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DENTAL PRODUCTS REPORT
NEWS AND SOLUTIONS TO DRIVE PRACTICE SUCCESS

NOVEMBER 2019 | VOLUME 53 | ISSUE 11

6 MISTAKES DENTISTS MAKE PLACING IMPLANTS

DENTAL SPECIALTIES

Dental implants can change patients’ lives dramatically, but not every implant case turns out as expected, so watch out for these common mistakes to keep these cases on the right path.

BEST PRACTICES

Timing is everything

What products can you run into the ground and what should you upgrade ASAP?

NEW DENTAL PRODUCTS

[PLANMECA]
Emerald S
The latest generation of this intraoral scanner increases scanning speed and adds shade matching.

[ONDIEM]
onDiem
Connecting dental practices and dental professionals while offering benefits and tax coverage, this platform is set to disrupt dental staffing in a good way.

[SIMPLIFEYE]
Payments
This credit processing and collections management application aims to help dental practices reduce expenses and increase revenues.
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Cavitron® 300 Series Ultrasonic Scaling System
An Advanced Experience at Your Fingertips
See page 86

Midwest® Phoenix® High Speed Handpiece
Today's Technology for Today's Materials
See page 26

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onDiem

Designed to help practices resolve staffing shortfalls, optimize production, and increase revenue, onDiem’s on-demand staffing platform connects dentists, dental hygienists, dental assistants, and front office professionals with both temporary and permanent staffing opportunities. With a free account, practices can create posts for new temp shifts, search for candidates in their area, and communicate with candidates directly. onDiem eliminates staffing compliance barriers by offering vetted employees, who are covered by malpractice and workers’ comp insurance. Its national footprint makes onDiem an ideal choice for single source staffing across multiple states.

Why this staffing platform is unique:
onDiem distinguishes itself from other staffing platforms by offering employees rather than contractors for temporary shifts. Not only does this solve the complex challenge of employee misclassification, it also allows dental professionals to take advantage of healthcare benefits, employer-paid taxes, and insurance coverage, without sacrificing scheduling and rate flexibility. This platform brings gig economy convenience to dental personnel and staffing challenges and helps dental professionals take charge of their career choices with a solid foundation. For more on onDiem see “A new standard in dental staffing,” page 76.

Emerald™ S

An upgraded version of the company’s Emerald™ intraoral scanner, the Emerald S intraoral scanner is said to provide rapid image capture that is two-and-a-half times faster than its predecessor. The Emerald S is reportedly capable of capturing full arch scans in less than 2 minutes. A new Shade Assist technology is designed to automatically capture tooth shades for simplified and improved shade selection. It also features a lightweight, ergonomic design for clinician comfort. Designed to be as affordable as it is powerful, training and support are standard with no additional fees, and the scanner is backed by a five-year warranty.

Why this intraoral scanner stands out:
Intraoral scanners can be a practice-changing technology, and each generation improves on what came before. In the case of Planmeca’s Emerald S, this means an upgrade in convenience without sacrificing any of the features that made the previous generation a success. The latest scanner is designed for seamless integration, making it easy for clinicians to upgrade, or start fresh with Emerald S. Planmeca also wants to make sure the scanner looks good in any practice, and each Emerald S comes with an assortment of grip colors that can be swapped out to match an office décor, or to stand out in the practice.

Planmeca
630-529-2300
planmeca.com
CIRCLE RS #3

Payments

Revenue cycle management within dental practices is often convoluted and shrouded in exorbitant fees. Simplifye’s Payments is giving the power back to the doctor by exposing the fees, lowering rates, and automating the accounts receivable process. With the software integrating with existing EHR systems, it is a seamless transition to begin taking advantage of and instantly improves the bottom line. Simplifye provides flexibility and convenience for patients while streamlining a once archaic collections process for the office.

Why this software is different:
Practice financials should not be difficult to understand and each office should know exactly where merchant fees cost an “arm-and-a-leg” as well as when there’s a better deal available. Simplifye’s Payments application not only makes credit card processing, collections and payment plans simpler, but Simplifye is also looking to educate the industry about the power of tokenizing credit cards and saving the doctor money while doing so. The Payments product is said to be simple to use without disrupting any existing processes besides making paper invoices a thing of the past while reducing the fees a practice pays to credit card processors. For more on Payments see “Break away from the credit card transaction trap,” page 78.

Simplifye
646-846-7467
simplifye.co
CIRCLE RS #4

Vol. 53  No. 11  DentalProductsReport.com  Digital ISSN# 2150-640X, is published monthly by MJH Life Sciences  230 W Superior ST, STE 400, Philadelphia, PA 19103. For subscriptions or advertising, please contact Dental Products Report, Inc. at 218-740-6477 or via email at info@DentalProductsReport.com. Copyright © 2019 MJH Life Sciences. All rights reserved. No part of this publication may be reproduced or transmitted in any form or by any means, electronic, mechanical, or otherwise, without the prior written permission of the publisher. Authorization to photocopy items for internal or personal use is granted to dental professionals, practicing dentists, dental hygienists, and dental educators, provided that the appropriate credit line appears with the reproduction. Plansmeca also wants to make sure the scanner looks good in any practice, and each Emerald S comes with an assortment of grip colors that can be swapped out to match an office décor, or to stand out in the practice.
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6 MISTAKES DENTISTS MAKE PLACING IMPLANTS

DENTAL SPECIALTIES | Our experts share insight into common mistakes dentists make placing implants and what they can do to fix them.

NEW DENTAL PRODUCTS

NEW PRODUCTS

14 The newest launches from the industry

RESTORATIVE DENTISTRY

SOLVE MY PROBLEM

20 Easy placement, sound calcium release, and stable, durable results

How TheraCal LC light-cured, resin-modified calcium silicate excels for direct and indirect pulp capping and as a protective liner.

21 A long-term restorative solution for patients at high risk for caries

Go America’s EQUIA Forte® HT is built on the foundation of previous EQUIA® restoratives to offer improved physical properties, handling and esthetics.

CLOSER LOOK

22 Composite curing in just 3 seconds put to the test

Testing at the UAB School of Dentistry shows Ivoclar Vivadent’s 3s PowerCure™ System is efficient and effective.

23 Delivering stronger bond strengths

The benefits Surpass Self-Etch Bonding System from Apex Dental Materials has brought to one dentist’s practice.

TECHNIQUE

24 How to treat the young adolescent dental patient and prevent post-operative sensitivity

Relieving sensitivity in younger patients improves outlook for future dental visits.

by Dr. Mark Cannon, DDS, MSy

BENCHMARK

28 Two steps to reduce stains and enhance bonding

Reviewers agree SDI’s Riva Star is a promising solution for minimally invasive cases needing enhanced bonding of glass ionomers to dentin and seeking optimal esthetics.

by Dr. Ron Kaniver

DENTAL TECHNOLOGY

TECHNOLOGY EVANGELIST

30 Careful planning, execution can get us closer to elusive perfection

Continued development of imaging and instrumentation improves predictability of implant cases.

by Dr. John Flucke

SOLVE MY PROBLEM

32 Using a laser to return stability to failing implants

The PerioLase MVP-7 laser and LAPIP protocol are an ideal solution for treating patients at risk of implant failure due to peri-implantitis.

33 Software upgrade designed to deliver powerful, trusted practice management

How Dentimax 20 helps you easily manage multiple locations, coordinate benefits, increase revenues and provide on-demand training.

34 Increase efficiency and patient-focused care with high-performance scanning

Carestream Dental’s CS 3700 Intraoral scanner increases efficiency without compromising quality.

CLOSER LOOK

36 Imaging software that drives outcomes, collaboration

For one clinician, Planmeca Romexis® Imaging brings magic to difficult implant and restorative cases.

38 Scanning made simple

How one practitioner found his imaging answer in Air Techniques’ ScanX digital radiography systems.

CASE STUDY

40 How to treat facial pain with photobiomodulation/low-level laser therapy

How using photobiomodulation can help many patients with facial pain problems without the use of prescription medications.

by Gerry Ross, DDS

DENTAL SPECIALTIES

PRODUCT ROUNDCUP

52 Successfully integrated into the dental mainstream

Rounding up dental implant systems.

by Dr. D. John Flucke

58 A complete approach to implant planning

How SICAT Implant and Galileos Implant planning software has simplified implant treatment for one clinician.

DENTAL EQUIPMENT & SUPPLIES

SPOTLIGHT

60 How to prevent hand strain when extruding heavy body impression materials

How using Practicon’s BFC® helps protect clinician health and adds efficiency to impressioning.

by Shannon Pace Brinker, CDA, CDD

SOLVE MY PROBLEM

62 See and work better with less stress and pain

Research indicates custom ergonomic loupes such as the SurgTel TTL loupes can ensure safe neck lift and allow clinicians to see, perform and feel better.
exocad ChairsideCAD – awarded by experts as outstanding software for modern dentistry.

After many hundreds of hours of research and deliberation, the Cellerant Group announced the winners of the renowned Best of Class Technology Award 2019 in the middle of the year. As a groundbreaking product that will define the future of single-visit dentistry, exocad ChairsideCAD received this prestigious award.

For us, as the world’s leading company for open dental CAD software, this is fantastic confirmation of the work we have done and further incentive to continue delivering world-class performance and innovation.

*cellerantconsulting.com/bestofclass
BEST PRACTICES

TIMING
64 Timing is Everything
What products can you run into the ground and what should you upgrade ASAP?

CLOSED LOOK
68 Improve claim adjudication and office efficiency with electronic submissions
How FastAttach® claim attachment software helped one practice boost collections.

DEEP DIVE
70 Keep calm and drill on
How Carolina Hemp Company is transforming the way the dental industry manages pain and anxiety with Carolina Hemp Naturals Whole-Spectrum Hemp Extract.

MARKETING
72 The Dental Marketer’s Year in Review – and a look at what’s ahead for 2020
Tap into the needs and wants of your patients to keep your practice flourishing all year long. by Naomi Cooper

ERGONOMICS
74 Support self-care to sustain your most important assets: your hygienists
How self-care is more than just a ‘buzzword’ and why it’s important for dental hygienists. by Dr. Bethany Valachi, PT, DPT, MS, CEAS

TALKING TECH
76 A new standard in dental staffing
Real-time staffing service OnDiem delivers quality employees to dental practices, and health benefits to those employees. by Thais Carter

78 Break away from the credit card transaction trap
Free payment tool from Simplifye helps eliminate front desk stress and create significant savings for the dental practice. by Thais Carter

DATA MANAGEMENT
80 400 dental offices hit with ransomware, could you be next?
Protecting your practice computers and data from the latest malware is about preventing attacks and being prepared for recovery. by Dr. Lorne Lavine

INFECTION CONTROL
82 Single-use vs. sterilizable dental products
Which products should be cleaned and reused and which ones are best used just once.

THE LIST
86 Top 5 Ways to stop speaking and start communicating to improve your dentistry by Dr. Steve Schwartz

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FOCUS ON THE DETAILS WHEN BRINGING THE LATEST INNOVATIONS TO YOUR PRACTICE AND PATIENTS

are only realized if the implant cases are properly handled every step of the way, and that is not always simple and straightforward.

In order to assure this month we look at some of the most common mistakes clinicians are making when it comes to implants, and we spoke with experts who provide guidance and advice on both how to avoid those pitfalls and how to correct your course if you do get off track when providing dental implant treatment.

Training really is the key. As Dr. Raymond Choi puts it in the cover story, “Anyone can drill a hole in the bone and put a screw in there, but implantology is a lot more than that.”

Dental implants are also the focus of this month’s product roundup. Along with the details on stand-alone implant systems from more than a dozen manufacturers, The Roundup also includes a timeline documenting the more than 4,000-year history of dental implants, a look at some of the products and technologies available to make implant cases more efficient and effective, and a look at the first FDA-approved robotic implant guidance system.

Of course, implants aren’t the only area of dentistry covered in this issue. In “Timing is everything” we asked experts to explain which types of products should be updated with regularity, and where you can wait to upgrade until your current solution runs out or stops working altogether.

Other coverage includes a look at using dental lasers for pain management, a restorative workflow for pediatric patients, and a Deep Dive looking at how and why dentists are starting to use hemp extract from Carolina Hemp Company to help address patient anxieties.

There’s plenty of other coverage—looking in depth at dental lasers, loupes, intraoral scanners, restorative materials and software, as well as interviews with clinicians using new materials, imaging solutions and software platforms.

Our Best Practices section provides a look at a pair of services set to revolutionize the business side of the dental industry, as well as expert advice on ergonomics, practice marketing, infection control procedures, and more.

Make no mistake about it, the industry is changing and innovative solutions for practices and patients are driving these changes. Take the time to learn all about these new opportunities and then, with the right training and support, dive in and bring new treatment and care opportunities to your patients. We hope this publication can be a resource to help you on this journey.

[ Mike Hennessy, Sr. ]
Chairman and founder of DPR's parent company, MJH Life Sciences.
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THE EVOLUTION OF PLACING IMPLANTS: FROM RISKY CHALLENGE TO EVERYDAY TREATMENT SOLUTION

I STARTED DENTAL PRACTICE ALMOST TWENTY YEARS AGO and at that time, dental implants were something that was still really thought of as a “less than ideal” treatment option because it was not well understood or often utilized. Fast forward to today and dental implants are discussed with patients every day in dental offices and the use of implants is mainstream for everything from replacing a single tooth all the way to restoring a patient’s full dentition with a fixed restoration. After restoring dental implants for almost 20 years and placing dental implants for more than 10 years, I have seen a significant shift in everything from dental implant designs, how they are treatment planned, placed and how they are restored. With all of the advances, more dental professionals are feeling more comfortable placing implants, but even with this, there are still common mistakes that are being made. Early in my career, implants were being placed more where the bone was versus where we needed them to be to support the final restoration. This led to implants in positions that were either not usable or severely compromising to the outcome. A good example of this was when I was out of school for a few years and a patient went to the local oral surgeon and had an implant placed. When she returned to me for the final restoration, she made the comment “it looks like it’s sticking out too far,” and she was right! I was able to use an angled abutment, but the outcome was less than ideal and neither me nor the patient was happy. In other words, implant placement was also getting the implant at the right depth. Too much can lead to being too close to vital structures such as the inferior alveolar nerve but also can lead to the implant platform being too deep gingivally, leading to poor tissue health in the future or bone loss on adjacent teeth. Or on the opposite spectrum, the implant could be placed too shallow and lead to a less than esthetic outcome or recession of the tissue. Here again, current 3D planning services and guides can help control implant placement depth to obtain the optimum outcome for our patients. Ultimately, many of these early challenges and mistakes can be avoided with proper pre-surgical planning that includes a CBCT 3D scan of the surgical area of interest along with proper diagnostic work up to obtain the ideal end result. By combining both the scan and the diagnostic work up and creating a surgical guide for the placement of the implant, we can get a much better final result. Still, it is important to be careful as surgical guides are not 100 percent fool-proof.

After restoring dental implants for almost 20 years and placing dental implants for more than 10 years, I have seen a significant shift in everything from dental implant designs, how they are treatment planned, placed and how they are restored."

Along those same lines, when we did have adequate bone, and as time went on, we would use a prefabricated surgical stent to get an “idea” of implant placement for the missing teeth or denture that was to be supported by implants. Unfortunately, we would find that even though it looked good during the surgery, the implant may be tipped one way too much or maybe it was a little too far mesially or distally. Angulation issues become more magnified as we move coronally away from the implant platform, sometimes leading to challenges with the final restoration. We could still fabricate the restoration, but it wasn’t always ideal. Now with 3D technology, we can accurately place the implant virtually and the outcomes are very predictable. One of the other challenges in the early years of implant placement was also getting the implant at the right depth. Too much can lead to being too close to vital structures such as the inferior alveolar nerve but also can lead to the implant platform being too deep gingivally, leading to poor tissue health in the future or bone loss on adjacent teeth. Or on the opposite spectrum, the implant could be placed too shallow and lead to a less than esthetic outcome or recession of the tissue. Here again, current 3D planning services and guides can help control implant placement depth to obtain the optimum outcome for our patients. Ultimately, many of these early challenges and mistakes can be avoided with proper pre-surgical planning that includes a CBCT 3D scan of the surgical area of interest along with proper diagnostic work up to obtain the ideal end result. By combining both the scan and the diagnostic work up and creating a surgical guide for the placement of the implant, we can get a much better final result. Still, it is important to be careful as surgical guides are not 100 percent fool-proof.

Finally, it is imperative that the dental professional takes significant continuing education in implant placement and restorations, along with working alongside other skilled and experienced clinicians to consistently place and restore implants ideally. It is crucial to choose your cases wisely and do less complicated ones first and build on your experience. As the old saying goes, “you don’t know what you don’t know” and it’s true for dental implants as well, so the more you know, the better off you and your patients will be!

Jeff Linsberry, DDS
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CIRCLE RS #13

[ IMPRESSION MATERIAL ]

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KaVo Kerr
800-ASK-KAVO / kerrdental.com
CIRCLE RS #12

[ PRIMER ]

ZR-P
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Apex Dental Materials
877-418-4782 / apexdentalmaterials.com
CIRCLE RS #14

[ 3D IMAGING ]

Schick AE Sensors
Using leading image quality with filtering upgrades and customizations, the Schick AE X-ray sensor is designed to provide a clear, fully enhanced view for precise diagnoses. The Schick AE offers a resolution of 33 lp/mm and 15 μm pixel size, which is said to produce optimal image quality. Available in three sensor sizes and three cable lengths, this sensor is versatile and adaptable. The new USB protected connection plugs are designed to offer durability for practice use and to withstand years of daily use to provide a long-lasting product.

Dentsply Sirona
844-848-0137 / dentsplysirona.com
CIRCLE RS #11

Offering a variety of possibilities for your practice, this intraoral sensor promotes clinical confidence by delivering image quality and greater independence from suboptimal exposure settings.

DPR1119_014-019_New Products.indd   14
10/23/19   1:15 PM
NEW DENTAL PRODUCTS

[ IMPLANTS ]

Astra Tech Implant EV
The newest addition to the Astra Tech Implant System, Dentsply Sirona’s Astra Tech Implant EV comes with an updated implant design designed to make it easier to reach primary preferred primary stability while also providing for easy installation. It has a deeper thread design apically, and it is well suited for a site-specific, crown-down approach. Implants, abutments, and abutment and bridge screws are guided by the natural dentition and are reportedly designed to meet the requirements for mechanical integrity, bone quality, load carrying capacity, and biological response.

Dentsply Sirona
844-848-0137 | dentsplysirona.com
CIRCLE RS #16

[ IMPLANT DRIVERS ]

Sidekick Box
Smile Line’s Sidekick box for implantology assembles screwdrivers that are compatible with the most popular implant systems on the market. The Sidekick implant restorative tool basic kit comes equipped with 9 tips of 13 mm length, 1 head, and the aluminum box for organization. In a reported 99 percent of cases, you’ll find a compatible model with other brands of implant screws thanks to the wide choice of proposed geometries. A smart clipping mechanism is designed to allow for quick assembling/disassembling of the driver’s tip and compact head. The kit is designed to offer convenience with tools and the correct model length of driver on hand immediately.

Smile Line
877-795-6868 | smilelineusa.com
CIRCLE RS #17

[ MIRRORS ]

HD Black Line Mirrors
Featuring Diamond Like Carbon (DLC) coating, Hu-Friedy’s HD Black Line Mirror reportedly reduces glare by up to 80 percent. Its dark finish is said to offer upgraded contrast and visual acuity within the oral cavity. The DLC coating and brilliance of the glass provides more accurate visibility of the mouth, with a reported 113 percent reflection factor for outstanding image clarity. HD Black Line Mirrors are said to be 50 percent brighter than other front service mirror glass. Additionally, the matte finish is designed to help decrease strain and fatigue by reducing the need for practitioners to continually adapt their positioning due to unwanted shine.

Hu-Friedy
800-Hu-Friedy | hu-friedy.com
CIRCLE RS #15

[ STERILIZATION CASSETTES ]

Concierge Custom Cassettes
Nordent’s Concierge Custom Cassettes feature Snap-in-Silicone rails, which reportedly hold instruments in place during sterilization and procedures. The cassettes are designed so instruments don’t lay on top, but instead snap into place. This is meant to help save time, protect sterilized instruments, reduce breakage, and limit the risk of sharp injuries. The Concierge Custom Cassettes are fabricated from heavy gauge stainless steel that reportedly doesn’t flex or bend and feature an electro-polished finish for stain resistance and durability, and improved hole design. The kits are completely customizable and come with a five-year unconditional guarantee.

Nordent
847-437-4780 | nordent.com
CIRCLE RS #18

Capable of reducing shine thanks to its matte finish, this mirror can also reportedly reduce strain and fatigue for clinicians.
LASER
Bluewave™ Soft Tissue Diode
Clinician’s Choice’s Bluewave Soft Tissue Diode is a desktop laser that performs a variety of dental indications, including contouring gingival tissue, retraction for impression-taking, and laser-assisted periodontal therapy. The Bluewave is said to increase patient comfort while decreasing healing times, with minimal anesthetic. The laser is 810 nm with a lithium-ion battery and wireless foot pedal. The diode laser’s blue aiming beam is designed to create more contrast on oral tissues and blood. Its design is said to give clinicians better posterior access thanks to its curved handpiece. Its disposable tips are said to eliminate the need of strip-and-cleave systems.

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800-265-3444 | clinicianschoice.com
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DENTAL BURS
Deep Purple Smoozies
The Smoozie kit is designed to help with the removal of adhesives. The new expanded kit contains a carbide adhesive and rubber adhesive erasers in flame and cup shape. These products are included in the new Smoozie set, which comes with four carbides and four erasers in a plastic bur block. The kit is said to offer fast but effective adhesive removal which reportedly leaves teeth clean and free of marks on the enamel. Adhesive removal takes just two steps and the plastic bur block is designed to ensure a professional treatment flow and outstanding results.

Komet USA
888-566-3887 | kometusa.com
CIRCLE RS #19

IMPLANT COMPONENTS
Astra Tech Components
Glidewell Dental’s line of Inclusive® Prosthetic Components are now available for the Astra Tech Implant System® EV. These components include a variety of titanium bases, esthetic and multi-unit abutments, analogs, titanium screws and more. The Inclusive system is designed to work with Biomet 3i, Certain, CAMLOG, Screw-Line, Dentium Implantium, SimpleLine II and SuperLine, and now the Astra Tech implant systems from Dentsply Sirona. The goal is to limit product markup and offer dentists predictable pricing on implant restorations.

Glidewell Dental
888-303-3975 | glidewelldirect.com
CIRCLE RS #20

STERILIZATION POUCHES
PeelVue™ PRO sterilization pouches from KaVo Kerr are self-sealing pouches for the sterilization of dental instruments. The pouches are said to have a triple seal for increased strength to prevent tears and are available in 12 size options. They also feature a dotted perforation designed for easy visual guide when sealing the pouch as well as a notch to assist with the opening of the pouch after sterilization. Approved for steam and Ethylene Oxide sterilization, the pouches are designed to include indicators to communicate to dental professionals when sterilization is complete.

KaVo Kerr
800-ASK-KAVO | Kerrdental.com
CIRCLE RS #22
[PERIODONTAL TREATMENT]

**PerioRestore**
Formulated to fight bacteria build-up and prevent further infection, the PerioRestore system consists of a customized tray designed to gently push a 1.7 percent Hydrogen Peroxide gel into the periodontal pocket and break up biofilm to eliminate and prohibit bacteria from recolonizing. The non-invasive home treatment system to treat and prevent periodontal disease expands the company's line of soft tissue management products. Patients reportedly can experience a significant reduction of bacteria with each 10-15 minute application. The customized tray features reservoirs to hold the gel in place to treat bacteria below the gumline and interproximally, for a deeper reach than other non-invasive treatments.

*DenMat*  
800-433-6628 | denmat.com/PerioRestore  
CIRCLE RS #25

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[ERGONOMIC AIDES]

**CaRing**
CaRing Tension Relief Bands are designed to alleviate hand and finger discomfort that often results from repetitive work performed by dental practitioners. Each band contains tiny triangular-shaped points that apply light pressure to the fingers. These bands were inspired from acupuncture techniques that have been used on achy muscles for thousands of years. The points on the band provide pressure that stimulates circulation and releases tension that has been building in the finger muscles throughout the day. The flexible design allows the band to be used in any setting. The hope is to eliminate finger fatigue and promote hand care maintenance which can improve overall stress management and well-being.

*Palmero Healthcare*  
800-344-6424 | palmerohealth.com  
CIRCLE RS #26

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[ORAL LESION DETECTION]

**Bio/Screen Magnifying Eyepiece**
This new magnifying eyepiece works with the company’s Bio/Screen Oral Exam device. The magnifying eyepiece allows the practitioner a closer view of oral cavity tissue when screening for abnormalities. The Bio/Screen Oral Exam Light is a device intended for use as an adjunct to traditional oral examination to enhance the visualization of oral mucosal abnormalities.

*AdDent, Inc*  
855-211-3413 | addent.com  
CIRCLE RS #23

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[TTOOTHBRUSH]

**Genius X**
Described as the brand’s most advanced intelligent dental device to-date, the Oral-B Genius X with Artificial Intelligence, is designed in collaboration with dental professionals. The device tracks where people are brushing in their mouth and offers personalized feedback on the areas that require additional attention. Key features and esthetics of the toothbrush include: new teaching feature for children to help coach and motivate young children by operating through the Oral-B app, which features the Oral-B Funzone and the Disney Magic-Timer app. The Oral-B App also is said to bring the average brushing time for adults to 2 minutes, 22 seconds – longer than the dentist-recommended time.

*Oral-B*  
800-566-7252 | oralb.com  
CIRCLE RS #24
[ PLASTER TRAP ]

**Trap-Eze PlasterPlus™**
The Trap-Eze PlasterPlus trap not only traps plaster, but also traps floating materials, polishing compounds, abrasives, pumice, and steel wool that can cause drain clogs. Features and benefits include a design to slow water discharge flow rate and allow sediment to settle out of waste water, fast and easy installation and trap replacement, and no permanent traps to clean or messy liners to replace. The traps are designed for use in dental offices and labs, and medical offices.

**Buffalo Dental Manufacturing**
800-828-0203 | buffalodental.com

CIRCLE RS #29

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[ CAD/CAM MATERIALS ]

**Grandio Disc Shades**
Three new shades have been added to the company’s Grandio disc line of CAD/CAM materials: Bl, C2 and Bleach (BL). Grandio disc is 86 percent filled nano-ceramic hybrid CAD/CAM disc for the milling of crowns, inlay/onlays, veneers, and implant-supported crowns. The discs offer optimal tooth-like physical properties, compressive strength, and natural esthetics with enhanced color stability. These physical properties are designed so they mimic human dentition. Its unique nano-ceramic hybrid composition is said to enable the discs to be more finely milled and achieve a greater accuracy of fit, while also providing strong polishability and esthetics comparable to pure ceramic CAD/CAM discs or blocks.

**VOCO America**
888-658-2584 | vocoamerica.com

CIRCLE RS #27

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[ DENTURE TEETH ]

**Delara**
The Delara line was developed by dental technicians for dental technicians, and is said to set a new standard for mid-priced prosthetic teeth by delivering modern layering, natural esthetics, and easy handling. The new line features 16 VITA shades and 2 bleach shades (BL2 and BL3) in an optimized portfolio to meet universal needs. Its surface structure allows for natural light shattering and provides modern shading. The teeth are designed to provide for lively transparency and successfully manage to avoid the undesirable gray or yellowish effect that can occur in the mouth with other products.

**Kulzer North America**
800-431-1785 | kulzerUS.com

CIRCLE RS #28

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[ IMPLANTS ]

**3.4mm LOCATOR Overdenture Implant System**
The introduction of the 3.4mm Zest LOCATOR Implant System expands the indications for use to support both narrow and standard ridge cases. Design features include aggressive threads for stability, a roughened surface for superior outcomes and reduced vertical height. These benefits are said to make the system an affordable and predictable choice for clinicians. The implants are engineered specifically for the LOCATOR Abutment and feature a reduced vertical height and an aggressive thread design for primary stability. The implants are self-tapping for ease of insertion and increased stability and feature a proven RBM roughened surface. They are designed with intuitive surgical Instruments for a simple procedure.

**Zest Dental Solutions**
800-262-2310 | zestdent.com

CIRCLE RS #30
NEW DENTAL PRODUCTS

[ DIGITAL IMAGING ]

Orthophos Systems
This new generation of X-ray units—Orthophos E, Orthophos S, and Orthophos SL—is designed to provide a different range of features that allow the practitioner to image, diagnose, and treat for higher case acceptance. All Orthophos units work seamlessly with the company’s Sidexis 4 imaging software and provide optimal image quality with a low dose and optimal user comfort. Orthophos E is said to offer a smooth transition into the world of digital extraoral imaging for greater efficiency in everyday practice, while the Orthophos S can be used as a pure 2D solution as well as a combined 2D/3D device; Orthophos SL is described as the comprehensive diagnostic solution for digital imaging.

Dentsply Sirona
844-848-0137 | dentsplysirona.com
CIRCLE RS #33

[ DENTAL BURS ]

Deep Purple™
The Deep Purple™ Diamond line now includes two new bur shapes. Deep Purple parallel chamfer shaped diamonds come in two new sizes, 881XC.FG.014 and 881XC.FG.016. These extra coarse burs allow for optimal substance removal and maximum operator control when preparing for crown procedures. The new configurations also have optimally embedded diamond grains and large chip spaces to reduce the probability of instrument clogging and allow for reliable performance. These burs address the needs and challenges of crown preparation procedures and allow for an efficient treatment flow for glue removal.

Komet USA
800-431-1785 | kulzerUS.com
CIRCLE RS #32

[ BRACKETS ]

Nu-Edge NX™
The company now offers a pre-coated option with Nu-Edge NX brackets. Ready to place right out of the package, these brackets are pre-coated with eXact® clear orthodontic adhesive. Risk of contamination is reduced, and the brackets reportedly set easily without sliding with minimal flash clean-up. The brackets are constructed of cobalt chromium, which is biocompatible for nickel sensitive patients. Engineered for reliability, strong CoCr helps prevent archwire slot collapse, while the low profile mini-twin design integrates easily into the orthodontic practice. A self-ligating version also is available.

TP Orthodontics
800-348-8856 | tportho.com
CIRCLE RS #31

[ CEPHALOMETRIC TEMPLATE ]

Bolton Cephalometric Standards Template System™
The Bolton-Brush Growth Study Center in cooperation with Motion View, has released the Bolton Cephalometric Standards Template System in digital form for use in evaluating orthodontic patients. The system is a collection of ideally proportioned cephalometric tracing templates based on age, nationality, and gender which eliminate the need for manually tracing cephalometric X-rays. The templates can overlay the lateral cephalometric X-ray, facial photo, or facial scan of a patient to quickly compare the patient’s facial proportions with those of an “ideal” standard for the population group that most closely matches that of the patient.

Motion View
423-475-6914 | MotionView3D.com
CIRCLE RS #34
Easy placement, sound calcium release, and stable, durable results

How TheraCal LC light-cured, resin-modified calcium silicate excels for direct and indirect pulp capping and as a protective liner. [compiled by Stan Goff]

Information provided by BISCO.

THE PROBLEM

It can be time consuming to place a liner under deep restorations because most materials on the market have to be hand mixed and sensitivity can also be a concern.

Another challenge is compatibility, or the ability to proceed with bonding immediately after placement without delay or waiting.

THE SOLUTION

TheraCal LC

- Ideal for direct and indirect pulp capping and as a protective liner
- The proprietary formulation consists of tri-calcium silicate particles in a hydrophilic monomer formulated to provide significant calcium release and make it a uniquely stable and durable material as a liner
- Its formulation allows for a command set with a light-curing unit while maintaining ease of placement due to thixotropic properties
- TheraCal LC's precise placement allows its use in all deep cavity preparations. The light-cured set permits immediate placement and condensation of the restorative material
- TheraCal LC is moisture tolerant and radiopaque and can be placed under restorative materials and cements
- It can be used as an alternative to calcium hydroxide, glass ionomer, RMGI, IRM/ZOE and other restorative materials

* BISCO has, on file, the calcium release data for TheraCal LC.
A long-term restorative solution for patients at high risk for caries

GC America’s EQUIA Forte® HT is built on the foundation of previous EQUIA® restoratives to offer improved physical properties, handling and esthetics. [compiled by Noah Levine]

Information provided by GC America.

THE PROBLEM

Trouble placing long-term restorations in patients who have a high-caries risk

Using composite restoratives with these types of patients may ultimately fail due to secondary caries.

THE SOLUTION

EQUIA Forte® HT

- An advanced glass hybrid restorative providing superior fluoride release
- Chemical adhesion to teeth providing exceptional marginal seal
- High moisture tolerance with no need for a rubber dam
- Bulk fill placement allowing unlimited depth of cure
- Easy to pack and shape with adequate working time
- An alternative to amalgam with biomimetic properties
- Well suited for hypersensitive or high-risk caries patients

GC America
800-323-7063 | gcamerica.com
CIRCLE BS #36
Composite curing in just 3 seconds put to the test

Testing at the UAB School of Dentistry shows Ivoclar Vivadent’s 3s PowerCure™ System is efficient and effective. [by Noah Levine]

As with any new material or system that comes into his lab, Dr. Lawson says he approached the system with a dose of skepticism. With the 3s PowerCure System he was curious about how well the light completely polymerizes the composite with a 3-second cure cycle. After trying the system, Dr. Lawson says he was impressed.

“My first concern was the ability of a curing light to fully polymerize composite at the claimed 4 mm depth with only three seconds of curing,” he says. “Luckily, it is easy to measure depth of cure in the lab and we were able to confirm the reported depth of cure.”

The benefits of this rapid curing cycle were immediately apparent. Dr. Lawson notes that curing is a part of the workflow where clinicians tend to rush, and the 3s PowerCure System helps alleviate this rush.

“All practicing dentists know how tempting it is to cut short the light curing time as we grow impatient to move to the next step of the procedure. I think this is because light curing is a passive procedure whereas many of the other active procedures are more engaging,” Dr. Lawson says.

With the 3s PowerCure System both the materials and the light feature design elements that work in concert. The Bluephase PowerCure LED curing light features an output of 3,000 mW/cm², approximately three times the output of a traditional curing light. However, Dr. Lawson explains the system works because the composite is formulated with alternative light initiators.

“When traditional composites were cured with high-power curing lights for shortened curing times, fewer polymerization initiators were activated,” Dr. Lawson says. “The novel technology in the PowerCure 3s system is a new initiator in the composite.”

Dr. Lawson and a team of researchers are conducting a clinical trial with the 3s PowerCure System. In this trial, Tetric PowerFill produced acceptable to excellent marginal integrity.
Delivering stronger bond strengths

The benefits Surpass Self-Etch Bonding System from Apex Dental Materials has brought to one dentist’s practice. [by Renee Knight]

Paul Kelley, DMD

Dr. Paul Kelley has a long history with Apex Dental Materials products. He started using the company’s first bonding system, Simplicity, in 2005 and was thrilled with the results—especially compared to other systems he’s used throughout his more than 30-year career. So when Apex introduced the Surpass self-etch bonding system, he just had to give it a try.

He still uses both systems, but said the biggest difference is the stronger bond strengths Surpass offers. It also comes as a three-part system (conditioner, primer and resin) instead of Simplicity’s two. The conditioner etches enamel as well as phosphoric acid while eliminating post-operative sensitivity. The primer completely wets and penetrates the tooth structure to maximize bond strengths and completely seal the surface. The bonding resin links the primed surface to all self-cure, dual-cure or light-cure restorative materials.

“With Surpass, if you follow the instructions you’re going to get a good bond,” he says. “You can’t screw it up. Other products I’ve used are much more technique sensitive, and if you don’t use them exactly right, it’s not going to work. That’s what drew me to Simplicity and then to Surpass.”

What makes Surpass different

Most bonding agents require you to first etch the entire tooth, dry it and then re-wet it, Dr. Kelley says. If you don’t complete this step just right, the bond won’t last. The bond might work while patients are still in the chair, but it won’t give them the long-term results they’re after. That isn’t a worry with Surpass or Simplicity, as neither require re-wetting.

“This is critical to bond strength to the dentin and critical to the next step, which is when you put the bonding agent on so it actually adheres to the tooth structure,” Dr. Kelley says. “Surpass is a fail-safe system where you can’t dry it too much or wet it too much. With other products if you don’t do this exactly right the bond is going to fail.”

Better results for your patients

Because Surpass eliminates the re-wetting of the tooth preparation, Dr. Kelley is able to give patients more predictable outcomes. He knows the bond will not only work that day, it won’t fall apart three or four years later. It also provides no post-operative sensitivity for patients like other adhesive systems do. Because Surpass is a no-rinse system there is no need to dry between the etch and prime stage which can lead to sensitivity.

“Patients get a restoration that is bonded to the tooth,” he says. “They get a better bonded filling that adheres to the tooth structure, which is what every dentist and every patient wants.”

Advantage over one-bottle systems

A one-bottle adhesive may be attractive to some dentists, Dr. Kelley says. He finds these solutions just don’t work as well, and while Surpass may require more brushes and perhaps more material, the results are worth it.

“It doesn’t cost more and it might take 35 seconds to apply the bonding material,” Dr. Kelley says. “But you know you’re getting a good bond and the patient is getting a better restoration.”

Surpass actually takes less time than most single bottle protocols, according to Apex. So not only does it save you time not having to redo the restoration, the initial protocol is only 35 seconds and can be less time than the initial protocol with some leading one-bottle systems.

Dr. Kelley often hears about young dentists having trouble with one-bottle bonding agents. Patients will call the day after the procedure because they’re in pain. The reason? The bond wasn’t completed correctly, which means the restoration must be re-done, costing more time and more money.

“I haven’t had to re-do any composite restorations because of bond failure since 2005. It just doesn’t happen,” he says. “Dentists get in a hurry and want to complete bonding in five seconds and then move on. If you do that it will come back to haunt you later.”

A dentist-owned company

Dr. Kelley likes the fact that the company behind Surpass is owned by a dentist who’s involved in product development. It’s a small business so he can talk to the chemist who developed the product or the dentist who started the company.

“I can call in and say I have this clinical situation and they can tell me exactly what to do,” he says. “You can’t get that from any other company. It’s just not possible. That’s another reason I like using this product. I really think it’s the best bonding system out there.”

November 2019 | DENTALPRODUCTSREPORT.COM | 23
TREAT THE YOUNG ADOLESCENT DENTAL PATIENT AND PREVENT POST-OPERATIVE SENSITIVITY

Relieving sensitivity in younger patients improves outlook for future dental visits. [by Dr. Mark Cannon, DDS, MS]

Information provided by Tokuyama Dental America, Inc.

It is a major concern for the empathetic practitioner because the first restorative visits may set the stage for the opinion and fears of that young patient for a very long time. Anecdotally, all we have experienced the frightened dental patient, still recollecting from a “bad experience.” Whether it is historically accurate or not, the patient’s opinion of the visit shapes the future patient’s attitude.

Managing teenagers is never easy—ask any parent—and the dental issues may be significant, with potential lifelong consequences. Very little has been published on the specific needs of the young adolescent dental patient, especially in regards to social context.

As for common dental issues, the erupting permanent molars are typically protected with pit and fissure sealants, unless the grooves and pits present with early carious involvement. An additional issue may be poorly developed or hypomineralized enamel, as in the case of molar incisor hypomineralization (M.I.H.), with an occurrence rate of almost 10 percent. A complicating factor is that restorations of teeth with M.I.H. have been reported to have a reduced survival outcome and a higher rate of post-operative sensitivity.

Naturally, treatment of young adolescent patients requires the use of esthetic materials, cosmetics being a real concern, and the restoration of the carious and/or of the hypomineralized dentition is most often accomplished with resin-based composite materials. Therefore, reduction of postoperative sensitivity following resin-based composite restorations is even more paramount in the young adolescent dental patient.

Clinical technique

A 14-year-old female with history of previous restorative visits at the referring general dental office and a chief complaint of “painful teeth” post-operative presented at my practice. Unfortunately, pit and fissure sealants had not been previously placed on the patient’s posterior dentition. Consequently, the patient still had carious maxillary second molars to be restored (Fig. 1). She was concerned the restorations would be “painful” postoperatively and worried about the consequences of the planned posterior composite restorations.

To reduce the possibility of another difficult postoperative course, the treatment plan includes a technique using Shield Force Plus from Tokuyama Dental America to reduce postoperative sensitivity after posterior composite restoration.

Following anesthesia from Milestone Scientific’s Single Tooth Anesthesia system using 3 percent Carbocaine with 20,000 Neo-Corbefrin, a rubber dam was carefully placed for tooth isolation. The injection technique was performed with minimum pressure after the placement of topical anesthesia gel, 20 percent benzocaine, into the sulcus. The injection sites were carefully spaced to allow for complete dental anesthesia but not in a manner to increase the possibility of postoperative discomfort.

After placement of the rubber dam, the preparation was performed with a high-speed handpiece using sufficient water spray and the carious dentin exposed (Fig. 2). The carious infected dentin was removed with a #4 round bur (keeping the dentin moist) in a slow-speed handpiece and with judicious use of a sharp spoon excavator (Fig. 3).

Shield Force Plus

- An easy-to-use charide desensitizer for preventing post-operative sensitivity and treating hypersensitive dentin.
- Its Double Block Technology provides an immediate and long-lasting hypersensitivity relief for up to three years.
- Does not contain Glutaraldehyde. It is gingival irritation-free, therefore does not require to isolate gingival tissue during application.
- Apply, air-dry, and light-cure in just 30 seconds. The product applies green, dries translucent for enhanced visibility during application.

Tokuyama Dental America, Inc.
877-378-3548 | tokuyama-us.com
CIRCLE RS #38
Due to the patient’s history of postoperative sensitivity, a layer of Shield Force Plus desensitizer was carefully applied only to the prepped dentin. Shield Force Plus was allowed to infiltrate the dentin for 10 plus seconds, followed by a stream of light air for 5 seconds, then strong air for an additional 5 seconds, and finally, it was light polymerized for 10 seconds (Figs. 4, 5).

Due to the history of sensitivity, the judicious placement of etchant only on the enamel, selective etch, was considered. Another viable option would utilize the self-etch technique, also reportedly less likely to cause postoperative sensitivity.3,7

The decision was made to use the self-etch technique utilizing Tokuyama Universal Bond from Tokuyama Dental America, self-cured and self-etch truly universal adhesive. The Tokuyama Universal Bond adhesive Part A and B components were mixed together and then applied to the de-sensitized dentin and cut enamel (Fig. 6). Tokuyama Universal Bond, considered an eight-plus generation adhesive, was dried with gentle air for 5 seconds followed by 5 seconds medium air to evaporate the solvents, while no light curing was required.

The preparation was then filled in increments of less than 4 mm with Estelite Bulk Fill Flow shade A1 from Tokuyama Dental America (Figs. 7, 8). Following light curing of the final increment of Estelite Bulk Fill Flow, the gross anatomy was achieved with a Raptor bur from BISCO (Fig. 9). The rubber dam was then removed, and the occlusion adjusted and the final polish accomplished with spiral multi-flute carbide bur and polishing points.

The patient’s parents were contacted the next day to check on the postoperative sensitivity and they were pleased to report the patient had none. In this situation, the desensitization of the prepared dentin delivered an exceptional restoration outcome, without post-op sensitivity and improved the dental attitude of this young dental patient.

Creating a happier young dental patient should produce a more ideal end result as they will not be hesitant to seek proper dental care in the future.
NEW!

Beauty in a Class of Its Own

- Optimized combination of strength and translucency
- Lifelike vitality, engineered for the anterior
- Enhanced shade matching for predictable results

Interested? Circle Product Card No. 39
Two steps to reduce stains and enhance bonding

Reviewers agree SDI’s Riva Star is a promising solution for minimally invasive cases needing enhanced bonding of glass ionomers to dentin and seeking optimal esthetics. [by Dr. Ron Kaminer]

Silver Salts have a long history of intraoral use. “Ohaguro” is an ancient Japanese tradition in which silver salts were used to dye teeth black.

It was also discovered that these silver salts had anti-caries properties. In the early 1900s, Percy Howe, the director of Forsythe, used silver to arrest dental disease but the concept fell out of favor quickly because of the unwanted dark stain of the tooth associated with its use.

Over the years, there has been a tremendous amount of research associated using silver fluoride or silver diamine fluoride (SDF) in dentistry. Various studies have demonstrated the arrest of decay, inactivation of streptococcus mutans, histological changes of dentin and changes in the hardness of tooth structure. With the trend strengthening towards minimally invasive dentistry, the use of silver fluoride has gained popularity once again for caries arrest in day-to-day dentistry.

As the uses for silver fluoride expand, more science has emerged in the journals. Studies over the past few years have emerged using silver fluoride to treat deep decay as a hope to prevent root canal (partial caries removal). Studies have also shown that placing silver fluoride in the base of a preparation followed by GIC capping layer, will not have a deleterious effect on bond strengths. That all being said the stain still exists and for many, the advantages of caries arrest, desensitization and minimally invasive procedures are outweighed by the dark silver stain associated with silver fluoride use.

The Members of Catapult Education were asked to evaluate a new product from Southern Dental Industries, called Riva Star. Riva Star has a unique chemistry.

After applying silver fluoride onto the tooth per the manufacturer’s instruction, one applies a second chemical, potassium iodide, directly onto the silver fluoride. The potassium iodide can decrease the incidence of teeth turning dark without having any negative effect on the final restoration.

In the USA, Riva Star is approved as a desensitizing agent. In other countries, such as Canada, South Africa and Brazil, the same product received registration for anti-caries.

After the group reviewed Riva Star, they were asked if they would incorporate it into their practice. Keeping with the trend of minimally invasive dentistry, 100 percent of the reviewers said they would incorporate this product into day-to-day practice. Getting a 100 percent acceptance on any product from this well-respected and well-earned group is rare, so this in itself shows true promise for this new product.

When asked what type of patients they thought would benefit from Riva Star, the answers vary but covered much of our regular patient population. Pediatric patients were an overwhelming response, but another group, the geriatric patient, was also a common response. The geriatric patient who develops root caries may benefit tremendously from the “off label” use of caries control using Riva Star.

Interestingly, a few respondents...
from the group subscribed to the philosophy of using this product for deep caries either as an anti-sensitivity agent, or as an application over decay left in the preparation in very deep situations. The latter is an interesting concept, which has gained acceptance in Europe but has been much slower to be adopted here in the United States.

While all the respondents felt the literature was strong concerning SDF, the need for more long-term studies for the off label use of caries control was mentioned.

As expected, the hesitation by the evaluators in using SDF was purely due to the staining of product on tooth structure. The potential for non-staining was intriguing enough that the group overwhelmingly agreed they would incorporate this product as their SDF of choice in their practice.

While there have been many “pot-shots” taken at this product, I can attest to the fact that very often there is little or no staining of the tooth structure and if it stains due to the reaction with extensive decay, by placing a restoration over the SDF, the color change is barely noticeable.

A few of the evaluators did caution that with the high pH of this product as compared to others on the market, there could be some gingival irritation if too much got on the tissue for an extended period of time. The irritation is similar to the tissue irritation that sometimes occurs following in-office whitening and is very transient.

Figures 1-4 show a before and after showing little-to-no tooth discoloration. Based on the groups’ clinical findings that this product worked as described, Catapult Education proudly gave SDI their Catapult Vote of Confidence for Riva Star. This is a product that should be in everyone’s arsenal and, when needed, will come in very handy for performing minimally invasive dentistry.

References available online at dentalproductsreport.com.
Careful planning, execution can get us closer to elusive perfection

Continued development of imaging and instrumentation improves the predictability of implant cases. [by Dr. John Flucke]

Sometimes it’s hard to sleep when you are a practicing dentist. Anyone who has ever had the honor of having another human being place their health in “your” hands knows what I’m talking about. That person trusts that your expertise will give them an outcome that is as close to perfection as anyone can attain. That’s a lot of pressure and those of us who practice dentistry. We are trained and hard wired into those of us who honor of having another human being place their health in “your” hands knows what I’m talking about. That person trusts that your expertise will give them an outcome that is as close to perfection as anyone can attain. That type of reaction seems to be just out of reach. The good news is the field in all three dimensions, surgical field is a tremendous asset. The patient scan is opened in the 3D and purposes, just like the real thing.

The bad news is perfection is truly unattainable. No matter how good we are and no matter how close we get, perfection, like infinity, is always just out of reach. The good news is advances in our profession are getting us exponentially closer to that goal.

**Start a journal**

One of the simplest ways to get better, in my opinion, is to monitor yourself. The old adage, “What gets measured gets improved” really is true. I’ve heard pilots are taught to evaluate each landing for both pluses and minuses. The idea behind that is to evaluate what went right so you can duplicate it and to evaluate what went wrong so you can improve it. I think that is incredibly helpful to dentistry as well.

Now I’m not advocating writing out several paragraphs about a successful buccal pit composite…unless you are really struggling with that procedure. Instead, I think when you start a very difficult, complicated, or multi-disciplinary case, it helps to sit down at the end of each appointment and evaluate the things that went well and the things that didn’t. This helps give you a more objective perspective and helps you improve for the next time.

Even if things go perfectly, thinking about the steps and writing them down can help solidify them in your mind for the next time.

One thing to remember from a technology perspective is if you are going to keep the journal in a digital format (and hey, why wouldn’t you?) make sure to do so in a HIPAA compliant manner.

**Get access to a CBCT machine**

Ten years ago cone beam computed tomography was an incredibly expensive technology that existed primarily in learning institutions and the practices of specialists who dealt with extensive and complicated cases. Fast forward to today and we are seeing market penetration of cone beam technology into many general practices. Part of the reason for this is the technology has become more affordable. However, more important than cost is the fact that more general dentists are placing implants. The use of CBCT in visualizing the surgical field is a tremendous asset. I understand the investment required to bring CBCT into your practice is not a small one. Many practices that are just getting started have got to be cost conscious, and there are also practices of doctors who are approaching the retirement phase of their practice and might not see the ROI of a substantial piece of equipment in the time left to practice. In both of those scenarios it may not be practical to invest in the technology. However, there is no rule that requires a practice to “own” the technology. Instead I highly recommend you locate an outside source for CBCT scans. Many offices are willing to take scans for colleagues. There are also imaging centers and dental schools patients can be referred to.

**Utilize virtual treatment planning and surgical guides**

One of the other tremendous advantages of 3D, in addition to being able to see the field in all three dimensions, is to treatment plan in 3D as well. The process is fairly straightforward. The patient scan is opened in the 3D software and properly oriented. The implant type, length, and diameter is then selected. Once this step is done, a “virtual implant” will appear on the screen. It will look, for all intents and purposes, just like the real thing. The user can then “drag and drop” the implant around on the screen. The software allows the virtual implant to be oriented in any direction which means it can be placed into the place...
ment site so it looks on the screen exactly as it will look when placed in the surgical site live. The implant can be moved up/down, left/right, and in/out until the user has the exact placement he or she would like.

At this point the designed case can be saved in the same manner as saving any other computer file. The file is then sent to a lab in a HIPAA-secure manner and the lab will create a surgical guide that will allow for placement of the implant to the exact same parameters that were designed in the virtual treatment planning. Basically, if a second CBCT scan were taken after placement, the implant placement would be identical in both scans.

The surgical guide is self-limiting and only allows the placement to be in the same three dimensions as the treatment plan. Truly in cases of virtual treatment planning, the actual surgical placement is “the easy part” of the procedure. That is because all of the potential problems such as angulation, depth, avoidance of the inferior alveolar nerve, bone density, etc., have all been worked out in advance in the software.

For those doctors who are too busy or simply don’t want to have to learn this aspect of the process, there are laboratories who employ doctors to do this type of treatment planning as a service. The case is treatment planned and sent back to the referring doctor for their approval. Once the approval is received, the lab proceeds with the fabrication of the surgical guide.

Computer controlled placement
Another piece of the puzzle to be solved can be solved by utilizing a “smart” handpiece. This is accomplished by using the iChiropro from Bien-Air. Implantology is a constantly changing science. As new and better designs are fabricated, these new and better designs require changes in surgical parameters.

Torque and RPM are both critical to surgical success and keeping abreast of changes to these requirements are intrinsic to that success. That’s where the intelligence of the iChiropro comes in.

The iChiropro is a surgical handpiece system that truly is “smart.” The system is controlled by an Apple iPad which runs an app created by Bien-Air. The app contains all of the settings for implants currently on the market. The user selects the implant and the app adjusts the handpiece for the proper RPM and torque — it’s that simple.

Whenever an implant manufacturer announces changes to their parameters, those parameters are updated in the app which is then updated on the iPad.

The other “smart” part of the system is the ability to enter the patient’s name which allows the operator to have an exact record of the procedure for every patient.

Wrapping up
Implants are an amazing option to offer your patients. They are now so predictable I tell patients that if I was having a tooth extracted an implant would be my first choice as the replacement.

Yet, even as predictable as the procedure has become, it still needs to be carefully planned and executed. The good news is thanks to the continuing development of imaging and instrumentation the predictability continues to increase. While we may never quite get to “perfect” we continue to get closer and closer to that goal.

ABOUT THE AUTHOR
John Flucke, DDS, is Technology Editor for Dental Products Report and dentistry’s “Technology Evangelist.” He practices in Lee’s Summit, Mo., and has followed his passions for both dentistry and technology to become a respected speaker and clinical tester of the latest in dental technology, with a focus on things that provide better care and better experiences for patients. He blogs about technology and life at blog.denticle.com.
Using a laser to return stability to failing implants

The PerioLase MVP-7 laser and the LAPIP protocol are an ideal solution for treating patients at risk of implant failure due to peri-implantitis. [compiled by Noah Levine]

Information provided by Millennium Dental Technologies.

THE PROBLEM

Dental implants can be an ideal treatment, but peri-implantitis can put implant stability and treatment success at risk.

Peri-implantitis is an inflammation in the gingiva around the site of a dental implant, and when untreated it can lead to bone loss around the implant, eventually jeopardizing implant stability.

THE SOLUTION

PerioLase® MVP-7™ and the LAPIP Protocol

- The LAPIP protocol is a tissue-sparing, regenerative approach to treating peri-implant mucositis and peri-implantitis using the PerioLase MVP-7.
- The LAPIP protocol targets diseased tissue, leaving native tissues intact and removing metal corrosion contaminants in soft tissue walls.
- Creates a clean, sealed, closed environment for wound healing and True Bone Regeneration.
- Immediate treatment to resolve the infection with less pain, less bleeding and less swelling.
- Probe depth reductions via regeneration, not resection.
- Maintain crestal tissue height and increase crestal bone mass around implant.
- No foreign biologics, no exogenous growth factors, no bone grafts, no artificial membranes, no sutures and no scaffolding.
Software upgrade designed to deliver powerful, trusted practice management

How DentiMax 20 helps you easily manage multiple locations, coordinate benefits, increase revenues and provide on-demand training. [compiled by Stan Goff]

Information provided by DentiMax.

THE PROBLEM

Managing multiple practice locations can be a difficult task. Additionally, coordinating benefits between primary and secondary insurance plans and tracking and managing non-covered items and downgraded codes can be a challenge.

THE SOLUTION

DentiMax 20

- For multiple locations, you can toggle between them on the schedule, post charges according to the facility where the patient is seen, and run your reports according to the location.
- DentiMax 20 is a practice management tool designed to help practices collect more money, but the transparency it lends to financial data also allows you to make informed decisions.
- Calculate estimates in a smarter way by setting coordination of benefits between primary and secondary insurance, new age and frequency limits, set alternate fees, non-covered items, and account for downgrade codes.
- Collect money faster via text notification with a statement link to view and securely pay balances online. In addition, the software now offers a Collections Module where you can assign high, medium, or low collection efforts for past due charges.
- With the new On-Demand Training Guide, you’ll be able to watch a tutorial video whenever you need help while clicking along.
- New focused tools give users new features for smarter, stronger, and faster financials to make your stuff more efficient and streamline your workflow.
Increase efficiency and patient-focused care with high-performance scanning
Carestream Dental’s CS 3700 intraoral scanner increases efficiency without compromising quality.

Information provided by Carestream Dental.

THE PROBLEM
Impression solutions don’t provide the versatility my practice needs
A busy high-end practice needs technology solutions that can keep up with its clinical offerings and style.

THE SOLUTION
Carestream CS 3700

• Ties in CS ScanFlow software, allowing users more control over scanning workflow processes and faster connections to a variety of clinical workflows
• Faster scanning with a 20 percent scan speed increase that doesn’t compromise data quality
• Turbo speed scans have been tested in vitro to capture a single arch in 30 seconds*
• Smart-shade matching captures actual shade values using bidirectional reflectance distribution function (BRDF) from multiple angles
• Ergonomically-designed grip meant to give clinicians more scanner control
• Designed in collaboration with Studio F. A. Porsche, the design is meant to feature a sleek style with premium comfort

*In vitro test performed on a model.
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“OMNICHROMA is GROUNDBREAKING—a win-win for all offices. No need to stock 30 composite shades that expire and take up space. So economical and it works great!”
- Dr. Peter Auster

“OMNICHROMA has all the features you need from handling, strength, polishability, and, most importantly, it matches all the tooth shades. This is my go-to composite from the simplest to the complex... The result speaks for itself.”
- Dr. Allan Mohr

Innovated to color-match like you’ve never seen before, Tokuyama’s unique dental composite matches every shade from A1 to D4 with just one shade of composite. By streamlining the restorative process, OMNICHROMA simplifies day-to-day dentistry and saves you time and money.
For Dr. Zach Evans, there is no substitute for the integrated capabilities of Planmeca Romexis imaging software. Planmeca Romexis is a modular software program reportedly offering an “all-in-one workflow” for comprehensive digital dentistry. Romexis is designed to manage 2D and 3D imaging including Smile Design and other features for advanced diagnostics. It also manages the restorative design and milling for a complete CAD/CAM solution under one platform.

Dr. Evans uses Romexis and associated Planmeca hardware at the Medical University of South Carolina, College of Dental Medicine, Department of Stomatology, where he teaches and sees patients.

**Seamless workflow**

“We use Romexis all the way from restorative CAD/CAM dentistry to guided implant surgery. The beautiful thing is that [Planmeca] has created software that ties everything together,” he says, describing Romexis as a single-software interface that integrates a variety of workflows.

For Dr. Evans, the benefits of integrated workflow go beyond mere efficiency. “It has the benefit of higher-quality clinical outcomes because we are not skipping steps,” he says. “For example, if I’m planning an implant case, I’m using the CAD/CAM module... I can take advantage of the power of that application and create a high-quality digital restorative design of the surgical case. That information is immediately available in the 3D imaging and implant planning module, allowing me to do virtual implant planning and implant guide design that’s completely restoratively driven.”

According to Dr. Evans, the critical element is having a high-quality diagnostic digital wax-up of the surgical case. That wax-up must consider esthetics, function, and occlusion. Most other systems do not allow a full digital wax-up, he says. Romexis allows you to do it easily within one software system.

When the ‘magic happens’

“The magic happens when things get complicated,” says Dr. Evans, specifically referring to anterior esthetic implant and restorative cases. For these, his team uses the Romexis Smile Design module. The Smile Design module allows the dentist to create a 2D model of the patient’s future smile, which drives case acceptance.

**Enhanced collaboration**

Along with integration across the treatment planning process, cloud-based data sharing enhances real-time collaboration across specialties in different locations for complex cases.

“When I’m doing an implant case, I’m communicating with my restorative dentist,” says Dr. Evans. “[The restorative dentist can access the software] and give me feedback on the virtual restorative design that I’ve created in the CAD/CAM module.”

Its open system design and its utilization of the universal STL file format also fosters collaboration. “If I’m working with a dentist who’s referring from the outside, I can easily import or export scans and images to and from the restorative dentist, unlike some other systems,” says Dr. Evans.
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When Dr. Ron Kaminer, a general and cosmetic dentist in Hewlett, New York, first thought about imaging options for his practice, he knew he needed something efficient, quick and simple that provided both high-quality images and maximum patient comfort. He wanted to minimize radiation exposure time and eliminate the hassle of stocking processing solutions and supplies.

After weighing his options, Dr. Kaminer settled on PSP (Phosphor Storage Plates) digital radiography. “PSPs act like traditional X-rays in that they are comfortable and easy to place in the Rinn/XCP,” Dr. Kaminer says. “They are way better than traditional radiographs in that they require far less radiation, image quality is great and there are no chemicals to dip in to.”

It was with this in mind that Dr. Kaminer invested in a ScanX Duo digital radiography system from Air Techniques. The Duo, a chairside two-track system capable of reading images from two PSPs simultaneously, provided Dr. Kaminer with greater diagnostic capabilities, thanks to the impressive image quality—up to 20 lp/mm true resolution with a 100-percent-active diagnostic area, available in just seconds.

“Not only do you get clear images, but there’s no learning curve from traditional X-rays,” Dr. Kaminer explains. “ScanX is easy to use—and it was very easy to integrate. We did just one short training session and the staff was ready to go.”

Imaging convenience

This easy integration is aided by the fact that once ScanX is installed, it works with any existing X-ray system—while also eliminating the headache of film-processor maintenance and messy chemicals. Dr. Kaminer was so impressed with the system, he also invested in the ScanX Swift, a smaller one-track system he put in several of his operatories. “It was just so easy to integrate into our workflow,” Dr. Kaminer says. “An FMX comes out quickly and a single image appears with the Swift in seconds.”

The benefits of the ScanX systems extend to the patient as well because ScanX PSPs are 30 times thinner than wired sensors, and are flexible with rounded corners. Due to these features, “these phosphor plates allow for maximum patient comfort,” Dr. Kaminer says.

Business sense

This easy integration is also a good move for his practice financially. “The investment for a whole practice is far less than if you went with sensors,” Dr. Kaminer explains. “Maintenance is negligible and there are virtually no repairs.”

Dr. Kaminer also likes that replacement plates are rarely necessary, thanks to the durability of the PSPs that can be used hundreds of times. And, even in the off chance a plate does get damaged, Dr. Kaminer isn’t concerned: “If a plate gets scratched, you just throw it out since it is so inexpensive to replace,” he says.

All of this has combined to make Dr. Kaminer a loyal ScanX user for more than 10 years. “Air Techniques is a phenomenal company dedicated to outstanding imaging. They are always reinventing the technology to keep up with the times and ScanX is no different,” Dr. Kaminer says. “They think about the workflow and understand that anything that negatively impacts workflow will not be accepted in the office.”

“The ScanX unit is really outstanding,” he continues. “I don’t think there are any drawbacks to the current system.”

ScanX Digital Radiography Systems

The ScanX line of digital radiography systems is designed to quickly and efficiently produce digital X-ray images using thin, wireless Phosphor Storage Plates (PSPs). They are capable of reading plates in various sizes which can provide enhanced comfort for patients of all ages and anatomies. The PSP plates feature a 100% active diagnostic surface to reportedly capture all intraoral structures in a single shot. Multiple ScanX systems are available in different sizes and configurations including the ScanX Duo and the ScanX Swift.

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TREAT FACIAL PAIN WITH PHOTOBIOMODULATION/LOW-LEVEL LASER THERAPY

How using photobiomodulation can help many patients with facial pain problems without the use of prescription medications. [by Gerry Ross, DDS]

Information provided by Academy for Lasers in Dentistry.

FACIAL PAIN AND TMJ DISORDERS ARE problems that appear in our offices daily; sometimes we recognize it, other times we don’t ask the appropriate questions.

There have been numerous treatments proposed over the years: splints, biofeedback, occlusal equilibration, surgery, neuromuscular treatments, chiropractic, medications, and the list could go on and on. I have been treating facial pain on a referral basis for the past 38 years and have used many of these modalities.

There are numerous conditions associated with facial pain, but there is one common element in all these patients: pain. Early in my career I used a lot of prescription medications to help these patients; pain medications, anti-inflammatories, tricyclic antidepressants to name a few. In 1993, I purchased my first low-level laser which resulted in me replacing the use of pharmaceuticals with a photobiomodulation (PBM) device.

What is PBM? Unlike surgical lasers which utilize a photothermal reaction, PBM uses light to stimulate a cellular response. Originally, PBM treatments were done primarily with lasers, but since then many of the devices now use LED cluster probes. There have been many terms used to describe these devices: low-level lasers, soft lasers, and cold lasers (Table 1). In 2012, a group of leaders in the field met and it was decided the universal term that would be accepted to describe this treatment would be photobiomodulation.

- Photo as it is light
- Bio as it elicits a biological response
- Modulation because depending on the dose, one can have either stimulation or inhibition.

Mechanism of action PBM works at the cellular level to stimulate the production of cellular energy in the form of adenosine triphosphate, or ATP. ATP can be thought of as the gasoline of the cell – it provides the energy needed to help a cell function and repair itself. Table 2 describes some of the secondary and tertiary effects of laser therapy.

The history of laser therapy The use of light for healing and physical wellbeing is not a modern concept. For centuries, people have respected the healing nature of light and used it in different forms of clinical therapies. Hospitals frequently took patients to the rooftops to help improve patient’s health and light therapy has been studied and used for decades to combat winter depression, or Seasonal Affective Disorder.

When studies on light began in earnest in the ’50s, many researchers were skeptical of the safety of light devices, often proposing any wavelength in the electromagnetic spectrum, similar to UV, would cause similar negative effects such as cancer. One such researcher, Dr. Endre Mester, set out to investigate whether this hypothesis was correct and found that not only did the laser not cause cancer or cellular damage; it actually stimulated the healing of wounds and hair growth.

This was one of the first documented demonstrations of the biostimulatory effects of light. Since then, thousands of studies have been conducted on the use of laser therapy, which have been published in esteemed journals such as Nature, Pain and The Lancet. Further, laser therapy has been included in several evidence-based clinical guidelines for neck pain, Achilles tendinitis and rotator cuff injuries.

Safety In the stimulation model, it is only cells that are deficient in or incapable of producing optimal amounts of ATP that will be affected by PBM. Once the optimal amount of ATP is being produced, our cells use the enzymes called ATPases to cease the ongoing production of cellular energy. As such, healthy cells will be unaffected by laser light and there are no detrimental side effects to PBM. This has been demonstrated repeatedly in literature and is why it is such an appealing treatment modality to an increasing number of healthcare professionals.

Using the appropriate dose Treatment dose is probably the most important variable in laser treatment. Dose is measured in joules per square centimeter (J/cm²) and is a measure of the amount of energy that is conducted into the tissue. Clinicians should be aware of the optimal dose for each application to maximize the beneficial effects of laser therapy. The clinical effects of laser, such as wound healing, pain relief, or muscle relaxation, are all sensitive to different irradiances or doses.

The biostimulatory and inhibitory effects of lasers are governed by the Arndt-Schultz Law (Fig. 1), which indicates that weak stimuli will increase physiological processes and a strong stimulus will abolish physiological activity. 1, 2

For applications where you are looking for biostimulation (e.g. stimulation of fibroblasts or osteoblasts for healing), use a lower dose. For applications where you are looking for bioinhibition (e.g. pain control), you want to use a higher dose.

In short, there is an optimal dose for each clinical application and one should be aware of this for ideal treatment outcomes.

PBM and facial pain The first thing I want to stress is PBM treatment (PBMT) is one tool in my treatment of these conditions. I find greater success when I work with other health professionals; physiotherapists, chiropractors and, psychologists. What makes PBMT unique from for pain control is that not only does it reduce the pain, but it also stimulates healing.

Table 1 Differences between surgical and low-level lasers.

<table>
<thead>
<tr>
<th></th>
<th>Surgical Laser</th>
<th>Low-Level Laser</th>
</tr>
</thead>
<tbody>
<tr>
<td>Power</td>
<td>1-5 W</td>
<td>10-500 mW</td>
</tr>
<tr>
<td>Tip Diameter</td>
<td>300-400 µm</td>
<td>1-5 cm</td>
</tr>
<tr>
<td>Heat Generated</td>
<td>Yes</td>
<td>&gt; 1.0 °C</td>
</tr>
</tbody>
</table>
1. The biostimulatory and inhibitory effects of lasers are governed by the Arndt-Schultz Law.

2. In order to inhibit the system, the author uses a higher dose of 8 J/cm².

3. To work more efficiently, use a stimulation dose of 4 J/cm².

4. The patient opens enough so the condyle translates and is out of the joint allowing the treatment of the structures inside the joint more accurately.

5. The styloid area is the area behind the mandibular ramus that contains many structures vital to the operation of the jaw.

6. The author uses an inhibition dose on the lateral pterygoid muscle, which is associated with intracapsular joint problems.

7. A cluster LED probe and an inhibition dose is used in the masseter muscle.

8. The temporalis muscle is one of the two muscles I find associated with headaches.

9-10. Locating trigger points in the body of the muscle or the mastoid area and using an inhibition dose can help combat headaches for patients.

AT A GLANCE
**Table 2** Secondary and tertiary effects of laser therapy.

<table>
<thead>
<tr>
<th>Effect Description</th>
<th>Laser Effect</th>
</tr>
</thead>
<tbody>
<tr>
<td>Decrease inflammatory mediators (bradykines, substance P, histamine and other inflammatory cytokines)</td>
<td>Reduces pain and edema</td>
</tr>
<tr>
<td>Increased production of growth factors</td>
<td>Stimulates healing</td>
</tr>
<tr>
<td>Increased lymphatic flow</td>
<td>Decreases edema and brings white blood cells to the site for improved healing</td>
</tr>
<tr>
<td>Stimulation of angiogenesis (creation of new blood vessels)</td>
<td>Stimulates healing</td>
</tr>
<tr>
<td>Stimulation of fibroblasts, osteoblasts and odontoblasts</td>
<td>Healing of tissue, bone and teeth, respectively</td>
</tr>
<tr>
<td>Reduced depolarization of c-fibers (lightly myelinated nerve fibers that carry pain impulses from the dental pulp)</td>
<td>Reduces pain sensations (analgésia)</td>
</tr>
<tr>
<td>Increased production of endorphins</td>
<td>Reduced pain sensations</td>
</tr>
</tbody>
</table>

Secondly, the key to success using PBMT is patient communication. Every patient reacts differently, so the key to success is listening to your patient and modifying the treatment according to their needs.

The third key is something that I have learned from Dr. Jeffery Okeson: “Treat the source of the pain and not the site of the pain.” In other words, when applying the device, focus on treating the areas that are sore from your patient muscle palpation and not where the patient says it hurts. Often the pain in a muscle or joint refers pain to distant sites. This was documented well by Janet Travel in her classic textbook “Mysofascial Pain and Dysfunction.” The conditions have found respond well to PBMT are:

- **Myopathic Pain:**
  - Degenerative joint disease and TMJ osteoarthrits
  - Pain in Joint and associated musculature in intracapsular problems
  - Neuropathic pain and Trigeminal Neuralgia

As stated above, one of the keys to treatment is to apply the laser to the areas that are sore to palpation. When I am treating, I use a laser with a 10 mm tip diameter in the smaller areas and a LED cluster probe over the larger muscles.

**Among the areas I treat are:**

- **Large Intestine 4 (LI4) acupuncture point:** In traditional acupuncture, this is one of the key points in treating upper body conditions. It balances the Yin and Yang as well as the sympathetic and parasympathetic nervous systems. It is great for reducing upper body pain. I want to inhibit the system, so I use a higher dose 8 J/cm² (Fig. 2).
- **Submandibular Lymphatic:** The lymphatic system is the body’s immune system and is very important in so many facets of facial pain treatment (Fig. 3). I want it to work more efficiently so I use a stimulation dose 4 J/cm².
- **TMJ:** In this area, I treat the joint with the teeth together and then have the patient open enough so the condyle translates and is out of the joint allowing me to treat the structures inside the joint more accurately (Fig. 4). It is pain control, so I want inhibition using a dose of 8 J/cm².
- **Styloid area:** This is the area behind the mandibular ramus that contains many structures vital to the operation of the jaw. When you palpate just under the ear in the styloid area you are palpating the joint capsule which is very highly innervated and is often very sensitive in intra-capsular joint problems. As you continue down there is the Posterior Digastric Muscle, the TMJ ligament, and the stylopharyngeus muscle to name a few (Fig. 5). I find this often extremely sensitive to palpation. I am inhibiting pain so a dose of 8 J/cm² should be used.
- **Lateral Pterygoid Muscle:** This is the muscle associated with intra-capsular joint problems, so I use an inhibition dose (Fig. 6).
- **Masseter Muscle:** This is the muscle that is associated with clenching and bruxism. There are often trigger points in the muscle. If someone comes in with limited opening or locking, I find in most cases, the causes are muscle trismus within the Masseter muscle. I treat this muscle and in 95 percent of the cases there is a dramatic increase in opening, and I will proceed to treat them conservatively rather than send them off for a surgical consult.
- **Also, at the end of long appointments many patients complain their jaw feels stiff so I will treat this muscle at the end of the appointment, so trismus does not set in (Fig. 7).** It is a large muscle, so I use a cluster LED probe and use an inhibition dose.
- **Temporals Muscle:** This is one of the two muscles I find associated with headaches. If the anterior or middle branches are tender, I often find this associated with occlusal slides or posterior working, balancing, or provocative interferences. If the posterior branch is sore, it is often associated with bruxing. As a larger muscle I use the clusters and an inhibition dose (Fig. 8).
- **SternoceIidomastoid Muscle:** This is the other muscle I find is associated with headaches. I often find trigger points in the body of the muscle (Fig. 9) or the mastoid area (Fig. 10) and use an inhibition dose.

**Other dental PBMT applications:** I find I am using my PBMT units many times a day for many different applications. Some of these are:

- **Pain reduction after extractions or surgery.** In fact, PBMT is so effective that I never prescribe opioids after even very compacted extractions and the patients experience very mild post-op pain
- **Analgesia in teeth allowing me to complete many procedures without the use of local anaesthetic**
- **Treatment or prevention of soft tissue lesions:** cold sores, aphthous ulcers, denture sores and lichen planus
- **Prevention and treatment of mucositis as a complication of chemotherapy or introral cancer radiation.** In June of this year, the MASCC/ISOO, the leading association of oncologists, accepted a report on the use of and safety of PBMT as a treatment of radiation/chemotherapy and it is now a recommended treatment to treat the most debilitating part of cancer treatment
- **Nerve regeneration**
- **Aid in managing xerostomia**
- **Preventing nausea and gagging**

**PBMT in medicine:**

There are a huge number of medical conditions where PBMT is being used or where research is being conducted. Among these are:

- **Treatment of muscle pain, neck and back pain and tendinopathies**
- **In athletics, almost all professional teams have PBMT units to treat injuries. It has also been shown to improve performance**
- **Treatment of degenerative brain diseases.** There is current research and studies being carried out using PBMT to slow Alzheimer’s disease, MS and Parkinson’s
- **Treating dry macular degeneration**
- **Managing concussion side effects and cognitive problems associated with brain trauma**

**Conclusion**

By using Photobiomodulation in my practice, I have been able to help so many patients with facial pain problems, and most importantly, I do it without the use of prescription medications. In the modern world this is important to our patients, especially for the elderly who are often on a long list of medications when they arrive in our offices. In addition, PBMT is invaluable to me. When I travel, I bring my personal unit. I never leave home without it.

References and author biographies are available online at dentalproductsreport.com.
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Implant failure is an outcome no one wants. Our experts share insight into common mistakes dentists make placing implants and what they can do to fix them. [By Terri Lively]
NO ONE WANTS AN IMPLANT FAILURE, BUT THEY HAPPEN NONETH- 
LESS. THERE ARE MANY REASONS 
THAT AN IMPLANT FAILS, AND THEY 
AREN'T ALL THE DENTIST'S FAULT. 
HOWEVER, THERE ARE SOME COM-
MON MISTAKES THAT DENTISTS 
MAKE PLACING IMPLANTS THAT 
CONTRIBUTE TO FAILURE. WE 
TALKED TO IMPLANT EXPERTS TO 
FIND OUT WHAT THESE ARE AND 
WHAT YOU CAN DO TO AVOID THEM 
IN YOUR PRACTICE.

All implants do not fail. Most of them succeed. Natalie Wong, DDS, Cert Prosthodontics, FAAID, DABOII/ID, and the American Academy of Implant Dentistry (AAID) President, says they have one of the highest success rates in all of dentistry, even more successful than fillings.

“Our dental implant success rate is 90 to 95 percent at ten years,” Dr. Wong says. “I don’t think our fillings last that long.”

“In just about every situation, implant dentistry is the best way to replace a missing tooth or missing teeth for our patients,” agrees Adam Foleck, DDS, FAAI, DABOII/ID, and AAID Vice President. “It has the highest suc- 
cess rate of anything we are doing in dentistry, and because of that, it’s obviously one of the better choices for our patients.”

Dr. Wong says implants also feel the most natural, especially when compared to full and partial dentures or a bridge. Dr. Foleck agrees, adding that it is imperative to communicate these benefits to patients during treatment planning.

“Ultimately, we have to make sure that they understand the long-term benefit of a dental implant and how it can hopefully change their lives,” Dr. Foleck says.

**Defining implant failure**

These are, of course, the successful implants. However, what about the ones that do not succeed, the other five to ten percent? How do we ensure that we change patients’ lives for the better and not for the worse with a failing implant?

Per the *Journal of Dental Implants*, implant failure is caused by a multitude of factors, ranging from peri-implantitis, absence of osseointegration, and implant fracture. Also, surgical trauma, micromotion, and overload- 
ing can contribute to failure.

Failures are classified into two types, early and late failures. Early failures occur in the first three months after placement. Late failures happen after the first three months.
### WHAT YOU SHOULD KNOW ABOUT AN AAID CREDENTIAL IN IMPLANTOLOGY

Executive board members describe why the AAID serves as the credentialing standard for implant dentistry.

The American Academy of Implant Dentistry (AAID) is the seminal professional organization worldwide that focuses on implant dentistry. In addition to advancing the science, the AAID works to serve as the credentialing standard for implant dentistry.

However, it is not a cakewalk to achieve this accreditation. Natalie Wong, DDS, Cert Prosth, FAAID, DABOI/ID, is the AAID President, and she describes the program as a “bona fide credential.”

“It’s not simply a certificate that you receive upon completion of a course, it is significantly more than that,” Dr. Wong says.

First, Dr. Wong says, you must qualify for the exam. Next, you fill out the application, document your continuing education courses, and submit cases. Once you are accepted to participate in the credentialing process, Dr. Wong says there is a written exam and oral case exam with standardized cases, as well as a presentation of your cases.

“As you can see, once the credential is earned, it is something that you can be very proud of,” Dr. Wong says.

Adam Foleck, DDS, FAAID, DABOI/ID, and AAID Vice President, says for dentists who want to incorporate implants into their practice, the AAID credential is essential.

“Being associated with an implant organization is very important and getting your credentials are also very important,” says Dr. Foleck, who also lectures on Cone Beam and 3D Integration in Dentistry internationally. “The AAID and ABOI, which is the American Board of Oral Implantology, credentials have been recognized in several different federal courts. The ABOI is a separate credentialing body, and their Diplomate is the highest level of achievement.”

The AAID has a three-level approach they have created for accreditation. The first tier is Associate Fellow, which has a written and an oral case defense component. The second level is Fellow of the AAID. It has a similar program but requires you to defend your cases at a higher level.

“For a higher credential, there is an expectation that you will know more,” Dr. Wong says. “So, they’re going to come up with constructive criticism purposely that you then defend. They also ask questions at a higher level.”

The Diplomate level is the highest level of achievement that Dr. Wong compares to a specialty Board certification. Per the ABOI’s website, this level requires at least seven years’ experience and the completion of a minimum of 75 implant cases.

“There are a lot more cases that you will have to show and the level of questioning there is similar to a specialist level. They will expect you to know the surgery. They will also expect you to know the prosthetics at the level of the specialist,” Dr. Wong says. “If you pass that exam, you are considered to be at the highest level of a dental implantologist.”

“When you get to that level, you are peer-reviewed, and you have a psychometrically designed exam to test you didactically and then oral case defenses that show you have taken that extra step forward—not just for you, but for your patients—to achieve the highest level of accomplishment in dentistry,” Dr. Foleck says.

In 1991, 13 doctors formed the AAID in St. Louis, Mo., per the ABOI’s website. Two of the founding members of the organization, Drs. Normal Goldberg and Aaron Gershkoff, collaborated in the 1940s to produce the first successful subperiosteal implant in 1948. They published about their success the following year in Dental Digest.

Today, the AAID has grown to 5,500 members with a wide range of specialties, which include oral and maxillofacial surgeons, periodontists, prosthodontists, as well as general dentists. While the majority of its members use root-form implants, the AAID recognizes experts in all implant modalities.

### MISTAKE #1: Not establishing adequate oral health and failing to adjust treatment plans for the bone available

All implants need adequate bone and a healthy oral environment to have the best possible chance of success. Clark Damon, DDS, a private practice dentist in the Amarillo and Dallas metro areas and a lecturer for Nobel Biocare and Neodent® for Straumann, says the most important thing to remember about implants is patients need to have bone and a healthy mouth to place an implant.

“Should you be looking at a case where you have less than adequate bone or oral health, you need to adjust your strategy,” Dr. Damon says. “You will also encourage dentists to consider bone augmentation procedures either before the placement, or, in specific scenarios that allow it, at the time of placement.

“We need to ensure that the implant size selection is appropriate. In other words, we don’t want to choose a larger implant if we have less bone,” Dr. Damon says.

When Dr. Damon is placing permanent fixed teeth, most of his cases have a mouthful of periodontal disease. The high bacterial load intraorally can affect the opposing arch if there are implants, making it inadvisable to place an implant-retained prosthesis on either arch. In these cases, treating periodontal disease is crucial.

“That patient needs to be staged somehow, and both jaws need to be treated at the same time,” Dr. Damon explains. “Any time we are mixing teeth and implants, we must ensure that we treat the periodontal disease, ideally before the treatment, and then closely monitor the situation before we place implants.”

However, Dr. Damon clarifies that eradication of the periodontal disease before placement is not as critical if all of the patient’s teeth are coming out. Full-arch implant therapy allows you more leeway in that respect.
MISTAKE #2:
Forgetting the fundamentals of occlusion with your freehand placement

Raymond Choi, DDS, a mini-implant dentist and educator for Glidewell Laboratories, says when you improperly place an implant, it is not only tricky to restore, but it is also challenging for the patient to keep it clean in long-term maintenance. Moreover, implants that do not have a proper placement have problems in biomechanics and occlusion.

“Even if you can restore the tooth with the improperly placed implant, it’s not going to be a solid situation where heavy occlusal forces will be well received,” Dr. Choi explains. “You could have a restorative failure, screw loosening, and all of these things we don’t want to have.”

Improperly placed implants interfere with the fundamentals of occlusion. When you bite down, the forces from the occlusion transmit through the axis of the natural tooth.

When you replace a natural tooth with an implant, the angle of the implant should be the same so those occlusal forces then transmit through the axis of the implant.

“When the occlusal forces come in, and that force can be transmitted to the axis of the implant, then everything’s great,” Dr. Choi explains. “You are not going to see restorative complication.”

However, when the implant is not aligned with the axis of occlusal forces, then you start seeing screw loosening and breakage, among other things. These problems are challenging to resolve.

Dr. Choi says he has made this mistake many times over the last 25 years that he has been placing implants freehand. Today, it is much easier to get a proper placement with guided-surgery.

When you freehand placing implants, Dr. Choi says, you think you are on track for perfect placement. Then, after completion, you see you could have angled the implant differently. Guided implant surgery takes the guesswork out of the equation.

Starting with the tooth in mind means determining first where the tooth belongs in the bite and the jaw. Then, once you have established where the tooth needs to be, see if there is enough bone to put the implant where it needs to go for the tooth to line up in the surrounding dentition.

“Because sometimes we have a lot of bone, it’s just at the wrong angle,” Dr. Wong says.

When the implant is at the wrong angle, you can sometimes use angled abutments or screw channels to help correct it. However, Dr. Wong explains that these prosthetic parts can only correct angulation problems under 30 degrees. Once you get over 30 degrees off the optimal angle, the angled abutments can break during use because the angle is too severe. Another side effect of having the wrong angle is that the screw loosens.

“At the end of the day, you have to put the tooth where the tooth belongs,” Dr. Wong says. “I tell patients it’s like the Leaning Tower of Pisa. It just keeps leaning. They keep restoring it, but, over the long-term, it’s not going to work. It just keeps falling over.”

Part of the reason Dr. Wong supports the prosthetic approach first and starting with the tooth in mind is because bone grafting techniques are predictable today. If the bone isn’t perfect where you need it to be, you can enhance it with a graft.

“I would agree with you that 10, 20 years ago, our grafting wasn’t that good. We had to think about the bone first and not the tooth. Today we don’t need to do that anymore,” Dr. Wong explains.

MISTAKE #3:
Not starting with the tooth in mind

Dr. Wong says when looking at treatment options, dentists should, “start with the tooth in mind.”

Many dentists focus on the bone first instead. That is because the surgical element of implant placement can be daunting to the patient and even the dentist, the focus tends to go there, Dr. Wong says.

“People are anxious about the surgery, so they spend a lot of time looking at the bone and planning on how to put the implant into the best bone. But, it may not be the best place for the tooth. Later on, we’re backtracking to figure out how to get it to work,” Dr. Wong explains.

Dr. Wong says the opposite should be the case. The implant should be prosthetically driven instead of surgically driven.

“We have to know where the tooth goes first, and then you put the implant in a position that can support that tooth,” she says.

“Sometimes it goes in the existing bone. Sometimes we have to modify the bone to be able to get the implant into a restorable position.”

MISTAKE #4:
Engaging in shallow placements

Dr. Damon says many times he thinks doctors have placements that are too shallow, which does not leave enough restorative space and does not allow for a proper emergence profile.

Emergence profiles have significant effects on the success of the implant. Each emergence profile is different based on the patient for whom you perform the restoration, but it should serve as a smooth transition from the implant platform to the natural shape of the patient’s tooth. Perhaps most importantly, it helps prevent “food traps” from forming around the restoration. A proper emergence

“Using surgical guides based on Cone Beam CT technology will prevent all these angling problems and improperly positioned implant issues,” according to Dr. Choi.

Using surgical guides based on Cone Beam CT technology will prevent all these angling problems and improperly positioned implant issues,” according to Dr. Choi.
profile allows the patient to maintain proper hygiene, without which the implant will fail.

However, in the mandible, Dr. Damon says, the depth to which you can place an implant is limited by the nerve. His workaround is to use a shorter implant that you drill down deeper to secure into the bone without hitting the nerve.

Another contributor to emergence profile problems is choosing an implant that is too small. Three clinical factors contribute to the emergence profile that a dentist should consider.

These include the thickness of the gingival tissue where you are going to place the implant, the size of the horizontal cross section of the crown at the gum line, and the position of the crown comparatively to the bone.

When you choose an implant that is too small in the molar region, Dr. Damon says it can interfere with the emergence profile along the gum line. To combat this effect, Dr. Damon likes to use wide-platform implants in the posterior.

“I can get a nice, wide emergence profile,” Dr. Damon says. “Implant selection is important.”

Dr. Damon keeps around 300 implants in stock so he can adapt to the emergence profile along the gum line. To combat this effect, Dr. Damon likes to use wide-platform implants in the posterior.

The second most crucial point to take a look at the patient’s entire thing else that’s necessary, we need to take a look at the patient’s entire mouth,” Dr. Foleck says.

The occlusion is incredibly important. Once the implant is placed surgically, failures long-term tend to be because of the patient not taking care of it or occlusal loading that is not ideal for the placement of the implant,” Dr. Foleck says.

The CBCT allows you to get a detailed look at the boney structures and dentition. However, it can’t show you everything. To ensure you have all the information you need, dentists should also get a sense of the overall health of the mouth.

Dr. Foleck advises dentists to use the CBCT scan for the planning, but also to take other factors into account. Determine whether the mouth has rampant periodontal disease which needs to be treated or whether the teeth above or below the implant have super-erupted, which would mean you need to place the implant deeper to accommodate for them. Also, look for keratinized soft tissue present that needs a tissue graft.

“The CBCT is great for showing us the bone, but to show us everything else that’s necessary, we need to take a look at the patient’s entire mouth,” Dr. Foleck says.

MISTAKE #6: Not getting a tension-free closure during bone augmentation

Dr. Damon also says dentists should plan the case from the tooth down. Moreover, if you can’t get 1.5 mm of bone around your implant in the planning stage, you should consider bone augmentation.

If you want to augment bone at the time of placement, you can do that in some instances, Dr. Damon says, but the bone needs blood. To allow for this, he suggests making cortical perforations. Also, when you are adding a particulate type of bone graft for single-implant placement, you need to cover it with a membrane, and it needs to stay sutured closed, as well.

“Since we are adding bone volume, you need to relieve tension on the flap,” Dr. Damon says. “They need to score the periosteum so that you get a tension-free closure.”

Dr. Damon says getting a tension-free closure is challenging for many dentists during bone grafting. However, when you score the periosteum, he says, you can pull up the flap and there’s no tension on it when you suture it closed.

The options are to use tacks or screws or utilize the sling suture technique. I use that 80 percent of the time,” Dr. Damon says.

What You Should Do Concerning Implants in Your Practice

Implant dentistry is enjoying excellent results. However, it is also a comprehensive restorative procedure. Implant dentistry requires knowledge of prosthetics and surgery, two complex areas by themselves.

For some dentists, placing implants can be intriguing but intimidating at the same time.

Dr. Choi, whose primary training course covers the basics of implantology, understands and has experienced these feelings firsthand. He recommends embracing the learning curve and doing as many implants as you can to get comfortable with it.

“It doesn’t help you if you only do one implant a month. You’ll never get over that learning curve. So, to become more comfortable with placing implants, you have to place a lot more of them,” Dr. Choi says.

Dentists wanting to get better at implants should get aggressive

The Whip Mix VeniGuide OS is a Class I, CE certified resin material developed for the production of high precision surgical guides for use in dental implant surgery.
As today’s population ages, more and more people are dealing with missing teeth, and many of them are indeed looking to implant solutions as opposed to the old standbys such as dentures and bridges.

This is great news for both patients and the dentists providing implant treatments, those both restoring and placing implants. An estimated two in three Americans have at least one missing tooth, mainly due to the rise in periodontal disease as the population grows older. Tooth loss and other oral health problems in older Americans recently prompted AARP to declare the “Over 50 Dental Crisis,” according to the American Academy of Implant Dentistry (AAID) website.

The AARP Bulletin warned dental disease has become a silent epidemic among older Americans. Older adults with missing teeth often have underlying periodontal disease from which bacteria from chronic gum infection can migrate through the bloodstream to vital organs. Adults with missing teeth are unable to eat properly and often develop nutritional deficiencies from an inadequate or unhealthy diet.

While these dental and nutritional problems associated with missing teeth are serious problems, the social and personal self-esteem concerns that come along with poor oral health can be just as big a problem. Missing teeth can have a negative influence on personal self-confidence and social activities, and we’ve all heard stories about people who stopped eating their favorite foods.

Many family and social functions revolve around meals, and these situations can be difficult if not embarrassing for anyone who can’t chew properly, according to the AAID. Additionally, spaces between missing teeth degenerate and can lead to significant bone loss that cause atrophy in the jawbone.

Adults suffering with missing teeth often have relied on bridgework or dentures to preserve their dental function. Bridges require grinding down healthy teeth to function as abutments to anchor the side of the bridge without the crown, and over time, worn-out bridgework can be harmful for preserving dental function and preventing bone loss in the jaw. To make matters worse, bridges generally fail after 5 to 10 years as patients have difficulty flossing them. Therefore, root surfaces below and around bridgework become highly susceptible to decay and are not repairable, the AAID warns.

As a result, teeth supporting the old bridge often are lost, requiring insertion of longer bridges that can further compromise dentition. For most patients, implants are a much better treatment alternative because they preserve the bone of the jaw, do not decay, and function just like natural teeth.

Removable dentures often are ill fitting and too loose. In some cases, they don’t allow the patients to eat and even talk properly. Many feel stigmatized, avoid social functions and feel inhibited from leading an active, healthy lifestyle. Scientific evidence supports that for patients who are edentulous in the lower jaw, implant supported fixed prostheses are superior to removable dentures.

While implants may not be perfect for every case, major developments in the equipment, materials and techniques over the years have drastically improved their predictability and have helped improve the quality of life for the growing number of people who are missing one or more teeth.
6 MISTAKES

1. Not establishing adequate oral health and failing to adjust treatment plans for the bone available
2. Forgetting the fundamentals of occlusion with your freehand placement
3. Not starting with the tooth in mind
4. Engaging in shallow placements
5. Not taking advantage of CBCT technology for treatment planning
6. Not getting a tension-free closure during bone augmentation

About doing more cases, he says. When he was starting, he gave significant discounts to specific patients to gain the experience he needed. Dr. Choi also encourages more education relevant to implantology.

“Every time you learn something new, that will add to your confidence level,” Dr. Choi says. “You’ll become more and more comfortable placing implants as you become more confident.”

Dr. Foleck says there are also great weekend courses, but he thinks those should follow the comprehensive courses. Weekend courses then supplement what you learned and build your skills. He also encourages mentorship programs with a local doctor who can come into your office and work with you directly.

“When you’re doing these programs, it’s important to do something that’s going to be inclusive of all stages of dentistry instead of just doing a surgical procedure or a bunch of surgeries,” Dr. Foleck says.

Dr. Wong agrees, adding she thinks weekend courses tend to give you an introduction, and dentists who want more confidence with implant dentistry need more than that. Although it can be expensive, she thinks quality education is worth the price tag. She also supports the idea of mentoring with a credentialed dentist in implant dentistry.

“If you mentor under someone, you get their personal experience, which you often don’t even get out of a course,” Dr. Wong says. “In a course, they teach you the basics. They give you the science and fundamentals, but usually in overall, general terms.”

Dr. Wong also encourages dentists to pursue a credential from the AAID. It requires preparation, experience, and presenting cases for peer review, but it helps with confidence.

“What makes our credential different is that we expect you to be knowledgeable in both the surgery and the restorative aspects. You have to defend both, and for our highest level, our Diplomate, you have to defend both at a specialist level,” Dr. Wong says. “I would agree that our exam is challenging, which is what makes it valuable and worthwhile. It is a credential, once earned, to be proud of.”

Dr. Choi also emphasizes you cannot ever stop learning about implants. With all the of the fields involved, ranging from biology to physiology to occlusion and TMJ, to name a few, implant dentistry asks the dentist to be an expert in many disciplines. Plus, there are many new technological advances implant dentists must keep up with that change how implants are done, as well.

“Dentists must commit himself or herself to continue to learn more and more. Implant placement is not something that you can just do after taking a couple of weekend courses,” Dr. Choi says. “Anyone can drill a hole in the bone and put a screw in there, but implantology is a lot more than that.”

You can streamline implant treatments with the help of products such as the Dentsply Sirona Astra Tech Azento implant solution that puts the implant, surgical guide, restoration, and related components in a convenient package.

SMOP from Swissmeda allows dentists and dental technicians to plan implant cases based on Cone Beam or CT data and to obtain precise drilling templates for use during implant placement.
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THE CONCEPT OF EMBEDDING A FOREIGN OBJECT INTO A PERSON’S JAW to replace a missing tooth goes back approximately 4,000 years. But it’s in the last half century that dental implants made their massive leap forward to really make improvements on patients’ health and quality of life.

Whether it’s a single implant to replace a single missing tooth, or multiple implants to support a larger restoration, dental implants are now one of the most effective ways to restore patients’ form and function.

In the early days of implant dentistry, these solutions were placed by oral surgery specialists who focused time and training to become experts on these procedures. Today patients expect implants as an option and they are placed by specialists and GPs alike. With newer technologies, including 3D treatment planning and surgical guide systems, dental implants are easier than ever to place, and more clinicians and patients are enjoying the benefits.

The following pages provide a look at some of the many available dental implant systems, as well as some facts and details about the features and technologies helping these tiny solutions become a huge part of modern dentistry.

Successfully integrated into the DENTAL MAINSTREAM

[ compiled by Noah Levine]
Touareg CloseFit™
- A spiral implant system with a stable conical-hex connection designed to minimize movement between the implant and the abutment
- The tapered core implant features an innovative tip and double lead thread designed to enable bone slicing and provide strength and stability
- Features a biocompatible and osseoconductive OsseoFix™ surface for optimal osseointegration
- Designed for high primary stability and immediate loading in all bone types

ADIN Dental Implant Systems
972-4-9116133 / adin-implants.com
CIRCLE RS #50

Tapered Blue Magic Implant
- An economical implant option with the same geometry as the Zimmer Ezetic implant
- Implant includes titanium first stage surgical cover screw
- Surgical driver can also serve as impression coping, temporary abutment or final abutment

American Dental Implant Corporation
800-511-0661 / americandentalimplant.com
CIRCLE RS #51

SHORT™ Dental Implants
- Maximize implant placement options and minimize the need for bone
- Designed to transfer the occlusal forces on the prosthesis to surrounding bone
- The plateau or fin design offers at least 30 percent more surface area than a screw implant of the same dimensions
- Designed to make implant procedures simple and more predictable
- Available in 5 mm and 6 mm lengths in widths ranging from 3 mm to 6 mm

Bicon
800-882-4266 / bicon.com
CIRCLE RS #52

Tapered Pro Implants
- Designed for predictable results and immediate loading
- The tapered body and aggressive threads reportedly provide primary stability
- An end cutting, self-tapping thread design is said to facilitate controlled implant placement in challenging sites
- The reduced collar diameter is designed to help preserve vital bone
- Laser-Lok microchannels create connective tissue attachment and retain crestal bone, allowing better control of esthetic outcomes

BioHorizons
888-246-8338 / biohorizons.com
CIRCLE RS #53

THE HISTORY OF DENTAL IMPLANTS
- Approximately 2,000 B.C.: Evidence found in China indicates people used bamboo pegs to replace missing teeth
- Approximately 650 C.E.: Evidence discovered in Mayan ruins indicates the use of carved seashells to replace missing teeth with some shells showing integration with the jawbone
- 1886: A platinum disc with a mounted porcelain crown was attempted as an implant, but failed due to a lack of osseointegration
- 1913: Dr. E.J. Greenfield pioneers endosseous implants with the implantation of iridium-platinum cylinders with 24-carat gold overlays
- 1930s: Drs. Alan Strock and Moses Strock begin using dental implants made of biocompatible vitallium
- 1940s: The spiral (i.e. screw) design of dental implants is developed by Dr. Manlio Formigini and Dr. F. Zepponi who used stainless steel as their implant material
- 1952: Oral surgeon Dr. Per-Ingvat Brånemark discovered the osseointegrative properties of titanium while conducting research with rabbits
- 1965: Gösta Larsson becomes the first modern dental implant patient as he volunteered to have Dr. Brånemark place his newly designed dental implant concept into his edentulous jaw. This implant continued to serve Larsson for more than 40 years until his death in 2006
- 1974: The first ceramic dental implant, an alumina implant called the Tübingen, was launched but was quickly removed from the market due to poor survival rates
- 2005: The first zirconia dental implants launch in Europe
- 2011: Zirconia dental implants are FDA approved and available in the United States
**simplyInterActive™ Dental Implant System**
- Two-piece implants designed for both single-stage or two-stage surgical procedures
- Includes two restorative platforms across four implant diameters ranging from 3.2 mm to 5.0 mm
- Features a 12° conical connection
- Micro-grooves and micro-threads on coronal aspect designed to increase bone-implant contact (BIC) and long-term stability in crestal bone area
- Progressively-deeper buttress threads designed for increased BIC, which can improve primary stability in low-density bone

**AnyOne® Implant System**
- Designed for a simplified surgical protocol
- Features Xpeed® calcium titanate nano-structure technology designed to eliminates acid residue
- AnyOne fixtures have wide parallel wall design for enhanced fracture resistance
- Diverse prosthetic options with a single prosthetic connection for all fixture sizes and an 11-degree internal hex connection
- Depth of fixture positioning is easier to control due to the straight upper portion of the fixture
- Crestal bone loss is minimized by reducing stress in the cortical bone

**ETII Implant System**
- Designed to provide comfortable, safe, and effective implant treatment
- Features a sand-blasted and acid-etched surface and biocompatible titanium construction
- The straight body allows for insertion depth adjustments
- The thread design is said to offer improved initial stability and powerful self-threading
- Small corkscrew thread reportedly provides increased stability in soft bone

**Engage™ Plus**
- Expansion of the Engage bone level implant system featuring a 1 mm machine-finished collar to bring the implant-abutment junction above the crest of bone
- Its outer tip and mini-cortico threads in a unique pattern reportedly lock into bone for rapid fixation
- Available in 4.0 mm, 5.0 mm and 6.0 mm sizes with the two larger sizes designed for platform switching
- The universal hex connection matches other OCO implant systems

**Astra Tech Implant EV**
- A revised implant design features a deeper implant thread apically for enhanced primary stability and implant handling
- Builds on the properties of previous Astra Tech Implant systems
- A wide range of implant sizes, lengths and designs are available
- Designed for simplified surgical protocols, the implants can be placed with a flexible drilling protocol
- Compatible with a range of restorative options

**NobelPearl**
- A two-piece ceramic implant solution featuring a cement-free Inter-X internal connection and a carbon fiber-reinforced-PEEK/VICARBIO® screw
- A white, zirconia implant, it is designed to support a natural soft-tissue appearance
- Zirconia may promote microcirculatory dynamics in peri-implant mucosa
- The hydrophilic sand-blasted and acid-etched ZERAFIL™ surface is designed for optimal osseointegration
- Milled from hot isostatic-pressed (HIP) zirconia blanks for consistent geometry and high strength

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**Hiossen**
- 888-678-0001 | hiossen.com

**Nobel Biocare**
- 800-322-5001 | nobelbiocare.com

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**Implant Direct**
- 888-649-6425 | implantdirect.com

**Integrated Dental Systems**
- 866-277-5662 | idsimplants.com

**Dentsply Sirona**
- 844-848-0137 | dentsplysirona.com

**OCO Biomedical**
- 800-228-0477 | oco.biomedical.com

**Engage™ Plus**
- 844-848-0137 | dentsplysirona.com

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**CIRCLE RS #54**

**CIRCLE RS #55**

**CIRCLE RS #56**

**CIRCLE RS #57**

**CIRCLE RS #58**

**CIRCLE RS #59**
**STEP ASIDE HUMANS, ROBOTS ARE HERE TO HELP PLACE IMPLANTS**

While there are a range of guided implant options from placement guides to live, on-screen navigation guides, the Yomi Robotic Dental System is currently the only FDA-cleared robotic device for dental implant surgery. Here’s a look at the system:

**Yomi Robotic Dental System**
Designed to allow clinicians to place implants with a simple, digital workflow, Yomi provides real-time, multi-sensory guidance to help clinicians place implants with a high level of precision. The robotic system provides visual and audio feedback and physical cues that guide the surgeon to the precise implant location and angulation and then maintains the optimized hand-piece trajectory. The system tracks patient movements and stops when the implant is at the desired depth. A graphic display also helps clinicians stay on the treatment plan. While Yomi guides the clinician, the system does not take control away from the surgeon and allows for intraoperative adjustments.

*Neocis, Inc.*
855-963-6247 | neocis.com
CIRCLE RS #84

**Inverta™ Implant**
- The Body Shift™ design creates a chamber for bone growth in the inverted coronal segment of the implant to reportedly enhance esthetic outcomes
- The wider apical portion is designed to allow primary stability for immediate placement
- Features a Sinergy™ Surface treatment
- Fabricated from high-strength, Grade 4 titanium

*Sterngold*
800-243-9942 | stergold.com
CIRCLE RS #62

**MOR® Mini Implant System**
- Mini dental implant system designed to make it easier and less invasive to place and immediately load implants
- Available in three diameters, 2.1 mm, 2.4 mm, and 3.0 mm
- Available in 10 mm, 13 mm, 15 mm, and 18 mm lengths
- Features a SGE surface treatment
- Well suited for denture connection or crown and bridge fixation

**Shatkin One Piece Mini Implant**
- One piece tapered abutment for fixed application
- Blossom threads at apical portion for better bone cutting
- Micro threads at abutment end and platform switching promoting bone healing and long term bone stability
- Ossean surface for faster osseointegration
- Available in 2.5-mm diameter and various lengths

*Shatkin F.I.R.S.T.*
888-474-2854 | ShatkinFIRST.com
CIRCLE RS #60

**Southern Implants**
561-472-0990 | southernimplants.com
CIRCLE RS #61
**Quadro Spiral Implant (QSI) System**
- Manufactured using an industry standard Grade 5 Titanium (Ti6Al4V) for enhanced strength
- Implants feature a roughened surface prepared with a well-documented SB/LA surface preparation for enhanced bone and soft tissue response
- Apical Blades for redirection and angle adjustment for parallelism during insertion
- Broader square threads in the implant’s upper body increase surface area and decrease bone stress while transitioning to sharper threads for self-tapping
- Micro-Grooves are designed to add a greater surface area and reduce crestal bone stress

*Ritter Dental*  
855-807-8111 | ritterimplants.com  
CIRCLE RS #63

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**V3**
- Compression-free gaps in the coronal area help form blood clots to enhance integration and bone growth
- The triangular neck design is said to provide high immediate crestal stability
- The 12° conical connection is designed to provide an optimal implant-abutment connection and features built-in platform switching
- Micro-rings on the neck of the implant are designed to facilitate an increase in bone to implant contact (BIC)
- Sandblasted and acid etched to produce surface roughness and micro-morphology for enhanced osseointegration

*MIS Implants*  
866-797-1333 | mis-implants.com  
CIRCLE RS #64

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**OKTAGON® Implant System**
- Available in tissue level, bone level, or bone level tapered
- Manufactured from grade-4 titanium
- Sandblasted, acid-etched surface
- Built-in platform shift on all bone level and bone level tapered implants

*Henry Schein Dental*  
800-372-4346 | henryscheindental.com  
CIRCLE RS #65

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**T3® Implants**
- Designed to preserve tissue for optimal esthetic outcomes
- Contemporary hybrid surface provided by complex multi-surface topography and an average mean surface roughness value of 1.4 μm in the threaded portion of the implant
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# Implant Adjacent Technologies

Dental implants open a range of new restorative options for edentulous and partially edentulous patients, but the implants themselves are only one part of this area of care. Here are some other dental products and technologies that can be used to make implant treatment more efficient, effective and esthetic.

## Surgical Handpiece
Designed to provide precise RPM and torque settings, these handpieces are vital for the intricate tasks of preparing the implant site and actually screwing the implant into place.

## Implant Stability Testers
These devices provide a numerical assessment of how well an implant has integrated into the bone to help indicate when the implant is stable enough to support a restoration.

## CBCT 3D Imaging
Capable of producing accurate and measurable digital models of the proposed implant site, these imaging systems make diagnosis and treatment planning more detailed and accurate.

## Implant Locators
These devices are used to locate the exact placement of implants while they are healing subgingivally, making it easier to uncover an implant to place a restoration.

## Digital Treatment Planning Software
These applications are where clinicians put their CBCT images to work as treatment planning platforms allow a “crown down” approach to design the ideal restoration for form and function and then use the anatomical information in the CBCT image to plan the ideal implant placement and angulation to support the restoration.

## Bone Graft Materials
Grafts are often used when a patient doesn’t have sufficient bone or when there is too much damage around an extraction socket to support an implant. These materials can be derived from synthetic sources, animal tissue, donor tissue or even from the patient being treated. They are placed at the implant site and given the time to integrate with the surrounding bone to encourage the growth of enough bone to support the implant.

## Surgical Guide Systems
Whether 3D printed, milled, cast or otherwise fabricated, these guides secure to the patient’s remaining dentition or edentulous ridge to ensure the implant is placed in the planned place at the optimal depth and with the proper angulation.

## Dental Implant Drivers
Implant drivers and drills are specialized tools used to prepare the implant placement site, and then to fix the implant into place. These specialized tools are designed to be compatible with specific implant systems and are designed to be used at specific RPM and torque settings for optimized implant placement and the best chance of treatment success.
Implants can be difficult, even for specialists. So, when Dr. Richard Anderson, a general dentist at Empower Digital Dental in Cloverdale, Calif., wanted to integrate implant planning and placement into his practice offerings, he knew he needed to adopt technology that would allow him to do it safely and effectively.

“I was trained well in placing implants after my Air Force residency, but the amount of planning was extensive and cumbersome,” Dr. Anderson explains. “I just couldn’t believe that I could plan an implant surgery with such accuracy and know that the outcome could be so predictable.

“The SICAT software takes a very complex surgical procedure, that can present many pitfalls and challenges to a general dental practitioner, and make it a quick, safe and predictable everyday procedure. It has taken the anxiety and guesswork out of a high-end surgical procedure and made it simple for me as a general dentist.”

Since SICAT offers a complete implant workflow—from 3D diagnostics and digital planning to surgical-guide creation—Dr. Anderson found that the software simplified every step of the process.

“I really feel like SICAT Implant/Galileos Implant planning software is the simplest implant planning software in the world. It’s absolute ease of use is unparalleled.”

Dr. Anderson says the software offered him all the tools he needed for implant planning, including an implant-aligned workspace for easy planning and alignment of implants and other sleeves and abutments. Additionally, the workspace’s intuitive toolbar makes nerve mapping, measuring, implantation planning and viewing an easy task.

“I also find that the extended views available in this software (panorama, implant-aligned, and MPR radiology) are unprecedented,” Dr. Anderson adds. “3D viewing can be a difficult challenge for new users, but the SICAT software makes orienting in the three planes a simple task.”

The SICAT surgical guides have also been invaluable to Dr. Anderson. “I absolutely love the surgical guide options and wouldn’t even consider placing an implant unguided anymore. The variety of production options makes it convenient for any practice: You can mill your own guide on the CEREC machine, send the information to SICAT to have them fabricate the guide, or SICAT can send the STL guide to the lab of your choice for printing.”

And the software’s benefits aren’t limited to its own system.

“The best surprise is that SICAT has made Galileos open,” says Dr. Anderson. “Any DICOM file can be imported into it. All the excellent benefits of this software can be used virtually with any cone beam file taken on any brand of machine. This is very helpful to me, as I work with many different offices that have different CBCT machines made by different companies.”

While it does take some training to fully integrate the software into an implant workflow (understanding the intricacies of the guided implant surgical kit and how it integrates with the software is critical, Dr. Anderson says), once practitioners learn the software’s capabilities, the benefits for implant planning and production processes are unrivaled.

A complete approach to implant planning

How SICAT Implant/Galileos Implant planning software has simplified implant treatment for one clinician.  

By Laura Dorr
With Rebase II, patients experience less time in the chair and are able to leave the office with corrected dentures. “The simpler the procedure, the more likely the patient will be to schedule their relines. Direct intraoral relining provides accurate results, happier patients and a more successful practice”.

Dr. Ian Shuman (DDS, MAGD).

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How to prevent hand strain when extruding heavy body impression materials

How using Practicon’s BFC³ helps protect clinician health and adds efficiency to impressioning. [by Shannon Pace Brinker, CDA, CDD]

When it comes to common impression materials used daily by dental assistants in the practice, ergonomics can quickly transition from a convenience to a medical necessity. Extruding highly viscous materials under certain conditions with a repetitive motion can lead to pain and even greater issues like ganglion cysts.

The impact of hand strain on dental assistants from extruding impression materials can affect productivity. However, the Practicon BFC³ Powered Impression Gun enables assistants to save their hands which is critical because without full-hand mobility, impression techniques become far more challenging to deploy and dental procedures are ultimately less effective.

Taking successful impressions

Successful impressions with high accuracy are an essential aspect of durable restorations. They hold a fundamental position in restorative dentistry, which is why it is so integral to ensure they capture precise intraoral information and maintain dimensional stability.

There are a variety of impression materials on the market today, making it a challenge to select the right products and techniques for every situation. The overwhelming number of options can lead to confusion and inconsistency, which keeps practitioners from achieving successful outcomes.

Once dental professionals, especially assistants, understand the different material characteristics, indication requirements and techniques, practices will be able to make informed decisions on the right materials, tools and approaches for each case. They can then keep the process of obtaining impressions as stress-free and comfortable for patients and the dental team as possible.

Accurate impressions provide clinicians with detailed records of the oral cavity. They capture the exact dimensions of a preparation and soft tissue, the margins of the preparation, and the prepared teeth and surrounding dentition relationship. As materials and technology continue to improve and dental teams better understand those materials and common techniques, dental professionals will be able to obtain more accurate impressions while improving the process for everyone involved.

The impact of viscosity

Impression materials continue to advance, but to know which material and tools are best for various clinical situations, it’s important to understand impression material characteristics. Primary features include hydrophilicity, elasticity, tear strength, viscosity, dimensional stability, and working and setting time.

The flow of an unset impression material is its viscosity, which comes in four classifications: low (a syringe or wash material), medium (one-step monophasic material or heavy body), high (tray material), and very high (putty). The amount of filler present determines a material’s viscosity.

Why is viscosity important? It influences the material’s ability to capture necessary intraoral details for an accurate impression. Lower viscosity materials typically record finer details and allow for the greatest shrinkage while the material sets. The challenge with low viscosity materials is that they are more difficult to work with than materials with a high viscosity.

Understanding viscosity is important when determining the best material for a particular case. The level of viscosity needed depends on the type of restoration being placed and how much detail is necessary. For those requiring heavy body materials, the challenge of extruding the material into an impression tray can lead to repetitive strain on joints in the wrist.

Impression material differences

Polyethers are among the materials best suited for taking multiple impressions. This accurate, effective material allows for multiple pours, provides long-term dimensional stability and features a short set time. These materials provide the accurate surface detail, minimal distortion on removal and tear strength needed to create impressions that last. They also have a shelf-life of up to seven days.

Of course, these materials also come with their challenges, including rigidity, an unpleasant taste and odor, the tendency to absorb water from the atmosphere and swell over time, and difficult intraoral removal. Even so, polyethers have a successful clinical history and offer dental professionals an established, effective material.

Vinyl polysiloxane (VPS) materials represent another effective option for final impressions. These popular materials help ensure assistants obtain accurate impressions. They address many of the challenges associated with polyether. For example, they provide less rigid impressions that do not absorb excess fluid and also

BFC³ Powered Impression Gun

Designed to provide better, faster comfort, control and compatibility, the BFC³ Powered Impression Gun can dispense any 1:1 or 2:1 automix impression material with the push of a button. With variable flow controls, it is capable of filling a full-arch tray in less than 10 seconds. The cordless gun works with standard impression material cartridge sizes and features a rechargeable battery that can dispense up to sixty 50 ml cartridges on a single charge. Familiar, ergonomic design similar to manual automix guns.

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Taking a poor impression can result while the silicone element increases defined landmarks. This decreases dentists can send their labs more Impression Gun provides the solu-

While any of these materials, dentists can send their labs more accurate impressions, whether the impression is for a crown, an implant, dentures, or any other restoration. The flow properties these materials exhibit help improve accuracy of fit and deliver more defined landmarks. This decreases the number of retakes, remakes, and adjustments, saving practices time and money. But hidden in all these benefits is the possibility of hand strain on the part of the assistant.

Extruding heavy body materials with an impression gun

Taking a poor impression can result from a variety of factors, but in those cases where it occurs because of operator error, an electric impression gun can significantly improve the consistency of quality impressions. Practicon’s BFC³ Powered Impression Gun provides the solution to a situation that normally requires manual operation. This tool is capable of saving assistants from strain. It is a handheld, cordless, motorized impression gun that is also portable and rechargeable. Where before the assistant would need to carefully provide the correct pressure to extrude a material from a manually operated impression gun, they can now transition to allowing a machine to do the work for them. The BFC³ gun can dispense any 1:1 or 2:1 automix material upon the assistant pressing a button. They can then use the gun to fill a full-arch tray in its entirety in less than 10 seconds.

The primary benefit of this impression gun is assistants no longer have to deal with the repetitive trigger squeezing motion that wears out the hand and wrist while reducing the assistant’s ability to carefully fill an arch. This can lead to inaccuracy and the need for remakes. The Practicon BFC³ Powered Impression Gun is compatible with 2.5 mL, 50 mL, and 75 mL cartridges and contains a rechargeable battery.

The design is similar enough to manual guns that dental assistants will not feel uncomfortable adding the ergonomic design to their normal workflow. With the powered gun, heavy body material is much easier to extrude.

Ergonomics for dental assistants

Ergonomics combined with the proper tools and materials will prevent hand strain from getting the best of diligent dental assistants. But what happens when an automatic gun is never utilized and a detrimental movement is used over and over again? The result could be a ganglion cyst, something I’ve experienced personally as a dental assistant.

The wrist is far more complex than it may first appear. It is the physical bridge between the many muscles, bones, and ligaments contained in the hand with those in the lower arm. Wrist pain is not uncommon and is often due to overuse. Common injuries include carpal tunnel syndrome and tendinitis. Long-term repetitive stress can spur pain that only worsens with time.

The problem is likely serious if the pain escalates, numbness occurs, or there is any swelling apparent. Additionally, if stiffness sets in that prevents straightening the wrist or carrying out specific movements without pain, then treatment or intervention is likely necessary. When this kind of pain comes from extruding heavy body materials, it’s best to stop the repetitive movement at once and consult a medical professional. Sometimes, the problem isn’t obvious until something visible like a ganglion cyst appears.

I had to deal with a ganglion cyst and it was not a pleasant experience. These fluid-filled cysts are non-cancerous, resembling a bump protruding from the wrist joint. These cysts may come from long-term overuse and I believe mine was certainly an effect of poor ergonomics during dental assistant duties including impressions. Achiness, pain, and reduced mobility are general symptoms of ganglion cysts. Visibly, they are also undesirable. For these reasons, I had mine removed. This reduced my pain significantly and taught me the value of proper ergonomics.

Before it comes to the point of consistent pain and even the need for surgery, dental assistants would do best to transition to a powered option such as the Practicon BFC³ Powered Impression Gun. It’s best to start as early as possible to reduce the strain on the wrist. Plus, impressions will be more accurate and consistent. By using this impression gun to save time and strain, dental assistants can focus their energy on other areas as productivity improves.

ABOUT THE AUTHOR

Shannon Pace Brinker, CDA, is a national and international speaker, published author and dental assistant for more than 25 years. She has taught at the Nash Institute, Dawson Academy and Spear Education, instructing through both lectures and hands-on programs. She has written over 300 articles on Clinical Application and has a current column in Dental Product Reports for the team evaluation of dental products and materials. She has her own publication for dental assistants with partnership of Schein Dental called “Side by Side”. She has started one of the first online platforms designated for dental assistants called the Academy of Chairside Assisting. Shannon is an active member of the AADCO, was the first auxiliary to sit on the AADCO Board of Directors, and was awarded the Rising Star Award. Shannon has been recognized as one of Dentistry Today’s Top 100 Clinicians, Dental Product’s Report’s 25 most influential women in dentistry, was winner of the Lucy Hobbs Award, Sunstar Butler Achievement Award and Dr. Bicuspid’s Dental Assistant Educator of the year.
See and work better with less stress and pain

Research indicated ergonomically-fitted loupes such as SurgiTel TTL loupes can ensure safe neck tilt and allow clinicians to see, perform and feel better. [compiled by Stan Goff]

Information provided by SurgiTel.

THE PROBLEM
Practitioners suffer neck/working pain due to lack of ergonomic loupes

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"Small violations can have big consequences. What could I be missing?"

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What products can you run into the ground and what should you upgrade ASAP? Our experts weigh in on how timing is everything when managing your practice purchases. [by Terri Lively]
There is no shortage of ways for you to spend money on your practice. However, most practices must see a significant return on any investment made. As you sort through the deluge of opportunities to separate yourself from your hard-earned cash, it is critical to consider what you should upgrade as often as possible and what you can possibly use forever.

Jason Goodchild, DMD, Director of Clinical Affairs for Premier Dental Products Company, says it is not always necessary to have the latest and greatest technology. There are plenty of dentists who use what some might consider antiquated technology but still provide excellent patient care.

“New and shiny doesn’t always mean better. Sometimes it just means more expensive,” Dr. Goodchild says.

Jeff Lineberry, DDS, a general and cosmetic dentist who practices in Mooresville, N.C., agrees that all expenditures are not equally critical. There are areas where he focuses his attention and other equipment and technology that he uses for years and years to deliver excellent patient care.

“I could pick up a handpiece from 20 years ago and still produce good work,” Dr. Lineberry says.

John Flucke, DDS, and Technology Editor for Dental Products Report, loves gadgets and technology, but he agrees they’re not all essential items. He has a decision matrix approach to investing in his practice. Before sizeable technology investments, Dr. Flucke asks himself three questions in this order:

1. Does it let me do what I want to and get better results or at least the same results I get now?
2. Does it make the procedure faster?
3. Can I afford it?

“You can also put in there, ‘Can I do things that I’m not currently doing?’ That’s huge,” Dr. Flucke says of his buying decision process.

Dr. Goodchild favors the approach of remembering what a “must-have” item is and what is “nice-to-have.” If he were considering an upgrade, Dr. Goodchild says he would weigh the short-term expense of the purchase against the long-term gain for the practice.

“Will I be able to do dentistry faster? More importantly, will the expenditure allow me to do better dentistry? Is it better, safer, faster? For me, that speaks to the return on investment, and that’s a big question,” Dr. Goodchild says.

So, what should you upgrade? Here are three areas of the practice our experts agree are a good investment for your practice:

**Your radiography and imaging**

Many dentists feel like they can still function fine with film radiography. Moreover, for many years, that was all that was available, and dentists provided excellent patient care with it.

Dr. Goodchild thinks that dental radiology and imaging is an area where dentists need to upgrade from film if they haven’t already.

“New and shiny doesn’t always mean better. Sometimes it just means more expensive,” Dr. Goodchild says. “Price isn’t everything. There are areas where you need a state-of-the-art digital camera. The images you get with a good camera are sufficient for patient education purposes. He likes the intraoral cameras from MouthWatch because he says they make great cameras for an affordable price, around $300.

“In my opinion, the days of the $3,500 camera are gone,” Dr. Flucke says.

**Your information security**

Many dentists have not upgraded their security enough. It’s an area that some doctors let slide or do not think about at all. However, Dr. Flucke says that with today’s HIPAA concerns and the prevalence of data breaches, you cannot afford to skimp on your data security.


But that’s not what the thieves want. They want the demographic info.”

A patient’s record has their demographic information, home address, phone number, and diagnostic information, all reasons why hackers might be interested in obtaining this data.

“Your information security is your business,” Dr. Flucke says. “Find out about it as much as possible. You need to know how to protect yourself.”
Restorative materials, whether direct or indirect, are always improving. Dentists should be updated on new developments with materials because of their daily use.

phone number, Social Security number, birthdate, and maybe even their credit card number. Dr. Flucke says in his patient record, they often have family members and their birthdays as well.

“People use their kid’s names or birthdates of their children for computer passwords and other things. People don’t think about what is in there that could wreak havoc in somebody’s life,” Dr. Flucke says.

To put it in perspective, Dr. Flucke says a credit card number on the black market goes for 50 cents. However, a medical record goes for $50.

“What we’re sitting on in our networks is a huge amount of money for nefarious people,” Dr. Flucke explains. “It’s worth it for them to try to break-in.”

Dr. Flucke says there are two significant consequences if you do not upgrade your practice’s data security. First, you do not want to be responsible for that kind of data breach for one of your patients because of the nuisance it is for them. Second, you don’t want Health and Human Services getting involved and then getting hit with a six-figure fine because you didn’t protect the patient information the way you should.

Your restorative materials
Dr. Lineberry encourages dentists to stay on top of developments with materials because they often improve, and they are in your hands every day. His practice has a lot of restorative and cosmetic work that uses different types of composite and bonding systems, so he is always interested in product developments in materials.

“Materials are always improving with performance and physical properties. You want to ensure you are using the latest and the greatest,” Dr. Lineberry says.

Also, some of the indirect materials such as lithium disilicates (e.g., IPS e.max products from Ivoclar Vivadent), and zirconia have improved a lot in performance, Dr. Lineberry says. He didn’t have these available when he first graduated from dental school, but over time he has incorporated them into his practice and thinks they produce excellent restorations.

He encourages dentists to try new things and get comfortable with different materials by attending continuing education courses and monitoring the dental literature. Otherwise, you run the risk of getting stuck in a rut with restorative materials and miss out on the improvements available.

“Sure, you can use Hercule composite that came out 20 years ago. It’s proven, and it will work, but chances are, it has improved in the recent past,” Dr. Lineberry says.

Dr. Flucke agrees that you should follow new developments in materials. While there are always going to be materials that are tried and true, advances in them can make a significant difference in your productivity and efficiency.

“There are some things like the new OMNICHROMA from Tokuyama, which is a single shade composite. When you put it in the tooth, it pulls in the color of the surrounding structure. It matches 90 to 95 percent of the situations that I use it in. That’s something I am glad I have,” Dr. Flucke says.

However, Dr. Flucke also cautions dentists not to run out and buy every iteration of a product, either. For example, if you use XYZ company’s 4.0 brand composite, and they come out with version 5.0, Dr. Flucke says you don’t have to upgrade right away. Many of the material improvements for long-standing composite materials are not always significant enough to change clinical outcome when existing materials are used appropriately.

Dr. Flucke uses shade matching as an example. Many improved composites tout their improved shade matching to the shade guides. However, as long as it’s tooth-colored, it did not require them to sit in the chair with their mouth open for 90 minutes, and doesn’t stand out like amalgam, most patients don’t care.

“They are not concerned about whether they have different dentin shades that will match the underlying substructure,” Dr. Flucke says.

“I want the patient to get the absolute clinical best I can give them, and if that means changing materials, so be it. But sometimes I get just as good a result with the old version.”

So, what can you run into the ground?
Our experts all have other equipment that they squeeze all the use possible out of it. Here are a few examples of areas that don’t need a constant upgrade.

Track lights
Dr. Flucke hates track lights. If he had a track light go out, he would push it over in the corner and do away with it. He thinks dentists spend too much time adjusting it while they are working. He prefers his lighting to come from his loupes.

“You can very easily put a light on your glasses that is brighter and goes everywhere your head turns. So, your field is always illuminated without ever having to touch a track light,” Dr. Flucke says.
As long as it's comfortable, anything," Dr. Lineberry explains, "want a chair with duct tape on it or mini-service it to keep it working. But at that point, it's time to get a new chair," Dr. Goodchild says.

Operatory chairs

All of our experts agree that chairs are not something you need to upgrade regularly. If the mechanics are working with the chair, you can use a chair for years, even decades.

Recently, Dr. Lineberry recovered his operatory chairs rather than buying new ones. Dr. Lineberry says that the latest and greatest chair may not always be necessary.

"I mean, you obviously don't want a chair with duct tape on it or anything," Dr. Lineberry explains, "but as long as it is comfortable to the patient and allows you to have access to the oral cavity with healthy ergonomics, you don’t have to run out and buy the next chair."

Dr. Goodchild also recovers his chairs that may look worn but are functioning fine. He had one A-dec unit for 25 years. He agrees that if you invest in a quality dental chair, you can “beat those to death,” but that there are limits to what is acceptable.

“There are a lot of dentists that want to do a MacGyver thing, which is to duct tape it up or minimally service it to keep it working. But at that point, it’s time to get a new chair,” Dr. Goodchild says.

The equipment behind the scenes

Dr. Goodchild had an old Pelton & Crane stainless steel autoclave that he used for years. When it started to break down, they rigged it up to keep it functioning properly. He probably would still be using it if the service guy had not made the call. "The guy came to service it and said, 'Hey, man, I can't fix this unit anymore. It's just dead. Just let it go,'” Dr. Goodchild says, laughing. Part of the reason Dr. Goodchild didn’t replace it right away was that it was not patient-facing. In this case, the unit was sterilizing instruments appropriately, but the unit itself looked beat up and old. Replacing patient-facing items is essential because they can affect the patient’s perception of the practice and their overall experience.

The patient perception was a critical factor at Dr. Goodchild’s practice. He used to ask his dental assistant to sit in the chair and look around the operatory to see what the patient sees. If something looked old or dirty, they looked for ways to improve it.

“Things that are outward-facing, you can’t beat to death, but things that are behind the scenes are different,” Dr. Goodchild says.

In addition to the autoclave, he says he had a compressor in the basement that was approximately 20 years old and a polishing lathe that was nearly 40 years old. Both were working fine despite their age. Because patients didn’t see them, he didn’t replace them.

However, by that same token, quality equipment is more expensive, so you need to build replacements into your budget. Dr. Goodchild says sometimes replacing a non-patient-facing piece of equipment, such as your autoclave, can be an unplanned expense that puts a significant crimp in your bottom line.

“You don’t expect it to go out because it has held on for the last 20 years, but then all of a sudden, it dies on you, and now you have to pay thousands of dollars,” Dr. Goodchild explains. “A smart dentist thinks about needing to replace it and budgeting the money to do it so that it isn’t such an unexpected inconvenience in the budget.”

Another benefit of pre-planning these behind-the-scenes expenses is you can take your time and make an informed decision. For example, if the 20-year-old compressor goes out, you can’t treat patients, so your concern is only to get it running as fast as possible no matter the cost. Now, Dr. Goodchild says, you have to get whatever you can get instead of what could be the most economical.

To think ahead, Dr. Goodchild suggests considering expenditures such as autoclaves or old compressors at the end of the calendar year, when many dentists are investing in equipment for tax reasons.

“Maybe this is the year you get your new compressor or sterilizer instead of all the new and shiny stuff that the rep wants to sell you at the end of the year,” Dr. Goodchild says.

## OUT WITH THE OLD, IN WITH THE NEW?

Deciding what equipment in your practice needs an upgrade can be tricky. But our experts say timing is key when it comes to replacing equipment and materials throughout the office. Below is a list of what can stay and what needs to go.

### WHAT TO REPLACE

- Film radiography: If you haven’t yet, it’s time to go digital.
- Information security: Stay HIPAA-compliant and protect your patients.
- Restorative materials: Composites, bonding systems, lithium disilicates, and zirconia are constantly improving.
- Track lights: Consider changing these out in favor of loupes.

### WHAT TO KEEP

- Operatory chairs: Assuming it works and doesn’t look worn, it’s good. Recovering older chairs is an option, too.
- Autoclave: As long as it’s in working order and is not patient-facing, it’s okay.
- Compressor: Again, as long as it’s working properly and isn’t seen by patients, it’s likely fine.
Improve claim adjudication and office efficiency with electronic submissions

How FastAttach claim attachment software helped one practice boost collections  [by Mary Theresa-Watson]

In today’s fast-paced, high-tech world where computers occupy space on every desk, it isn’t surprising to see countless dental practices using a nearly paperless model for office operations. Aside from environmental implications, paperless strategies effectively streamline operations, cut costs, strengthen security, and save time in the busy workday.

Within the dental practice, paperless encompasses everything from electronic patient records and charting software to computerized office management systems that ease the transfer of information. Although the computerization of the dental practice is not a new phenomenon, updated system options are regularly introduced to optimize effectiveness while addressing the inherent challenges that come with modernizing operations.

NEA FastAttach claim-attachment software offers a streamlined method for submitting treatment-claim attachments such as X-rays, periodontal charts, images, explanation of benefits (EOBs), and narrative reports to a payer. Created to provide an alternative to printing and mailing paper claim attachments, FastAttach aims to speed up reimbursements in addition to saving document preparation time in the office.

According to seasoned Practice Manager Jonny Workman, FAADOM, of Paradise Dental in Port Charlotte, Fla., the system works exceptionally well with practice management software, significantly simplifying the entire process of insurance claims submissions and adjudication. “When I joined Dr. David Rowe at Paradise Dental five years ago, the practice was already paperless, but operations were not fully optimized,” she says. “But now we’re working to use the systems to their full potential, since instituting FastAttach, office staff has not had any trouble learning how to use it. On the occasions she’s reached out for support, Workman has found customer service options that work well because, quite simply, dental practice management is only as good as you set it up to be.”

“Today,” Workman says, “we have 100 percent collections, and it’s thanks in large part to FastAttach and just how much easier it makes the process.”

FastAttach™ from NEA Powered by Vyne

The NEA’s FastAttach electronic claim attachment software allows dental office staff to electronically submit claim attachments to payers to facilitate a claim. FastAttach connects with more than 750 dental plans and payers. The software is HITRUST CSF Certified, meaning the program abides by essential healthcare codes for information. There are no limits to the number of attachments a practice can send.

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Workman has found the NEA FastAttach service to be the perfect solution for the practice. “It works seamlessly with practice management software,” she says, “and it genuinely helps the office run so efficiently. The system notifies us when a claim has been sent, we receive a receipt when the claim has been received by the insurance company, and we receive regular reports on the status of our claims; if there’s a holdup, we can easily see where it is with just a few clicks of the mouse. It’s a complete system that puts the user in control.”

She describes the system as exceptionally user-friendly, explaining that office staff has not had any trouble learning how to use it. On the occasions she’s reached out for support, Workman has found customer service to be exceptionally responsive.

In the past, the practice was submitting two claims per patient visit: one for the hygienist and the doctor. Furthermore, if a problem occurred with a claim, office staff spent hours fixing the issue. “Now, we can do all of that right through FastAttach,” Workman says. “We can see what the requirements are, make sure we have everything, and, in the event of a problem, we can easily find it. No more scanning, no more entering check numbers—it’s all there with the click of a button. “It’s the most efficient way of doing insurance claims that I’ve ever found,” she continues. “It’s important to find options that work well because, quite simply, dental practice management is only as good as you set it up to be.”
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It’s no secret there has been a stigma against CBD and hemp products. However, the times are changing. According to a recent study, 75 percent of adults surveyed reported using CBD products in the previous three months. Many reported using these products to reduce anxiety, inflammation or pain. All of which are reasons that are particularly relevant to the dental industry.

And companies are taking note. Founded in 2014, Carolina Hemp Company (CHC) is making the dive into the dental market this year with its Carolina Hemp Naturals. But how exactly does the product work—and what does this company’s initiative mean for the future of dental care?

What is hemp/CBD extract? Some people hear the word “hemp” or “CBD” and immediately jump to the idea of marijuana drug use and the munchies. But this is a fallacy. In fact, cannabidiol (or CBD) does not produce intoxication. While it is extracted from the buds and flowers of hemp or marijuana plants, it is tetrahydrocannabinol—commonly known as THC—a different chemical in these plants that causes a “high.”

It’s also important to note that marijuana and hemp plants are not the same. While they are both cannabis plants, they are different varieties of the Cannabis sativa species. Marijuana plants have a high THC concentration (more than 0.3 percent by law, but usually more like 5 to 30 percent THC). Hemp plants have a low THC concentration (less than 0.3 percent by law) and a high concentration of CBD, a necessary ingredient for hemp extracts.

However, CBD and THC are just two of 483 compounds found in the hemp plant. Many companies make products that only include a few of these compounds, but for a well-rounded, pure, and potent hemp extract, you need to include more. Enter Carolina Hemp Company and its Carolina Hemp Naturals in three formulas.

The formula Through a highly monitored, unique production process, CHC’s Carolina Hemp Naturals Whole-Spectrum Hemp Extract combines multiple extracts from the hemp flower to enhance the effects of the components.

“Basically, there is just more of Mother Nature in each serving and bottle, making Carolina Hemp Naturals the purest, most cost-effective way to nourish a client’s endocannabinoid (ECS) system,” says Waylon Ford, chief business officer and marketing strategist for Carolina Hemp Company. “Carolina Hemp Naturals includes naturally occurring phytocannabinoids including CBD, CBDa, other cannabinoids such as CBG and CBN, flavonoids, and terpenoids.

“All of these compounds offer benefits of their own, while potentiating and enhancing the effects of the other compounds,” he continues.

By capturing all of the water-soluble flavonoids, oil-soluble cannabinoids, terpenes in the flower, the spectrum of components combines to make Carolina Hemp Naturals more potent in a smaller serving size.

“It still brings greater results than other products that claim to have higher amounts of CBD,” Ford says. “Less is when you have the purity, potency, and whole spectrum.”

The process of creating this quality, whole-spectrum product isn’t simple. “Our production process includes everything necessary to produce the product the consumer finds on the shelf, or has delivered to their door,” Ford explains. “Carolina Hemp Naturals is vertically integrated such that every element necessary for its production is carefully managed.” This includes supervising each step of the process, from soil analysis, planting and nurturing, to harvest, curing and processing in their FDA-quality production facility.

“After curing at the farm, our hemp is transferred to our processor where our GMP-compliant facility begins processing,” Ford says. “We use an herbal solvent organic ethanol (EtOH) in multiple proprietary processes to capture multiple whole-spectrum extracts to create the final blended product.”

“And,” he adds, “throughout the process, multiple third-party tests are run to ensure quality and potency.”

Dental implications for hemp Because Carolina Hemp Naturals can be used to treat both anxiety and pain, its implications in the dental industry are huge, Ford says. Dentists are using the extract pre-procedure to reduce anxiety and post-procedure for pain management.

Taking the extract as anesthesia begins to wear off also can lessen or prevent pain—sometimes negating the need for potentially addictive opioids or other painkillers.

Beth Clifton, office manager at Dr. Larry G. Hubbard, DDS dental practice in Statesboro, Georgia, has seen the big advantage of using Carolina Hemp Naturals firsthand in her practice.

“We give it to the patient when they come in. It lowers blood pressure, preemptively attacks any inflammation that will happen during the procedure and also lowers the anxiety and stress of being at the dental office,” she says. “It allows them to use less anesthesia and may keep practices from having to put patients under as often.”

“We have yet to have anyone say that they did not have the most relaxing and best experience in the dental office when they took Carolina Hemp Naturals before their procedure,” Larry Hubbard, DDS, adds.

CBD is also well-cited for its efficacy in treating inflammation and fighting bacteria, which makes it a perfect addition to a dental office’s post-treatment regimen.

The dive into the dental market CHC recognized the implications of Carolina Hemp Naturals and made its foray into dentistry in 2018 when CHC founder Brian Bullman crossed paths with Amber Young. Young was an oral-cancer survivor with rare medical conditions looking for a pure, potent form of CBD to help her manage her conditions. Active in the dental industry as the chief brand officer and national spokesperson for the Oral Cancer Cause, Inc., Young knew many of the challenges dental practices face in regard to pain management—particularly in the face of the opioid crisis—and patient comfort.

“These were key considerations in the process of introducing hemp into the dental industry,” Ford explains. “Not only as opiate replacements, but as a new revenue stream for practices. Amber began working with us to educate dental practices on the benefits of Whole-Spectrum Hemp Extract in the practice. She suggested if we wanted
to make a splash in the industry, there was no better place than the Hinman Dental Society Annual Meeting.”

And the response at Hinman was overwhelming.

“The interest level among dental professionals has been very high,” Ford says. “When we introduced ourselves at the Hinman dental conference this year, we were arguably one of the busiest booths there. We were surprised by how accepted we were by the dental professionals.”

Surprised, but excited. Currently, more than 100 dental professionals are using Carolina Hemp Naturals in their practices, and CHC dental reps have been getting increasing numbers of orders since the launch of the new dental package.

The package includes a digital pipette distribution system, disposable pipettes, two 30 mL bottles and 24 15 mL bottles of Carolina Hemp Naturals, as well as a custom 100 percent hemp anti-microbial case.

“When we met hundreds of practitioners at Hinman, everyone had a positive experience when they tried a sample of Carolina Hemp Naturals, and many had the same two questions,” Ford says. “How can we administer a consistent serving of Carolina Hemp Naturals in our practice, and how can I sell a bottle to my client to take home? The dental package answers both of those questions.”

The pressing questions

While many practitioners are excited about the possibilities for the introduction of hemp into the dental practice, there are understandably a lot of questions.

“We’ve done all the hard work and heavy lifting by beta testing the product and delivery methods in regional dental practices,” Ford explains. “We’ve used this experience and feedback to provide an easy, precise delivery method and provide a simple message as to why Carolina Hemp Naturals is beneficial to patients.”

The dental package also helps with actual product delivery.

“Carolina Hemp Company provided a digital pipette system that allows us to easily give a 0.5 mL serving when patients come in,” Clifton says. “Plus, after the dental procedure has taken place, the patient has the option to purchase a bottle.”

Outside of implementation questions, one big concern for practitioners is the fact that hemp products remain outside the scope of the Federal Drug Administration (FDA).

“In the absence of FDA-directed regulation, it is essential to only provide access to third-party-tested products,” Ford says. “We have, from the brand’s inception, sought to produce a product that will pass the most stringent requirements developed for a plant extract.”

“A recent article published by Rod Kight entitled ‘FDA and AHPA Con- vey Similar Message to Cannabis and CBD Industry’ addresses the latest position and statements regarding the coming regulatory environment for hemp extract products,” he continues.

“This, we believe, will do much to improve the quality and safety of the products on or entering the market.”

At this time, there are no state or federal regulations around using hemp extract in a medical setting that dentists need to take into consideration before introducing it in their practice.

“There aren’t any regulations con- stricting access to hemp extract prod- ucts,” Ford says. “But, third-party test products made using natural herbalist practices are safe and provide the ben- efits of Mother Nature—the supreme chemist in the universe—intended for the support of our chief regulatory system, our ECS.”

“The FDA frowns upon the making of medical claims that haven’t been evaluated through their protocol, but discussion about the benefits of nurtur- ing the ECS is an ideal way to introduce your patients to the numerous well-documented and studied benefits of using natural hemp extracts,” he adds.

Patient response

Initially, patients have had some concerns, particularly around drug screening: If I take hemp extract after a dental procedure, will I fail a work drug test? The answer, Ford says, is no.

“We have customers consuming Carolina Hemp Naturals regularly who routinely have blood tests performed as part of their pain management,” Ford explains. “The confirmation level for a positive drug screen is 50 ng/mL, but these customers consistently show blood levels of tested metabolites at or below 15 ng/mL.”

Once patient fears have been alleviated, Carolina Hemp Naturals—a product that reduces anxiety and helps manage pain—has been a big hit with the patients who have tried it.

“Our patient response has been great,” says Dr. Hubbard. “Since we started using Carolina Hemp Naturals in our dental procedures, the patients that have chosen to take it have said they have not felt more relaxed and the experience has been the best yet.”

Hemp extract’s dental future

Would you introduce hemp extract in your practice? Many dentists are heading that way, and Ford is excited to see what this will mean for the industry.

“We hope that by reintroducing hemp to the dental industry it will destigmatize the plant and educate the masses of its potential to help with daily quality of life,” he says.

CHC is dedicated to the cause. “The team behind Carolina Hemp Naturals are some of the most thought- ful and dedicated folks in the hemp industry,” Ford concludes. “There are hundreds of years of expertise in a variety of complementary disciplines all working synergistically together. We all hunger to do something good for mankind by striving to do our best to produce a product that, first and foremost, works as nature intended but, equally important, is also accessible to everyone. It has been the focus of our effort to set the bar for what consumers can expect from a hemp brand.”

References available online at dentalproductsreport.com.
As another year comes to a close, now is the perfect opportunity for you as a dentist and practice owner to reflect back on your own highs and lows of 2019. Whether you’ve had a lackluster year in the dental practice and are looking to start fresh, or you’re invigorated by recent success and are excited to keep the momentum going, it’s helpful to tap into consumer-driven marketing trends in order to create a plan to reach them and build your practice in the coming year. After all, your dental patients and consumers are one and the same.

When looking at the most prevalent consumer trends of the year, there is one overarching theme that keeps popping up, and that is the growing need for dentists to build meaningful patient connections. Competition among dentists is fierce right now in most markets across the country, meaning patients can pick and choose among any number of private practices and Dental Service Organizations (DSOs). It’s harder than ever for dentists to stand out from the crowd, but those who make the effort to build connections—both online and in person—are better able to reach more patients and differentiate their practice from all the rest.

So how can dentists use the idea of patient connections to help shape a productive and profitable 2020? Let’s dive in.

**Forging patient connections through...content creation**

Nearly every dental practice has an online profile today, so how can you break through the noise and get noticed online? By creating and sharing your own content, and the good news is online content can take any number of forms:

- **If you haven’t already, create a practice blog within your website.** Building a library of content within your site gives patients a place to find the answers to questions they are looking for when researching new practices online, and it establishes you as a local expert in the dental field, giving them more reason to choose you as their dentist. Just be sure to keep it in layman’s terms and inject your own personality into your posts to help humanize your profile and set your practice apart.

- **Videos are an especially valuable way to foster a deeper, more personal connection with patients today.** Content for videos can include, but is not limited to, a tour of the office, answering practice FAQs, aftercare instructions, highlighting special services you offer, or showcasing a new piece of technology in the office. Share these videos on your practice’s social media profiles and YouTube channel. (Bonus—you can shoot high-quality videos from the convenience of your smartphone. No production crew needed!)

- **Write articles for local websites and publications that have an online presence.** Of course, submitting articles for a traditional magazine or newspaper is great, too, but you’ll get even more exposure online (i.e., SEO benefits and thought leadership) if the article can link to your website and be shared through social media.

Regardless of what style of content you choose to produce, what is most important is tapping into the needs and wants of your patients to keep your practice flourishing all year long. [by Naomi Cooper, CEO, Doctor Distillery]
Building long-term patient connections starts in the practice, but with today’s technology, it is easier than ever to cultivate your own dental community that speaks to the modern dental patient.

Consider investing in patient-centric technology that offers same-day solutions such as CAD/CAM (sorec.com or planmeca.com) and immediate implants (ultrasoof.com) to appeal to busy patients on-the-go. Also, consider lasers that can enable you to provide virtually pain-free procedures that will make even the most nervous patients comfortable in your chair (convergentdental.com/news).

Building long-term patient connections starts in the practice, but with today’s technology, it is easier than ever to cultivate your own dental community that speaks to the modern dental patient. Engaging with patients in the ways they have come to expect and appreciate will no doubt have a positive – and productive – effect on your dental practice in the coming year. ●

ABOUT THE AUTHOR
Naomi Cooper is CEO and Co-Founder of Doctor Distillery. With nearly 20 years in the dental industry, Naomi is a respected dental marketing executive, consultant, author, speaker and industry opinion leader. A former VP of Marketing for 1-800-DENTIST and Chief Marketing Consultant for Pride Institute, she currently serves as a strategic branding and lead generation advisor to some of the most successful companies in the dental industry. Naomi blogs regularly about dental marketing at www.ninaomarketing.com. For more information about Doctor Distillery’s services to the dental industry, visit doctordistillery.com or send an email to naomi@doctordistillery.com.

REFERENCES

important is to personalize your marketing. Get real, tell stories and engage with patients (without violating any HIPAA regulations, of course).

Forging patient connections through…online chat
It used to be that incorporating an online chat feature on a customer-facing website was viewed as a "nice to have," but within the last year, it is quickly becoming a "must have." In fact, a recent study found that for consumers who visit your website on a mobile device, 62 percent of them expect to have the option to chat using their smartphones.1 Consumers love the ability to communicate with your office in real-time—any time that is convenient for them.

Put yourself in your patients’ proverbial shoes for just a minute. It is far easier and more enjoyable to open a chat box and schedule an appointment in just minutes instead of calling the office and waiting on hold. You also may have noticed that for most people under the age of 40, the concept of a phone call is completely foreign. Texting and chatting is the name of the game for Millennials, who, believe it or not, now make up the majority of moms.

And it’s also important to remember that today’s patients are often thinking about your practice during off hours, such as late evenings or weekends, which then requires them to email or to call and leave a voicemail on the office phone, delaying communication for hours and maybe even days. At that point, the impulse may have passed or they may have already made an appointment with another provider who was simply more reachable. Online chat can be a valuable tool, helping patients at the precise moment they are on your website and most engaged with your practice.

The good news is that implementing online chat does not require you to staff your front desk 24/7. There are well-known industry professionals that specialize in helping dentists modernize their websites with HIPAA-compliant real-time chat features, including WEO Media (wecomedia.com) and PBHS (pbhs.com). Companies such as Weave (getweave.com) offer dentists the opportunity to enhance their front desk, helping staff to text in real-time from their desktop computers, alleviating the crush of telephone calls while helping reach patients using their smartphones.

Forging patient connections through…social media
Social media sites remain a powerful way to forge and maintain connections with your patient base, but there are many platforms today that present countless opportunities to reach patients. Facebook certainly still reigns supreme in terms of numbers of users (1.59 billion daily users¹) and is simply too large of a force for dentists to ignore, but that doesn’t mean Facebook has to be the only social media platform to engage on.

With over 1 billion users worldwide (110 million in the U.S. alone), and with over 60 percent of users logging in daily,¹ Instagram is the second most engaged social network after Facebook. Instagram is steadily growing in numbers and is a more visually-driven platform that can be a fun and light-hearted, yet effective way to connect with patients as well.

Many dentists scoff at the idea of marketing to Millennials. But the truth is if you are trying to reach local moms (who are often the chief healthcare decision makers of their families), the oldest of the Millennial generation are entering center in one of your key target audiences. Millennials moms, along with the Generation X moms who are also an influential factor in dental offices, are tech-fluent and active on Instagram, and more than 80 percent of Instagram users follow a business account.² So if you haven’t shifted your social media strategy to include Instagram, it will definitely be worth your time to take a closer look in 2020.

Forging patient connections through…retention strategies
While it’s important to have ongoing efforts to reach new patients, the patients you already have won over are invaluable to practice success, so it pays to invest in keeping your current patient-base happy. Give your patients reasons to continually come back to the office. Expand your offerings to include highly sought-after cosmetic treatments or by providing more comprehensive dentistry to keep your patients in-house.

Providing laser services to your patients with products such as Solea from Convergent Dental and promoting them well can help set your practice apart from the competition.

Providing laser services to your patients with products such as Solea from Convergent Dental and promoting them well can help set your practice apart from the competition.
Support self-care to sustain your most important assets: your hygienists

How self-care is more than just a ‘buzzword’ and why it’s important for hygienists. [by Dr. Bethany Valachi, PT, DPT, MS, CEAS & Merideth Sweeney, BHSc, RDH]

Dear Bethany: My dental hygienist is asking for a few extra minutes between each patient to engage in self-care. Isn’t this just a new buzzword for taking a break?

Dear Doctor: Actually, the ancient Greeks were masters of self-care or philautia long before the concept went viral on social media. I highly advocate for the ability of all hygienists and all staff members to partake in intermittent self-care breaks throughout the day.

The cumulative nature of self-care is similar to musculoskeletal disorders (MSDs)—however daily self-care promotes higher productivity, comfort, and quality of life. Meanwhile, daily micro-trauma on the body could end a career!

The impact of team members neglecting self-care has far-reaching implications for the dentist. For example, a dental practice’s bottom line suffers when your hygienist misses work because of musculoskeletal pain:

- Over $1,500/day in lost productivity
- Temporary RDHs are more expensive
- Patient treatment is not as effective with temporary RDHs
- The dentist’s Workers Comp premiums can skyrocket when claims are made

The front office generally controls a hygienist’s schedule. Therefore, completing countless daunting tasks while needing to maintain a structured, time-efficient atmosphere is a constant challenge. Also, they are responsible for meeting production goals and making each patient’s experience comfortable.

The obligation to be a courteous and professional team player while continuously striving for optimal patient outcomes in a fast-paced, environment can cause mental and physical exhaustion. A hygienist requires the need to take micro-breaks because tomorrow will be a rinse and repeat of yesterday, with unquestionably a few surprises and multiple schedule changes at a moment’s notice.

Why should you empower and motivate your staff members to care for their overall well-being? Because studies show, stress reduction through self-care leads to higher production and delivery of optimal customer care. Also, self-care results in less employee absenteeism, which reduces the business’ financial liability. Research shows that U.S. employers lost $530 billion in 2017 due to acute illness, chronic conditions, and workers’ compensation claims. Investing in your team’s satisfaction is investing in your patient’s satisfaction.

Many of the above resources are accessible in Dr. Valachi’s ErgoVault, which contains a plethora of research-based dental ergonomic resources, including chairside stretching wall charts, eBook, ergonomic videos, and much more. To access Dr. Valachi’s ErgoVault, visit posturedontics.vipmembervault.com.

References and author biographies available online at dentalproductsreport.com.
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A new standard in dental staffing

Real-time staffing service onDiem delivers quality employees to dental practices, and health benefits to those employees. [by Thais Carter]

If you’ve had reason to think about the “gig economy” recently, it might be thanks to the Lyft driver who took you to the airport or the Postmates delivery person who brought lunch to your office on a busy day last week.

A close observer of the news might even have seen news in early September reporting that California passed a landmark gig economy rights bill, paving the way for approximately one million gig workers to have access to basic protections such as minimum wage and unemployment insurance. If “gig” is a concept that seems irrelevant to you, think again—think “freelancing.”

Most dental practices are considered small businesses, employing fewer than 50 people and open an average of four days a week, creating a unique labor pool of part-time employees. The reality is, many dental team members—hygienists and assistants in particular—are gig economy workers.

What does that mean for you? Joe Fogg, CEO of onDiem, a new nationwide dental staffing solution, sees this as an opportunity for dentists to embrace new solutions. We had the chance to talk with him about the burdens onDiem can lift from employers’ shoulders and the value it can create for employees including—no joke—providing healthcare coverage.

TC: Talk to me about the idea that became onDiem. What was going on in your world that brought the specific staffing challenges of the dental industry to your attention, and what made you think you were the guy to do something about it?

JF: Right before I started this conversation with you, I was in the elevator with seven gig workers. We’re based in Portland, Ore., and actually share our building with Amazon Prime Delivery. A lot of the people who drive for Amazon also drive for Uber and Lyft. It is all about the gig economy around here.

A couple days ago, I was reading the latest issue of Fast Company, which included an article about mobile dental clinics and pop-up dentistry intended to serve corporations and their employees who don’t have time to go to the dentist. I had that idea eight years ago.

In my work I’ve always been good at figuring out companies’ value propositions and how to differentiate, and I’d scaled a couple other businesses to successful exits. I always tried to take great care of my employees so that I could retain good talent, and at that time, my team was having a hard time making it to the dentist because we were so busy. In looking into options for our situation, I had an idea to create an app like OpenTable, where people could make reservations and a mobile dental clinic—a nice, semi-tractor trailer version—would roll up.

As I was working on forecasting and realizing the unique aspects of the business—open fewer days a month than traditional businesses, significant potential losses when staff is out—I saw two things that went on to shape onDiem: First, dental practices require reliable, qualified clinical staff to care for patients. When a team member calls in sick, it isn’t just inconvenient, it significantly reduces revenue. And second, there are thousands of part-time workers who want to work more and were using limited tools like social media to find available positions. There was no end-to-end option that managed that process. We started onDiem to fill that gap.

Today, our app represents a true win-win for the dentist and the dental team, saving precious production dollars for the employer and helping part-time employees earn extra money and, most significantly, participate in a group healthcare plan not typically available to temporary staff.

Both dental practices and dental professionals can post profiles in the app for free, both for permanent jobs and temporary work. Posting your needs doesn’t cost a thing. In the event that a position is filled and works, then we charge the employer a percentage of the labor. The employee is never charged.

We’ve created software that removes the friction of hiring; we take care of vetting for state license verifications and background checks, we cover malpractice, workers’ comp and navigate state and federal labor laws, tax laws, and state dental practice acts so you don’t have to. We are designed for ease.

[by Thais Carter]
**TC:** One of the things I love about your app is how simple it is. Post jobs, see jobs, accept jobs, get compensated efficiently for a job well done. As you survey the market around staffing solutions, what do you think has prevented other companies from creating a model like yours sooner?

**JF:** A couple of things. Number one is that while the software is designed for ease, being registered to do business in every state in the country and establishing the back office infrastructure to manage millions of dollars in weekly payroll is actually a lot of work. We’ve set it up so that, on the dental professional’s end, these parts move seamlessly. The other significant challenge is getting all of that established while simultaneously funding app development, hiring developers and figuring out our market strategy.

There are many platforms that exist to match people to work—from dog walking to photography and more. But we went a step further and did the non-easy parts that allow us to treat staff like people, not puzzle pieces, but managed to make it look easy.

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**TC:** As you meet with dentists and encourage them to post jobs through onDiem, what is holding them back? Are there questions or concerns you hear consistently?

**JF:** I think the practices the most engaged with what onDiem offers are those who are utilizing things like Airbnb or Uber and get the gig economy; they love what we’re doing. They see the value in getting to select the dental professional who shows up, not just who they are, but what they’re familiar with in terms of technology or specialty procedures.

In some cases, dental practices are using our service to facilitate working interviews, assessing if the person would be a good long-term fit. The same goes for the staff, deciding if that practice is an environment they’d like to work in long-term.

For smaller practices, older practices, there is some apprehension. Having to use a new service can be intimidating and inertia is powerful. For practices that want to grow or expand, onDiem can be a game-changer.

For example, a doc has always wanted to add Thursdays to the schedule, but current team members aren’t available on that day and hiring a full-time new employee isn’t an option. With us, that practice can bring in the same temp every Thursday and do a meaningful trial on extended hours. The biggest expense is always payroll, and to try something new without that fixed expense is a huge opportunity.

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**TC:** onDiem is a nationwide staffing solution, able to serve everyone from small neighborhood practices to large practices with operations across multiple states. What is remarkable is that you are also fully compliant within all those states. It is clear how this can benefit the dentist or the employer, but how does this scale change how you’re able to serve the dental hygienist or dental assistant?

**JF:** I want to say just one more thing about benefits to the practice itself. There are so many dollars spent on patient retention, SEO, and acquiring new patients. If you spend all that money and then have to reschedule those patients because of a staffing issue, you basically spent it all just to lose it, getting hit twice. We can help make sure that doesn’t happen.

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**TC:** You could have just stopped here and made it easier and just write a check, making them a 1099. There’s a lot at risk in that strategy, most serious being that the practice can get fined, but also, that as a 1099, the employee isn’t covered by workers’ comp and it is likely they didn’t set their rate expecting to cover the employer portion of taxes, so they make less money.

With onDiem, staff are a W2 employee. We cover employer-paid taxes and no one is having to go through the hassle of adding a person to payroll or following up on payment. Staff can earn more money doing what they love.

After working just one shift, dental professionals are eligible for our healthcare plan. The plan is set up to be as flexible as the workforce that needs it; Team members don’t need to work each week, but can remain covered so long as they work at least once a week every six weeks.

The Fixed Indemnity medical plan does not have co-pays or deductibles (prescription, vision, and dental do). Fixed Indemnity medical also doesn’t have a pre-existing condition limitation. Those things, plus the fact that the Fixed Indemnity medical plan uses First Health Network—one of the nation’s largest PPO networks—are the aspects of this plan that we are really excited about.

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**TC:** One of the things I love about your app is how simple it is. Post jobs, see jobs, accept jobs, get compensated efficiently for a job well done. As you survey the market around staffing solutions, what do you think has prevented other companies from creating a model like yours sooner?

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**JF:** I believe that when you take care of employees, they take better care of customers, and customers take care of your business. I believe that if we could take care of this labor force, they’ll take better care of patients and the dental practices they represent, and those practices will take better care of our company. To get them excited about onDiem, we needed to make it valuable to them, and the peace of mind that comes from healthcare is so small thing.
Break away from the credit card transaction trap

Free payment tool from Simplifeye helps eliminate front desk stress and create significant savings for the dental practice. [by Thais Carter]

TC: I’d like to start by talking a little bit about you and how your background informs your work with Simplifeye. You’re an orthodontist, but you’ve also worked for Apple, specifically focused on the customer workflow experience. How did this shape the way that you think about product development, and more precisely the user experience when it came to Simplifeye?

RH: The experience completely changes how I look at dental practices. I think I’m more easily frustrated than the typical doctor by inefficiencies in the practice. With Simplifeye, our original product was Flow, basically an AppleWatch that told doctors where to go and why the patient was there. We had to teach everyone in the office how to use and, on a really basic level, change how they were acting. That didn’t fly. Behavioral change in a practice is challenging because it either doesn’t work, or even if it works on 90 percent of the team, the 10 percent who don’t accept it ruin it for everyone else. That is a training issue compounded by a culture problem.

Now, Simplifeye looks at how to better workflow in the practice, but not change behavior in the office.

TC: Can you give me an example in how that plays out with one of Simplifeye’s tools?

RH: Of course. Take Amplify, our live chat product. We chat for them. We can even schedule the patient for the front desk if they want. The same is true with our new Payments tool. We don’t ask front desk staff to make patient collection calls. Simplifeye automates that interaction. At the end of the day, these are the things we’re helping front desks with.

TC: Of all the different technologies they can invest in, how do you help a doctor get excited about a more streamlined front desk?

RH: Doctors are fantastic in the back. More often than not, they’re knocking it out of the park, providing amazing service. However, in a market where most patients assume that all dentists are on an even playing field, today’s practitioners need to figure out how to compete with something like Smile Direct Club, available 24/7 and the patient doesn’t even have to leave his or her house. Even more intimidating? Smile Direct Club is reinforcing its message with lots of ad dollars. So, how do doctors compete? They start by recognizing that they already have the business, they just have to make the experience better and meet their patients where it is most convenient. That’s where Payments come in, using technology to make treatment affordable.

TC: There are so many different ways that technology is impacting the dental practice, from digital workflow in the operatory, to marketing and patient communication. What were some of the gaps you hoped to address with Simplifeye, and the company’s approach to Payments in particular?

RH: In Silicon Valley, a concept that is often used is “hair on fire problems,” a dramatic name for the things that you will take care of no matter the circumstance. In the dental practice, the first and most significant “fire” is around getting new patients. A steady flow of new patients can lighten the impact of other business problems, so we start there, “Doctor, for your
small investment, I’m going to help you get six to 10 new patients a month without any long-term contract.”

Once we’ve started that conversation, I can talk about other products that are integral to the practice, like revenue cycle management. So many of the current payment rails built into the practice management software running today’s practices were actually built in early 2000. In 2019, we have Square—you walk into a coffee shop, tap your phone to pay, and walk out. This convenient experience is what most patients expect nowadays.

One of the biggest issues with the old tech these office systems are built on is that they not only limit ease-of-pay for patients, but they don’t serve the best interest of the dental practice. With Payments, we focus on Card Present Transactions (CPT) and Card Not Present Transactions (CNPT). With CPT, you see my card, look at my face, confirm it is me and pay 3 percent in merchant fees to the bank every transaction. You could pay less with PayPal—as just one example—but most people don’t do it because they don’t know how much they are paying in the first place. The vendors they are working with are more inclined to remain silent as it protects their own pockets. That is taking advantage of doctors in one of the worst ways imaginable. Amazon and other online vendors are card not present transactions. Because of the risk that someone could steal your card and use it to pay for something over the phone or online, payment processors get away with charging an additional 0.5 percent to 1 percent every time.

Let’s come back to how doctors run their businesses. Most still send bills in the mail, which cost $1 a piece to send, and the patient will either write a check to mail back, or more likely, they’ll call your front desk and give you their credit card number, a Card Not Present Transaction, which means a larger fee. That is money they could be saving.

With Simplifeye Payments, we can help doctors save that extra 1 percent per transaction. We retail tokenize credit cards securely, which means that when a patient swipes in person, we can save that credit card number and when they later get a text or email invoice from the practice (that’s right, no more snail mail), then they can choose to use the credit card on file, ApplePay, or GooglePay, which are now all charged as Card Present Transactions, saving money. This is something all doctors should have, but they do not.

Payments can also help dental practices facilitate recurring transactions. Some practices will take payment plans and some won’t. The truth is, when a patient is done being diagnosed, no one says they hope they can’t afford it. Maybe they can’t, or maybe they have to stretch it out to make it affordable. Macy’s will give you the option to pay for a designer purse over a 12-month period, yet medical and dental struggle to meet that challenge.

**TC:** Isn’t that where dental practices should direct patients to a service like CareCredit?

**RH:** With this software release, we’re able to give dentists an option beyond CareCredit. If I send a patient to CareCredit to get approved, it is a “black box” process—the patient applies, but I don’t know why they did or did not get approved. If the patient isn’t approved, doctors can feel like they’ve exhausted every effort. If the patient is approved, CareCredit takes 10 to 12 percent of the procedure fee. They collect interest from the patient and fees from the practice—that is a model ripe for disruption.

We take the CareCredit model and turn it inside out. Simplifeye Payments gives doctors the tools CareCredit has—running credit checks, control over standards for approval, FICO reports if they want them—and make them easy to understand. Once patients are approved, they can move onto a payment plan, working out how much they want to put down or how many payments they want to make. Simplifeye processes that every month as a Card Present Transaction, thus keeping costs down and making it easy for the front desk.

This brings me back to how practices can compete with Smile Direct Club, offering braces for $99 per month. They are just the first of many companies who will try to offer dental work at a small rate over a long period of time. Backed by venture capitalists, they can afford to wait out the competition. We want to enable practices to offer braces at a competing price, creating the infrastructure for those payments so that dentists can actually compete.

**TC:** The benefits seem pretty straightforward, but I know you must get pushback. What are concerns dentists raise in conversations with you?

**RH:** Many are scared that it will be a large change, like electronic health records. If I walked into a practice with the best electronic records system tomorrow, but it meant changing Dentrix—even if it saves them $30,000—they’d tell me to leave. They won’t put their team through a swap of something so integral to the practice.

In contrast, with Simplifeye, we can have you up and running in a matter of moments because we have to ship you the sleek machine that allows you to accept payment wirelessly. We looked at companies like Venmo and Square, who didn’t get big chunks of the market because they are the same old payment services, but rather it was so simple to use that you could sign up with no training at all. That’s what I knew we needed to create for dentistry.

Simplifeye will walk the team through from start to finish and the training for the front desk takes only 30 minutes. We don’t charge for training because we’re honored that you’d invest in our software in the first place. For too long, companies have gotten away with releasing complex software that is hard to implement, just because there weren’t better options available. Not anymore.

**TC:** Security is a primary concern in healthcare. Do you hear dentists voice concerns about the topic?

**RH:** Simplifeye is HIPAA and PCI compliant and today almost all credit card and debit card companies are more committed to security than ever before. But as I meet with doctors, they aren’t really worried about identity theft or credit card fraud; they’re more concerned about what they don’t know. When we start to talk with them about what their merchant fees are, they are shocked. They start to think about what else they don’t know and the different fees blow their mind.

The technology I’m talking about may seem new to our industry, and healthcare in general, but Starbucks has used it for the last five years. It is time for dental practices to catch up.

**TC:** If a practice was to implement Simplifeye tools, what difference would you hope to see in that practice a year from now?

**RH:** I’d love it if the first thing the team says is, “We didn’t even really notice it.” To me, that means there wasn’t pain caused by implementation. Secondly, I’d want to hear a front desk team talk about how their jobs were made easier by the software. Lastly, I’d love to have the dentist say they saved or made $50,000 more from using Simplifeye’s solutions.
400 dental offices hit with ransomware, could you be next?

Protecting your practice computers and data from the latest malware is about preventing attacks and being prepared for recovery. [by Dr. Lorne Lavine]

In August, the dental community and the national news media was all abuzz about the latest ransomware attacks—but unlike major retailers or other similar companies, this time the victims were dental offices. An IT provider to around 400 dental offices, mostly in Wisconsin, was compromised, and the criminals were then able to push out the ransomware virus to those practices, crippling them for days and in some cases, longer.

With ransomware being so destructive and debilitating, there are certain questions that I feel you should be asking yourself and/or your IT provider:

1. Do I have ransomware protection in place? While the manufacturers of antivirus software such as AVG and Windows Defender will tell you their software protects against ransomware viruses, in my experience, this often isn’t the case. Ransomware viruses are particularly nasty and often are released in the public before many antivirus software programs have time to react and update their software. My best recommendation is to install ransomware-specific software. I’ve always had good luck with Sophos Intercept-X (sophos.com/en-us/products/intercept-x.aspx) or Cryptoprevent (d7xtech.com/cryptoprevent-anti-malware/), both are excellent and for around $25 to $30 per computer per year, you can have top-notch protection in place.

2. Do you have a business-class firewall in place? When I say business-class, I do not mean consumer level routers. Many offices use consumer routers from companies such as Linksys, D-Link, Netgear, etc. While these cover the basics and meet HIPAA requirements, there are better firewalls out there that are more designed for protecting critical patient data.

3. Do you have a verified and tested backup in place? HIPAA rules are quite clear on this. It’s not enough to just have a backup in place, but it must be tested and verified on a regular basis (we do this weekly for our clients). Up until this recent infection that hit those 400 offices, I told my clients I had never seen an encrypted backup be hit by a virus—but that all changed in August.

The ransomware virus in that attack, Sodinokibi, hit one of our clients and actually infected their local encrypted backup. This is why we always strongly recommend you have an off site backup; we used our cloud backup to restore the client’s data. Many better backup programs won’t backup the data once they see it is corrupted. This is a good thing, as it means the cloud backups will remain unaffected.

4. Are you or the IT company taking steps to keep accounts private? Most IT companies (and a lot of you, also) use remote access to not only access clients’ systems, but to be able to push out files and patches as needed. The best way to keep this, and many other systems secure, is using what’s called two-factor authentication, or 2FA.

In essence, when you log into a software portal, you are either sent a text message or email with a separate code that you must then enter to gain access. Many banks and similar websites offer this, which hopefully most of you are using. This is something you should be using for any remote access software, and if your IT company uses it, make sure they have 2FA in place and activated.

Ransomware can be devastating for any practice, and while you can’t prevent all malware from affecting you, as the old saying goes, an ounce of prevention is worth a pound of cure. If you want a free evaluation of your practice’s technology systems, please reach out to me at dlavine@thedigitaldentist.com, our website at thedigitaldentist.com, or our toll-free number at 866-204-3398 X 200.

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Single-use vs. sterilizable dental products

Which products should be cleaned and reused and which ones are best used just once. [by Robert Elsenpeter]

To an extent, items in the dental office should be reused, but when infection prevention is concerned, there are very good reasons why some items can be reprocessed and why some items are single-use.

Knowing if products or tools are single-use or reusable is straightforward. Yet clinicians make the mistake of reprocessing single-use items or, in some cases, reprocessing equipment beyond the manufacturer’s recommendations.

Read the instructions
Some violations can be chalked up to an honest mistake or ignorance. But other cases are downright shocking.

“This topic can drive me bonkers,” Karen Daw, “The OSHA Lady,” speaker and consultant, says. “I’ve conducted dental practice consults where disposable prophyl cups, suction tips, water syringes, impression trays—and even dental floss—has been found in cold sterile solution. The reason for this? The practice intends to reuse these items.”

Identifying reusable products should be as simple as reading the label.

“To determine single-use vs. sterilizable items, the user should reference the MIFU (manufacturers’ instructions for use),” Daw says. “For example, the manufacturer might indicate single-use only by placing a number ‘2’ in a circle with a line through it to indicate that using anything more than once is prohibited.”

In cases where single-use items are mistakenly reused, settling into bad habits seems to be the issue.

“It’s something that they’ve been doing for a number of years,” Dorst says. “As research has been done, the CDC has published more information, new guidelines. Maybe the dental team has not learned that information.”

While the majority of violations, in this regard, seem to be from reusing single-use items, risks exist on the other end of the spectrum: Not properly processing equipment requiring special attention.

“There is the possibility that when the manufacturer received the FDA clearance that the instructions for use state that this device can only be cleaned and sterilized, say, 100 times,” Dorst says. “Again, that’s going to be specified in the manufacturer’s instructions for use.”

The rules
The manufacturer’s instructions for use provide necessary guidance for which items are reusable and which are not, but those standards come from a higher authority.

“The Centers for Disease Control and Prevention reference the Food and Drug Administration on disposable devices,” Daw says. “These are items to be used for one patient during a single procedure and will not be reprocessed for use on any other individual. If the device does not have validated reprocessing instructions, it should be considered single-use and disposed of accordingly, regardless of the labeling.”

The biggest issue involving whether an item should be reused or not is if the manufacturer indicates it can be properly sterilized.

“Most of the diamond burs and endo files are not validated by the manufacturer for sterilization,” Dorst says. “What has been determined by the CDC is that diamond burs cannot be effectively cleaned.”

“The CDC and FDA go so far as to recommend classifying burs, endo files and broaches as single-use, because of how difficult they are to clean,” Daw adds. “Plus, repeated sterilization cycles can dull the cutting surface and increase the likelihood it might break during a procedure. Have you ever tried cleaning sandpaper? It’s the same thing.”

Best practices
Not every category of item is definitely single-use or sterilizable. There may be items the practice can buy that can be reprocessed, rather than thrown out. However, finding the right item for the practice requires balancing costs and the staff’s time.

“Opting for disposable alternatives prevents the need to use labor and resources to clean and sterilize items and eliminates human error in reprocessing,” Daw says. “Disposable items can potentially improve patient safety, when you consider that there is no possible patient-to-patient contamination. The flip side to this is that, environmentally, more items may end up in the trash.”

Clear distinctions exist explaining why some items can be reused. Manufacturers should give clear guidance on what can be reprocessed and the methodology to do so. When in doubt, contact the manufacturer directly.
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NEXT MONTH: Top 5 industry shifting trends from 2019

TOP 5 WAYS TO STOP SPEAKING AND START COMMUNICATING TO IMPROVE YOUR DENTISTRY

[ by Dr. Steve Schwartz ]

In our first year of dental school, we learn to speak the specialized language of dentistry. Good for us, not so good for the public who can no longer understand us. In fact, Alan Alda wrote a book titled, “If I Understood You, Would I Have This Look on My Face?” inspired by a misunderstanding with a dentist. He went even further by creating the Alan Alda Center for Communicating Science at Stony Brook University. Do you think this might be an important issue?

“Speaking” is easy—everyone does that. “Communicating” isn’t so simple. Communicating property is a rich, complex, thoughtful behavior that’s much more likely to be effective and produce desirable results. Here are 5 ways you can stop speaking to your patients and start communicating with them.

Listening is a part of communication

Communication is a process, and it’s not dependent on what you say but what people hear, understand and feel as a result. Once you’ve spoken, your job is to be present for the response, listening to the words, watching body language, interpreting the reply and asking questions if the response isn’t clear. You should not be busy thinking about the next thing you’re going to say, or you’re not paying attention to the patient and will miss potentially important information.

Speak the patients’ language

If we’re going to communicate effectively, that is, promote understanding and elicit a positive feeling in order to create a desirable result, then we need to enter each patient’s universe individually. So, first, we have our choice of words. I’ll admit it took me some time to feel comfortable using the word “gums.” But, if that’s what the public understands, then that’s the term I use. Other words come with their own emotional charge. I never ask my assistant for a “needle,” but might ask for a 27 “tip,” and I avoid the word “long.” Lists of other common replacement words are available online.

Acknowledge patients’ perspectives

To be truly effective in dealing with people, we do need to understand one universal truth; everyone wants to feel heard and understood.

Good communication with patients is a free exchange of ideas, like tossing a ball back and forth. Each side needs to be willing to play, enjoy the game and get something from it. Criticize how I threw the ball to you, imply I’m lousy at the game and I’m not going to want to play with you anymore, or perhaps ever again.

Focus on what patients need to know

As dentists, we love to talk. We love to explain procedures, as if that will lead our patients to accept treatment. There’s a phenomenon known as “need to say” versus “need to know.” Avoid the need to say and focus on a patient’s need to know. If a new patient needs root canal treatment, my conversation will use plain language to explain what is wrong and the potential outcomes without treatment, and then will include questions to let the patient guide the treatment discussion. I want to explore the patient’s reality and see and hear his or her response. Keep explanations simple and make sure you give space for patients to ask questions.

Make sure patients are comfortable

Dentistry is our universe and it’s a comfortable place for us. When a new patient walks in the door, he or she presents with a black box full of experiences, questions and concerns. Some will be spoken, many will not. Those unknowns create anxiety, and anxiety is a barrier to the process of good communication. Knowing this, you have the ability to control the process, with clear, concise explanations of what you plan to do, and questions to make sure the patient understands and their concerns are heard.

The reality is, everything communicates with our patients from our marketing to our websites, our staff on the first phone call to our building, our office, and our staff on their arrival. They’ve taken a step into our universe, and we want it to be as comfortable for them as visiting an old friend. We want to take responsibility for building a trusting, long-term, successful relationship. You can be the best dentist with the nicest facility and the best staff. But, the measure of your success will be determined by the quality of your communication. It’s just that important.

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Buffalo, NY .................................................................AUGUST 21 & 22
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