Attendees of previous years’ sessions presented by Meg Soper have had so much fun that the Pacific Dental Conference has her returning this year — for the fourth time.

But this time Soper is doing what might best be described as a stand-up health-care routine. “It’s going to be a stress-busting, laughter-filled hour that will set the tone for the final day of the conference,” Soper said.

Acknowledging that dentistry can be extremely stressful, Soper said: “We have to be able to laugh at ourselves and at what life tosses our way. And we can bring that energy with us to our relationships and to our dental practice.” Soper offered this guarantee to all attendees, especially spouses: “You will remember it for quite some time!”

“The ‘Saturday Morning Breakfast’ will be filled with a huge amount of positive energy,” Soper said. “It will be geared toward all members of the dental team — and spouses. I hope to see a lot of partners/spouses in the room on Saturday.”

Soper has worked as a health-care professional, stand-up comic and keynote speaker, all while also raising a family. Along the way she learned many powerful lessons about the importance of life balance. Those lessons are what enable her to work effectively as a motivator, life-balance coach — and comic.

“I know the work dental professionals do is sometimes stressful, with challenging time constraints and the odd, demanding patient,” Soper said. “So this hour is a friendly poke at some of that stress and a fun, packaged reminder that laughter really is the key to ‘letting it go.’

The extra wide main aisles of the PDC Exhibit Hall are put to use Thursday with attendees streaming in for a complimentary lunch, live dentistry and endless displays of the latest products and services. There’s much more of the same today.

The PDC’s exhibit hall offers seemingly limitless selection

By Robert Selleck, Managing Editor

The thousands of feet of aisles in the Pacific Dental Conference Exhibit Hall abound with “educated-shopper” opportunities that otherwise would be impossible to create on your own. The product demonstrations, hands-on testing and other in-person chances to directly assess the latest in dental products and services seem limitless. Here are a few examples a quick tour of the exhibit floor revealed on Thursday.

U.S. Regional Product Manager Joe Andrasko was in the Carestream Dental booth, No. 928, providing live presentations on CS Solutions, Carestream’s comprehensive system of tools and resources that simplifies and improves efficiencies with restorations — with single-visit scanning, designing and milling — in-house or with your lab.

In the OCO Biomedical booth, No. 1444, Victor Bianchi was showing visitors how easy it is using just hot water to custom fit the Larell One Step Denture. He said the denture system is a perfect match with OCO Biomedical’s immediate-loading implantology on small-diameter implants, which takes only an hour. The resulting breakthrough: chairside dentures on implants in just two hours. “It’s a match made in heaven,” Bianchi said. “It adds business to your practice and serves your anatomically and financially compromised patients.”

In the Patterson Dental booth, 8

Could you use a chief operations officer?

New Canadian association is ready to help; and for a limited time Henry Schein will cover cost of joining.

Scenes from around the PDC

Wake up with an espresso, take an afternoon break with tea with the queen and try on some very ‘Avatar’-esque glasses.

Miles of aisles

By Robert Selleck, Managing Editor

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‘Occlusion is for everyone’

By Robert Selleck, Managing Editor

Many dental professionals when hearing the terms “occlusion” or “occlusal dysfunction” immediately think of full-mouth reconstruction, rehabilitation or some other intensive case. John Kois, DMD, who has earned a global reputation for his knowledge of and teachings on occlusal dysfunction, wants to end that.

“The problem is,” Kois said, “that patients who receive that level of dentistry are a small percentage of a typical practice’s patients. In reality, occlusal concepts apply to all of your patients.”

Simply put, Kois said, “Occlusion is for everyone.”

And that’s the heart of his presentation, “Functional Occlusion,” on Saturday from 10:45 a.m. to 11:45 a.m. in Ballroom C.

Can you summarize your session?

The core of the presentation involves shifting perception to understand that emphasis needs to be on the physiology of the occlusion, not on the mechanics. Once we understand this, and what we are really trying to treat, there may be some simpler solutions we can generate.

A big problem is that most dentists were trained to diagnose occlusal problems by looking only at patient morphology. My presentation highlights the difference between a morphologic occlusion and functional malocclusion. Just because the occlusal relationships do not appear to be ideal, that doesn’t mean a patient can’t have a healthy functional occlusion. Treatment can achieve what seems to be a morphologically ideal occlusion, but the patient ends up being miserable, with discomfort and instability in tooth position. Why is this? My presentation answers that question.

So, sometimes what seems to be dysfunctional occlusion is better left alone, and what appears to be acceptable occlusion might not be what it seems? What are we dealing with in a system that does four things: It chews. It swallows. It speaks, and it’s involved in breathing. When there’s a problem with any one of those four things, the system has to adapt or work around the problem. In the process of adaptation, the patient may develop symptoms — or ways of compensating for the problem that are normal to the body but abnormal in the way we examine the patient.

If you feel you’re causing occlusal dysfunction in your patients, it’s time to shift your focus from the teeth to the entire body. With occlusion problems, it’s very easy to try to do what we see as corrections, but sometimes it’s necessary to look at things in a different way that prompts the body to make the system work better. The human body is always trying to heal itself. That’s what homeostasis is all about. You’re always trying to correct things so that you can function in a more protected way. Weightlifters get callouses on their hands. That’s not considered a disease. That’s a response to the roughened equipment and doing things in a different way that prompts a response from the body. You may not like callouses, but they’re not a disease, they’re normal.

With occlusion problems, it’s very easy to try to do what we see occlusal problems in reduce adaptation or the rate of adaptation, which represents compensation by the body. When we look at it, these are not true diseases; they’re the way the body does to make the system work better. The human body is always trying to heal itself. That’s what homeostasis is all about. You’re always trying to correct things so that you can function in a more protected way. Weightlifters get callouses on their hands. That’s not considered a disease. That’s a response to the roughened equipment and doing things in a different way that prompts a response from the body. You may not like callouses, but they’re not a disease, they’re normal.

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similar. The body is responding to something that it doesn’t like, and what we see is not the disease. We have to respond to what it is that the body doesn’t like in order to figure out how to treat the signs or symptoms that we see. One of the biggest problems for us as a profession is recognizing what the real problems are—in other words—diagnosis, rather than just treating symptoms as they appear in the mouth.

Is there data on the impact of occlusal dysfunction on restorative success? There is, but what many people don’t always understand is how that impact results in different modes of failure. So when porcelain chips, or when the external surface of the restoration becomes otherwise compromised, it is obviously very possible that occlusion could be a contributing etiologic component. But there are many other modes of failure—often not directly recognized—that may be creating muscle dysfunction, joint problems or even recurrent decay under the restoration.

What we have to realize as a profession is that recurring decay under the crown and bridge often is due to aberrant wear, especially in areas that they can’t see, they won’t understand what that means. But what if we use specific data instead of general concepts and explain it like this: “It should normally take 100 years to lose a millimetre of tooth structure. If you have a healthy occlusion, you should not really wear out your teeth. When patients present with discomfort, muscle aches or joint concerns, they are already aware that there is a problem. But if a patient presents with a loss of tooth structure progressing much faster than normal, the patient may not be aware of it. They don’t see or feel the problem. When you tell patients that they have severe wear, especially in areas that they can’t see, they won’t understand what that means. But what if we use specific data instead of general concepts and explain it like this: “It should normally take 100 years to lose a millimetre of your tooth structure. Based on how much structure is missing here, you’ve lost more than three millimetres, which should have taken more than 300 years—represents 300 years of use. I am concerned for you because you are only 56 years old. And I’m concerned with how long your teeth will last.”

What are we trying to do is get dentists to recognize how they can conceptualize occlusal problems in the mind of the patient. Because unless the wear creates an aesthetic problem, most people are unaware until they can see it or they have symptoms from it.

Is the entire presentation on diagnostics, or are treatment strategies covered? The treatment that is outlined will be based on the three Ps: position, place and pathway. Where do you position the jaw relative to the head? How do you make the teeth fit together properly so they have equal simultaneous contact, which we call place? How do you not interfere with the envelope of function—or create a new envelope, which we call pathway? Those Ps can be accomplished by appliances, fibration, orthodontics, surgery or full-mouth reconstruction. Depending on the problems that the patient presents with, treatment may require a specialist.

Can treatment for occlusal problems occur simultaneously to restoration work? The key in practice is to understand potential problems with occlusion, even before you begin treatment. And this doesn’t necessarily require a functional analysis. To make it a little more confusing, sometimes what we see doesn’t even reflect that there are occlusal problems. For instance, if a patient presents with wear, you cannot tell by looking at the teeth if the wear represents a previous occlusal problem that doesn’t exist anymore—or a current problem. In the previous situation, even though patients may look as if they have an occlusal problem the risks would be much lower. If the problem is active, you can’t just repair worn teeth and expect success if you haven’t resolved why the teeth are worn down.

Again, understanding the mechanical aspects of occlusion that we were taught in school isn’t enough. You need to understand the physiological dynamic relationships that actually create the problems. Right working, left working and prorotive or linear movements don’t reflect what people actually do with their teeth. If this is all we’re really doing when we’re rebuilding occlusion, it’s not enough to resolve such problems if you later encounter failure that you did not expect.

It’s extremely frustrating to manage someone’s occlusion in a way that you believe everything is correct and done appropriately and still have a problem. Why did that happen? Is it that we made a mistake? Is it that we really didn’t do it properly? Or is it that there is something more to the problems we are treating that we haven’t yet learned to understand?
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BOOTH #1029 | PACIFIC DENTAL CONFERENCE | MARCH 6 & 7, 2014
Scenes from Thursday

- Darcy Murphy, a dentist in New Westminster, British Columbia, tests out the Iveri whitening system, assisted by Gene David, Iveri’s Western Canada representative, in the Patterson Dental booth, No. 419.

- Barry Faldner, left, and Vera Faldner invite you to stop by the Blue Apple Health booth, No. 1551, for a comprehensive 20-minute screening that identifies early warning signs for heart attack, stroke or cancer.

- Be sure to say ‘Hi’ to Mark Eisen in the DMG America booth, No. 1620, and ask him about Kolorz ClearShield sodium fluoride varnish, which is free of gluten, aspartame and saccharin.

- David Goldshaw, left, and Dan Christensen are ready to help you out with Shofu Dental Corp. products in booth No. 1530.

- Simon Wisniewski, senior financial consultant with Investors Group, booth No. 1054, invites you to enjoy a professionally prepared latte, cappuccino or espresso and learn about his firm’s wealth planning and management services.

- Annette Tindall, with Zeiss, in the NDI booth, No. 1319, demonstrates the Cinema ProMed 3-D multimedia video glasses, powered by the Zeiss cinemizer OLED (stop by to immerse yourself in a bit of ‘Avatar’ in 3-D).

- Gary Hunter, in the SciCan booth, No. 1029, provides an overview of the company’s STATMATIC handpiece maintenance system, which includes a unique chuck flush feature.

- Janet Andersen invites you to have tea with the Queen in the BAVO The Dentists’ Laboratory booth, No. 1546.

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**FREQUENTLY ASKED QUESTIONS:**

**Q: What is Calcium Hydroxide used for?**

A: Calcium Hydroxide is used in both the preservation of the vital pulp and the disinfection of the prepared root canal system. It has been widely used as a short- or long-term intracanal antibacterial dressing material. Diapex does not set and can be removed during a subsequent visit using sodium hypochlorite.

**Q: Why is Barium Sulfate/Iodoform added to Calcium Hydroxide?**

A: To provide radiopacity, Barium Sulfate or Iodoform is added.

**Q: What is the main difference between Diapaste™ and Diapex®?**

A: Diapaste is water based so it is easy to clean. It is also iodoform free. Diapex has iodoform and can disinfect the canal effectively. Both have the convenient premixed syringe delivery system.

**Q: What are the indications for Diapaste™ and Diapex®?**

A: Treatment for infected root canal, Apexification, Apexogenesis, Root canal filling for primary teeth, Pulp capping, Disinfection after pulp extirpation, Vital pulpotomy in deciduous teeth, Stimulation of hard tissue formation, Traumatic injuries, Root resorption.
Oral Science presents the photon series dental diode laser by Zolar Technology

By Oral Science Staff

Furthering its goal to “make state-of-the-art innovations available to Canadian dental offices,” Oral Science is now the exclusive Canadian distributor of the Photon series soft-tissue dental diode lasers, manufactured in Canada by Zolar Technology and Manufacturing Co., (Mississauga, Ontario). The new Photon series consists of two innovative devices: the Photon (3 watts/810 nm) is designed for minor and major surgeries, laser-assisted periodontal therapy and hygiene procedures, while the Photon Plus (10 watts/980 nm) offers more power, making it effective for in-office tooth whitening and bleaching.

According to Oral Science, the Photon series offers all the benefits of the most advanced generation of soft-tissue diode lasers:

- Complete portability with long-life battery pack (up to four hours and can be recharged while in use).
- Large 3.5-inch LCD touch-screen display with a unique built-in navigation technology.
- More than 20 presets for procedures including perio pocket therapy, gingivectomy, crown troughing, fibroma removal, frenectomy, sulcular debridement and removal of highly inflamed edematous tissue.
- Built-in tutorial. Available with all accessories, including disposable tips or stripable fiber, protective glasses and bleeding handpiece.
- Password security.
- Three-year warranty (the longest in the industry, according to the company).

- Rigid metal transportation case.

With the Photon series, dental professionals benefit from a technology that provides patients with optimal clinical results and wellness for surgical, periodontal and hygiene procedures.

The advantages of laser therapy include: almost no blood, little to no tissue recession, gentle and comfortable procedure for patients and improved post-operative healing. The increased workflow and unique range of clinical treatment applications will give the dentists and registered dental hygienists a quality tool with speed, convenience and flexibility. As dental health care continues to evolve, Oral Science is in a unique position to deliver the value of a quality product in a personalized manner.

Awarded a rating of five out of five phases by the DENTAL ADVISOR. After conducting a rigorous and independent evaluation, the DENTAL ADVISOR awarded the Photon and Photon Plus products five out of five phases – supporting testimony to the quality and performance of both the Photon and Photon Plus.

A Complete educational program by Oral Science and Dr. Glenn A. van As: To help dental professionals quickly integrate the Photon into their practices and use it with confidence and efficiency, Oral Science collaborates with Dr. Glenn A. van As (Vancouver, British Columbia) to provide a lecture and hands-on session for dentists and hygienists. In the lecture, dental professionals learn the foundations of laser physics and tissue interaction along with how laser dentistry becomes an added value to the services they provide to their patients. In the hands-on portion, dentists and hygienists work in separate group on procedures specific to their daily treatments.

Upcoming sessions are scheduled for March 21 and June 13 in Richmond, British Columbia.

Learn more about the Photon and Photon Plus today at the Pacific Dental Conference Exhibit Hall in the Oral Science booth, No. 335: Oral Science welcomes all conference attendees to visit its booth to discover all the innovative functions and capabilities of the Photon and Photon Plus. This also presents the opportunity to acquire a laser system while also receiving an exclusive PDC promotion: a $100 Visa gift card plus 25 free disposable tips.

About Oral Science

Since its foundation 10 years ago, Oral Science has been fully committed to helping dental professionals reach optimal clinical results for their patients by providing focused expertise in the following oral health conditions:

- Chronic inflammatory periodontal disease
- Tooth sensitivity
- Impacts maintenance
- Xerostomia
- High risk caries
- Xerostomia

The company has established a team of “Optimal Oral Health Coaches” (ROHS and DDSs) specifically trained to support dental offices to ensure success and differentiation by providing a complete support program that includes:

- Protocols and products based on patients’ needs and evidence-based science
- Clinical tips
- Patients education tools
- Team support and education

Other innovative solutions from Oral Science include the X.PUR line of “purely effective” oral hygiene products, Curaprox Swiss premium tooth and interdental brushes, Cetacaine topical anesthetic liquid and Perioset doxycycline hyclate (sub-antimicrobial dose). Many of the X.PUR and Curaprox products are available to patients at Shoppers Drug Mart and London Drugs pharmacies.

To schedule an in-office training with an Optimal Oral Health Coach, visit Oral Science in the PDC Exhibit Hall, call (888) 442-7070 or send an email to info@oralscience.com.

Isolite Systems delivers dental-isolation technology

By Isolite Systems Staff

Dental isolation is one of the bedrock challenges in dentistry. The mouth is a difficult environment in which to work. It is wet, dark, the tongue is in the way, and there is the added humidity of breath, which all make dentistry more difficult. Proper dental isolation and moisture control are two often overlooked factors that can affect the longevity of dental work — especially with today’s advanced techniques and materials.

Leading dental isolation methods have long been the rubber dam — or manual suction and retraction with the aid of cotton rolls and dry angles. Both of these methods are time and labor intensive — and not particularly pleasant for the patient.

Enter Isolite Systems: Its dental isolation technology delivers an isolated, humidity- and moisture-free working field as dry as the rubber dam, but

with significant advantages, including better visibility, greater access, improved patient safety and a leap forward in comfort. Plus, it can do it all two quadrants at a time.

The key to the technology are the “Isolation Mouthpieces.” Compatible with Isolite’s full line of products, the mouthpiece is the heart of the system. It is specifically designed and engineered around the anatomy and morphology of the mouth to accommodate every patient, from children to the elderly.

The single-use Isolation Mouthpieces are available in five sizes and position in seconds to provide complete, comfortable tongue and cheek retraction while also shielding the airway to prevent inadvertent foreign body aspiration. Constructed out of a polymeric material that is softer than gingival tis-
Micro-powered LED illuminates handpieces’ operative field

Position of the LED enables AirLight V3 to deliver a brighter, larger light pattern

By Beyes Dental Canada Staff

The AirLight V3 handpiece uses an innovative technology – an LED powered by a micro-generator to provide the operator a clearly illuminated operative field – without a fiber optic system.

According to the company, the AirLight V3 provides powerful torque to ensure easy cutting. The position of the LED provides a brighter and larger light pattern than the traditional fiber optic system.

Other features of the AirLight V3 include a triple water spray that effectively cools the entire surface of the bur to avoid overheating and a “micro-tex” coating that creates a micro-textured scratch-proof surface to enhance handling and durability.

The handpiece received “TOP 100 Product” and “Top 50 Technology” awards from Dentistry Today in 2013. In addition, the AirLight series received four stars from The DENTAL ADVISOR.

What AirLight customers say

“I’m a general dentist practicing more than 40 hours a week for the past 13 years. So far, I did work with many different handpieces. I feel lucky to have found and be able to work with the new AirLight V3 from Beyes.

“This feels great in my hand: a good grip, a solid construction, strong power for prepping crowns, a nice swivel. Above all, the V3 has a new smart feature — a bright self-powered LED light.

“Even with my five-times magnification loupes and headlight, I still appreciate this powerful light. I found it brighter than my other actual LED fiber-optic handpieces. I am happy to contribute to the success of a Canadian company. For all these reasons I recommend the AirLight V3 without any hesitations.”

Dr. Matthieu Menard, Quebec

“It’s light, fits well in hand and is easy to operate. The water spray is awesome, effectively cooling down the bur – and at the same time does not fill the patient’s mouth with water. The fiber-optic system is even better; light is bright and white, giving a wider vision and not focused on a single spot. Having all these cool features in a single handpiece is really great.”

Dr. Pierre Hayek, Quebec

“I was intrigued by the new technology of this handpiece, a fiber-optic handpiece without an external light source and without the cumbersome fiber-optic hose. Having practiced pediatric dentistry for 32 years, and having used these handpieces for the past six months, I can say that this is one of the best dental purchases that I have ever made.

“The balance and the quality of this handpiece is exceptional. The torque is excellent. The best feature is the bright white light. It really is amazing, to have such a small generator that can produce such an intense light, all housed within the handpiece. This handpiece is competitive, if not better, than any of the best branded handpieces. For the money, it is the best value out in the market.”

Dr. Allen Gaw, Texas

“The incorporation of the Beyes AirLight high-speed handpiece has proven a valuable tool for our clinical armamentarium, with great advantages of the light weight, high torque and brightness of the fiber-optics compared to other handpieces.

“The handpieces work great, have good power and water spray. [Beyes’] products are great and its prices are way better than other manufacturers.”

Dr. Jaspal Singh Sarao, British Columbia

About Beyes Canada

Based in Toronto, Beyes Dental Canada takes advantage of a highly educated workforce and well-established manufacturing chain to provide high-quality, high-precision dental products at competitive prices.

All products are manufactured in compliance with Health Canada regulations, ensuring quality. Its manufacturing facility is ISO 13485 certified under the Canadian Medical Devices Conformity Assessment System (CMDCAS).

The company serves dental communities in Canada, the United States, Colombia, Argentina, Mexico and elsewhere.

Here at the PDC

Learn more about the AirLight V3 and other high-precision dental products from Beyes Dental Canada in booth No. 229 (231/330/328). You can call the company at (416) 800-7475 or toll free at (877) 703-5562. Visit the company online at www.beyes.ca.
Need a COO?

Successful practices have a chief operations officer. Does yours?

By Roxanne Moulden
Founder and Executive Director, DOMACAN

In today’s world, dentists have to be savvy businesspeople as well as excellent clinicians. Organizing a successful dental practice has become more time consuming and definitely more complex as each year passes. The list seems endless: ever-changing human resource issues, complex government/provincial/dental regulations, the need to train new team members, promoting the practice in a highly competitive marketplace, meeting patient needs and expectations, mastering new technology—all while keeping the schedule full. This is just a sampling of what a 21st century office manager (or, as the position is now called, “practice administrator”) deals with on a weekly basis.

Why the name change from “office manager” to “practice administrator”? It’s because most people do not like to be “managed,” which is something we learned a long time ago.

The question is: Should you have an “office manager” or hire a “chief operations officer”? By definition, a COO is responsible for the corporation’s operations. This individual looks after issues related to marketing, sales, production and personnel.

More hands-on than the CEO, the COO looks after day-to-day activities while providing feedback to the CEO (the dentist/owner). Doesn’t this sound like what every modern dental office needs today?

“I just want to do dentistry”

I hear over and over again from dentists across the country: “I just want to do dentistry and let someone else handle the rest.” Easier said than done!

A dentist in the 21st century office is working harder than ever before trying to balance office hours and family life. He or she is often working evening hours and Saturdays, bringing charts home to treatment plan—and staying on call 24/7 for emergencies—to provide exceptional care to patients and remain competitive.

A COO may be just what your office needs to relieve you of the many tasks that could be delegated to someone else.

Most effective practice administrators or COOs are not born that way. You may have a very skilled team member with many years of experience, but that person most likely doesn’t possess the necessary leadership skills and abilities to be your COO.

What makes a good COO?

Let’s examine the qualities of a good COO. An effective COO must:

- Possess an attitude of gratitude.
- Have a high dental IQ and be emotionally intelligent.
- Demonstrate strong communication skills.
- Excel at motivating and leading.
- Lead by example so others will follow.
- Take initiative and think “outside of the box.”
- Think quickly and solve problems.
- Understand all software reports.
- Be the most positive person you know.
- Be the liaison between the office and accountant, bank, sales reps, marketing companies, etc.
- Share your practice vision.

In a nutshell: Your COO must be everything you are not! If you already have this person on your team, remember to thank them daily. If you need someone like this to join your team, where do you start to look?

Whether you promote someone from within your office or hire someone from outside, the key to success is in the training of this individual.

Did you know there is a new organization to help you train and continually guide your future COOs? The Dental Office Managers and Administrators of Canada (DOMACAN), created to bridge the gap between the clinical and business sides of dentistry. (Photo/Provided by DOMACAN)
Air-driven, high-speed handpiece honored

SciCan handpieces withstand high sterilization temperatures and produce low friction coefficient

By SciCan Staff

For four years in a row, THE DENTAL ADVISOR awarded SciCan’s STATIS® ML air-driven high-speed handpiece the Top Air-driven Handpiece. Upon completion of the clinical evaluation in 2011, the STATIS received a 5+ and a 96 percent clinical rating.

Among the observations and comments made by consultants: “Routine procedures, including crown preparation, were performed efficiently without the handpieces slowing or stall ing.”

“The STATIS ML is the handpiece of choice for crown preparation, as it produces high torque with four-port water spray.”

“I liked the weight, balance and small head size.”

“Great all-around handpieces.”


Consistent, quiet, powerful
State-of-the-art, STATIS high-speed handpieces combine consistent power, superb handling and quiet performance. The result is ergonomic handpieces that equip you with everything you need to deliver the highest level of dental care.

Powerful and durable, STATIS high-speed handpieces not only look good, according to the company, they also provide the highest level of precision handling. The smaller head size provides greater freedom of movement and improved accessibility. The handpieces offer low vibration performance to improve the tactile feel of the instrument and the high-quality material and innovative design delivers extremely quiet performance and increased lateral cutting efficiency.

SciCan offers two high-speed air-driven handpieces to cover all clinical situations.

The ML 201.1 with standard head provides the power and durability you need for precise restorative and crown and bridge procedures.

The SL 101.1 offers a smaller head size that provides improved intraoral access, making it ideal for working on children and difficult-to-reach areas of the mouth.

According to the company, both high-speed model handpieces offer many features that enhance their performance and reliability. The advanced design offers better handling while the high-quality stainless-steel materials and PVD coating offer improved grip and less scratching.

The unique patented push button chuck mechanism provides greater precision, improved centric running, reduced operating noise and less chattering.

The innovative spray system creates efficient cooling of the entire area and the enhanced head design eliminates suck-back — preventing contaminated particles and dust from entering the head housing. Plus the Connex® L quick connect system, SciCan’s alternative to MULTITIPS® couplers, fits most modern treatment units.

High-tech ceramic bearings
One of the most important features of STATIS high-speed handpieces is the advanced turbine system. High-tech ceramic bearings and a new cage, composed of synthetic fiber and a reinforced composite resin, are designed to better withstand high sterilization temperatures and produce a lower friction coefficient — key factors in preserving the bearings and maintaining high performance and longevity of the handpiece.

SciCan’s ML 201.1 high-speed handpiece was just presented at the recent Pacific Dental Conference. By the end of the week, the new Isodry, a non-illuminated dental isolation system, was recommended for procedures where oral control and saliva/water management is crucial.

Isodry, an extremely quiet, dry suction system, was presented as part of the new Isodry, a non-illuminated dental isolation system; Isodry, a non-illuminated dental isolation system; and the new Isovac, dental isolation adapter.

Using the Isolation Mouthpieces, all procedures (crown and bridge), low-speed and difficult-to-reach areas of the mouth. The SANAO electric handpieces have been ergonomically designed with a narrow, non-cylindrical shaped neck that ensures a solid, comfortable grip that delivers enhanced precision and control, and they are perfectly balanced for less hand fatigue.

Reduced tension, fatigue
Partnered with SciCan’s E-Stats® Advantage and SLM motor, the centre of gravity is shifted to the fulcrum of the hand, producing optimal balance and reduced wrist tension and fatigue. The flat surface on the SANAO’s shoulder provides enhanced stability and access when working on the upper areas of the mouth.

Marvel of miniaturization
A marvel of miniaturization, with a head height as tiny as 13 mm, the SANAO line can access the hardest to reach places. The small head size SANAO models 40L, 40L, 10L, 10L increases the freedom of movement inside the oral cavity. SciCan’s innovative HPS (Hygiene Protection System) resin prevents build-up of debris in the inner cavities of the instrument. The HPS eliminates this notoriously difficult-to-clean area.

The SANAO electric handpiece series includes eight different models for a variety of applications. These applications include handpieces for high-speed procedures (crown and bridge), low-speed procedures (finishing and polishing), and even prophylaxis.

Disinfector and autoclave
For optimal reproprocessing of the STATIS and SANAO handpieces, the SciCan reproprocessing system with the STATIM® handpiece maintenance unit, HYDRIM® G4 washer-disinfector and STATIM® G4 cassette autoclaves are highly recommended.

To experience the benefits of the STATIS and SANAO handpieces, you can visit booth No. 1029 here at the exhibit hall at the 2014 Pacific Dental Conference. STATIS, STATIM, HYDRIM, SANAO, E-Stats, Statmatic and “Your Infection Control Specialist” are trademarks of SciCan Ltd. MULTITIPS is a registered trademark of Kaltenbach & Voigt GmbH.

For a limited time, DOMACAN has something for everyone on the dental team. I invite you to become a member today by visiting www.domacan.org. For a limited time, you will be able to enjoy a compliment ary membership courtesy of Henry Schein.

If you want to take your practice to the next level, you need to understand that you need to take your team to the next level. Tote a first step, join DOMACAN and start training the right person to be your COO to maximize the potential in your team and your office today.

About the author
Roxanne Moulton is the founder and executive director of DOMACAN, the Dental Office Managers and Administrators of Canada. She can be contacted at info@domacan.org or through the DOMACAN website, www.domacan.org.
20 years of innovation

National Dental searches globe to offer ‘best-in-class’ dentistry products

By Enrico Divito, DDS

— National Dental Inc. specializes in distributing innovative products from around the globe that it considers “best in class.” For more than 20 years, the company has been in the business of providing advanced technology solutions and innovations that help increase efficiency of the dental office. Products such as the LightWalker Laser, T-Scan, DocPort i.o. intraoral camera, Zeiss 3D Video Glasses, SockIt! Pain Relief and Accelerated Healing Gel, CariFree carries control solutions, and the world’s most powerful curing light, FlashMax, form the core of NDI’s products.

NDI is the exclusive Canadian distributor of the all-new LightWalker Dual Wavelength Laser. The combination of dentistry’s two best wavelengths, Er:YAG and Nd:YAG, in the most advanced system, enables practitioners to perform the widest range of treatments, enhancing the return on investment of this technology. More than 40 presets, including ultra-fast hard and soft tissue preps, PIPS endo and wavelength-optimized periodontal therapy (WPT) enable clinicians to practice minimally invasive dentistry and dramatically improve patient comfort and outcomes.

The company’s flagship product, the DocPort i.o. intraoral camera, features a fog-free, focus-free design for ease of use and crystal clear imaging. Image acquisition is described as being hassle-free because of an “easy-touch capture button” on the camera wand or via an optional USB foot switch.

Direct connection to USB ports using a standard, inexpensive USB cable eliminates potentially costly cable repairs, and the camera is supplied with a remote automatic on/off handpiece holder. Designed to integrate directly with any dental software platform in both PC and Macintosh environments, the DocPort i.o. is described by National Dental as an “easy choice for quality dental imaging.”

National Dental brings occlusal analysis to the next level with the new T-Scan III. According to the company, ability to measure force over time makes the T-Scan an indispensable tool for appraising the sequential relationships of a mandibular excursion.

You can view on screen a patient sliding from MP or CR position into a lateral excursion. This is instrumental in locating occlusal interferences, determining the relative force on each interference and evaluating the potential for trauma caused by the occlusal interferences. The ultra-thin, reusable sensor, shaped to fit the dental arch, inserts into the sensor handle, which connects into the USB port of your existing PC, making it easy to move from one operatory to another. Evaluating occlusal forces is as simple as having a patient bite down on the sensor while the computer analyzes and displays timing and force data in vivid, full-color 3-D or 2-D graphics.

New from Carl Zeiss are the Cinemizer 3D Video Glasses. Studies show that as many as 75 percent of adult patients experience some degree of anxiety when visiting the dentist. Tackling anxiety is not always a simple solution for a dental practice. One of the most effective and natural ways of putting patients at ease is through distraction — directly taking the mind’s attention away from the sights and sounds of the operatory to a more calm and peaceful place.

Thanks to the Cinemizer OLED, your patients can now enjoy high-quality 2-D or 3-D videos during most any procedure in a comfortable, convenient and immersive environment. This can help patients relax and forget where they are, decreasing anxiety and stress and improving their overall experience in your office.

SockIt! is the first and only wound dressing specifically designed for oral use. It provides almost instant pain relief for any soft tissue procedure and also acts as a dressing that provides an optimal environment for healing. After performing the procedure as you normally would, apply SockIt! chairside, and then send the remainder home. No.1319, here at the Pacific Dental Conference Exhibit Hall to sign up for a free product evaluation.

National Dental Inc. describes the FlashMax P3 as “the most powerful curing light in the world.” The light’s wide-spectrum output of more than 5,800 mw/cm2, cues 3 mm layers of most materials in only two seconds. Manufactured in Denmark, the FlashMax P3 features a unique ergonomic design with simple, identical bilateral controls in a cordless form factor. Replaceable smart-charge battery technology allows the light to charge throughout the day on its 360-degree base and activates 200 cures on a single charge. It provides nearly three times the power of plasma arc lights at a fraction of the cost.

The EverClear mirror is described by National Dental as “a definite must-have for every dental office.” It’s a mirror you never have to wipe. That means there is no need to constantly wipe handpiece spray and debris from your dental mirror. Gene is worries about the assistant’s air spray keeping the mirror clean. No longer will dentists twist their backs and necks to get a direct view of the tooth, when a spray-covered mirror stops serving its purpose.

CariFree, carries screening and treatment system, includes the innovative CariScreen test. CariScreen is a one-minute chair-side bacterial test for assessing patients’ caries risk. The patent pending CariScreen uses ATP bioluminescence to identify oral bacterial load and has been proven to correlate with patients’ risk for decay. The test is described as being “simple, quick and painless.” CariFree Treatment products include treatment and maintenance rinses, gels and other products that use elevated pH, xylitol, fluoride, hydroxyapatite nanoparticles to shift the patients’ biofilm to a healthy, balanced state.

According to National Dental, only the “best-in-class products and services” becomes its offerings. For more information, visit www.nationaldental.com; stop by the National Dental booth, No.1319, here at the Pacific Dental Conference; or call (800) 392-1171.

Learn more about the “best-in-class” products offered by National Dental Inc. by visiting booth No. 1319.
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Shofu Dental is holding product demonstrations at booth No. 1530, featuring its injectable hybrid restorative, Beautifil Flow Plus. Now available in four shades — B1, B2, C2 and D2 in two viscosities — Beautifil Flow Plus gives dentists more aesthetic treatment options at their fingertips.

Beautifil Flow Plus combines hybrid-like strength and functionality, unique handling and stackability and a flowable delivery. Additionally, it has 15 percent more radiopacity than enamel and offers the benefit of fluoride release and rechargeability.

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

Brian Melonakos, president of Shofu Dental, said he has been very pleased with the success of the product. “We’ve always known that we have an amazing product on our hands … but none of us imagined how quickly it would catch on,” he said.

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.

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 other composite materials.

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

For a limited time only, 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 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).

Stop by the Shofu booth, No. 1530, to see Beautifil Flow Plus for yourself.
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