Plan today to start tomorrow inspired

Friday: Since age 12, Ontario native Craig Kielburger has used daily action to tackle global problems.

Leading hybrid injectable now in tips

Check out the injectable hybrid restorative now also in tips: BEAUTIFIL Flow Plus from Shofu Dental Corp.

RGDC celebrating its centennial in 2015

Now in its 100th year, the Royal Canadian Dental Corps is represented at the 2015 ASM with an exhibit hall booth.

Step right up

2015 ASM invites you to ‘Connect. Learn. Excel.’

For more than 14 decades the Ontario Dental Association has focused on three core concepts to guide the focus of its Annual Spring Meeting: “Connect. Learn. Excel.” Reflecting those concepts, these next three days in Toronto, May 7–9, feature an agenda of wide-ranging and topical presentations in a variety of formats presented by nationally and internationally renowned speakers. The lectures, hands-on workshops and other interactive sessions are designed to deliver high-value knowledge — and C.E. credit.

And just as enticing, this 148th annual edition of the meeting also features an exhibit floor covering more than 75,000 square feet within the Metro Toronto Convention Centre, South Building.

The exhibit hall features more than 300 exhibiting companies demonstrating for and teaching attendees about new products, services and technology from across the globe.

In the exhibit hall today you have the opportunity to touch, test and compare the newest materials and technology in the dental industry.

There is plenty of fun on the agenda, too, as confirmed by today’s opening keynote speaker, Ron James, described as one of Canada’s top comedians. Delivering the opening keynote tomorrow will be Craig Kielburger, the social entrepreneur, New York Times best-selling author and globally syndicated columnist.

Even the exhibit hall floor is
Start your Friday inspired

Since age 12, Ontario native has used daily action to tackle global problems

Friday morning’s general session keynote speaker, Craig Kielburger, is a social entrepreneur. New York Times best-selling author and popular speaker known for his ability to inspire people to improve their communities and points beyond through their daily actions. With his brother Marc, Kielburger founded one of the world’s leading platforms for social change, comprising three core initiatives: the international charity Free The Children; an innovative social enterprise Me to We; and the youth-empowerment event We Day. Kielburger’s start as a child rights activist began at age 12, when he reached for the morning comics and noticed the newspaper’s front page. The headline read, “Battled Child Labor, Boy, 12, Murdered.” Being 12 himself, Kielburger felt an immediate connection and took the story with him to school. When he asked his class for help to tackle the issue of child labor, 11 students raised their hands. Free The Children was born.

What began as a group of a dozen kids has grown into an international charity. Free The Children programs have helped more than 1 million beneficiaries. To date, Free The Children has built more than 650 schools and school rooms in developing countries, providing education to more than 55,000 children every day. Inspired by Kielerburger’s life mission, Oprah’s Angel Network partnered with Free The Children. Through Me to We, the Kielburger brothers are advancing a vision of philanthropy that connects business to a social purpose. Every year, Me to We reaches hundreds of thousands of socially-conscious consumers. It provides full-time employment to more than 1,000 women artisans in Kenya, and has created a global market for their work through partnerships with leading retailers, including Nordstrom, Virgin and PacSun. Half of Me to We’s annual net profit is donated to Free The Children, while the other half is reinvested to grow the enterprise and its social mission.

The series of stadium-sized We Day events connect with 200,000 students from 5,000 schools every year. The students earn entry to the celebration through service programs. Speakers and performers have included Prince Harry, Richard Branson and Jennifer Hudson. With more than 5 million followers on Facebook, We Day has become one of the largest charitable causes in the world.

The brothers have written 12 books, including the New York Times best-seller “Me to We: Finding Meaning in a Material World.” Their weekly columns are syndicated in more than 30 newspapers across North America. Kielburger is the youngest ever graduate from the Kellogg-Schulich Executive MBA program.

(Craig Kielburger’s human rights work has earned him 15 honorary degrees, the Order of Canada, the Roosevelt Free- dom From Fear Medal, the World Children’s Prize for the Rights of the Child and the Mohammed Ali Humanitarian Award. (Photo/Provided by www.freethechildren.com)

WeDay2015}(Source: www.freethechildren.com)
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Successful endodontic treatment depends upon maximal debridement and disinfection of the entire root canal system. The root canal system must be shaped to a convenience form that permits adequate cleaning and disinfection by elimination of microbes. The literature is clear that as much as 35 percent or more of the root canal system remains untouched by any instrumentation technique. Essentially no filing technique allows instruments to sculpt all canal walls and remove infected dentin. To decrease the bacterial load and achieve better debridement, irrigation protocols are used to prepare the access.

The efficacy of the irrigants to decontaminate the canal walls has been significantly improved recently. Both negative and positive apical pressure irrigation techniques have been surpassed by ultrasonically activated irrigants, photo-activated disinfection and laser-activated irrigants in their ability to improve cleanliness of the root canal systems. Er:YAG; Nd:YAG dental laser, National Dental Inc., Barrie, Ontario) has shown to be effective at removing debris and the smear layer from canal walls. A final application of the Er:YAG laser to the sodium hypochlorite already present within the canal, after standardized instrumentation, can result in improved cleaning of the canal walls with a higher quantity of open tubules (Fig. 1) in comparison to results without the use of the laser.

A new application of Laser-Activated Irrigation (LAI) has been recently introduced, Photon Induced Photostatic Currents (PICS) with an Erbium 2,940 laser to pulse extremely low energy levels of laser light to generate a photoacoustic shockwave, which streams irrigants throughout the entire root canal system. Using extremely short bursts of peak power, laser energy is directed down into the canal and the action actively pumps the tissue debris out of the canals while cleaning, disinfecting and sterilizing each main canal, lateral canals, dentinal tubules and canal anastomoses to the apex. This movement of irrigant is achieved without the need to place the tip at the canal orifice and remove оргаnic tissue remnants. Clinical follow-up studies after PIPS has demonstrated its ability to decontaminate and debride areas that files and instrumentation cannot reach, success rates rise and retreatment for past failures is possible.

The importance of these findings is far reaching. PIPS now offers the dentist a less technique-sensitive, minimally invasive and time-reducing method for irrigating and preparing endodontic root canal systems. Because PIPS has demonstrated its ability to decontaminate and debride areas that files and instrumentation cannot reach, success rates rise and retreatment for past failures is possible.

It is also helpful in locating and helping negotiate calcified canals. PIPS is a valuable additional tool in the treatment of endodontics regardless of the shaping and obturation system used.

Laser technology used in endodontics during the past 20 years have undergone an important evolution. Research in recent years has been directed toward producing laser technologies (such as impulses of reduced length, radial firing and stripped tips) and techniques (such as LAI and PIPS) that are able to simplify laser use in endodontics and minimize the undesirable thermal effects on the dentinal walls, using lower energies in the presence of chemical irritants. EDTA has proved to be the best solution for the LAI because it activates the liquid and enhances its cleaning of the smear layer. The use of a laser (PIPS) to activate on the radial front increases its antimicrobial activity.

Finally, using the correct protocol, the PIPS technique reduces the thermal effects and exerts both a stronger cleaning and bactericidal action, because of its streaming of fluids initiated by the photonic energy of the laser. Further studies are currently underway to validate LAI and PIPS technique as innovative technologies in modern endodontics.

References


About the author

Dr. Enrico DiVito formed his dental practice in 1980 in Scottsdale, Ariz. In 2004, he formed the Arizona Center for Laser Dentistry. He is the founder and director of the state-accredited Arizona School of Dental Assisting (ASDA). In addition to teaching at ASDA, Dr. DiVito is also a clinical professor at the Arizona School of Dentistry and Oral Health and is helping to create its department of laser dentistry. He earned his undergraduate degree from Arizona State University in 1980 and is a graduate of the University of the Pacific, Arthur A. Dugoni School of Dentistry with honors, receiving several clinical excellence awards. He can be reached at edivito@azcld.com.

Photoacoustic shockwave with irrigant debris areas of root canal files can’t reach by Enrico Divito, DDS

Fig. 1: Left, apical third of root treated with PIPS. Note clean surfaces without any thermal damage. Right, SEM of apical third showing extremely clean dentin tubules post PIPS with no sign of thermal damage. (Photos/Provided by Enrico Divito, DDS)

Fig. 2: Left, pre-treatment. Right, post-treatment obturation of a R15 06 taper. Note the conservative convenience form maintaining original anatomy of root canal system and reducing the need to use larger file sizes conserving more dentin tooth structure.

Fig. 3: Left, mandibular molar canal system showing isthmus before (A, red canal) PIPS laser-activated irrigation. Areas of organic tissue and debris from instrumentation have been completely eliminated, as highlighted by post-PIPS image (B, green canal). Right, mandibular molar with canal preparation to a size 35/40 (A, green canal) obturated with nano particle BC Sealer (Brasseler USA, Savannah, Ga.), and single cone obturation (B, blue).

Fig. 4: mandibular molar canal system showing isthmus before (A, red canal) PIPS laser-activated irrigation. Areas of organic tissue and debris from instrumentation have been completely eliminated, as highlighted by post-PIPS image (B, green canal). Right, mandibular molar with canal preparation to a size 35/40 (A, green canal) obturated with nano particle BC Sealer (Brasseler USA, Savannah, Ga.), and single cone obturation (B, blue).
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New high-tech electric handpiece delivers ease, power and control

Midwest E joins DENTSPLY Canada’s handpiece lineup

By DENTSPLY Canada Staff

Recent advancements in technology have made electric handpieces an increasingly popular choice among dentists across North America. Compared with traditional air-turbine instruments, electric handpieces provide the dentists with several benefits, including constant power and torque and adjustable bur speeds for a broad range of applications.

One of the smallest and lightest electric motors offered today

The Midwest E Electric Handpiece System is the latest electric handpiece system available on the market and includes the powerful Midwest E motor, which weighs only 59 grams and measures 1.25 inches — one of the smallest and lightest electric motors offered today. It is designed to deliver constant torque for smooth, quiet operation. It won’t stall under load, which can help shorten chairtime and procedural efficiency. Autoclavable for easy infection control, the Midwest E motor features an “E” type attachment and spins up to 40,000 RPM.

Detachable faceplate for easy integration into delivery units

At the heart of the system is an intuitive LCD touchscreen interface that lets users fine tune the speed, light and rotation to optimize performance for a variety of dental procedures — from caries removal to finishing and contouring to root canals. The faceplate is detachable for easy integration into delivery units. Compact and lightweight to facilitate control and maneuvering, the Midwest E attachments are offered in high-speed, low-speed, endodontic and straight configurations. Color-coded for easy identification, the compact contra-angle attachments have a textured finish and ridges designed for an enhanced grip.

Field-replaceable hose and a quick-disconnect feature

The Midwest E system also offers a field-replaceable hose, which helps avoid clinical delays due to service calls. Its stainless-steel connector is compatible with most dental units and the ergonomic 360-degree swivel feature increases operator comfort. Whether it’s operating in the high-speed, low-speed or endo settings, the Midwest E cuts quickly and efficiently. A quick-disconnect feature makes it easy to change attachments.

In endo mode, three torque-stop options are available, so it is an important feature for offices that perform endo procedures regularly — or for practices that plan to in the future.

Two-year warranty on system, three years on attachments

The Midwest E comes with a three-year warranty on the system and a two-year warranty on attachments (extended to 30 months when attachments are maintained with the Midwest Automate Maintenance Unit).

Come and try the new Midwest E Electric Handpiece in booth No. 1503 in the exhibit hall and receive a free gift compliments of DENTSPLY Canada. You can contact the Woodbridge, Ontario based company at (800) 263-1437, or you can visit the company online at www.dentsply.ca.

Test out the new Midwest E Electric Handpiece in booth No. 1503 in the exhibit hall and receive a free gift compliments of DENTSPLY Canada. You can contact the Woodbridge, Ontario based company at (800) 263-1437, or you can visit the company online at www.dentsply.ca.
INTRODUCING

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- Light green color makes the material easy to detect.
- Fraction of the cost of other retraction materials.
- Great for tissue management when seating restorations, placing rubber dam clamps (controlling bleeding), bleaching teeth (to manage moisture) and restoring subgingival cavities.

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Dryyz™ is terrific for use alone or in conjunction with retraction cord or compression caps. Dryyz is fast-acting in stopping gingival bleeding and seepage from crevicular fluid that may interfere with impression taking.

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Dryyz is also great for tissue management when you’re seating permanent crowns or bridges, placing rubber dam clamps, bleaching teeth and restoring subgingival cavities. It controls seepage that may contaminate a sensitive, restorative material, allowing you to do optimal restorative dentistry.

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Leading hybrid injectable also now in tips

Shofu Dental Corp. is holding product demonstrations at booth No. 1902, featuring its injectable hybrid restorative, BEAUTIFIL Flow Plus, now available in tips. Dentists will now have this preferred flowable in their fingertips.

BEAUTIFIL Flow Plus combines hybrid-like strength and functionality, unique handling and stack ability and a flowable delivery, according to the company. Additionally, the material has 15 percent more radiopacity than enamel and offers the benefit of fluoride release and recharge ability. Those interested in seeing the material firsthand are encouraged to come check it out at the Shofu booth.

According to Shofu, BEAUTIFIL Flow Plus represents the next step in the evolution of restorative materials based on its convenient flowable delivery system and physical properties and functionality that rival leading hybrid composites.

Unlike other flowables, BEAUTIFIL Flow Plus has stay-put handling and physical properties that allow use on the occlusal surface and marginal ridge, eliminating the need to pack a hybrid composite on top.

Smooth, self-leveling
A flowable base, liner and final restorative material, BEAUTIFIL Flow Plus is approved for all indications (Class I–V). With a smooth, self-leveling consistency, the material leaves a tight marginal seal on the bottom and a smooth, ready-to-polish surface on top. Moreover, Shofu’s proprietary S-PRG (surface pre-reacted glass) technology provides sustained fluoride release and recharge that can’t be found in any other composite material, according to the company.

BEAUTIFIL Flow Plus is available in two distinct viscosities. F00 (zero flow) offers precision stacking, and F03 (low flow) is an ideal base/liner.

Opportunity to sample with two introductory kits
BEAUTIFIL Flow Plus is available in two introductory kits. The standard kit (PN 2000S) offers two 2.2-gram syringes of both viscosities in shades A2 and A3, and the pedo kit (PN 2000P) offers two 2.2-gram syringes in both viscosities in shades A1 and bleach white.

Both kits also contain samples of Shofu’s top-selling products, including the seventh-generation bonding agent BeautiBond, One Gloss, Super Snap and Shofu’s hybrid material, BEAUTIFIL II. The kit retails for $102.25 (a $160 value). Also available in shades B1, B2, and C2 in both viscosities.

Stop by the Shofu booth, No. 1902, to see BEAUTIFIL Flow Plus for yourself for a product demo, or for more information, call (800) 827-4638 or visit www.shofu.com.
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(Source: Septodont)

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- Dryz stops gingival bleeding and seepage from gingival crevicular fluid that may interfere with impression taking. Dryz is not only fast-acting, but it’s also just a fraction of the cost of all other retraction materials on the market, according to the company. (Photo/Provided by Parkell Inc.)

By Parkell Staff

- Dryz stops gingival bleeding and seepage from gingival crevicular fluid that may interfere with impression taking. Dryz clearly contrasts with gingiva, blood and tooth structure, making it easy to detect where the material has been placed. Dryz is also easily removed with an air/water syringe and leaves no residue to interfere with impressions or seating of restorations.

- Dryz is also highly effective for tissue management when seating restorations, placing rubber dams, bleaching teeth and restoring subgingival cavities.

Watch the video

For more information or to order, contact Parkell at (800) 243-7446 or visit [www.parkell.com](http://www.parkell.com).

You also can go to the Dryz URL at [www.parkell.com/Products/416/Dryz-Gingival-Hemostatic-Retraction-Paste.aspx](http://www.parkell.com/Products/416/Dryz-Gingival-Hemostatic-Retraction-Paste.aspx). Additionally, a Dryz product video can be viewed at [www.youtube.com/watch?v=cRt9TvUHi8](http://www.youtube.com/watch?v=cRt9TvUHi8).
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The centennial of the beginning of World War I, which began on July 28, 1914, and lasted until Nov. 11, 1918, was commemorated last year. In turn, this year marks the centennial of the Canadian Army Dental Corps (CADC), today the Royal Canadian Dental Corps (RCDC), which was formed shortly after recruiting efforts began in earnest for what would become known as “The Great War.”

Initially, recruitment was at a slow pace; but, as it became evident that the conflict was escalating more quickly than anticipated, the role of the recruiting offices expanded. At the same time, it became evident that many potential recruits were being rejected for dental reasons.

As a result of these expanding dental needs, efforts were undertaken to initiate a dental program to support the growing military commitment. In May 1915, the Canadian Army Dental Corps was established under the professional and administrative control of the director of medical services. It grew from an initial corps of 30 dental officers, 35 non-commissioned officers (NCOs) and 40 privates to ultimately comprise 233 dental officers, 223 NCOs and 238 privates by the end of hostilities. Of those who served, 24 died in the war as a result of various injuries.

The war itself, of course, was devastating, claiming more than 9 million lives, including 65,000 Canadian military casualties. Nov. 11 has been commemorated as Remembrance Day since 1931.

As with the war in general, the formation and expansion of the Canadian Army Dental Corps was based not only on needs as they arose, but also on unexpected developments. Many of the changes that came into fruition were planned—while many others were altered as required by circumstance.

CADC: ‘A very perfect dental organization’

In testament to the validity and efficacy of the well-oiled machine the corps became, a consultant with the British Army, Sir Cuthbert Wallace, said at the war’s end: “The Canadians had a very perfect dental organization.” He also expressed the opinion that the British service might well copy the Canadians.

At the onset of WWI, the intent was to attach dental officers to military medical units but, in practice, that did not occur. However, in August 1915, dental officers were permanently attached to field hospitals. In that capacity they served in Canada before embarkation to Europe and also served in Europe. They served in hospitals in the U.K., as well as at or near the front lines in France, Greece, Italy and Belgium.

CADC personnel eventually performed a number of functions:
- Dental inspections of all Canadian soldiers on arrival in England.
- Dental inspections of all returning soldiers before embarking for Canada.
- Provision of normal preventative dental care.
- Treatment of wounds and trench mouth.
- Care for reconstruction surgery in special clinics.

In January 1947, the Canadian Army Dental Corps was redesignated the Royal Canadian Dental Corps. In 1968, as a result of what some considered an ill-conceived merger of the three services (Army, Air Force, Navy), the Royal
Canadian Dental Corps was renamed the Canadian Forces Dental Service. In October 2013, the designation of Royal Canadian Dental Corps was reinstated. From a historical perspective, there are some who feel that the RCDC is descended from the first military dental service in the world.8

Some feel that Canada truly became a nation because of the extremely strong military service of our combat troops at battles such as Vimy Ridge, Ypres, the Somme7 and many others. Along this vein, the Canadian Army Dental Corps, too, was born of need. It served and continues to serve with distinction and valour.

About the author
Dr. Michael Pilon is a graduate of the McGill University Faculty of Dentistry. He has a post doctorate in public health from the University of Toronto. He served in the Royal Canadian Dental Corps for 23 years. His service posting include CFB Gagetown, Summerside, Borden, Ottawa, Chilliwack, Halifax and UN Duty in Cyprus. He served in several roles as a practitioner, instructor, base dental officer and in headquarters duties. He also earned the highly regarded Airborne Regiment Paratrooper wings.

Pilon is now in private practice in Ottawa. After witnessing a desecration of the Cenotaph and the Tomb of the Unknown Soldier in Ottawa, Pilon single-handedly succeeded in ensuring that a proper and respectful environment be maintained at this monument, which is a memorial to 110,000 Canadians who gave their lives in service.

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Canadian War Museum exhibit

“100 Years of Dental Service — The Royal Dental Corps” opens May 13 and runs through November in the LeBreton Gallery at the Canadian War Museum in Ottawa.

Created in partnership with the Royal Canadian Dental Corps, the exhibition will highlight clinical, technological and humanitarian developments in Canadian military dentistry as the corps marks its centennial. Whether working in the field, conducting forensic work following a disaster or conflict or helping other countries to build the capacity to handle dental health needs, the corps has been an integral part of the Canadian military experience.

A typical field dental clinic operatory.

Makeup of the CADC at war’s end: 233 dental officers, 223 NCOs and 238 privates.

WWI Canadian Army Dental Corps dentist and patient, 3rd Canadian Field Ambulance Dressing Station, Vlamertinghe, Belgium. (Photo/Provided by the George Metcalf Archival Collection, © Canadian War Museum)
New global business opportunities for health care and other professionals have expanded to include the United States, where immigrants are respected as builders of the American dream. Dental Equities, a business support services company for dentists and other professionals, strategically invests in patient and dentist financing, dental news media, technology, management and similar dentistry-related projects. It has launched the “Arrive. Strive. Thrive.” program, which helps people from around the globe to invest, live and work in the United States. Through the U.S. government’s “immigrant investor or EB-5 visa program, which helps people from around the globe to invest, live and work in the United States. The program is considered a success by many. Bloomberg Businessweek reported in 2011 that: “Hundreds of small ventures across the U.S. are finding backers through the visa program, known as EB-5.”

This is how the program works: A foreign national applies under the EB-5 program to invest in a for-profit enterprise in the United States. If the investor’s petition is approved, the investor and his or her spouse and children under the age of 21 will be granted conditional permanent residency status for two years. Within the 90-day period before the conditional permanent residence expires, the investor must submit evidence that the full required investment has been made and that 10 jobs have been created and maintained, or will be created within a reasonable period. There is a limit of 700 immigrants to the United States from specified countries each year.

As with any bureaucratic process, maneuvering through the required paperwork can be complicated and stressful; thus, many EB-5 applicants welcome assistance and guidance from those with the necessary knowledge, experience and expertise. Dental Equities, a leader in business support services for dentists and other professionals, helps professionals who invest the required amount with Dental Equities to navigate the EB-5 process by way of the “Arrive. Strive. Thrive.” program.

Dental Equities’ experienced immigration lawyers, who specialize in preparing and filing investors’ EB-5 immigrant visa petitions with the U.S. Citizenship and Immigration Services (USCIS), prepare all the necessary immigration documents and file these with USCIS in a professional and speedy manner, thus expediting the processing of the immigrant visa petitions for investors.

Upon receipt of the investment funds, approval of the immigrant visa petition by USCIS and issuance of immigrant visas to the investor and his or her family, the Dental Equities team helps the dentist and his or her family arrive in the United States, and the comprehensive program continues to support the dentist and his or her family in settling in a community.

Because the Dental Equities team understands the dental profession, its regulations and requirements, it can help the dentist achieve professional U.S. qualification standards and then match him or her with an existing business or help the dentist establish a new one, enabling the dentist to strive for success in the dental field. Once the dentist is in business, Dental Equities’ team provides ongoing support with practice management services and resources to help the dentist’s practice thrive.

An individual could choose to undertake the task of dealing with the administrative, logistic, legal and accounting matters, costing time and effort. Or, by partnering with the team of professionals and affiliates at Dental Equities, dentists have the advantage of being able to practice independently in the United States, while benefiting from the guidance and support of those who share their knowledge of and passion for the profession, and who have the necessary expertise in the logistics of immigrating to and establishing a business in the United States.

The program enables dentists to transfer their existing capital into equity in a profession and business that they understand, making this a low-risk opportunity with high returns. The “Arrive. Strive. Thrive.” program also provides the dentist with the choice of keeping his or her investment in Dental Equities’ programs or getting back the initial investment, plus accrued interest.

More details on the program can be found at www.dreb5.com.

(Source: Dental Equities)
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