquasil Ultra Super Fast Set.

Aquasil Ultra Super Fast Set material is available in all viscosities and packaged in a convenient two-cartridge 50 ml or DECA $^{\rm m}$ 380 ml refill.

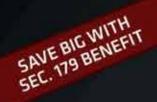
Aquasil Ultra Super Fast Set formula is optimized to offer an intraoral work time of 35 seconds and super fast mouth removal time of two minutes and 30 seconds.

 $\label{lem:approx} \mbox{Aquasil Ultra Smart Wetting Material is indicated for all dental impression techniques.}$

For more information, contact DENTSPLY Caulk at (800) LD-CAULK, visit *www. aquasilultra.com* or stop by the DENTSPLY Caulk booth, Nos. 1400/1600, here at the Greater New York Dental Meeting.

• (Photo/Provided by DENTSPLY Caulk)





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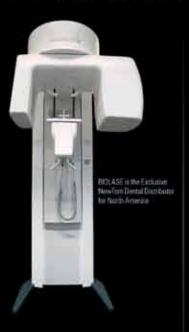
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- How fast can you scan?
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*Ask about details in our booth

SPECIAL LASER CE COURSES AT THE GNY:

"Using Laser Technology for Better Patient Outcomes" by Dr. Ray Yukna | Tuesday, Nov. 27 at 9:45am | Course #5360
"Implementing Dental Lasers in the General Practice" by Dr. David Peck | Wednesday, Nov. 28 at 10:00am | Aisle 5000, Room

Get out and explore New York City!

By Fred Michmershuizen, Dental Tribune

One of the greatest things about coming to the Greater New York Dental Meeting is that you can explore one of the greatest cities on Earth. When you are done at the Javits Center, there is always plenty to see and do in the Big Apple. It doesn't matter whether this is your first time in New York or if you come here every year. There is always something new to discover. Here are some ideas.

Visit an art museum

For a limited time only, you can see one of the most celebrated and recognized images in art history. Edvard Munch's iconic painting, The Scream, is on view at the Museum of Modern Art (www.moma.org), located at 11 W. 53rd St. A haunting rendition of a hairless figure on a bridge under a yellow-orange sky, The Scream is installed in the museum's Painting and Sculpture Galleries, along with a selection of prints by Munch drawn from the museum's extensive collection of his work.

At the Guggenheim (www. guggenheim.org), the Frank Lloyd Wright-designed edifice located on Fifth Avenue at 89th Street, you can take an elevator to the top and then stroll down a winding spiral of galleries. On view currently is "Picasso Black and White," the first exhibition to explore the remarkable use of black and white throughout the Spanish artist's prolific career.

The Metropolitan Museum of Art (www.metmuseum.org), located on Fifth Avenue at 82nd Street, houses one of the most impressive collections anywhere. Of particular note is the newly renovated American Wing, which includes more than 15,000 paintings, sculptures and decorative arts objects located on four floors.

See a Broadway show

New York City is known for its live theater. There are literally dozens of Broadway and Off-Broadway shows to choose from, and getting tickets has never been easier and more convenient. Just head over to the Theater Development Fund's TKTS booth (www.tdf.org), located under the distinctive red staircase in Times Square.

Don't be scared by the long lines; they move quickly. You can get discounted tickets to many of the shows right up until curtain time, and they now accept credit cards in addition to cash and travelers checks.

New this year: You can now purchase full-price tickets to future performances for all shows and sameday full-price tickets to shows that aren't being discounted.

Honor the fallen at the 9/11 Memorial

One of the first things you'll notice



The TKTS
booth in Times
Square now sells
tickets for all
shows, not just
the discounted
ones. (Photo/
NYC and
Company)



You'll scream for Edvard Munch's iconic painting, on view now at the Museum of Modern Art. (Photo/public domain)

about New York is the new tower rising in Lower Manhattan. Reconstruction of the World Trade Center is well under way, and the site will near completion around 2014, at which time all four sides of the National September 11 Memorial will be accessible to the public

For now, visitors can access the memorial at the intersection of Albany and Greenwich streets. If you are interested in visiting the memorial itself, you must first acquire tickets online, at www.911memorial.org. Visitors may be asked to show valid photo ID matching their visitor pass name, and all visitors and baggage are subject to security screening.

Get a history lesson

"WWII&NYC," a new exhibition at the New York Historical Society (www. nyhistory.org), located at the corner of 77th Street and Central Park West, features 300 exhibits ranging from prewar protest pamphlets to postwar artworks, all about the history of New York City's involvement in World War II. You'll learn just how central New York was to the war effort and how powerfully the conflict affected the city's evolution.

Go figure skating

The Rink at Rockefeller Center is open to the public. You can skate beneath the gilded statue of Prometheus and the glittering Christmas tree. You can even get skating lessons there if you like. For more information, call (212) 332-7654 or visit www.patinagroup. com/east/iceRink.

If you are too shy to skate with thousands of tourists gawking at you from above, check out the Wollman Rink in Central Park, (212) 439-6900, www.wollmanskatingrink.com; or the Sky Rink at Chelsea Piers at 23rd Street and the Hudson River, (212) 336-6100, www.chelseapiers.com.

See New York from above

You can see just about everything in New York City from the top of Rockefeller center, an Art Deco masterpiece of a building. The lines for Top of the Rock are much shorter than at the Empire State Building, yet the views are just as awe-inspiring. Tickets are expensive but worth it. It's located in Midtown at 30 Rockefeller Plaza. For information, call (212) 698-2000 or visit www.topoftherocknyc.com.

Enter Manhattan on foot

Try this one if the weather is nice. You can get a priceless view of lower Manhattan by walking across the Brooklyn Bridge from the other side of the East River.

Here's how. Get on the Brooklynbound A Subway train to High Street. Then look for the walkway entrance next to the Federal Court Building. There are stairs on Cadman Plaza East and Prospect Street, or a rampentrance on Johnson and Adams streets.

The stroll takes 20 minutes to an hour, depending on how much time you spend taking pictures and reading the informative plaques along the way. (You'll learn, among other things, that when the bridge was completed in 1883, its towers were the tallest manmade structures in the Western Hemisphere, easily eclipsing all of the buildings in the city!)

You'll also have views of the Manhattan and Brooklyn skylines, the Statue of Liberty, Ellis Island and the South Street Seaport.

If you don't want to brave the Subway, you can access the bridge from the Manhattan side. That entrance is at Park Row and Centre Street, across from City Hall Park, east of City Hall.

Ride the Staten Island Ferry

One of the greatest things about New York City is the Staten Island Ferry, which goes from the lower tip of Manhattan to the St. George section of Staten Island. It's one of the most enjoyable trips you'll ever take — and the best part is that it's free!

Once you board, you can move about as you pass by the Statue of Liberty and Ellis Island to the west, Governor's Island, Queens and Brooklyn to the east and the Verrazano-Narrows Bridge off to the south in the distance. A round-trip excursion will take an hour. You'll have to get off in Staten Island and get back on. Take the 1, N or R Subway train to South Ferry; or the 4 or 5 to Bowling Green.

Get your Christmas shopping done

New York City has some of the best shopping you will find anywhere. For some of the finest clothing and accessories, take a stroll through SoHo and browse the many boutiques.

For fine art, look in some of the many galleries located throughout Chelsea. For those with more expensive tastes, there's the Diamond District, on West 47th Street between 5th and 6th avenues. (But watch out, a bargain there can be too good to be true!)

If you don't want to actually part with your hard-earned cash, you can go window-shopping instead. The Christmas displays in New York City give new meaning to the phrase "over the top." There is plenty to see. Take a stroll north along Fifth Avenue beginning at 42nd Street. You'll pass Cartier, Tiffany and Saks. At 59th Street, you might want to check out the Apple Store.



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