New posterior composite technology improves placement efficiency

By Ronald D. Jackson, DDS, FACP, FAGD, FAACD

In 1990, 94 percent of dentists in the United States chose amalgam as their primary intracoronal posterior restorative material. By 2010, composite resin restorations had exceeded amalgam by a ratio of 2:1. In fact, it is estimated that one-third of U.S. dentists no longer use amalgam and those who do report a steady decline. This is not an indictment of amalgam, a material that has served dentistry well for more than 100 years. There are many reasons for this relatively rapid and significant change in restorative dentistry. In this author’s opinion, the leading reasons are:

- individual patient desires for non-metal, natural looking restorations.
- the less invasive nature of composite restorations.
- the significant improvement in composite resin material physical properties, leading to increased durability and longevity, which, according to recent clinical studies, can rival amalgam.

Nevertheless, many dentists still complain that placing posterior composites is exacting, tedious, time consuming and not always predictable.

**Speeding up the process**

Current composite resins now yield high physical properties of hardness, flexural strength and fracture toughness, as well as low shrinkage and low wear. However, these highly filled, highly viscous materials can make it more difficult to achieve intimate adaptation to cavity walls and, because of low depth of cure, require multiple, separately adapted and cured layers.

Manufacturers have begun to address this concern by introducing new composite resins and technologies specifically for posterior use, which allow dentists to place restorations faster and easier. Indeed, one such product/technology, SonicFill, by Kerr, eliminates the need for a low viscosity liner altogether and, with a depth of cure of 5 mm, allows rapid restoration placement in the majority of posterior cavities in one, single bulk fill increment.

This is accomplished because SonicFill is a highly filled (84 percent by weight), shaded composite resin (B1, A1, A2, A3) that contains special rheological modifiers sensitive to the specific high frequency vibration provided by the sonic handpiece. The handpiece is a quick disconnect air line couplers, but universal adaptors are available if needed.

Upon activation, the viscosity of the composite drops 87 percent and is rapidly extruded from the unit dosed tip. The composite is literally vibrated into the cavity and adapts intimately to all cavity walls in the same manner that mixed stone is vibrated into an impression. Most cavities are totally filled in less than five seconds.

Upon deactivation of the handpiece, recovery is not immediate, so viscosity returns at a slower rate. This intermediate viscosity makes the material non-sticky and non-slump, so it can be easily and quickly sculpted to accurate anatomy.

This author finds that from the time the adhesive is cured, posterior composites (even relatively large Class IIIs) can be placed, cured, finished and polished in less than three minutes (Figs. 1a–1d).

Placing posterior composite restorations is a significant bread-and-butter service in most general practices. With SonicFill, less time is needed to place these restorations, thereby improving practice profitability and, at the same time, less tedious effort is expended, improving practice satisfaction for the dentist.

For the second year in a row, SonicFill (Kerr) has received the “Best of Class” Technology Award by the Pride Institute at the Greater New York Dental Meeting.

**Disclosure:** Dr. Ron Jackson disclosed that he acted as a consultant in the development of SonicFill and retains a financial interest in the product.

**References**

7. Christensen, GJ. Clinician’s Report; Volume 5, Issue 1, January 2012.

**About the speaker**

Ron Jackson, DDS, has published many articles on esthetic and adhesive dentistry and has lectured extensively across the United States and abroad. He has presented at all the major U.S. scientific conferences. Jackson is a fellow in both the Academy of General Dentistry, an accredited fellow in the Academy of Cosmetic Dentistry, a diplomate in the American Board of Aesthetic Dentistry and is director of the Mastering Dynamic Adhesion program at the Las Vegas Institute for Advanced Dental Studies. Jackson practices in Middleburg, Va., emphasizing comprehensive restorative and cosmetic dentistry.
C.E. SYMPOSIUM
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SUNDAY NOVEMBER 25
10:00 - 11:00 DR. HOWARD GLAZER
BABY BOOMERS CAN BE BEAUTIFUL!
11:15 - 12:15 DR. MARK DUNCAN
DENTISTRY'S DIRTY LITTLE SECRETS... WHAT IS IT THAT WE DON'T KNOW.
12:45 - 1:45 DR. MARK NCOME
MATERIALS AND METHODS FOR YOUR PRACTICE
3:00 - 4:00 DR. LOUIS MALCMACHER
THE TOP 8 GAME CHANGERS IN DENTISTRY TODAY
5:15 - 6:15 DR. FRANKLIN SHULL
ESTHETIC/RESTORATIVE DENTISTRY LIVE PATIENT DEMONSTRATION
8:30 - 9:30 DR. GEORGE FREEDMAN
BEAUTY OF BONDING

MONDAY NOVEMBER 26
10:00 - 11:00 DR. FAY GOLDSMITH
PREDICTABLE PROACTIVE AND PROFITABLE MINIMALLY INVASIVE DENTISTRY
11:15 - 12:15 DR. GARY HENKEL
UNSURPASSED HANDLING, UNCOMPROMISING RESULTS: BONE GRAFTING SIMPLIFIED
12:45 - 1:45 DR. RON KAMMER
TIPS, TRICKS AND TECHNIQUES TO MAXIMIZE SUCCESS
2:00 - 3:00 DR. MIKE RETHMAN
FLUORIDES AND NON-FLUORIDE INTERVENTIONS FOR CARIES CONTROL - AN OVERVIEW
3:15 - 4:15 DR. MARK DUNCAN
DENTISTRY'S DIRTY LITTLE SECRETS... WHAT IS IT THAT WE DON'T KNOW.
4:30 - 5:30 DR. ROBERT HOROWITZ
OPTIMIZING IMPLANT THERAPY WITH ADVANCED DIGITAL TECHNOLOGIES AND CUSTOM TRANSITIONAL COMPONENTS

TUESDAY NOVEMBER 27
10:00 - 11:00 DR. CHRIS GLASS
ACHIEVING PREDICTABLE SUCCESS WITH ENDODONTICS
11:15 - 12:15 DR. RON JACKSON
DIRECT POSTERIOR COMPOSITES: A RAPID, SIMPLIFIED PLACEMENT TECHNIQUE
12:45 - 1:45 DR. DAVID EVANS
PERFECT YOUR ONLINE PRESENCE
2:00 - 3:00 DR. GEORGE FREEDMAN
NEW AND IMPROVED! PROFITABLE CLINICAL TECHNIQUES FOR YOUR PRACTICE
3:15 - 4:15 DR. DAVID MOESTER
PREDICTABLE IMPLANTS - BY PRESERVING BONE DURING EXTRACTIONS WITH NEW INSTRUMENTS
4:30 - 5:30 DR. SELMA CAMARGO
OPTIMIZING ENDODONTIC TREATMENT WITH HIGH INTENSITY LASER THERAPY

WEDNESDAY NOVEMBER 28
10:00 - 11:00 DR. DAVID FECK
IMPLEMENTING DENTAL LASERS IN THE GENERAL PRACTICE: A REAL-WORLD REPORT
11:15 - 12:15 DR. RON KAMMER
DENTISTRY 101: DEAMSTRIFYING NEW CONCEPTS IN CARIOLOGY
12:30 - 1:30 DR. SELMA CAMARGO
DIODE LASER APPLICATIONS IN SOFT TISSUES

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How to ‘Perfect Your Online Presence’

Dr. David Evans talks tips and tricks of the Internet

By Kristine Colker, Managing Editor

TODAY from 12:45 to 145 p.m. in aisle 5000, room 3. Dr. David Evans will present “Perfect Your Online Presence” as part of the DTSC Symposia.

In his session, he will discuss the various factors that influence Internet presence and how dental practices can attain “high Internet presence.”

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

Dr. Evans, you are presenting a DTSC Symposia session called “Perfect Your Online Presence.” Can you give us a brief overview of your session?

Word-of-mouth marketing was the most important thing for dentists five or 10 years ago. Now, it’s different. People go online to check you out. Patients associate wildly with Google rankings. They also have the perception where they associate quality with where you appear in the rankings. It might not be connected in reality, but it’s connected in people’s minds.

Has internet marketing replaced word-of-mouth (WOM) referral?

No, in a successful practice, your WOM will always be a very important component of marketing for new patients. Now, however, many prospective patients will research on the Internet to support WOM referral.

When a prospective patient is considering dental work and receives a WOM about your practice, the next step for the prospective patient is the Internet, where he or she will peruse your website to research your background, look at your before-and-after photos and review your testimonials. Consumers also research other places where you appear online.

A strong Internet presence, with a captivating website, will enhance the WOM referral and lock in the new patient. On the other side, a poor showing on the Internet can break a great reputation and the WOM referral.

Also there are some cases, such as when a prospective patient is new to the area (and with the mobile population, this number is growing), in which the patient does not have anyone to ask about a WOM referral. In these cases, a strong Internet presence is the only way to get that new patient. In balance, strategies to boost the WOM referrals will continue to be important, but expect Internet marketing to take a larger and larger role over the coming years.

How can my practice’s website get ranked higher on Google?

Keep in mind that Google ranks websites, not dentists. You can be the best cosmetic dentist in the world, but if your website is not search-engine friendly, then Google will not rank you on the first page in your market.

Google uses about 200 different variables to rank websites. Convincing Google to give you good rankings requires that you site meets with these 200 variables. These variables fall into two broad categories, on site and off site.

In simplistic terms, the on-site variables relate to your content and the attributes on various pages of the website. The off-site variables relate to the links you have coming to your site and how many consumers share your site with others.

The process for obtaining high rankings on Google and other search engines is called search engine optimization, or SEO.

How much time should I spend working on my website and SEO? I have a busy practice and can’t find the time. What will it cost to get help?

You can save money on SEO and your website if you write all of your own content, build your website and perform optimization. These activities could take 10 to 15 hours a week to do properly. An effective SEO company will charge a monthly fee, and then your time is spent in the clinic working with patients, where you generate revenue for your practice.

How do I choose the best website and SEO company for my practice?

When choosing a website and SEO company, it is best to focus on companies with experience in dentistry, particularly high-end dentistry practices. Review their website portfolio to determine if their designs fit the image of your practice.

Most importantly from an SEO perspective, review the rankings of the prospective company’s other clients to see how well the SEO has worked for them. The most efficient method is for one company to handle both the website and SEO, but this is not absolutely necessary. If you already have a website and/or designer you like, then hiring a company only for your SEO can work well. Also, many website designers do not have the knowledge or properly perform SEO, so it would not be unusual to hire a separate company for SEO.

First make sure you understand fully what you are buying when you purchase a website. Many dentists do not realize they do not own their websites, but instead they are essentially leasing the website design, content and hosting of the site. There are two easy questions to ask a potential website company to determine if the website you are buying will actually be owned by you.

• Will I own the copyright to the website design and content?
• If I leave your services, can I take the site to another company?

If you receive a “no” to either of these questions, be careful. Many factors determine how well a website ranks on Google. But one big factor is its age. If you leave a vendor where you are leasing a site, then you lose the site and you have to start over from a longevity standpoint, a new website can take up to one year to rank on Google.

I’ve hired an SEO company. How do I know if they are doing a good job?

The bottom line of SEO is rankings, traffic and conversion. The top SEO companies will boost rankings for your website and modify it to increase conversion. If you are not receiving more leads from your website since hiring your SEO company, it is probably not doing a good job.

What are the most important components of a practice website?

Keep in mind that when prospective patients visit your website, the question on their minds is “What is it in it for me?” Your website has two to three seconds to capture the attention of prospective patients and convince them to stay there to learn how they can benefit from your practice.

The key elements patients like to see are testimonials and before-and-after photos. These help visitors better understand how treatment can help them. They also want to see that you have extension training and education. And finally, educational content about the procedures you offer will help visitors to understand the services they need/want, which makes them more likely to convert to a high-value patient once they visit your office for a consultation.

Should I list my practice in a directory?

Marketing research shows consumers are two-thirds more likely to convert if they see you in multiple places on line. When visitors find your website online, and then also see you in a dentist directory, the likelihood of getting that patient to visit your practice increases dramatically.

The best directories provide a place to post your before-and-after photos, news items, testimonials and your training and experience. Make sure the directory offers an email contact form for you specifically, a tracking phone number and a link to your website. Regular reports for traffic, email leads and phone calls should also be provided.

If your directory listing can provide two to five consultations a year, and one high-end patient, then it is a worthwhile investment. Revenue for one patient pays for the listing, and that patient serves as a WOM referral source for other potential new patients.

Should I have a social media strategy for my practice?

Social media is becoming more important, but it may not be for everyone, as it may not be attractive to your staff time or on a regular basis. Facebook should be the primary focus of any social media thrust. Twitter, Pinterest, Stumble-Upon, etc., are probably not a good allocation of resources at this time.

To be effective, the Facebook strategy should engage with current patients with the focus being to get them to share with their friends and thus provide WOM referrals.

Most practices use social media incorrectly. Constantly posting articles about treatments offered at the practice or discounts on teeth whitening is a big turn off for patients. They will stop visiting your Facebook page and discontinue their alerts.

The proper strategy is to engage with patients using articles which would be interesting in, such as information about back to school, a new staff member or local news. Do you and your staff participate in the “Tomorrow’s SMILES” program or did you do any volunteer work at the school?

Also, consumers love contests and voicing their opinions. Let your Facebook users voice their opinions in the comments. These local candidates or celebrity has the best smile or have a content to submit the quote of the month.

About the author

David Evans, PhD, has been involved in dental practice marketing since 1995. He has expertise in how consumers search for health-care information online, the optimum design and construction of practice websites, website search engine optimization (SEO) and the strategic development for Internet marketing. Evans is CEO of Ceatus Media Group, which owns and manages the online directories for dentists and LASIK, plastic and bariatric surgeons. Evans received a bachelor of science from the United States Air Force Academy, a master’s and MBA from Wright State University and PhD from Indiana University. He can be reached at dw Evans@ceatus.com.

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From the Front Office to the Treatment Room and every touch-point in between, Henry Schein has the solutions you need to connect your practice technologies. The size of your practice, your budget, and your patients’ needs are all important to the solutions required to increase workflow and enhance efficiency.

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Profitable clinical techniques you’ll want for your practice

By George Freedman, DDS

There are numerous dental innovations that make clinical practice better, faster and easier. These are often relatively inexpensive and exceedingly easy to implement. They increase efficiency, reduce stress and measurably improve the bottom line.

Here is a sampling of products I believe are in this category:

The revolutionary DentalVibe GenII eliminates the apprehensions and fear associated with dental injections. Increased anti-pain power and twice the amplitude at the vibrating tip provide greater sensory nerve stimulation, enhancing the pain-blocking effect.

DentalVibe’s VibraPulse technology stimulates the sensory nerves at the injection side—effectively closing the neural path gate, thereby blocking the pain of injections. Cordless and light (less than three ounces), it also has strategically placed finger grips that make it readily portable.

Dental Vibe II delivers soothing, pulsed, percussive micro-oscillations to the injection site.

Try it; your patients will love it. And so will you!

• The dental team is tasked with performing regular cancer screenings for patients, and DentLight’s DOE (DentLight Oral Exam) System makes this potentially life-saving examination pleasant and fast. It helps dentists and hygienists to identify abnormal tissues that may otherwise escape detection earlier than is possible with unaided visual examination.

The DOE looks and feels like a portable curing light, with similar intraoral access, only much more versatile. DentLight’s patented light-generating technology, Fusion Curing Light, provides an outstanding clinical output of more than 1500mW/cm², with a high-power density over an extended wavelength range that provides worry-free bonding. Fusion takes light curing to the next level.

• High-speed handpieces should not be wobbly, loud and prone to break down. This is where electrical handpieces improve chairside life immeasurably.

Bien Air’s Swiss-engineered Optima MX2 INT, a very versatile unit that offers pre-programmed modes for all the main restorative operations as well as endodontics, is a uniquely controlled handpiece experience with maximum utility in the practice.

The innovation is that the ultra-quiet Optima MX2 INT is a true all-in-one system; only two contra-angle handpieces are required to perform virtually all dental procedures, increasing efficiency and decreasing clinical time. If you are still utilizing air-driven handpieces, you might want to consider upgrading your operatory to bring it into today’s electronic age.

• Given the tight confines of interdental spaces and the dentist’s limited visibility and access for preparation, interproximal nicking of adjacent tooth/restoration surfaces occurs all too often. Directa’s FenderWedge protects adjacent surfaces from inadvertent iatrogenic damage.

Easy to position and comfortable for the patient, the FenderWedge is an excellent tool for truly conservative dentistry. The FenderMate is an innovative one-piece wedge-matrix (no-ring) combination that inserts like a wedge and functions like a matrix.

Directa’s CoForm anatomical matrix system is a comprehensive multisized kit of preformed transparent celluloid matrices specifically designed to restore realistic three-dimensional shape and form to composite restorations that replace incisal edges and fractured teeth.