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

Today from 10-11 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, Glazer will discuss the various uses of two GIOMER-based 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 Beautiful 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 polishes 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,

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 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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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 day-out 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 the time.

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 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 seen.

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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‘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.”

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 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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continuing the care that starts in your chair
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 aesthetic 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 rates. 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 to establish acceptable educational training standards.

What has been the feedback from peers about a particular course and instructor? Are there testimonials 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 instructor are proven in their ability to comprehensively train you.

On the www.facialesthetics.org website, you will literally find hundreds 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 no mother 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 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 aesthetic outcomes using Botox and dermal fillers for esthetic and myofascial pain treatment.

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 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 Symposia.

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. Understanding their differences and their indications are very important to treatment success.

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?

Our live patient sessions will be exciting and informative. Come join us for a unique learning experience!

About the speaker

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

By George Freedman, DDS, FAACD, FACD

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 half-century.

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 technological 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 dentin.

- **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 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 sensitivity.

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

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