Go Regional
Forget having to travel across the country to get educated. LVI brings its courses to you.
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A Case of Photos
One dentist puts his camera where his words are and details his quest for anterior esthetics.
• page 10

Powder Time
Take a break from dentistry and go hit the slopes of British Columbia for a few days.
• page 22

Meet the future

ADA's Give Kids A Smile three-day screening program helps kids in San Francisco

More than 2,000 San Francisco children benefitted from three days of free oral-health screenings, education and treatment at two schools and a hospital earlier this week.

About 150 dentists, hygienists, dental students, dental staffs and other volunteers participated in the Give Kids A Smile program to help underserved children receive needed oral-health education and services.

The American Dental Association (ADA) collaborated with the San Francisco Dental Society, the San Francisco Department of Public Health, Colgate's Bright Smiles Bright Futures and the National Children's Oral Health Foundation for the local events.

"The San Francisco Dental Society has a long history of partnering with the San Francisco Department of Public Health and San Francisco Unified School District to provide oral health services and education to San Francisco’s children," said Dr. Courtney Fitzpatrick, president, San Francisco Dental Society. "We are delighted to expand this year’s efforts as part of the ADA’s GKAS program."

Program activities were held at Gordon J. Lau Elementary School, E.R. Taylor Elementary School and San Francisco General Hospital.

All children took home backpacks of donated materials, including a toothbrush and toothpaste from Colgate's Bright Smiles Bright Futures program as well as a Sesame Street's Healthy Teeth, Healthy Me outreach kit.

"More than 16 million children have untreated tooth decay, which gets worse over time, resulting in persistent pain, infection and embarrassment," said ADA President Dr. William R. Calnon. "Give Kids A Smile is the ADA’s signature oral health access program designed to encourage parents, health professionals and policymakers to address the year-round need for oral health care for all children."

Celebrating its 10th year, the ADA’s National Give Kids A Smile volunteers provide free oral health care services to more than 400,000 underserved children across the country each year.

Hundreds of continuing education courses and more than 600 exhibiting companies are waiting for you
syndicate reaches nearly 500 newspapers throughout the United States and Europe, and he appears regularly on ABC’s This Week. In 1976, he became a regular contributing editor of Newsweek magazine, for which he provided a bi-monthly essay until 2011.

Both Reich and Will will sit with ADA leadership for a candid Q&A session following their introductory presentations.

**Educational offerings**

The ADA Annual Session offers attendees the choice of more than 280 continuing education courses, with more than half of the lecture courses offered complimentary with registration. More than 60 hands-on workshops will be held, including a new hands-on cadaver workshop. Options for new dentists if you graduated from dental school less than 10 years ago, there are a number of offerings you might find of interest, including a “New Dentist Track.” Courses include “The Psychology of Pediatric Dentistry,” “Diagnosis-Based Pain and Infection Management,” “Full-Arch Implant Restorations.”

**Exhibit hall**

The World Marketplace Exhibition will feature more than 600 leading suppliers of dental products and services. It is open each day from 9:30 a.m. to 5:30 p.m. In addition to checking out the booths, you can also enjoy a New Orleans-themed reception on Saturday from 4–5:30 p.m., enter to win contests and drawings and visit the Product Showcase.

(Source: American Dental Association)

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**Book Promotion: “New Dentist Track”**

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(Source: American Dental Association)
Smart Products for a Healthy Smile

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Get 1 Super-Snap Rainbow Kit FREE
(Zero Flow Kit PN 2000BF00, Low Flow Kit PN 2000BF03 /Super-Snap Rainbow Kit PN 0500)

**MonoCem**
Self-Adhesive Resin Cement
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Buy Any 5 Abrasives 12 pack, Get 1 FREE
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LVI regional events: the future of dentistry

By LVI Staff

Feel like you’re stuck in a rut? Need a change? Having a hard time getting things going with the worry about the economy? This is your golden opportunity to regain control of your practice and recapture your passion for dentistry.

Think about attending a Las Vegas Institute for Advanced Dental Studies LVI Regional Event. You have the opportunity to discover the path that will lead to both personal and professional satisfaction.

As a dentist, you may have heard about LVI and even considered taking a course, but you simply cannot justify spending the money or going through the trouble to bring a patient all the way to Las Vegas to find out what LVI is all about. That makes this the best time to attend one of our regional events, especially if you are feeling bored with the same thing every day or feel stuck with the old way of doing things and just can’t seem to get out of the rut you are in.

LVI one- and two-day regional events are designed to share with the participants a more professionally satisfying and profitable way to practice dentistry. You will receive valuable information about LVI’s esthetic and occlusal philosophies that are revolutionizing our profession.

Among the several things you will learn during the course of the meeting are how to create a golden age of dentistry in your own office, how to take a T.E.N.S. bite for optimal position to restore your cases and how to turn your patients into guests and make it easier for them to accept comprehensive treatment. Finally, hear from our experienced LVI regional directors about their personal journey and how you can create one, too.

By attending a regional event, you will take the first step toward boundless opportunities for you and for your patients’, whose lives will change for the better. Regional events are held throughout the year in different locations throughout the United States and Canada. Visit www.lviglobal.com/regional-events for a schedule and more information.

Attending a regional event will give you tools to make a better income and afford better equipment, but while that is great, the most important thing it will do is allow you to deliver better quality of care and a higher quality of living for your patients. It is time for you to learn firsthand what LVI is all about — and once you have experienced it, enjoy the benefits of your education and training.
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650 International Parkway, Richardson, Texas 75081
By Andrew Kelly, DDS

The evolution of sinus lift techniques

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. The 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 method is the lateral window technique, which was described by Boyne in 1960. The procedure was used by Boyne to achieve an optimal intercrestal distance needed for denture making. The sinus lift techniques have undergone numerous modifications 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, who was in pursuit of a less invasive sinus lift technique, introduced a second 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 dilating the sinus, thus increasing the length of his implants. When the technique was first introduced, there were two significant disadvantages that limited this technique’s indications.

The first disadvantage was the limited height that the sinus could be raised. Initially, Summers was able to successfully lift the membrane 1–3 mm. The second limitation was the inability to directly visualize the Schneiderian membrane. The technique was initially performed with convex osteotomes by using the sinus floor to lift the membrane. After the membrane is lifted, bone grafting material is 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 results that rival those of the lateral window technique, with little concern for membrane perforation.

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 suggest 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 mm or more routinely 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 that 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 allow more patients to have implants in the posterior maxilla.

Implant dentistry is a discipline that requires the practitioner to possess a wide range of skills. As the 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 that need our help.

Technology will never replace knowledge and skill, however, it can and will lower the learning curve and help more practitioners provide state-of-the-art services to their patients.
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continuing the care that starts in your chair
Does your implant training meet the proposed guidelines?

Recommendations catch up to legal standard-of-care expectations for general dentists placing implants

By Ken Hebel, BSc, DDS, MS, Certified Prosthodontist, and Reena Gajjar, DDS, Certified Prosthodontist

Until recently, implant dentistry was considered to be a therapy that was primarily provided by dental specialists, and as such, training regulations were not an issue because most specialties incorporate implant therapy into their residency programs. With implant dentistry becoming more mainstream and being incorporated into general practices, educators and licensing bodies are starting to set training guidelines and parameters for practice.

Background

Several years ago, the Institute for Dental Implant Awareness (IDIA) released a document, "Recommended C.E. Training Protocols to Meet the Legal Standard of Care for Implant Placement." Although not legally enforceable, this document provided some guidelines for continuing education programs to meet the standard of care for implant therapy. These guidelines were based on existing guidelines in the United Kingdom and reviewed by many dentists, both general dentists and specialists.

The release of such a document indicates the awareness by the profession for guidelines to be established, both for the protection of patients and the profession. Many undergraduate dental schools do not offer a full curriculum in implant dentistry. As such, many dentists are required to obtain their implant education through post-graduate continuing education programs.

With the proliferation of implant courses, it is critical to be aware of the training that is considered adequate by the profession in order to embark on implant therapy in your practice. It has been established that short-duration programs (one to three days in length) cannot fulfill the minimum standard that the profession considers appropriate for training in implant dentistry.

Standard of care

Did you know that although a licensed dentist can perform any dental procedure, if a general dentist chooses to perform treatments that are not routinely performed by general dentists, the law holds all practitioners to the same standard of care that would be provided by specialists providing similar treatments? As such, it is imperative that dentists who are not formally trained in implant therapy pursue educational programs that meet and exceed the minimum guidelines that are proposed by not only the profession but by their licensing body.

Recently, the Royal College of Dental Surgeons of Ontario (Canada), the licens-
The establishment of educational recommendations will serve to raise the standard of implant therapy provided and improve treatment outcomes to protect both the public and the profession.
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 aesthetic 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 crowns.

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.

Fig. 3
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. Placing the gel with an Ultralend 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. 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.

Fig. 6
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.

Here at the ADA
For more information on BruxZir Solid Zirconia crowns and bridges, stop by the Glidewell Laboratories booth, No. 1002. Be sure to pick up a copy of the Dental Tribune ADA Daily on Saturday to read Part 2.

About the author
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 clinical research and education at Glidewell Laboratories. 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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"The before-and-after photos above illustrate a case where we prepared tooth #8 and #9 for BruxZir® crowns. Tooth #8 is a natural tooth that has been endodontically treated and tooth #9 has an existing PFM that needs to be replaced. The retracted and nonretracted “after” photos show the final BruxZir® crowns cemented in place. Now, I’m not suggesting that you switch to BruxZir® crowns for all of your anterior crowns; in fact, this case would have worked very well with IPS e.max. However, for the patient who has broken other restorations or shows higher-than-average wear, BruxZir® restorations can be an excellent anterior restorative option."

— Michael C. DiTolla, DDS, FAGD

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<td>Ita &amp; Koby Dental Studio</td>
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<td>Fenton MO</td>
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**Authorized BruxZir Laboratories**

**LABORATORY** | **CITY** | **STATE** | **PHONE**
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Midwest Dental Laboratory | St. Louis | MO | 309-320-6011
Stewart Dental Laboratories | Columbia | MO | 800-674-5509
Oral Tech Dental Laboratory | Perdido Key | FL | 800-321-6201
Western Dental Arts | Billings | MT | 406-962-1652
Carolina Outsource Inc | Charlotte | NC | 704-814-9644
Drape Precision Dental Laboratory | Charlotte | NC | 800-476-2771
Natural Ceramics Inc | Fayetteville | NC | 910-425-8296
The Freeman Center | St. Louis | MO | 309-659-7636
Kiss Kraft Dental Laboratory | Chesterfield | MO | 800-553-9222
H & O Dental Laboratory | Manchester | NH | 800-543-4312
Excel Bergr Dental Laboratory | North Brunswick | NJ | 800-426-3384
Ideal Dental Laboratory | Albuquerque | NM | 800-998-4884
Core3Dent, LLC | Las Vegas | NV | 702-750-8204
Digital Dental Studio | Henderson | NV | 702-692-4055
Las Vegas Dental Studio | Las Vegas | NV | 800-455-1598
Las Vegas Dental Services ** | Las Vegas | NV | 800-938-1848
**Cone Dental** | New York | NY | 212-302-3860
Elegant Dental Laboratory | Brooklyn | NY | 877-735-5221
MobileTel Dental Labs | New York | NY | 877-747-7519
Smile Design Dental Laboratory | Port Washington | NY | 516-472-0890
AccuTech Dental Lab | Reynoldsburg | OH | 614-751-9888
John Hagler, CDT | New Albany | OH | 614-560-5667
New Era Dental Arts, LLC | Sylvania | OH | 800-971-8201
Northwest Ceramics Inc | Columbus | OH | 614-451-9597
ROE Dental Laboratory | Garland Heights | OH | 216-663-2233
Salem Dental Laboratory | Cleveland | OH | 800-747-5877
Tooth Fairy Dental Lab | Findlay | OH | 419-429-8181
Flor Dental Laboratory | Tuscaloosa | AL | 800-331-4650
Great Southwest Dental Laboratory | Oklahoma City | OK | 800-777-1922
Imperial Crowns Dental Laboratory | Broken Arrow | OK | 918-207-0868
Applegate Dental Ceramic | Meridian | ID | 208-772-7729
Ceramicraft Dental Lab | Bend | OR | 541-318-7808
Abellon Laboratories ** | Inver Grove Heights | MN | 800-730-3064
Delux Dental Laboratory | Reading | PA | 800-341-5642
Dynamic Dental Group | Latrobe | PA | 724-636-8006
Innovative Dental Arts | North Huntingdon | PA | 888-355-5434
Newtech Dental Laboratories | Lansdale | PA | 888-633-5227
Maverick Dental Laboratories | Export | PA | 888-294-7444
Thayer Dental Laboratory | Mechanicsburg | PA | 800-382-1240
Sherer Dental Laboratory | York | PA | 800-645-1116
Bauer Dental Studio | Mitchell | SD | 800-952-3334
Dental Prosthetics Lab | Clarksville | TN | 931-647-2917
Peterson Dental Laboratory | Nashville | TN | 615-487-1760
R-Dent Dental Laboratory | Bartlett | TN | 702-733-9848
Rogers’ Dental Laboratories | Ashland | TN | 800-278-6046
S & H Crown & Bridge Inc | Knoxville | TN | 888-506-1263
Wade Dental Ceramics | Maryville | TN | 865-962-4324
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**Laboratories**

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Dental Dynamics Laboratory, Inc | Arlington | TX | 817-792-3000
MDA Studio, Inc | Corpus Christi | TX | 888-544-3307
Natural Art Dental Laboratory | San Antonio | TX | 800-322-6235
Oral Design Dental Laboratory, Inc | San Antonio | TX | 800-392-5516
PCB Dental Lab | Richardson | TX | 972-671-3894
Stern Empire Dental Laboratory | Houston | TX | 800-229-0214
Stern Reed Associates Dental Laboratory | Addison | TX | 800-888-8341
Stern Tyler Dental Laboratory | Tyler | TX | 800-960-1516
Academic Dental Lab | West Jordan | UT | 801-231-5161
Arrowhead Dental Laboratory | Sandy | UT | 801-990-7200
Crown Laboratories Inc | Sandy | UT | 801-574-1011
Crystal Dental Design | Salt Lake City | UT | 801-543-2488
Epic Dental Studios ** | American Fork | UT | 801-756-1117
Evolution Dental Studio | Draper | UT | 801-432-7446
Precision Milling Center | West Valley | UT | 801-977-8106
Treasure Dental Studio | Salt Lake City | UT | 801-358-6444
Via Digital Studios ** | Sandy | UT | 801-848-6042
**Art Dental Laboratory** | Chantilly | VA | 703-845-7541
**NeXtek Dental Laboratories** | Manassas | VA | 703-887-7516
**P & R Dental Lab Inc** | Alexandria | VA | 703-916-9966
**The Point Dental Studio, LLC** | West Point | VA | 804-334-5477
**McEvans Dental Laboratory** | Culpeper | VA | 540-834-8620
Pacific Dental Arts Inc | Orem | UT | 801-489-2744
Ziemek Aesthetic Dental Lab ** | Orem | UT | 801-943-6357
Haag Dental Laboratory | Kemah | TX | 281-694-4732
Lord’s Dental Studio | DelMar | TX | 800-821-0597
**Saber Dental Studio** | Waukesha | WI | 800-365-3210
Midtown Dental Laboratory | Charleston | WY | 800-992-5368

**INTERNATIONAL SERVICING THE U.S.**

Smith-Sterling Dental Laboratories ** | Carlsbad, CA | 760-479-5203
EFP Dental Studio | Cuenca, MO | Mexico | 347-246-5203
Pacific Edge Dental Laboratories ** | Baja California, Mexico | Mexico | 868-569-3233

**CANADA**

Core3Dent, LLC | Airdrie | AB, Canada | 770-328-7717
Highland Dental Laboratory | Calgary | AB, Canada | 800-504-3199
Protec Dental Laboratories Ltd ** | Vancouver | BC, Canada | 800-663-5486
Impact Dental Laboratory | Etobicoke | ON, Canada | 905-884-6961
Smile Designs | Rouge | ON, Canada | 916-311-1100
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**Also a Prisma Clinical Laboratory** Milling Center.

**Note the differences in these photomicrographs of solid zirconia brands**

**BruxZir zirconia’s 50% smaller average grain size improves its physical properties**

**Warmer, more natural-looking restorations**

**BruxZir zirconia exhibits higher translucency in the warm color spectral wavelength (~550 nanometers), allowing for more natural-looking restorations.**

For more information, visit www.brux.com

**Here’s why...**

The high-resolution photomicrographs below capture cross-sectioned samples of BruxZir Solid Zirconia and two generic competitors. The visible white spots in the competitor samples reveal agglomerates that remain after the sintering process, which decrease translucency and flexural strength. BruxZir Solid Zirconia has a smaller grain size and is nearly free of agglomerates. Unique, patented colloidal zirconia processing gives BruxZir Solid Zirconia higher flexural strength and provides more natural-looking restorations.

**Smaller grain size and nearly free of agglomerates.**

**Unique, patented colloidal zirconia processing gives BruxZir Solid Zirconia higher flexural strength and provides more natural-looking restorations.**

**SEM of BruxZir Solid Zirconia**

**SEM of generic solid zirconia**

**BRUXZIR IS A REGISTERED TRADEMARK OF GIRDWEIL LABORATORIES. PRISMAK CLINICAL ZIRCONIA IS A TRADEMARK OF GIRDWEIL LABORATORIES.**
**A faster way to seal**

For decades, dentists and hygienists have had no alternative but to use harsh phosphoric acid etching to improve the bondability of dental sealants to enamel. In doing so, they have lost countless hours to applying acids, waiting, rinsing and drying.

With all these added steps, perhaps the greater issue is how many failures have resulted from trying to shortcut procedures? Indeed, working with phosphoric acid is always a double-edged sword. If not left on long enough, one risks failure; leave it on too long and healthy enamel is eroded.

Thanks to advances in adhesive technology and a new pit and fissure sealant from Shofu, dental professionals don’t have to choose between a secure bond and lost time and preservation of tooth structure anymore.

BeautiSealant from Shofu is a faster, easier and gentler pit and fissure sealant system that completely eliminates the need for phosphoric acid etch and rinse steps, while still maintaining equivalent bond strengths to acid etched competitors. Considering these steps represent a 40 percent to 60 percent reduction in working time, that extra productivity can go a long way toward keeping a practice profitable. In these difficult economic times, every liberated minute counts.

**Fast application**

The instructions for BeautiSealant are simple:

1. Apply the primer to a clean tooth and leave for five seconds.
2. Air-dry five seconds.
3. Apply the sealant.
4. Light-cure 10 seconds LED (20 seconds halogen).

**Secure bond, gentle on enamel**

BeautiSealant Primer contains dual-adhesive monomers (carboxylic and phosphonic acid) that thoroughly penetrate and prepare pits and fissures for bonding to the sealant, forming a chemical bond to calcium in the enamel. Unlike traditional sealants, which require phosphoric acid etching, severely demineralizing and dehydrating healthy teeth, Shofu’s self-etching primer is significantly less acidic, helping to preserve healthy tooth structure.

Despite this lack of acid etch and rinse steps and a HEMA-free composition, shear bond strengths remain at levels that meet or exceed market-leading sealants at 19.5MPa.

**Smooth application**

BeautiSealant Sealant is an easy-to-apply sealant, optimized for smooth, bubble-free consistency. Achieve precise delivery without the common issue of overfilling with a specially designed no-ooze syringe and a tiny 0.27 gauge needle tip. This improved control over the flowability of the sealant allows placement of just the right amount of material, reducing the common occurrence of overfilling.

**Sustained remineralization from giomer fillers**

Shofu’s proprietary Surface Pre-Reacted Glass (S-PRG) filler particles are not only pre-charged with fluoride during manufacturing, they also release five other ions: sodium, strontium, aluminum, silicate and borate, all with known bioactive properties.

When exposed to concentrations of lactic acid, these ions contribute to an acid neutralization effect that demonstrates the healing benefits of giomers.

**Special offers here at the ADA**

The first 10 dentists or hygienists to mention this special at Shofu’s booth will receive a free BeautiSealant Kit ($81.12 retail value). In addition, the first 100 attendees who mention this special will receive a full-size sample of lip gloss. For more information, contact Shofu at (800) 827-4638, visit www.shofu.com or stop by booth No. 2032.
GROW YOUR REVENUES
REDUCE YOUR COSTS
WOW YOUR PATIENTS

Effortless practice marketing and automatic patient communications

Revolutionize your practice with RevenueWell: the automated practice marketing and patient communications suite that takes the hassle out of growing your business. The system works with your existing practice management software to attract new patients, promote your services to existing ones and increase patient satisfaction -- with very little effort from you!

CAMPAIGN MANAGER
Automatically recall your patients, follow-up on treatment plans and more!

APPOINTMENT MANAGER
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REPUTATION MANAGER
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REFERRAL MANAGER
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BOOTH 716
Patterson Dental and RevenueWell get serious about practice marketing

Patterson Dental comes to this year’s ADA Annual Session with a new product and a renewed focus on helping its customers succeed in the Internet age.

Its new partner, Chicago-based RevenueWell Systems, developed an online service that helps dental offices cut costs, attract new patients and engage existing patients with very little effort from the clinician and staff.

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

One of RevenueWell’s main value propositions is its ability to completely automate more than 20 types of common patient communications. RevenueWell does this by analyzing each patient’s appointment, procedure and account data and sending him or her timely emails, postcards, letters, text messages and automated voice calls based on the practice’s settings.

Some of these communications, such as appointment confirmations, birth date cards, welcome packets and post-op instructions, are focused on improving the practice’s operations and delivering better patient care. Others are geared at bringing patients back into the office for recommended treatment and maintenance. This includes:

- Recall and reactivation communications that use a combination of email, text and direct mail messages to ensure that patients stay current with their hygiene appointments
- Expiring insurance benefits reminders that remind patients to use their insurance benefits before the end of the year
- Video treatment plan follow-ups, an industry-first feature that automatically follows-up with patients who have had a treatment plan created for them but didn’t yet make an appointment to start treatment

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

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

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

By Dr. Simon Jones

The extraction of a tooth is probably the most traumatic event a patient can experience in the dental office, and if the extraction doesn’t go smoothly, things can become quite stressful for the dentist as well.

When the use of a simple surgical instrument can make the extraction process infinitely easier for both patient and dentist, I find it surprising not all dentists reach for a Directa Dental Luxator as their first instrument.

To understand how best to remove a tooth, it helps to appreciate the structures and forces that are holding the tooth in position. It is only by overcoming these forces that the tooth can be removed.

First, consider the bone structure surrounding the roots. As the bone sits intimately against the root surface, any irregularities, undercuts or curvatures of the root will provide mechanical retention. To overcome this retention, the socket must be dilated until the path of removal of the root is unimpeded by bone.

The second factor resisting the removal of the tooth is the periodontal ligament, composed of collagen fibers. Like millions of little ropes, the cumulative strength of these fibers resists the strongest of biting forces. Imagine how much force would be required to overcome this combined strength in an attempt to simply pull out a tooth.

The third force to overcome is that of atmospheric pressure. Withdrawing a tooth from its socket will create a void or vacuum at the apex of the socket, and until this void is filled with blood or an atmosphere of the socket, and until this void is filled with blood or an atmosphere of air, then atmospheric pressure will effectively push on the tooth to keep it in position. Anyone who can remember back to the Magdeburg hemispheres experiment in school physics will know that simple atmospheric pressure resists the force of two teams of horses pulling in opposite directions.

Little wonder then that simply using a combination of forces and brute force can lead to unnecessary loss of alveolar bone, root fracture and a subsequently more stressful experience for both patient and dentist. Dealing with the fracture of a maxillary tuberosity can certainly ruin your day!

The careful and considered use of a Luxator helps the dentist to divide and conquer the forces retaining a tooth, making the extraction process an infinitely more predictable and stress-free process.

The appropriate size of Luxator is chosen to match the diameter of the root, and the angle of the blade is chosen to give the best access. The tip of the Luxator is gently inserted into the gingival margin, with the blade angled slightly toward the root surface. This ensures that the Luxator enters the periodontal ligament between the crestal bone and the root.

Once in the periodontal ligament, the Luxator is worked down the length of the root with a side-to-side rocking motion and steady axial pressure (Fig. 2). This motion first severs the periodontal fibers and then as the blade is introduced further, the socket is dilated to allow an easier path of removal. Finally, as the periodontal ligament is severed and the socket dilated, bleeding and air ingress overcome the vacuum that resists tooth removal.

The Luxator should be inserted around the circumference of the root as possible to evenly dilate the socket.

Once this has been achieved, the final delivery of the tooth may be performed with forceps, although this is often not required with single-rooted teeth.

When using a Luxator, the uniquely designed handle should sit neatly in the palm of your hand, cradled by your fingers and thumb, with the index finger extended toward the tip of the instrument (Fig. 3). This allows for precise control of the tip and prevents the risk of slipping. Excessive force should be avoided; the Luxator is a surgical instrument and should be used as such, not as an elevator.

To complement its range of Luxators, Directa now produces an elevator called the Luxator Forte. Having dilated the socket using a Luxator, if it is felt that greater dilating and elevation forces are required, then the stronger Luxator Forte should be used. The Luxator Forte is easily recognizable by its black handle (Fig. 4). This sequence of luxation, followed by elevation, generally means that forceps are only ever used for the final easy delivery of the tooth.

The Swedish dental company Directa not only invented the name Luxator but has developed this range of instruments to perfection. The use of high-grade, surgical-steel blades and a two-part moulding technique for the uniquely ergonomic polymer handle combine to provide a high-quality instrument that will give years of reliable service and will endure countless cycles of washing disinfection and autoclaving.

Having used Luxators for more than 20 years, I cannot imagine undertaking the extraction of any tooth without first severing the periodontal fibers with my trusty friend. It would be the equivalent of struggling to remove my boots without first undoing the laces.

Here at the ADA

For more information, stop by the Directa AB booth, No. 5559. More information about Directa Products may be found at www.directadental.com or by contacting U.S. Sales Manager Frank Cortes at (203) 388-4224 or by e-mail at frank.cortes@directa dental.com.

Instrument can help the dentist divide and conquer the forces retaining a tooth

Photos/Provided by Directa AB

About the author

Dr. Simon Jones is a leading U.K. dentist with a practice in Middlesbrough, northeast of England. He qualified in 1985 and has worked mainly in the British National Health Service since then. For the past six years, he also served as a vocational trainer for the Northern Deanery of Newcastle University Dental School.

The careful and considered use of a Luxator helps the dentist to divide and conquer the forces retaining a tooth, making the extraction process an infinitely more predictable and stress-free process.
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Mydent International introduces DEFEND Dental Needles, the latest in its line of procedural products. To protect dental professionals, these needles specify lot number, size and sterile seal on each individual casing.

DEFEND Dental Needles are triple-beveled and feature an arrow indicator to help orient the bevel position during injections. Constructed of a stainless-steel, polypropylene hub with aluminum insert, the needles are siliconized to help ensure a gentle insertion into tissue for minimal discomfort. In addition, the pre-threaded plastic hub facilitates a straight attachment to the syringe, creating a secure fit.

DEFEND Dental Needles are designed for use on standard 1.8 mL dental syringes and are color-coded for easy diameter identification. Available through most dental dealers, DEFEND Dental Needles are packaged 100 units per box.

For more information on Mydent international and the DEFEND brand of products, call (800) 275-0020, visit www.defend.com or stop by the booth, No. 541, here at the ADA. To request samples, email samples@defend.com.

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Eagle Pass Heliskiing flies out of Revelstoke, British Columbia, and visitors enjoy some of the most beautiful terrain in all of Canada. I can honestly say this as I have skied at every major resort in Canada, and nothing else comes close. The terrain is amazing, and the guides are professional and friendly.

Imagine waking up in a place called Echo Bay on the shore of the beautiful Arrow Lakes in a private wilderness lodge. Imagine enjoying a delicious homemade breakfast with stunning views of the Rocky Mountains in the background. While you sip your coffee and dream about the day ahead, a helicopter lands softly in the yard. You get your first goose bumps of the day.

Along with the excitement in the air, it's a great comfort to know you are in the hands of seasoned professionals who treat your safety as paramount. After breakfast, the certified guides lead the orientation on helicopter and snow safety to prepare you for the day ahead. You can feel the power of the rotor blades as the bird begins to lift off. And you can feel the jet turbine pulsing through every fiber of your body. Excitement and anticipation are etched on everyone's faces.

Eagle Pass Heliskiing operates in the fabled Monashee Mountains. It's where the term "champagne powder" originated to describe snowflakes lighter, fluffier, drier and larger than anything you've seen before. There's powder, and then there's champagne powder. They're different. It's something you can't fully appreciate until you've experienced the unbelievable lightness for yourself.

It's a short helicopter ride from the secluded lodge past the majestic granite peaks of the Gold Range. The views are endless and breathtaking. As the Columbia River fades in the valley below, you think, "Where are we going to land?" Every direction features towering spires, snow-covered bowls, open glades and frozen glaciers.

Then it happens. The helicopter lands gently on a mountain pinnacle. You and three other guests get out and kneel beside the bird. The helicopter peels back down the mountain.

Silence. Stillness. Serenity. You realize you are on top of the world. The whoops of excitement begin. Below you is some of the deepest and lightest powder snow you will ever experience. There are no bad runs. No lift lines. No tracks to spoil your view. With runs in the 3,000- to 4,000-foot range, you may wonder if the bottom even exists. And when you get there, your helicopter is already waiting.

Eagle Pass Heliskiing has unlimited vertical. This means you ski or ride as much as you want until the day is done. No extra vertical charges. Ever. That's a very good thing.

When you've had your fill for the day, a short ride whisks you back to the lodge. There are two full-size hot tubs waiting, along with a massage therapist. There is also a chef with your gourmet dinner and a bartender with your favorite après ski drinks. The only thing left to do is relive each line with your friends.

Call Eagle Pass Heliskiing today and experience your own piece of paradise. It's a life-changing experience with a guaranteed smile.
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