Addressing the anxieties dental professionals face

DR. SARAH JEBREIL
When I graduated from dental school, I started working in my father’s private practice. To some it was an ideal situation, but I have to say there was a lot of anxiety that came with it.

Joining a new practice that had never had an associate dentist was very intimidating. Patients didn’t trust me because I was a new graduate and because I wasn’t their “beloved” dentist. It was challenging being a new dentist, but it was equally challenging acting confident and cool while also trying to win over new patients. In a private practice, patient communication is more pronounced than in a clinic setting. In a private practice, the front office lets you know if a patient didn’t like you or is complaining. In a clinic setting, a disgruntled patient is passed along to another practitioner and you’re assigned some new patients. As a new dentist trying to develop your confidence and speed and swagger, it’s difficult to brush off patients not wanting to see you because they believe you’re inexperienced.

... See anxiety, page 8

MANAGING THE FEAR FACTOR

How putting patients at ease can make their (and your) life better. by Robert Elsenpeter

For some patients, sitting in the dental chair can feel a lot like being questioned by Laurence Olivier in the 1976 movie “Marathon Man” with his character uttering the famous phrase, “Is it safe?” That comparison is more than a little hyperbolic, of course, but some level of fear and trepidation is a real concern for most patients.

Easing dental anxiety is a two-way street. While the patient should take the initiative to ameliorate his or her own angst, which may begin by telling the dentist these feelings exist, the dentist can also strive to minimize patient anxiety and fears.

Patients’ main concerns include:

• Fear of pain
• Fear of local anesthetic injection or that the local anesthetic won’t work, necessitating repeated injection
• Fear of local anesthetic side effects
• Fear of helplessness or loss of control
• Embarrassment and loss of personal space
No matter the reason, putting them at ease makes a better experience for patient and doctor alike.

Fear hurts the patient and the dentistry
It isn’t just patient comfort levels that are a concern. If that anxiety gets out of hand, it can have a negative effect on the dentistry too. “From a procedure standpoint, an anxious patient can be much more difficult to work on,” says Dr. Jennifer Sanders, DMD, a general dentist in Frenchtown, Montana. “If you’re trying to keep them comfortable, some people’s fear is that they feel like they can’t breathe or that they’re drowning, and that means you’re needing to get them a lot more breaks and stop more often. ... See fear factor, page 28

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How will this product streamline workflows for dental practices?

XVWeb fundamentally changes the way in which clinicians interact with CBCT datasets. The ability to efficiently and securely visualize and share these large datasets via the web without downloading provides unprecedented improvements in workflow flexibility and efficiency, while still delivering state-of-the-art image analysis and treatment planning tools.

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How does this system stand apart from similar units on the market?

From the Live Positioning Assistant that uses embedded video cameras and a touchscreen instead of lasers to SmartAuto technology, which automatically calculates correct exposure settings/trajectory, no other CBCT system provides the level of intelligence and precision that the CS 9600 system delivers. Exclusive features like CS MAR, which allows doctors to compare 3D images with and without metal artifact reduction, and outstanding image quality and ultra-high resolution images make the CS 9600 a gamechanger in diagnosis and treatment.

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Beautifi l Flow Plus X is a new bioactive hybrid composite with patented nano S-PRG filler particles. The latest injectable hybrid restorative in the Beautifi l Flow Plus X line, Beautifi l Flow Plus X reportedly demonstrates excellent fi xure and compressive strength, maintains exceptional color stability before and after curing, and contains bioactive Giomer technology — the release and recharge of six benefi cial ions. Intended for direct anterior and posterior restorations, Classes I–V, Beautifi l Flow Plus X is available in two viscosities.

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Patient anxiety is a real concern. Learn how you can reduce dental fear from keeping communication open to creating soothing office environments.

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ADDRESSING THE ANXIETIES DENTAL PROFESSIONALS FACE

Continued from cover ... Coming out of school I thought I could do everything — extractions, root canals, pedo, you name it. I soon began to learn root canals, extractions and pedo all give me anxiety. Case selection is really a key factor in each of these specialties as well as managing patients’ (and parents’) expectations. Since graduating I can say I sleep much better at night referring all of these out. The benefit is that if something fails or goes wrong at the specialist’s office, I’m the one the patient returns to for guidance. Having a team of doctors to refer to also fosters great relationships, which creates a fantastic support system that’s much needed within our profession.

Now that I’m a much more seasoned practitioner, I would have to say there are three things that still give me anxiety.

1. A patient leaves your practice for some reason and his or her new dentist is telling him or her that your work needs to be replaced. This is beyond frustrating because we’re all colleagues and working to give the best to our patients. It would be so nice if, as a New Year’s resolution, we could all do the courtesy of calling the patient’s prior provider and discussing our findings if we deem the work questionable. We may learn a wealth of knowledge and the circumstances that lead us to our findings. We’re all professionals and we should all support each other. When this situation happened to me, I called my patient’s new dentist and discussed the case with the dentist. She was so thankful that she could now understand the patient’s previous condition. It was a win-win for everyone because patients don’t enjoy repeating procedures over again either.

2. You get a bad review online. This is so common that it shouldn’t bother us, but it does. Most often people leave bad reviews because of money, or they’re just in a really foul mood and need to vent their negativity. What’s important in these situations is first reaching out to the offender and finding a way to ameliorate the situation. If that doesn’t work, then try writing a thoughtful, heartfelt response. Other reviewers love to see that you’re human, and they love to read the other side of the story. Don’t be quick to post your response; take some time and really write something that others will be compelled to read and side with you.

3. One of your trusted employees quits or disappears. This is a nightmare situation. Your office is running smoothly, and then your trusted employee gives you his or her two weeks’ notice. This can really shake your world. You spend more time with your staff than you do with your family. They’re like family, and when they leave it’s heart-wrenching and stressful at the same time. You have to worry about what the patients will say, you have to find a replacement, and you have to make sure you understand all the duties he or she was doing before he or she leaves.

The best thing to do is ensure everyone is cross-trained and that anyone can pick up the slack when needed. Systems should be in place so that if someone is sick or on vacation, then all the other team members understand their office duties and can step in at any time. Preparing yourself for the worst is key. Employees come and go, but if you have some really great ones, then always make sure you make them feel appreciated.

[ Dr. Sarah Jebreil ]
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[ RMGI CEMENT ]

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Meron Plus QM is a paste-to-paste resin-modified glass ionomer cement in VOCO’s QuickMix Syringe. Reportedly featuring almost twice the adhesive value than the leading brand, the cement’s ability to accept a tack-cure (five to 10 seconds) is designed to enable quick and easy cleanup of excess material. Its significantly higher adhesive values to both dentin and high-strength ceramics are engineered to provide a secure and reliable hold even in unfavorable conditions.

**VOCO America**  
888-658-2584 | vocoamerica.com  
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[ INSTRUMENT ]

**Tungsten-carbide E-Cutter**

Komet’s new H137E.104.060 tungsten-carbide E-Cutter with staggered toothing is said to address the need for precision and efficiency when applying the Locator® technique for implant-retained overdentures. With a 6-mm diameter, the instrument can be employed as an alternative to ball-shaped burs to reportedly quickly create a perfect-size open circle for placement of the Locator housing.

**Komet USA**  
888-566-3887 | kometusa.com  
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[ DRY MOUTH ]

**3M™ Xerostomia Relief Spray**

3M™ Xerostomia Relief Spray is a new, clinically-proven solution that’s said to provide prescription-strength relief of xerostomia symptoms — for up to four hours per use. As a lipid-based spray, 3M Xerostomia Relief Spray is designed to achieve relief by moistening and lubricating mucosa, and it reportedly showed an improvement in dry mouth symptoms in 92 percent of clinical study participants. Available only by prescription from a dental professional, the spray is conveniently portable and ready to use without any pre-mixing.

**3M™**  
888-364-3577 | 3M.com  
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[ ANESTHESIA ]

**Painless Steel™ Dental Injection Needles**

Transcident Painless Steel™ Dental Injection Needles are disposable and sterile needles for the delivery of anesthetic. Reportedly offering more patient comfort through less pain during injection, the needles feature three-edge lancet grinding that’s designed to help the needle penetrate tissue easily. The ultra-sharp siliconized cannula is engineered to make for smooth entry.

**Transcident**  
603-681-2741 | sulzer.com/transcident  
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The latest advancements to The Next Generation of Solea® are said to provide unprecedented performance, significant software upgrades, improved ergonomics, increased accessibility and a smaller footprint. According to statistics collected from 1,000 procedures in early use of the new platform, nearly 100 percent of cavity preps were completed without anesthesia and without discomfort. Faster hard tissue cutting by 31 percent was also reported compared to the previous platform.

Convergent Dental
844-60-SOLEA | convergentdental.com
CIRCLE RS #12

Colgate Total<sup>SF</sup>
New Colgate Total<sup>SF</sup> contains a new stannous fluoride formula stabilized with zinc phosphate that reportedly fights plaque-causing bacteria on 100 percent of mouth surfaces, including teeth, tongue, cheeks and gums, providing the ideal preventive solution for whole mouth health. Colgate Total<sup>SF</sup> is designed to effectively fight harmful bacteria while protecting against bacterial repopulation, significantly reducing the overall bacterial load while creating a protective barrier that helps to shield against attachment and regrowth.

Colgate-Palmolive
800-468-6502 | colgatepalmolive.com
CIRCLE RS #13

Magnetic Max uses an innovative electromagnet to generate a high-intensity impact, which can be delivered via a foot pedal to the site in an extremely short time frame. Magnetic Max is said to enable clinicians to do multiple procedures easier, faster, more predictable and less traumatic to the patient. The kit comes complete with a motor, sterilizable handpiece, foot pedal and an assortment of osteotome tips.

Surgical Solutions USA
877-266-3360 | surgicalsolutionsusa.com
CIRCLE RS #14

QuickScan iOS is a state-of-the-art 3D intraoral scanner that’s designed to allow for a full, radiation-free diagnostic scan of the inside of a mouth. This is reportedly an extremely accurate piece of scanning hardware, highlighting potential health issues by taking highly detailed digital images of the inside of a patient’s mouth. Eliminate the need for impression goop with high-end 3000 fps video and generate digital images more quickly.

Video Dental Concepts
800-323-2690 | videodental.com
CIRCLE RS #15
Taking precise impressions in your dental office

[compiled by Kristen Mott]

Despite the advent of digital impressions, traditional impressions still remain a staple in most dental offices today. And fortunately for dentists, the impression materials on the market continue to improve.

Today’s materials exhibit remarkable strength, allowing them to resist tearing upon removal. Many are designed to set quickly, giving clinicians precise impressions in a fraction of the normal time. What’s more, the flowability of numerous impression materials enables them to stay in position without running or dripping during the process.

We’ve compiled some of the top impression materials on the market as well as some popular impression trays and dispensers. If you find yourself struggling when it comes time to take traditional impressions, then consider adding one or more of these products to your armamentarium.

**PerfectIM® Systems**

- PerfectIM® Systems is said to offer accurate final impressions of subgingival margins without use of retraction cord, gingival excision or application of hemostatic agents.
- This two-step vinyl polysiloxane impression system is designed to eliminate the time-consuming task of packing retraction cord and therefore any possible post-traumatic discomfort.
- These materials are cartridge dispensed and reportedly radiopaque, hydrophobic, thixotropic (except SnoWhite), tasteless and odorless.

**Flexitime®**

- Flexitime® is said to combine more than 10 years of market experience with the outstanding performance and features of a precision impression material.
- The outcome is an innovative A-silicone, which reportedly guarantees precision as well as customized working procedures.
- A unique Advanced ThermaSense chemistry is engineered to react to the warmer temperatures in a patient’s mouth and begin setting when the tray is placed in the mouth.

**3M™ Impregum™ Super Quick Polyether Impression Material**

- The new 3M™ Impregum™ Super Quick Polyether Impression Material — the first true superfast polyether — is said to combine the outstanding performance and reliability of a polyether with the speed of a VPS.
- With Impregum Super Quick Polyether, dental practitioners will reportedly benefit from the well-known and trusted characteristics of a polyether impression material: hydrophilicity, a unique flow behavior and a consistent flow throughout the entire working time.
- A 45-second working time and two-minute setting time allow for faster impressions in less complex cases.
NoCord™ VPS
- NoCord™ is reportedly the first impressioning system to incorporate a hemostatic agent into the wash material, controlling bleeding and fluid flow.
- The unique setting profile of MegaBody™ tray material is designed to help displace the gingiva, expand the sulcus and drive the wash for complete marginal capture.
- With compromised tissue, NoCord is said to provide the ability to create sulcular expansion without using a packer and risking epithelial or gingival damage.

Centrix
800-235-5862 | centrixdental.com
CIRCLE RS #19

Triple Tray®
- Award-winning for more than a decade, Premier® Triple Tray® is said to be the profession’s most trusted name for accurate dual-arch impressions.
- Triple Tray is designed to simultaneously capture a master impression, counter impression and bite registration.
- The dual-arch tray benefits the patient by allowing the impression to be taken in a closed position, making the patient comfortable and at ease.

Premier Dental Products Company
888-670-6100 | premierdentalco.com
CIRCLE RS #20

AFFINIS
- AFFINIS is said to be a fast and innovative mixed material with an affinity to moist tooth structure and tissue.
- Despite its combination of additives, which are capable of breaking material structures, AFFINIS reportedly displays a very low barrier to flow. The mixed material is thixotropic enough not to drip off the preparation.
- Due to its synergistic and extremely active surfactant system, AFFINIS is designed to display a fast and outstanding wetting by water of the set impression.

COLTENE
330-916-8800 | coltene.com
CIRCLE RS #21

Aquasil® Ultra+ Smart Wetting® Impression Material
- Aquasil® Ultra+ Smart Wetting® Impression Material reportedly provides state-of-the-art intraoral hydrophilicity and intraoral tear strength.
- The material is designed to avoid trapping fluid from the moment it’s syringed in a moist, humid environment, helping to alleviate voids and bubbles at or near the margin.
- Patented technology is said to deliver polyfunctional bonds for the highest intraoral tear strength on the market.

Dentsply Sirona
844-848-0137 | dentsplysirona.com
CIRCLE RS #22

Reflection™ VPS Impression Material
- The Reflection™ Super Hydrophilic Impression system is based on an addition-curing vinyl silicone formula delivered in automixing dispensing 50mL cartridges, (light, medium, monophase and heavy viscosities), automixing dispensing 380mL cartridges, (monophase and heavy regular set viscosities) and hand kneaded putty (soft and firm) formulations.
- Reflection products are designed to stay in position without running, slumping or dripping during the working process, yet they will flow freely as soon as pressure is applied upon seating the impression tray.

Patterson Dental
800-328-5536 | pattersondental.com
CIRCLE RS #23

EXAFAST™ NDS
- EXAFAST™ NDS is a quick-setting impression material designed to set in the mouth in 90 seconds, giving clinicians smooth, precise impressions in a fraction of the normal time for other materials.
- The short cure time is said to minimize errors due to patient movement but provide up to 60 seconds of working time, so doctors aren’t rushed during preparation.
- The material is engineered to not shrink or become distorted, allowing dentists to obtain consistent models from the same impression for up to two weeks.

GC America
800-323-7063 | gcamerica.com
CIRCLE RS #24
**ThermTray™**
- The ThermTray™ is designed to create a guide to correct centric occlusion, and the wider walls accommodate larger, wider arches or third molar interference.
- The unique design is engineered to adapt to any anatomy and produce absolute rigidity with no spring-back distortion.
- The quadrant tray requires only 17 milliliters of impression material, reportedly saving as much as 70 percent.

**PowerMix™ Automatic VPS Dispenser**
- The all-new PowerMix™ Automatic VPS Dispenser is said to deliver perfectly mixed, void-free impression material with the press of a button.
- Dentists can reportedly fill a full-arch impression tray in 10 seconds or less with PowerMix.
- Weighing two pounds with a full cartridge, PowerMix is easily transportable from one operatory to the next.

**Honigum Pro**
- From the makers of Luxatemp and LuxaCore Z-Dual, Honigum Pro is reportedly the only VPS that goes where you want it, stays where you place it and has the unique ability to thin under load.
- Honigum Pro’s true thixotropic formula is designed to not slump or run but remain stable where you place it.
- It’s also said to exhibit remarkable strength to resist tearing upon removal, preventing the need for retakes.

**ThermTray1™**
- The ThermTray1™ is designed to create a guide to correct centric occlusion, and the wider walls accommodate larger, wider arches or third molar interference.
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**PowerMix™ Automatic VPS Dispenser**
- The all-new PowerMix™ Automatic VPS Dispenser is said to deliver perfectly mixed, void-free impression material with the press of a button.
- Dentists can reportedly fill a full-arch impression tray in 10 seconds or less with PowerMix.
- Weighing two pounds with a full cartridge, PowerMix is easily transportable from one operatory to the next.

**Honigum Pro**
- From the makers of Luxatemp and LuxaCore Z-Dual, Honigum Pro is reportedly the only VPS that goes where you want it, stays where you place it and has the unique ability to thin under load.
- Honigum Pro’s true thixotropic formula is designed to not slump or run but remain stable where you place it.
- It’s also said to exhibit remarkable strength to resist tearing upon removal, preventing the need for retakes.

**ThermTray1™**
- The ThermTray1™ is designed to create a guide to correct centric occlusion, and the wider walls accommodate larger, wider arches or third molar interference.
- The unique design is engineered to adapt to any anatomy and produce absolute rigidity with no spring-back distortion.
- The quadrant tray requires only 17 milliliters of impression material, reportedly saving as much as 70 percent.

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**ONE COAT 7 UNIVERSAL Receives Editors’ Choice Award from Dental Advisor**

**Consultants’ Comments**
- “Easy to apply in a very thin layer. The viscosity is good.”
- “Great versatility. Multi-purpose and I like that it bonds to all types of surfaces.”
- “No offensive odor.”
- “One drop is plenty. This bonding agent goes a long way and coats the area well.”

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Shorten impression time and increase quality

How 3M™ Impregum™ Super Quick Polyether Impression Material is increasing the quality of impressions while decreasing setting time. [compiled by Drew Boxler]

Information provided by 3M™.

THE PROBLEM
Creating accurate traditional impressions can be difficult

Taking traditional impressions lends itself to many problems, such as voids or tears in the impression, failure to capture deep gingival margins and setting times that hinder the precision of the impression.

THE SOLUTION
3M™ Impregum™ Super Quick Polyether Impression Material

- This next-generation superfast polyether captures highly precise results in less time — just two minutes.
- Impregum™ Super Quick features an improved fresh, minty taste, leading to increased patient comfort.
- The material combines intrinsic hydrophilicity, snap-set curing and accelerated working times to enable faster single-unit impression procedures, promoting greater productivity.
- It increases efficiency in dental offices and laboratories by reducing the number of remakes and adjustments that are required.
- The material’s inherent hydrophilicity promotes excellent wettability with remaining oral fluids and ensures the exact detail reproduction of the area by the material’s ability to flow into every spot.
Promoting whole mouth health for patients
How the New Colgate Total™SF toothpaste addresses changing patient demands.  

by Terri Lively

Colgate will introduce a new formulation for Colgate Total in early 2019. The New Colgate Total™SF uses stannous fluoride with a proprietary stabilization process. The New Colgate Total™SF attacks bacteria around the entire oral cavity and helps to promote whole mouth health for patients.

Dr. Barbara Shearer, director of scientific affairs for Colgate, North America, says the new formulation was designed to improve upon the success of Colgate Total while addressing changing patient demands for a holistic approach to their health.

“People track their steps and are checking their blood pressure and doing all of these things around their general health,” Dr. Shearer says. “They are starting to evolve into the oral health, or what we call ‘whole mouth health,’ space. People today, instead of wanting to be cavity-free and have no bleeding gums, we are finding they want the highest level of oral health, or whole mouth health, they can achieve.”

Stannous fluoride has been used in other toothpaste but suffers a reputation for poor taste as well as staining teeth caused by its natural oxidation process. By adding zinc phosphate, the Colgate scientists stabilized the stannous in its active form and prevented oxidation.

“The manner in which we have utilized the zinc phosphate keeps the stannous in its active form without the downsides of poor taste and staining,” Dr. Shearer says. “That is the ‘magic,’ and there are granted and pending patents globally to protect that technology.”

Most anticavity toothpaste uses sodium fluoride or sodium monofluorophosphate. Plaque is removed through the mechanical cleaning. Multi-benefit toothpaste, like the original Colgate Total, helps to remove the plaque and provide gingivitis prevention and anticalculus benefits, among others. The new Colgate Total™SF with stannous fluoride delivers all of these benefits and enhances enamel strength and instantly neutralizes odors that cause bad breath. Using the formula over time also occludes the dentinal tubules, which decreases dental sensitivity.

New Colgate Total™SF fights bacteria on more than teeth
Ordinary toothpaste is designed to clean the teeth. However, the teeth are only part of the oral environment.

“If you think of the surface area of the mouth, the teeth make up only 20 percent, and 80 percent of the surface area in your mouth is the tongue, the cheeks and the gums,” Dr. Shearer says.

The New Colgate Total™SF toothpaste helps kill the bacteria on the teeth, the tongue, the cheeks and the gums, or 100 percent of mouth surfaces. Specifically, the Colgate clinical report found a statistically significant reduction of cultivat-
able bacteria in saliva as well as the tongue, cheeks and gums for participants who brushed normally with new Colgate Total® when compared with participants who brushed with non-antibacterial fluoride toothpaste, after four weeks of product use.1

Dr. Shearer says it’s critical to fight bacteria on all the soft tissues in the oral environment. Bacteria around the gum line can cause gingivitis, and bacteria on the tongue can cause bad breath. Bacteria on the cheeks and in saliva can repopulate bacteria removed during brushing.

“Being able to reduce that bacterial burden in the mouth is very important to help patients achieve their oral health goals,” Dr. Shearer says.

Taste is also important
Satisfactory taste leads to better patient compliance. One of the areas that Colgate is very proud of is its flavor. In addition to improving the taste by stabilizing the stannous fluoride, Colgate also spent time with the in-house flavorists, the flavor experts Dr. Shearer compares to the fragrance experts of the famous perfume houses. These experts concentrated on developing flavors that could overcome any remaining metallic taste from the stannous fluoride.

“We know through interacting with thousands of consumers and studies that we get very good ratings on ‘keeps my mouth fresh’ and ‘is a flavor that I like to use.’ That’s very important because if the patient doesn’t like the taste of it, they are not going to use it,” Dr. Shearer says.

Finding a new formula
Colgate Total was launched in the U.S. in 1997 and was the first toothpaste to go through the new drug application process with the FDA. Dr. Shearer says it was also the first multi-benefit toothpaste on the market with a patented formula. Initially, there are significant advantages to having FDA approval; however, approval processes make it challenging to innovate.

For more than 10 years, the scientific team at Colgate looked for the next best thing for a multi-benefit toothpaste. Finding an ingredient that was better than triclosan proved to be challenging. However, the new formulation added three additional benefits to Colgate Total’s reduction of plaque, prevention of gingivitis and calculus buildup. The new benefits include sensitivity reduction, enhanced enamel strengthening and instant odor neutralization.

“People want more benefits from their toothpaste. With the new formulation, we are able to offer three additional benefits to go with the benefits we had before,” Dr. Shearer says.

With the product launch, Dr. Shearer says the team interviewed dentists, hygienists and patients about what they want. They also looked at consumer trends and what people think is essential regarding their health.

“The manner in which we have utilized the zinc phosphate keeps the stannous in its active form without the downsides of poor taste and staining. That is the ‘magic,’ and there are granted and pending patents globally…”

for more online content...
When should you begin taking care of your mouth? Proper maintenance of your oral health, including brushing your teeth twice per day for two minutes and cleaning in between your teeth once per day, is quintessential to protecting and maintaining your teeth and gums. And whether you feel it or not, by taking care of your teeth, you’re helping your body be protected from other menacing diseases.

Read the full article here: bit.ly/OralHealthPrevention
Dr. Michael Kelly has used lasers in his dental practice for years, but he found most worked well with soft tissue but not hard tissue. The systems he tried designed for both purposes were inefficient and just not what he was looking for.

That all changed when he brought the Solea® laser from Convergent Dental into his practice nearly five years ago. It works great for both hard and soft tissue cases, and it has brought countless benefits to his patients and his practice.

“This is hands down the best piece of technology I’ve ever put in my office,” says Dr. Kelly, who practices at Aesthetic Dentistry of Scottsdale. “It touches every aspect of my practice and has improved every aspect from the patient experience to my bottom line and everything in between.”

**How his patients benefit**

Dr. Kelly describes Solea as a “transformative technology that drastically changes the patient experience during hard tissue procedures.” He rarely has to give patients shots, which eases patients’ fears and makes their time in the chair more comfortable. They experience less bleeding and heal faster, and they don’t have to deal with the side effects that come with those dreaded shots.

“I’ve always prided myself on giving comfortable injections, but a comfortable injection is still an injection with side effects and discomfort,” Dr. Kelly says. “With Solea, about 98 percent of the time patients get out of the chair and say, ‘That was amazing. I didn’t feel anything.’ We don’t have a numb patient when we’re trying to check occlusion, and we don’t have to worry about a 4-year-old chewing on his lip because he’s numb.”

**How Dr. Kelly benefits**

Dr. Kelly says he uses his Solea every day on each restorative patient. He refers fewer cases out and is able to complete more dentistry each day because he’s taking blood and anesthesia out of the equation for most of what he does. Solea also makes it possible to work in multiple quadrants. So if a patient needs six fillings in different areas, he can do those in one visit instead of two visits or more.

“I have at least one hour a day that I didn’t have in my schedule before,” Dr. Kelly says. “I used to walk in the room, calm the patient down, give the shot, walk out of the room and come back 10 minutes later. With Solea, I explain what I’m doing, pick up the laser and go to work. It’s not unusual for me to finish the proce-
“I’ve always prided myself on giving comfortable injections, but a comfortable injection is still an injection... With Solea, about 98 percent of the time patients get out of the chair and say, ‘That was amazing. I didn’t feel anything.’”

Solea also has helped Dr. Kelly earn patient loyalty. He recently treated an older patient who was nervous about getting work done without a shot, mostly because that was all he’d ever known. After the procedure was complete, the patient shook his head and asked “Where has that been all my life?” He was amazed that he didn’t feel a thing while Dr. Kelly worked on four of his teeth and that he wasn’t leaving the practice with a numb face. “The last thing he said to me was ‘Now I can never go to another dentist that doesn’t have this,’” Dr. Kelly says.

The technology
The unique wavelength is what makes this laser so special, Dr. Kelly says. It’s the only laser he’s ever used that truly targets both hard and soft tissue. Another feature Dr. Kelly appreciates is the variable speed foot pedal. He’s able to control the laser’s output via the foot pedal; other systems require users to change a setting on the screen. The ability to use his foot instead makes the process faster, smoother and easier.

The laser is computer-controlled and can be easily updated with software releases that are part of the company’s warranty maintenance program. Solea is Wi-Fi- and cellular-enabled, so all updates are easily available via a software download.

Why choose Solea
While incorporating laser dentistry into your practice calls for a shift in mindset, Dr. Kelly says it’s one of the best things you can do for your patients and your bottom line. “If you want to build your practice, Solea is a great tool,” he says. “It does something we can’t do otherwise. It changes the patient experience and leads to loyalty. It enables you to keep more dentistry in-house. It makes complex cases easy and makes the easy cases even easier, while also allowing you to work in multiple areas of the mouth. Using less anesthesia leads to less anxiety for the patient, which is the biggest factor. There’s no reason not to incorporate this into your practice.”

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DPR’s Modern Dental Network
Improving endo procedures with the Tri Auto ZX2

How this cordless handpiece simplifies procedures for both general dentists and endodontists. [by Renee Knight]

Dr. Aaron Welk has used cordless handpieces in his office for 16 years, which is the same amount of time he’s been an endodontist. He recognized the benefits these handpieces bring early on and has used a variety of models over his career — the most recent being the Tri Auto ZX2 from J. MORITA.

Dr. Welk incorporated this handpiece into his practice in April and said he “couldn’t wait to get his hands on it.” He appreciates a variety of the handpiece’s features, including the OTR technology that helps reduce the possibility of files separating or breaking.

“If too much resistance is applied while the file is engaging the tooth or the root canal, it will automatically reverse,” Dr. Welk says. “That helps minimize the risk of files wedging in complex canal anatomy and excessive torque. The handpiece also has a smooth operation. Because it’s electric, the handpiece is very quiet, which is nice for both the operator and the patient.”

Benefits for the clinician and patient
The Tri Auto ZX2 comes with a variety of advanced features, including a built-in apex locator. Dr. Welk is able to use the apex locator as a standalone or while the file is inside the tooth, allowing him to determine the working length while he’s actually using the handpiece. There’s also an auto feature that allows for auto start when the file is placed in the canal and auto stop when the file is approaching the end of the root canal.

Another feature, known as the Optimum Glide Path (OGP), makes it possible to use the apex locator to determine the pathway, Dr. Welk says. It has a forward and reverse rotation that mimics watch winding and balanced force motions, allowing him to navigate the canal path as if he were using the hand file.

“This is useful when combined with the apex locator to determine the initial working length in a predictable and efficient manner,” Dr. Welk says.

The handpiece is also well balanced and easy to use, he says. Some handpiece models allow you to detach the contra angle and change the position when needed. The Tri Auto ZX2 actually rotates and glides, enabling clinicians to adjust the contra angle while it’s still on the handpiece. This is especially useful when slight adjustments are needed while working inside the tooth.

Dr. Welk also likes the fact that the handpiece is cordless. It’s easy to transport between operatories, which is useful for dentists with multiple offices. It also can hold a charge for a week or more, even when used for multiple cases a day.

All of these features combine to make a product that improves efficiencies and saves time chairside, Dr. Welk says.

“This handpiece allows me to efficiently clean and shape the root canal in a very smooth and easy manner. It reduces operator fatigue, which is one of the main benefits of a rotary handpiece,” he says.

Not only will patients benefit from getting a quality shaped root canal, but the process won’t be as stressful. An additional feature is the ability to adjust the handpiece’s operation (beeping) volume.

“Most patients know what an electric toothbrush looks like and that’s exactly what this handpiece looks like,” Dr. Welk says. “It’s non-threatening, and that’s a huge benefit.”

Why GPs should invest in the Tri Auto ZX2
Even for clinicians who don’t have a lot of experience with endodontic procedures, this handpiece is easy to use, Dr. Welk says. It features pre-programming for different stages of root canal treatment as well as five different operation modes for canal shaping and root canal measurement.

“You can follow the guide in the operator’s manual and as you get more comfortable with each mode, you can decide if you want to customize to better suit your approach to root canal treatment,” Dr. Welk says. “I’ve always been an advocate of these handpieces and the Tri Auto ZX2 is a great technology to have in your armamentarium, whether you’re an endodontist or a general dentist doing endodontic procedures.”

Tri Auto ZX2
The Tri Auto ZX2 is a compact, cordless motor with a built-in apex locator. Redesigned with breakthrough canal treatment technology, the handpiece reportedly simplifies procedures while protecting the patient with innovative safety features. It’s engineered to allow for the subtle and delicate manipulation of the file, facilitating faster and safer treatment in even the most difficult cases.

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Combining power and convenience in a handpiece
Exploring the design and technology behind the StarDental® 430SWL® Torque Flex handpiece from DentalEZ®.

[Introduced in October 2018 by DentalEZ® Integrated Solutions, the StarDental® 430SWL® Torque Flex handpiece offers an effective combination of power and torque with the convenience of accepting Multiflex couplings.

The 430SWL Torque Flex handpiece is perfect for a variety of procedures, including, but not limited to, caries and amalgam removal, restorative work and crown preparations.

The handpiece was foremost developed with its users in mind. Its balanced design and angled head allow for a neutral wrist position that may minimize hand fatigue. It’s lightweight, weighing less than two ounces, and quiet, with an average decibel rating of 67 — comparable to a normal spoken conversation heard at a distance of three feet.

With the 430SWL Torque Flex handpiece, DentalEZ offers a handpiece that reduces the need for the purchase of additional couplings, making life that much easier for its users.

“The new 430SWL Torque Flex has been designed to mate with the KaVo Multiflex style coupling,” says Luther Gates, staff engineer on the StarDental engineering team. “This allows a dentist to use the highest power handpiece on the market with their KaVo couplings and precludes the need to purchase additional couplings for their practice.”

Made in the United States, the 430SWL Torque Flex handpiece features a small (11.1 mm) diameter head, with fiber optics designed with ideal operative site visibility in mind. The high-speed handpiece’s double bucket rotor design allows for the delivery of robust performance.

Furthermore, the handpiece offers a lube-free turbine that doesn’t need to be relubricated between patients. “The lube-free turbine option is unique to this market,” Gates says.

This lube-free option reduces handpiece maintenance costs significantly by eliminating the need to utilize maintenance stations and lubricant.

The turbine of the 430SWL Torque Flex handpiece is protected from damage commonly caused by debris being “sucked back” into the housing by way of the vortex washer design, which minimizes such damage.

The dependability of the handpiece’s design shows even in the coaxial water spray, which is designed for “optimized spray, cooling the bur, and flushing the operatory site with a simple and reliable system,” according to Gates.

The 430SWL Torque Flex handpiece boasts ruggedly reliable construction, with a body fabricated from 100 percent stainless steel, offering not only strength but also long-term durability. In addition, the handpiece is backed by up to a two-year limited warranty.

Ergonomically designed with a stylish satin finish and offering 31 watts of power, the handpiece is as attractive as it is effective. In fact, it’s the “highest powered handpiece on the market verified by internal lab testing to the ISO 14457:2017 standard,” Gates says.

Additionally, StarDental handpieces can be personalized with a group name or logo, adding a special touch. ]
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Achieving consistency and easy cleanup with TheraCem®

Why Catapult Group evaluators say this cement from BISCO is worthy of being used in their own practices.

[by Jack D. Griffin Jr., DMD, AAACD, ABAD, MAGD]

Soy many cements, so little time. There are many excellent cements on the market today, but with many being so similar in appearance and performance, it’s hard to tell the difference. To look at it another way, there are many self-adhesive, dual-cure resin cements that you could hardly tell apart if there was no label. Some a little more viscous, some a little more translucent, some with a little slower set time — all very similar in most things that matter clinically.

The evaluators at Catapult Education clinically tested and reviewed a novel self-adhesive, calcium- and fluoride-releasing, dual-cure resin cement, TheraCem® (BISCO). One hundred percent of evaluators said it was a cement worthy of use in their own practice. The most common features the evaluators liked the most were cleanup, handling and ease of use. Ninety-one percent of the evaluators said its consistency was just right, with 82 percent giving it a top score for ease in cleanup.

An important consideration with TheraCem that distinguishes it from much of the cement market is its high calcium and fluoride release. As one evaluator put it, “Probably the best everyday cement in dentistry today. It’s easy to clean up, making it great for implant crowns. Its aesthetics and simple delivery system make it perfect for routine indirect restorative … all this with high calcium release.”

With zirconia and lithium disilicate dominating the indirect restorative market today, clinicians are looking for a versatile, esthetic, self-adhesive luting material that gives great long-term performance with either material. TheraCem comes in a “natural” shade, which is a somewhat opaque-looking luting material and, depending on the thickness and translucency of the restoration, could influence the shade. As someone who has used this cement in just under 500 units, this practitioner hasn’t seen this as a clinical issue.

Clinical case
In this case with rampant decay, strength and esthetics with marginal integrity for a reduced chance of recurrent decay are all critical (Figs. 1-2). After restoration of posterior teeth using silver diamine fluoride and other regenerative restorative materials, the maxillary anterior teeth were restored.

Eight monolithic anterior zir-
conia crowns were made with no layering porcelain (Fig. 3). Note that this zirconia has noticeably more translucency than traditional posterior zirconia materials and can be seen through these restorations while on the model. The restorations where tried in and rinsed. Phosphates and proteins from blood, saliva and crevicular leakage lessen the bond to zirconia and a nonabrasive cleaner is preferred for maximum adhesion (Fig. 4).

ZirClean™ (BISCO) was applied to each restoration, rinsed and air dried (Fig. 5). The teeth were cleaned, isolated and filled with TheraCem (Fig. 6). After placement, the chemical cure was allowed to happen for about 90 seconds, excess cement removed and then light cured (Fig. 7). The easy cleanup makes this material unique in the self-adhesive, dual-cure resin cement world and the majority is removed in large pieces (Fig. 8). Even with the very translucent zirconia, the influence of the cement is minimal, even at the margins.

Notice also that the ease of cleanup results in thorough cement removal; this photo is minutes after placement (Fig. 9). Despite the high calcium content, this cement has very little influence on final color, resulting in a very good clinical outcome (Fig. 10).

REFERENCE
MANAGING THE FEAR FACTOR
PATIENT ANXIETY IS A REAL CONCERN, WITH ONE RECENT SURVEY FINDING THAT MORE THAN 60 PERCENT OF PEOPLE ARE SUFFERING FROM DENTAL FEAR. WE SPOKE WITH DENTISTS WHO SHARED THEIR TIPS FOR REDUCING PATIENT ANXIETY FROM KEEPING COMMUNICATION OPEN TO CREATING SOOTHING OFFICE ENVIRONMENTS.

... Continued from cover. It can make the procedure a lot more difficult, or you’re trying to keep the composite dry, and they’re freaking out. But that’s how they feel. You want to try and work with them, but it can be difficult to have the best conditions for your materials to work well."

A trust-based relationship is necessary for overall patient well-being."

"Trust is to be a big part of whatever we do," says Dr. Jason Goodchild, DMD, director of clinical affairs for Premier Dental Products Company. "So, if I can talk to patients about what’s going on, I can talk to them about the need to do something and the consequences of not doing something, and then I can talk to address any fears that could stand in our way, that’s a huge part of even getting them into the chair."

"Now, when we just get in the chair, people need to hold still and they need to open wide," Dr. Goodchild continues. "So, all those things can be troublesome for the very fearful or anxious. They want to move or not open their mouth very wide. We do our best to work around that stuff when they’re actually in the chair and still provide treatment. Hopefully we’ve got a lot of their concerns under control by this point because the highly fearful patients will just try to avoid even getting into the dental chair."

Ease the pain
There are things the clinician can do to put the patient at ease from the moment he or she sets foot in the office.

"First and foremost, just setting the stage with a calm and comfortable office goes a long way with a lot of people," says Dr. Rebekah Lucier-Pyles, DMD, an endodontist in White River Junction, Vermont. "We chose our décor strategically to make sure that it was a calm and comfortable environment that patients would walk into knowing that they were going to be cared for. Even just the way that our staff interacts with the patient is important from the beginning, just to let them know that we care about them and their concerns. We answer their questions and start to develop that relationship from the get-go."

"We work really hard to address patient concerns at the beginning," she continues. "Maintaining open and honest communication about what exactly it is you are nervous about can go a long way to alleviate a lot of that treatment anticipation. It’s really environmental and relationship building from the beginning, and it can set the stage for an anxiety-free procedure, at least for us."

While a trip to the general dentist can cause some measure of anxiety, specialists — like endodontists, for instance — have to deal with even more intense feelings of fear and dread.

"Anxiety is a really common issue that most endodontists deal with on a day-to-day basis," Dr. Lucier-Pyles explains. "Root canals have a bad reputation. We’ve all heard the expression, ‘I’d rather have a root canal, than [do something].’ Most of our patients come in with, at least to some degree, anxiety or concern about what’s going to happen. General dentists have the added benefit of a longer-term relationship with most patients, so they have an ability to build up trust over a long period of time. Patients are referred to us, and they don’t know us from any other person that they’ve recently met, so we have to work really hard and really quickly to make sure we have proven to them that we are trustworthy. So much of that is our staff setting the bar for that relationship. It’s just coming into it as kind and considerate individuals to alleviate some of that anxiety right from the beginning."

What patients need
Managing patient stress involves the recognition of different causes as possible.

"The source of nervousness or anxiety or fear could be lots of different things. It could be the needle, it could be the drill, it could be the post-op pain, it could be just the smell of the dental office."

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Managing patient stress involves the recognition of different causes as possible.

"The source of nervousness or anxiety or fear could be lots of different things. It could be the needle, it could be the drill, it could be the post-op pain, it could be just the smell of the dental office."

"Anxiety is a really common issue that most endodontists deal with on a day-to-day basis," Dr. Lucier-Pyles explains. "Root canals have a bad reputation. We’ve all heard the expression, ‘I’d rather have a root canal, than [do something].’ Most of our patients come in with, at least to some degree, anxiety or concern about what’s going to happen. General dentists have the added benefit of a longer-term relationship with most patients, so they have an ability to build up trust over a long period of time. Patients are referred to us, and they don’t know us from any other person that they’ve recently met, so we have to work really hard and really quickly to make sure we have proven to them that we are trustworthy. So much of that is our staff setting the bar for that relationship. It’s just coming into it as kind and considerate individuals to alleviate some of that anxiety right from the beginning."

What patients need
Managing patient stress involves the recognition of different causes as possible.
member of the team,” Dr. Goodchild says. “When it’s a team thing, then you have a good place to start. There’s this term, the idea of that ‘dental home,’ and home should feel like a safe place. And when you can do that, all else kind of becomes secondary.”

Some very basic, simple techniques might be all that it takes to take off the edge.

“I’ll try to talk to the patient, get them to take some deep breaths, get them to wiggle their toes, just try to get them back into their body and not focusing on their fear and anxiety, not focusing on what I’m doing, distracting them, but then also having them calm down,” Dr. Sanders says. “Something as simple as taking really good deep breaths can help them bypass that fight-or-flight reaction until the person calms down.”

Ultimately, it comes down to good old-fashioned communication.

“Talk to the patient,” Dr. Sanders says. “Take some time to listen to them. If people feel heard, if they tell you they’re anxious and you actually spend a couple of minutes talking to them about why and what you can do, that helps a lot, instead of just pushing the next thing in their face. It’s not exactly comfortable to have somebody that you don’t know working in your face and putting sharp things in your mouth.”

Communication is a good way to get started, but where the clinician goes from there depends on the patient and his or her unique needs.

“I have patients who want to be talked through the procedure and know exactly what’s happening as it’s happening,” Dr. Lucier-Pryles says. “That’s a really nice tool that we endodontists can use to let the patients know what’s occurring in their mouths and to have a better idea of not only what’s happening but how long it’s expected to take, etc. It really sets the stage from the beginning to have conversations about what we’re doing and why — it goes a long way to help patient anxiety.”

“All people are unique,” Dr. Goodchild adds. “I find that, for most of my patients, they do really well with just some coaching. For those who require more, it’s really drawing on their past experience. Some have taken oral anti-anxiety medication before and know that it works well for them. Some have used nitrous oxide and oxygen sedation in the past and know that it works well. There are those who say, ‘I used both of these and it’s not been effective.’ It’s really important to maintain open communication with people to understand what makes them anxious and how we can best help them and get them through comfortably.

“I wish I could say that I had a magic bullet, and I don’t think I do really,” he continues. “Just like everybody’s mouth and teeth, and every one of the thousands and thousands of carious lesions we treat or crowns we make, everyone is different. Every patient is different in that regard. I think everyone needs a little something different. Asking people what they want has been successful for me so that we can tailor the approach. We do make notes in the treatment record about what we’ve done from the local anesthesia we’ve used, or nitrous oxide, or oral medications, or things that may help us with treatment from appointment to appointment. Sometimes the patient doesn’t want the radio on and prefers a quieter environment, or the patient wants a particular TV channel on, or the patient doesn’t like to hear ‘dental speak,’ or clinical language. We make notes about what management strategies the patient prefers so that we can be consistent.”

Stay vigilant

Managing patient stress is an ongoing process. It starts as soon as the patient arrives at the office but continues throughout the visit.

“It’s a matter of looking from the second they walk in the door,” Dr. Sanders says. “You see that person that comes to the front desk and either they won’t talk or they just won’t be quiet. They just talk constantly. They’re asking the front desk 50 million questions, or they just kind of go hide in a corner of the room and they won’t say anything. And it’s the same thing when they come back in there chatting with the assistant before getting started.

“Then you get the opposite end of the spectrum where they just seem really rude, but it’s just that they’re afraid,” she continues. “Keep in mind that a lot of these people who come in and they seem like they’re just not the nicest person, it’s really just that they’re afraid. They’re anxious, and they’re just afraid do it.”

Don’t leave it to the patient to indicate that he or she is stressed. The way in which you discover the apprehensive patient will differ from person to person.

“Identify the anxious patient,” Dr. Sanders says. “Some of them are going to walk in and tell you they’re terrified, or that they hate you, but some of them are not. Just reading that body language and realizing that they are anxious and you have to be a little bit more gentle with them. After that, I try to find out what they want. Not everybody’s going to have the same reaction or the same thing that’s going to make them comfortable. I like to find out if they like a lot of information. Will it make them feel better if I try to tell them everything I’m doing? Do they just want to zone out?

“And the other thing is, what makes them anxious?” she continues. “For some people, it’s the whole experience. For other people, it’s only the anesthetic. Other people, it’s just a noise.

If it’s just the noise, then just give them some noise-cancelling headphones and help them relax. If it’s the anesthetic, then I know to focus on talking to them through that. I definitely use a good amount of topical gel, let that sit in, and then just use a very gentle injection technique so that they’re feeling it as minimally as possible.”

It’s better to find out sooner rather than later that a patient is feeling anxious.

“By the time you see outward signs, sometimes the game is over,” Dr. Goodchild says. “One of the things that I’ve done is to talk to patients about the things that make me nervous. And one of the things that makes me nervous is flying. I would say something like, I don’t like to fly, but one of the things that always makes me feel better is when the captain comes on and says, ‘We are going to have a little bit turbulence here, but don’t worry.’ Or they say, ‘We are going to start to land soon.’ I really like to use that analogy in the dental office. It’s like the update from the cockpit. What is the patient going to feel next? What’s coming next? How much longer is this going to last? Those little updates as the procedure is going on can really help because the fear of the unknown is really what a lot of people are nervous about.

“Sometimes I’ll say to patients, ‘Hey, what would you like me to do here?’” he continues. “‘Do you want me to give you updates every so often of where we are in the procedure? Do you not want me to talk? Do you want me to just kind of roll, trying to get through it as quickly as I can? How do you want me to do this?’ That gives the patient some control as well. There are so many facets to dentistry, but it’s very personal and patients — because of that personal nature, and you’re working in a very personal space — the idea of giving up some control sometimes is difficult for patients. Reminding patients that they are in control or understanding that when you say, ‘I need a break,’ that you get a break, or if it hurts, it hurts. My philosophy for the patient is, ‘How can we make this better for you?’ and then listening to what they need
WHAT KEEPS DENTISTS UP AT NIGHT?

What keeps you up at night?

Patients aren’t the only ones managing anxiety. While they may not be afraid of a needle, a sharp tool, or the sound of the handpiece, doctors have their own stressors. It could be anything ranging from running a business to keeping pace with new technology to keeping up with dental trends, or anything in between.

Sources of anxiety

“It depends on the day,” Dr. Lucier-Pryles says. “For most dentists coming out of dental school, we come out with great dental training but not a lot of experience running businesses or managing staff. So, while it’s not really a procedure keeping me up at night, it’s more thinking about how I can best grow my practice into the business that I know it can be and how best to manage — all very wonderful — but different personalities, and make sure we work effectively as a team to take care of our patients.”

It’s no secret that doctors have to wear many hats. They’re responsible for such tasks as ordering supplies, human resources and staying on top of professional developments, in addition to actually practicing dentistry. As such, the business side of operating a practice is certainly a source of anxiety.

“Obviously, providing good dentistry is always a stress,” Dr. Goodchild says. “There are certain procedures that are more anxiety-producing, and I think that some of the best advice that you can give to young practitioners is: Stay within your lane. Stay within the things that you really feel comfortable with. Things that you don’t, those are educational opportunities to get upsold on or refer. Refer to practitioners that are skilled in those procedures. Utilizing an interprofessional approach is so powerful to make sure that best outcomes are achieved and the best patient experience is achieved as well.

“On any given day, managing the schedule, generating production, managing overhead and receivables — and don’t forget about HR issues — all that stuff is very stressful for the dentist,” he continues. “I would say the easiest part of your day is when you’re actually sitting in the chair doing dentistry because when you’ve done your work and you’ve treatment planned it correctly and you set yourself up for success on the clinical side, and you’ve managed patients’ anxieties and fears, and you’re actually just smooth sailing along during the procedure, after achieving profound local anesthesia, that’s wonderful. That’s the best part of your day. It’s the other things that that are so stressful. Is the lab work back? Are the supplies ordered? I have two people on vacation; do I have enough people to cover the office? I have two patients that are upset with me right now because their denture doesn’t fit or they don’t like the color of their crown.”

“The things I worry about most are money, growing my practice, trying to make it run,” Dr. Sanders says. “Otherwise, staff concerns are always up there. When I first started, I think I lost a lot more sleep about not knowing how to do procedures. But it seems the longer I’ve been in practice, the more I learn what procedures I am comfortable with and what I am not, and I’m better at picking which ones I’m doing. In my first couple of years of practice, that was something I definitely encountered more often.

As if conventional sources of stress weren’t enough, the digital age and social media have created something new for dentists to worry about.

“What about patient complaints? What about social media? What about the impact of, ‘Hey, what is someone going to write about our practice online and how will that affect us?’” Dr. Goodchild says. “That isn’t something that years ago we really had to worry too much about, but it’s a real concern now, and there are practices that rely on social media strategies and marketing plans.”

Managing stressors

Dealing with those stressors comes in many forms. Dr. Lucier-Pryles recommends networking with other professionals.

“One of the biggest sources of comfort in dentistry that I found is mentorship,” Dr. Lucier-Pryles says. “We have such a lovely network of professionals who we can rely on for advice, for their experience. If you speak to any number of other dentists, most people have dealt with similar situations to what you’re going through. Relying on those relationships to best guide you, I think, goes a long way to making sure that everyone sleeps well at night.”

Dr. Sanders observes that, in many ways, the stress dental practitioners experience isn’t unlike any other source of stress, and it must be managed as such.

“It’s a bit of learning and growing through the practice,” Dr. Sanders says. “You move on to different stressors. The more you learn, there’s always something else coming down the road. I practice mindfulness, I meditate, I exercise, and when I’m not at work, I try my best to be present and focus on my family, and to not lose sleep.”

In the end, successfully managing stress results in a better equipped practitioner.

“If we can manage patient anxieties and fears, and if we can mitigate all the stresses and anxieties that go along with the dentist, I think what you potentially end up with is better care,” Dr. Goodchild says. “Because when those things match up, when you’ve got an anxious patient and an anxious doctor, I can see that with that experience, the outcome of the dentistry wouldn’t necessarily be what you want. But when you can match up a comfortable patient with a comfortable and confident doctor, then I think you’ve got a really good recipe for success.

“I just keep thinking back to the reverse of that,” he continues. “When things are not going right in the dentist’s world or in a dental office and the patient is upset, I just see that as a recipe for disaster. Sometimes I tell my students a football analogy from Vince Lombardi, who said, ‘When you get in the end zone, act like you’ve been there before.’ You don’t walk into the operatory and say, ‘Oh my gosh, I’m so excited to do this. This is my first crown ever’? You say, ‘I do this all the time. I love this procedure. I can’t wait to do this for you. We’re going to make it just right exactly how you want it to be.’ So, it’s this idea of projecting confidence and it actually helps put the patient at ease.”

so that it can be addressed upfront has been hugely successful for me."

Keep checking in on patients to ensure that their stress levels remain manageable.

“I and my assistant both check in with patients regularly during treatment,” Dr. Lucier-Pryles says. “We’re not waiting to see signs of distress. I’m asking constantly, ‘Are you comfortable? ‘How are you feeling?’ ‘Is there anything I could explain differently for you?’ ‘How’s everything going on your end?’ and the assistants are checking

in similarly as well. So, we don’t wait for things to get out of hand before we manage them. We’re trying to preempt it as much as we can.”

The environment

What patients’ senses encounter are very influential factors in their stress level. Paying attention to that detail can have hugely beneficial effects.

“I think what we’re talking about is distraction,” Dr. Goodchild says. “We’ve had TVs on the wall, TVs on the ceiling. I know a lot of dentists will put up calming kinds of pictures. I know some dentists who, when they build a new office, try to have a lot of windows with nice views. You don’t want dental posters up. If you are going to have posters or pictures on the walls, you want them to be nonclinical and pleasant. You want people thinking about other things that could take their mind off dental treatment. You may have calming music. You may have something that generates a nice smell. I know offices that have more like a spa environment, which I think is really effective.”

“The whole environment should be right,” he continues. “From the moment they walk in, it should feel like a really nonthreatening place, and that’s why a lot of dental offices prefer something called an ‘open concept’ where you don’t have treatment rooms with doors, you have sort of half walls and multiple exits, so it works against the claustrophobia of the dental experience. There’s a method to the madness, even going back to the office design, in the way that the flow of the office is set.
up, not just for patient comfort but also for efficient treatment delivery.”

Dr. Lucier-Pryles designed her practice with patient comfort in mind. “When we were developing our vision for the office, we practice in Vermont, so it’s cold for a lot of the year,” Dr. Lucier-Pryles says. “We placed a fireplace in our waiting room and made sure the furniture was really comfortable and had water available to patients and had a nice selection of magazines to set the stage from the beginning that it was a comfortable place.

“We chose tones that were kind of cool and relaxed — on purpose — to help keep everybody’s blood pressure down,” she adds. “In the treatment rooms in the back, we kept with that same color palette and also had some really nice local artists develop some pieces that were really pleasing to look at. Also, within the treatment rooms, we have a lot of the equipment hidden, so patients aren’t walking into the room seeing all sorts of intimidating dental implements. That way we can kind of take things out as we need them, but we’re not going to scare people from the beginning with what’s out there.”

Relaxing outside the box

Responding to patient cues, relaxation and soothing environments are easy, effective places to start, but what if that just isn’t enough? Some practices have successfully used therapy dogs, acupuncture and hypnotism. More commonly, pharmaceutical interventions can be effective.

“I’ve always used traditional methods,” Dr. Goodchild says. “That would include oral anti-anxiety medications, like oral benzodiazepines. We use nitrous oxide and oxygen as well. Local anesthesia is a huge part of it, even with sedation techniques, and all the things we talked about thus far. Without good local anesthesia, you really can’t do anything. It goes back to that notion of just being aware of what the patient needs.”

“We’ve kind of stuck with pharmacology for those patients who don’t respond well to other things,” Dr. Lucier-Pryles adds. “Everything from oral anxiolytic medications like benzodiazepine to nitrous oxide. We actually have an anesthesiologist who comes in from the hospital for patients that even need additional anxiolysis, so we actually can provide our patients with an IV sedation, in the most severe cases.”

If patients need that extra help, especially if they’re being referred by another doctor, then the more notice, the better. “Communication is so important in a specialty practice,” Dr. Lucier-Pryles says. “We rely on our referring doctors to say, ‘Hey, this is a patient who is really anxious about upcoming treatment. Perhaps you should schedule a consultation with them to talk about how you want to manage this moving forward.’ And, again, most of it is just being open with those patients to say, ‘Hey, here’s your pathology. Here’s what we have to do about it. We want to make this as easy on you as possible. Here are the ways that we can go about doing that.’

“Marathon Man” was just a movie, but paying attention to patients’ anxiety can make them know you’re there to help — not to inflict torture. ●
POLISH COMPOSITE RESTORATIONS WITH FOOTSIE™

The new polishers from Komet USA reduce polishing procedures down to two quick and easy steps.

[by Leora Walter, DDS]

Information provided by Komet USA LLC.

COMPLETION OF A CAVITY restoration includes finishing and polishing to ensure smoothness. This smoothness minimizes bacterial adherence to the restored surface, encourages the maintenance of proper oral health, and creates an esthetically pleasing appearance by mimicking the adjacent teeth.

Common polishing methods for composites include the use of multi-fluted carbide burs, white stones, or sandpaper discs. Although these methods may achieve their purpose, Komet® Footsie™ composite polishers stand in a class above the rest (Fig. 1). Constructed from polyurethane with interspersed diamond grit, they have exquisite flexibility and unparalleled polishing ability.

Footing’s innovative design — like legs with flexed feet — provides exceptional access to otherwise inaccessible grooves and embrasures. Additionally, they don’t need to be used in any one direction to produce optimal results. The polishers achieve a brilliant finished surface quality on both anterior and posterior composites; occlusal, buccal, lingual and even interproximal. These polishers, amazingly, don’t harm adjacent tooth or gingiva structures. Furthermore, this design has also proven to be more durable; the polishers resist breakage during the suggested two-step sequence.

For anterior use, Footsie polishers are remarkable. After shaping an anterior composite, the last thing a clinician wants is an accidental nick in the restoration. Footsie polishers don’t reduce composite or tooth structure; rather, they polish and finish the restoration, rendering a lifelike appearance as well as desired restoration-surface quality.

Clinical application

Designed for use in a slow-speed latch handpiece, Footsie polishers are used in a simple two-step process:

STEP 01 After filling the restoration and making gross adjustments, pre-moisten the tooth — water is not required during polishing — and use the pink polisher (94028M) for pre-polishing of the surface (Fig. 2). Use a light touch, allowing the polishers to do the work.

STEP 02 Follow up with light yellow polisher (94028F) for a high-shine finish (Fig. 3). As demonstrated, the polishers are appropriate for use on posterior and anterior teeth.

With a recommended speed of up to 6,000 RPM, the polishers don’t heat up the tooth. Additionally, because water isn’t needed during polishing, the shine of the restoration can be accurately judged while using the instrument. With a highly durable construction that enables them to be sterilized and used multiple times, Footsie polishers offer an exceptional single-shape alternative to switching between cups, points and discs during multi-step polishing procedures.

ABOUT KOMET USA

Celebrating 95 years of unparalleled excellence in the dental industry, Komet is a recognized worldwide leader in the production of highly specialized, precise, endodontic instruments and accessories, dental burs, discs and diamonds. Komet operates in the United States under the name Komet USA LLC. Komet sells direct to dental practitioners and dental laboratories, delivering orders quickly and efficiently from its state-of-the-art factory in Lemgo, Germany. The company’s U.S. headquarters is located in Rock Hill, South Carolina. For more information about Komet USA and Footsie composite polishers, call 888-KOMET-USA (566-3887) or visit www.kometusa.com.

AT A GLANCE


2. Use of the Komet Footsie composite polisher (94028M) in the posterior.

3. Use of the Komet Footsie composite polisher (94028F) in the anterior.
LOOK BEYOND MARKETING TACTICS WHEN CHOOSING A BONDING AGENT

How COLTENE’S ONE COAT 7 UNIVERSAL offers one bond for all application techniques.

[by Dr. Peter Auster]

Information provided by COLTENE.

YOU ARE GOING to your first dental convention. Rows and rows of booths catch your eye, but the large, splashy ones seem more exciting and more inviting. Dental ads designed by large advertising companies have the same effect. But the best marketing doesn’t necessarily represent the best materials.

Some lesser-known companies have great research teams and extraordinary products. COLTENE has been creating quality products globally for the past 30 years. Their latest bonding agent, ONE COAT 7 UNIVERSAL, is a truly universal adhesive. Its distinctive triangular bottle or single-dose capsules hold a liquid agent that bonds to all surfaces using all techniques, without the need for silane or a ceramic primer.

ONE COAT 7 UNIVERSAL is a light-cured, single-component bonding agent for self-etch, selective-etch, or total-etch techniques. The material bonds to enamel, dentin and ceramics, and it seals sensitive dentin as well. Dual-cure needs are answered when its One Coat 7.0 Activator is added. No primer or silane needs to be used, even when bonding composite to zirconia, titanium and gold.

Product testing has displayed excellent results. ONE COAT 7 UNIVERSAL was shown to have the best self-etch adhesion values when compared to five current bonding agents¹ (Fig. 1). The material also showed excellent shear bond strength values using the total-etch technique² (Fig. 2).

The product’s triangular bottle contains 300 applications per bottle and has a unique no-leakage dropper system. ONE COAT 7 UNIVERSAL received a good/excellent rating from Catapult Educators. Post-op sensitivity levels are virtually non-existent, and it has an excellent marginal seal and anti-bacterial properties.⁴

The product is a great match with COLTENE’s unique new composite system, BRILLIANT EverGlow®. ONE COAT 7 UNIVERSAL is an eighth-generation adhesive, despite the “seven” in its name. As such, it has many of the benefits of eighth-generation materials as well as its own special qualities.

MDP, included in the adhesive, is a wetting agent with a hydrophobic group that works like silane to keep water from the bonded area. This adds to the bond strength between composite and zirconia, gold and other metals.⁵

There are different requirements for the material for total-etch, selective-etch and self-etch. While total-etch continues to have its proponents for all cases, many dentists now limit etchant to enamel to decrease potential post-op sensitivity. Enamel etching should be limited to 15-20 seconds and rinsed off with a full water spray to keep the tooth hydrated.⁶ Over-drying can lead to post-op sensitivity. Total-etch is best limited to 34 percent phosphoric acid and used in cases with little dentin exposed (minimal thickness veneers, sealants, fissurotomy bonds). On the other hand, self-etch can be used in fully dentin areas (crown preps, extremely deep restorations and core buildups) where total-etch could cause major sensitivity issues.

Case presentations

Case 1
A 28-year-old female shattered the mesial corner of tooth #10 (Fig. 3). Impressions were taken to evaluate bite issues and allow for the production of a mockup and prep guide. The mockup was created by adding BRILLIANT EverGlow to the correct mesial/incisal margin of tooth #10. A prep guide was made using Virtual® (Ivoclar Vivadent). It was determined that a single shade would work well after trying a few shades on the tooth without a bonding agent (Fig. 4). The tooth was cleaned with Consepsis® Scrub (Ultradent Products). Ultra-etch 34 percent phosphoric acid etch was placed in a total-etch technique on the labial bevel and lingual chamfer and all surfaces to be bonded. A VariStrip™ (Garrison Dental...
AT A GLANCE

1. ONE COAT 7 UNIVERSAL self-etch adhesion values.
2. Shear bonding strength values of ONE COAT 7 UNIVERSAL.

Case 1
3. Shattered mesial corner of tooth #10.
4. Mesial corner tooth with single shade determination.
5. ONE COAT 7 UNIVERSAL applied lingually and facially to all exposed margins and bevels.
6. Case 1 post-op color match and nondiscernable margins.

ONE COAT 7 UNIVERSAL
- Bonds to gold, titanium, ceramics, zirconium oxide and composite
- No additional primer or saline required
- Helps minimize post-op sensitivity

Case 2
7. Patient’s smile pre-intervention.
8-10. Replacement of large restorations on teeth #8 and 9.
11. Application of Consepsis® Scrub to teeth #8, 9, and 10.
12. ONE COAT 7 UNIVERSAL application to teeth #8, 9, and 10.
13. BRILLIANT EverGlow shade BL applied at incisal edges of prep guide.

Solutions) was used to keep the etchant and bonding agent away from tooth #9, and ONE COAT 7 UNIVERSAL was applied lingually and facially to all exposed margins as well as to the bevels (Fig. 5). A small amount of BRILLIANT EverGlow shade A1/B1 was added to the lingual of the prep guide and the template was placed in the mouth. More composite was added until final margins were created and cured using a Bluephase Style curing light (Ivoclar Vivadent). The composite was contoured using Super-Snap polishing discs (Shofu Dental Corporation) and Groovy Diamond® Polishing Brushes (CLINICIAN’S CHOICE) and Enhance® Polishing Cups (Dentsply Sirona). The color match was excellent and the margins “disappeared” thanks to the optical properties of BRILLIANT EverGlow (COLTENE) (Fig. 6).

Case 2
A 60-year-old female desired a better smile for her son’s wedding in two weeks (Fig. 7). The patient was told that orthodontics and porcelain veneers or crowns would be the best option, but she badly wanted a temporary fix for wedding photos. A treatment plan of laser crown lengthening, replacement of dark, decaying fillings, and full facial bonds of teeth #8, 9 and 10 was decided.

Replacement of large restorations on teeth #8 and #9 was accomplished using ONE COAT 7 UNIVERSAL and BRILLIANT EverGlow shade BL (Figs. 8-10). Laser gingivectomy was accomplished on teeth #8 and 10 using the Gemini® laser (Ultradent Products). Consepsis Scrub was applied to teeth #8, 9 and 10 after the teeth were prepared. Etchant (Ultra Etch 34 percent) (Fig. 11) and ONE COAT 7 UNIVERSAL was applied to teeth #8, 9, and 10 (Fig. 12).

A prep guide had been created from a mockup model and BRILLIANT EverGlow shade BL trans was placed at the incisal edges of the prep guide (Fig. 13). Shade BL was applied to all three teeth. The teeth were shaped and polished using Super-Snap discs (Shofu Dental Corporation) and a FlexiBuff and Enamelize (Cosmedent). This is a simple way to facilitate a complex task and the patient was thrilled with the result (Figs. 14-15).

Conclusion
COLTENE’s ONE COAT 7 UNIVERSAL is an excellent new option for bonding to virtually any surface. Its synergy with the composite BRILLIANT EverGlow allows for excellent esthetics, ease of function and strength.

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RESTORE DENTAL DECAY WITH KAVO KERR MATERIALS

How one dentist ensures success with one-step bulk fill composites.

[ by Dr. Simona Cuevas ]

Information provided by KaVo Kerr.

RESTORATIVE DENTISTRY AND
the removal of caries remain the
essence of dentistry. The combat of
caries disease in the posterior region
is one aspect of dentistry that hasn’t
changed much in theory — remove
all the diseased tooth structure and
replace it with a material compara-
table to that which was lost.

Modern advances in this field
have helped us provide our patients
with increasingly better results.
While the preparation style of
decay removal has become easier
and more conservative — no more
extension for retention or preven-
tion — its concept hasn’t changed.
One could argue that technology
has made our life easier by aiding
us in the process with caries visu-
alization tools and dyes and more
specialized burs and handpieces, yet
the process remains the same. The
restoration process has simplified
and allows dental practitioners to
restore missing tooth structure with
ease and confidence. Placement ease
has saved not only time and money
but has also allowed us to confi-
dently restore the tooth without fear
of immediate or later failure.

Single component self-etch
dental adhesives provide excellent
adhesion for direct composite
placement with an easy-to-follow
and reproducible application tech-
nique, which in itself is generally
more desirable than the multi-step
systems we used to struggle with.
No more complex step sequences
with etching, rinsing, priming
and bonding. That being said, no
post-operative sensitivity or water
residue issues — a problem that
leads to delamination — have been
reported, with the newest genera-
tion of these self-etching adhesives.

One-step bulk fill composites
available today allow bulk place-
ment without fear of missed adap-
tation, incomplete cure, inadequate
polish, or esthetics. With the advent
of these new composites, our task
has yet again been simplified.
In order to be successful, it’s
extremely important for clinicians
to strictly abide by the manufac-
turer’s recommendations, adhere to
the correct sequence of steps, and
observe the proper application and
placement steps. In my practice, I
use materials from the same manu-
facturer’s line together, which have
been tested together to achieve the
best results.

CASE STUDY
A 25-year old female presented
to the office with complaints of
staining on her posterior teeth and
sensitivity to sweets. Upon clinical
and radiographic exams, decay was
diagnosed in the occlusal grooves
of most of her posterior dentition.
The following treatment
sequence depicts one quadrant
of her restorations. The teeth
addressed were teeth #18-21.

After local anesthetic was
administered, all visible decay
was removed (Fig. 1) and, follow-
ing the latest Dental Caries 2018:
New Insights recommendation,
all “affected” dentin layers were
also removed. The preparation
was disinfected with 5 percent gluteral-
dehyde-35 percent hydroxylethyl
methacrylate (HEMA) formula-
tions applied with Ball-Point Appli-
cators by KaVo Kerr.

After the two separate one-
minute applications of disinfectant,
the restorations were suctioned to
achieve a damp surface. This step
was followed by the application of
OptiBond™ All-In-One self-
etching dental adhesive by KaVo
Kerr with Ball-Point Applicators
(Fig 2).

I used OptiBond All-In-One
self-etching adhesive because it
combines the ingredients needed for
etching, priming and bonding into
a single adhesive solution, thereby
eliminating separate etching and
priming steps of the bonding pro-
cess. It’s extremely easy to use and
its bond strength is consistent. I’ve
had no reports of post-operative
sensitivity using this bonding
method.

Using the Ball-Point Applica-
tors, I applied a generous amount
of OptiBond All-In-One adhesive
to the enamel/dentin surface. I
scrubbed the surface with a brush-
ing motion for 20 seconds, and
then applied a second application
of OptiBond All-In-One adhesive
with a brushing motion for 20 sec-
onds. I then dried the adhesive with
gentle air first and then medium air
for five seconds with oil-free air,
and then light cured for 10 seconds
with the Kerr Demi™ Plus Curing
Light (Fig. 3).
I then filled the preparation with bulk fill composite (Fig. 4). The composite of choice for this case was SonicFill™ 3 (Kerr), which is a sonic-activated bulk fill composite. SonicFill 3 replaces conventional time-consuming, multi-stage layering techniques used with other composites while providing improved adaptation. It’s easy to handle, sculpt and polish as well as simple to extrude with a specialized handpiece (SonicFill Handpiece, Kerr) during placement.

I chose this material because it provides better adaptation to margins and internal walls. SonicFill 3 contains rheological modifiers that react to the sonic energy applied during placement, reducing viscosity to increase flowability to all cavity surfaces. Most cavities are filled in seconds.

The low shrinkage stress this composite provides ensures lasting marginal integrity. Lower shrinkage stress can lead to void- and gap-free procedures and better outcomes.

Its optimized formula is slump-free. Once the sonic energy is removed, the composite reverts to a viscous, pliable state ideal for contouring and polishing. The nanoscale zircon silicate (zirconium oxide + silica oxide) filler system allows the practitioner to achieve excellent gloss, wear resistance and reliability. SonicFill 3 also has a high depth of cure. Refractive index matching and an enhanced curing mechanism allow polymerization depths up to 5mm in a single step, while still retaining opacity for esthetically-pleasing finishes.4

Composite sculpting was achieved with a generic composite instrument (Fig. 5). All restorations were then cured with the Demi Plus curing light for 40 seconds each (Fig. 6).

Occlusion was checked with articulating paper (AccuFilm®, Parkell) (Fig. 7) and adjusted as needed with a finishing bur (Fig. 8).

As one can observe from the pictures, when anatomy is closely followed in the reconstruction of the missing tooth structure, necessary occlusal adjustment is very minimal.

Final polish was achieved with a Kerr ProGloss™ polisher (Fig. 9). ProGloss polishers are a one-step polishing system for all types of composite restorations. With the ProGloss polisher, one can achieve a faster, higher surface luster in one simple procedure, as seen in Figure 9.

The case was completed and the patient was very happy with the beautiful results, indistinguishable from her surrounding natural dentition, even with great magnification (Fig. 10).

Conclusion

Restorative dentistry has become easier to achieve with the advancement in reliable self-etch bonding and composites that blend in seamlessly with the surrounding tooth structure.

As all of you surely do, I look forward to the new advances that modern technology and science will provide in dentistry to potentially further simplify this basic yet necessary dental treatment procedure.

ABOUT THE AUTHOR

Dr. Simona Cuevas received her DDS degree from the University of Texas Health Science Center in San Antonio, Texas. She previously taught at the UTHSCSA School of Dentistry while developing her private practice, The Institute of Esthetic Dentistry in San Antonio. She was a contributing editor for the Journal of Cosmetic Dentistry for more than 10 years and has published numerous articles in the field of esthetic dentistry. She has lectured nationally and internationally on the topics of direct composite bonding, facial smile esthetics and indirect cosmetic restorations. To date, Dr. Cuevas teaches part-time at her alma mater while maintaining a full-time cosmetic dental practice as well as providing product development and support for dental manufacturers and providing webinars to help her peers fulfill CE requirements.
All-ceramic restorations are increasingly popular due to their excellent esthetics and biocompatibility. Among the available dental ceramics, Yttria-stabilized tetragonal zirconia polycrystals (Y-TZP) exhibit the highest fracture strength and have been used for both anterior and posterior crowns and fixed partial dentures (FPDs). Although the strength of the core material in Y-TZP is outstanding and the survival rates are high, clinical trials report fractures of the veneering material. To optimize the performance of these restorations, slow cooling and reduced numbers of firings may be used. Also, a modification of the crown design has decreased the risk of fracture, particularly by improving porcelain support and consequently increasing the reliability of the restoration. Clinical trials have demonstrated that the veneering ceramic fracture rate of fully veneered Cercon® ht Shaded Zirconia restorations produced with a pronounced anatomical core design and slow cooling after the ceramic firing isn’t different from porcelain-fused-to-metal restorations.

Another way to decrease the risk of technical complications is the exclusion of the veneering material in so-called monolithic restorations. However, legacy Y-TZP materials displayed only limited esthetic properties with low translucency and availability in opaque white color only. Recently, Y-TZP materials with improved translucency and color spectrum (e.g., Cercon® ht Shaded Zirconia, DENTSPLY Prosthetics, York, PA) have been introduced, making the monolithic Y-TZP restoration a viable treatment alternative.

Monolithic crowns offer additional advantages such as a reduced production time and improved cost effectiveness. Another clinically relevant aspect of monolithic restorations is the less invasive preparation design compared to fully veneered crowns and FPDs. As Y-TZP is featured with high strength, the required thickness of the restorations can be reduced. The recommended minimum wall thickness for monolithic crowns and FPD abutments ranges between 0.4 and 0.7 mm.

A further step to improve efficiency in the production of monolithic or partially veneered all-ceramic restorations has been made by introducing high-translucent Y-TZP ceramics that are preshaded in the full color range of the VITA® classic shade guide. Cercon® ht Shaded Zirconia reproduces the complete array of all 16 classical VITA® A-D shade designations with high color accuracy. Thus, the dental laboratory can use the material very economically and flexibly for the production of fully and partially veneered crowns and FPDs as well as for monolithic restorations in different performance levels.

Monolithic restorations fabricated solely by glazing or characterized by staining are a good combination of a cost-effective production technology, high fracture strength and remarkable esthetics. Monolithic Cercon® ht Shaded Zirconia restorations allow minimum invasive preparation design with an occlusal reduction of 0.5–0.7 mm and a cervical reduction of 0.3–0.5 mm. Due to their high fracture strength, they meet the conventional cementation protocol (Figs. 1–4).

Complex esthetic demands can be best fulfilled with partially or fully veneered Cercon® ht Shaded Zirconia restorations. As the framework material is available in all VITA®
shade designations, especially partially veneered restorations can be produced in an outstanding esthetic quality that couldn’t be achieved to date. Partially veneered restorations combined with a maximum framework support allow for long-lasting restorations in esthetically relevant areas (buccal and/or occlusal) (Figs. 5–8).

Monolithic designs as well as partially and fully veneered designs can be combined within in one restoration. This is advantageous if the space conditions in the posterior region are unfavorable or a gradient of individual esthetics from the anterior to the posterior region should be implemented to reduce costs (Figs. 9-10).

Independent of the design, the Cercon® ht Shaded Zirconia allows the use of only one material for an efficient fabrication of all-ceramic single crowns and FPDs in a wide price range for different esthetic demands — all with a reliable material that has successfully proven its clinical applicability for more than 15 years and has been evaluated in comprehensive clinical studies.

ABOUT THE AUTHOR
Priv.-Doz. Dr. S. Rinke earned his dental license in 1991 and his doctorate in dentistry in 1993 while serving as a full-time faculty member at the School of Dentistry Dept. of Prosthodontics at Georg August University, Gottingen, Germany. From there, he served as a visiting assistant professor at the Harvard School of Dental Medicine within the Department of Restorative Dentistry from 1997-1998. In 1999, Dr. S. Rinke won the ICP Young Prosthodontist Award for scientific merit in research on all-ceramic dentistry and became the head of clinical research at Degussa Dental GmbH, Hannau, Germany. In 2002, he established his own dental practice in Hanau, Germany, before proceeding to complete two master of science programs in oral implantology and periodontology, respectively. Dr. S. Rinke currently serves as a lecturer for the Georg August University's Department of Prosthodontics, covering material sciences and prosthetic dentistry, a position he has held since 1999.

[ Figs. 1-10 ] Patient presented with a missing upper molar and requested a cost-effective but reliable prosthetic treatment (Fig. 1). Virtual design of the FPD (DentalDesigner 2014, 3 Shape, Copenhagen, Denmark) (Fig. 2). Monolithic Cercon® ht Shaded Zirconia FPD characterized by staining only (Figs. 3A-B). Lateral view on the monolithic Cercon® ht Shaded Zirconia Technology FPD replacing an upper molar (Fig. 4). Clinical situation with a missing upper first molar (Fig 5). CAD design for a partially veneered Cercon® ht Shaded Zirconia framework (Fig. 6). Partially veneered 3-unit Cercon® ht Shaded Zirconia FPD (Figs. 7A-B). Occlusal and lateral view on the conventionally luted 3-unit FPD (Figs. 8A-B). Virtual design for a complete posterior restoration in the mandible combining monolithic and fully veneered Cercon® ht Shaded Zirconia crowns and FPDs (Fig 9). Occlusal view on the Cercon® ht Shaded Zirconia crowns and FPDs. Molars are fabricated as monolithic units, and the premolars and the canines are fully veneered (Fig. 10).
Is the solo practice dead?

The rise of DSOs has many solo practitioners nervous — but what does the future really hold? [by Robert Elsenpeter]

The business of dentistry, like so many industries, is different than it was 20 or 30 years ago. That change can be chalked up to such influences as the economy, technology and our culture. Dental service organizations (DSOs) are becoming much more prevalent and, given the current climate, may overtake solo practices in the coming years.

So, it begs the question: Is the solo practice dead?

It depends

The short answer is, “It depends.”

“If the continuation of the industry as is goes forward, the answer is, ‘Yes,’” says Dr. Marc Cooper, president and founder of the Dentist Entrepreneur Organization, a national consulting and training firm out of Portland, Oregon, working exclusively in the group practice space.

“The 80/20 rule will prevail. The growth of DSOs, managed group practices, is growing about 20 percent per year. My understanding of the ADA Health Policy Institute statistics is solo practices are shrinking at the rate of about seven percent per year. They’re about 55 percent now. The trend lines are such that the growth is exponential for DSOs and is declining steadily for solo practices.”

Dr. David Burt, a general practitioner at Mountainville Dental in Allentown, Pennsylvania, says that the solo practitioners will always have a place in the industry and that they’re not going anywhere. Unlike medicine, dental operates on a different model.

“Medicine has pretty much rolled over to corporate,” Dr. Burt says. “We all know that, we’re all living it, we’re all seeing it all the time. But that’s because, other than going for checkups, medicine is, ‘You go because you’re sick.’ Dentistry is not like that. Dentistry is an elective procedure. We are physicians and contractors, at the same time. It becomes a different kind of a beast. Where your primary care physician sits there, listens to you and writes scripts, we sit there, figure out what’s going on, see if you’re dealing with pain or not, and make esthetics looks better or function better. People get to decide.”

Dr. Roger Levin, CEO and chairman of a dental practice consulting firm, the Levin Group in Owings Mills, Maryland, observes that there’s a place for everyone in the dental space.

“There’s so much noise about the death of private practice that a lot of people are buying into it, but it’s just not true,” Dr. Levin says. “DSOs are growing, they’re continuing to grow. Small groups are coming online with multiple dentists. So, there will be fewer solo practices, but for the next 10 to 20 years, we will have solo practices with doctors who enjoy that level of independence and freedom and understand how to make it successful. I think a big part of it is business management. If you manage your practice properly, it can be extremely successful at different levels of revenue. I’m not suggesting it’s going be the only model of the future, but it is one of the models of the future. There’s no data, whatsoever, suggesting that any form of practice is going to completely disappear in the near-term. They’re going to change, but they’re not going to disappear.”

David and Goliath

DSOs, because of their sheer size, have organizational advantages that make it a challenge for solo practi-


**Solo practices are extraordinarily vulnerable to the forces that are occurring in the industry.**

Solo practitioners have to wear many hats. Whereas the solo practitioner has to wear many hats, in addition to actually performing dentistry, DSOs are able to hire specific people — even entire departments — to handle specific tasks.

“Solo practices are extraordinarily vulnerable to the forces that are occurring in the industry,” Dr. Cooper says. “DSOs have the capacity for high-end executives to do all of the business functions and that’s their only job. You have someone in charge of HR and they’re handling all the staff issues, all the staff interactions, all the performance reviews, all the recruiting. The chief financial officer really looks at the numbers every day, all the KPIs in a close fashion, does analysis, tells you where you can turn the dial to get better on the lever, so you have a whole set of professionals managing a dental enterprise, whereas a solo practice has to do all of that themselves.

“It’s a novice compared to an expert in terms of running a business,” he adds. “And then you have the capacity to deliver care for less per patient because of the economies of scale. In addition, they’re able to leverage, in terms of their transactions, reductions in most expenses because they’re buying in a much larger volume. So, it costs less to do per patient, they have a capacity to increase access by opening from 7 a.m. to 7 p.m. and on Saturdays, and they can recruit better staff because they have better benefits packages and probably higher salaries.”

### Different doctors

There’s no one-size-fits-all when it comes to where doctors want to work. It depends on personal preference, individual finances, and where one is in his or her career. For instance, Dr. Cooper observes that millennials seem well-suited for DSOs.

“They are digital natives,” Dr. Cooper explains. “For them, it’s a doorknob for me, it’s safe. I don’t even know the combination to half of these things, but they do. So, they’ll embrace it. The other part of that is millennials know how to be a team, better than Generation X, better than Boomers.”

On the other hand, Dr. Burt observes that DSOs may not have young dentists’ best interests at heart.

“They overwork them,” Dr. Burt says. “They may promise the world to them: $160,000 a year, so the kids with the big debts, they’ve got to roll to that right away. They’ve got to find out that they’re going to work their butts off. And that’s what they do. Corporate take sides and shortcuts that ought not to be taken.”

As an example, he talks about one dentist who left a DSO because the organization was using non-certified personnel to perform X-ray procedures.

“He said, ‘Well, if someone comes down and we get in trouble, it’s my license that’s on the line, not you guys. You’ll go back to work tomorrow and find somebody else. I’m on the line,’” Dr. Burt recounts. “And he’s right. He wanted to do it the right way.”

### Patient preference

Just like the doctors, patients have a preference, and they can vote with their wallets.

“For the most part, there are patients who want the private practice and want the attention and customer service,” Dr. Levin says. “And there are patients who want the expanded hours, open six days a week, DSO for access in emergencies. But I would say the majority of patients aren’t really noticing because DSO marketing is excellent and private practice is still the majority of dentists and has a very strong niche. Also, dentistry is a very personal relationship for many people. That might change in 30 to 40 years, but right now many people want to go to ‘their dentist.’ There are people who are happy to go to a DSO and have any dentist, so we are seeing a shift, but the majority still like going to their dentist.”

For Dr. Burt, the personal touch really makes a difference to his patients.

“My dentist is my dentist, and some people are just fussy,” Dr. Burt adds. “They really care about what goes on with them, and they want somebody to talk to them. They want to know the proper options. They don’t want to see another guy three years from now because there’s this huge turnover in corporate.

“The empathy factor is fairly large,” he continues. “They need somebody that wants to care about them. And I think that, with the turnover of DSOs, you just don’t get that. People just have so much fear and anxiety about going to the dentist that when they finally connect with somebody, they want to know that they’re cared about, and I think there’re a whole lot of practitioners out there — like myself — who care about what happens to their patients. The empathy that we are able to generate for these people is what keeps them coming back, rather than going somewhere where they’re just a number.”

### Stay in the game

Given the current climate, how do solo practitioners compete in the DSO era? Dr. Levin advises three areas in which to focus.

“Number one: retain their patients,” Dr. Levin says. “Private practices have, typically, about a 15 percent attrition rate per year, and that needs to come down to about seven or eight percent. The difference is customer service. Those practices that have good customer service need to have great customer service that wow people with their brand and a message and a level of care and convenience.

“Number two: Marketing programs are very important today, but the strongest marketing program is still patient referrals,” he continues. “When patients have excellent customer service, and then are motivated by the practice to refer to that practice, it can increase the number of new patients. Number three: Focus on convenience for the patient. That means convenient appointments, convenient payment plans, even convenient hours, in some cases, that allows the practice to retain patients, participating with plans. If the patient base is very insurance-based, it’s going to be hard to keep them if a practice does not participate at some point.”

To remain competitive, Dr. Burt says solo practitioners must expand their offerings.

“The solo guy does have to bring some other specialties in-house, or they need to become diversified in what services they offer,” he says. “We do pretty much everything. I have a huge implant practice, and that’s why I have a cone beam. We have all the technologies. I do full-on orthodontics, whether it be clear aligners or bracketing, endodontics. So, the breadth and width of services is going to force the general practitioners to have a knowledge about most specialties in dentistry and be somewhat able to deal with it and do it properly.”

Dr. Cooper observes that the opportunities offered by DSOs makes it hard, especially for the millennial doctors.

“If I’m in solo practice, I have a lot of conflicting thoughts. I’m in confusion,” Dr. Cooper says. “The first one is, I don’t have a buyer, unless I really cheapen down. So, I’m doing $1.1 million a year, I’m working my 180 days, my overhead is running about 60 percent, and I’m making a really pretty good living out of it, but the fight is getting harder. What do I do? Well, if I go over there, what about the rumors — most of them unproven — about DSOs that they’re unethical, they lack integrity and they do poor dentistry. However, when you look, DSOs are the only ones with quality assurance pro-
PUSHING BACK AGAINST THE DSO TAKEOVER

[by Dr. David Burt]

Although it seems that DSOs are going to rule the dental world in the near future, solo and partner practices can take heart in the fact that we know their Achilles’ heel, so to speak.

We, as either new or sustaining practices, can use this information to ensure productive, prosperous and fulfilling dental careers even with corporate dentistry down the street. What’s the secret? It’s actually less complicated than you think — if you’re dedicated to making it work.

The first and most important phase of fighting back is centered on two simple words: patient care. Sure, it almost sounds like a “duh” phrase, but the concept is multi-factorial and a big part of success as a dentist. It’s not just about your actual care for your patients but also how you approach it. The DSO model has dentists on tiers with their income and it’s highly production-driven. It may not be quotas, but DSO dentists do have to produce at certain levels to justify what they pay them. And that seems to many people to be sales-driven, rather than care-driven. Patients don’t want to be “sold”; they want to be taken care of.

We need to remember that dentistry is still a profession and not just a commodity. The business of dentistry seems to be eclipsing the fact that we’re a healing art first. A large treatment plan that blows them out of the water isn’t in their best interests, and I’ve seen it many times from offices that place production as king. Patient care is realizing that dental care is tied to financial and emotional care, something we in the private sector can utilize to create patient satisfaction and loyalty. That kind of total care is key to keeping and attracting patients who appreciate not feeling like they’re being sold a used car.

The statement in other articles that we need to ask the proper questions of DSOs to survive is really counterproductive for our own well-being. Why would I want to do that and what could I possibly ask that may help us all get along? DSOs are our competition and should be treated accordingly, but not with fear or anger. Private sector will never have the marketing budget DSOs have, but spending big dollars isn’t the only way to keep a practice healthy and new patients coming in the door.

One needs to make sure that social media is utilized to the fullest and that you also personally market your practice in the community. Street fairs, church bazaars, school and daycare presentations are just a sample of the ways one can grow a private practice. Remember, corporate is a billboard, you are a person, so maximize your interaction with people and create the kind of patient loyalty that DSOs can never take away from you.

So, don’t whine about the rise of corporate dentistry. Embrace the competition and beat them at their own game.

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“ When a private practice runs like an excellent business, there’s a lot of opportunity for growth and success.”

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everybody talks about chairside milling and everything else, but do you realize that in the 25 or 30 years that it’s been available, that that penetration is only been 20 to 25 percent? That’s because the doctor has to want to do his own thing and to do the chairside milling, and 75 percent of them don’t want to do that. I, myself, had to shift when I was taking some of the cheaper insurances. Instead of taking two hours for one patient to mill my own, I put two patients in the chair and produced twice as much, sent it off digitally, and got a crown cheaper than what I could buy a block for the mill.”

On a larger level, Dr. Cooper says that dentists need to find the work environment that best suits them.

“I would tell dentists, ‘You can’t do dentistry without dentists,’ he says. ‘That is the highest leverage arm you can possibly have in any industry. You cannot be replaced at the patient/doctor interface. Patients need relationships. Where you put that is up to you. I think a lot of dentists have their heads in the sand. They don’t want to see what’s really going on, but you can’t make commitments until you go through consideration, and they really need to pull their head out of the sand and start looking at the whole ecology of what’s going on and where they are in their life, and in their practice, and where it is best to put that talent and those assets.”

Further, Dr. Levin observes that to stay competitive and in practice, solo practitioners need to focus on the business of being a business.

“Practices today need to run like excellent businesses,” he says. “When a private practice runs like an excellent business, there’s a lot of opportunity for growth and success. You can’t keep doing what you used to do, but when you do what you should be doing today, from a business standpoint, with the right systems in place, the practice will be successful.”

The best way to stay in business, Dr. Burt says, is to work smarter.

“We have to think this through,” he says. “We have to think about and figure out ways to make it work. I’m close to the end, but I guarantee you if I had another 20 years, I would make it up against the DSOs. You’ve got to stay on top of your game with the economics of your practice and what deficiencies there are.”

He adds, “Take heart. We’re not going away.”
3 ways to ensure effective dental instrument processing

Strict attention to detail encompasses the entirety of a dental professional’s work — from training to product handling to treatment. [by Robert Elsenpeter]

Attention to detail is important in any job. If a chef doesn’t pay attention to the recipe, a meal can taste awful; if a lawyer puts a comma in the wrong place, a contract becomes unenforceable. So, too, is its importance in the dental practice, especially as infection prevention is concerned.

Instrument processing requires such attention to ensure that patients — and team members — are properly protected.

Training
Proper instrument processing begins with the appropriate training. Unfortunately, not everyone gets that guidance. And while the end result can be catastrophic for patients, the attitudes of some professionals are disappointing.

“In 2013, an infection control breach at an oral surgeon’s office made national headlines,” says Karen Daw of Karen Daw Consulting and former clinic health and safety director for The Ohio State University College of Dentistry. “According to the complaint, assistants performed procedures only a dentist should, and sterilization processes were subpar. In fact, the executive director for the board of dentistry stated, ‘I will tell you that when ... we left, we were just physically kind of sick. I mean, that’s how bad it was,’ and I’ve seen a lot of bad stuff over the years.” When the dentist was asked about this area in his practice he replied, ‘My staff takes care of that, I don’t.’”

Proper training on infection control issues should be of critical importance. “A great way to ensure effective instrument processing is through training” Daw says. “This starts with the doctor setting the expectation, leading by example and assessing for competencies after training. And yet, many dentists themselves have received little to no professional instruction or guidance. ... This is why I applaud schools like University of the Pacific and The Ohio State University for including an instrument processing rotation as part of the dental student curriculum.”

“Training the dentist and the team members makes sense,” Daw says. “After all, it’s the dentist that is responsible.”

Check your work
Sterilizers are somewhat analogous to household dishwashers: one simply loads dishes/instruments into the machine and then starts the cycle. In the case of the sterilizer, the process is supposed to get everything germ-free. But like our dishwasher comparison, one can’t put in items that are too messy for the machine to handle.

“How instruments are sterilized is critical. If the manufacturer’s instructions aren’t followed, then it’s unlikely that instruments will be properly processed. “Frequently, when I visit dental practices, I see that they have overloaded their sterilizer, Canham says. “They have placed so many instrument pouches or cassettes or combinations thereof together in the sterilizer that the sterilant cannot do its job of circulating around all the instruments.”

Some states don’t require wrapping of instruments; however, the CDC recommends that instruments be packaged or wrapped prior to sterilization. If you overload, then not everything is going to achieve the benefit of the sterilant, which is usually steam.

“What I sometimes see is, because they’ve overloaded the sterilizer, the wetness hasn’t dried off of the instrument bags or cassettes,” Canham continues. “The wet material can wick bacteria from the environment to the inside of the sterile pouch or cassette, and it can compromise the integrity of the wrap or pouch. You could pick up the package and all the instruments fall out because it’s so wet.”
4 signs your online reputation may be at risk

Expert tips on how any dentist can — and should — protect his or her brand online.

[ by Naomi Cooper, president, Minoa Marketing and CEO, Doctor Distillery ]

Would you let your competition do your marketing for you? Or allow a disgruntled patient to promote your practice? No, of course not! Yet if you’re not in control of your online reputation, then that’s exactly what might be happening.

Online reputation management isn’t just for celebrities and large corporations. A dentist’s online reputation is absolutely crucial, especially when you consider that 92 percent of consumers read online reviews when looking for a local business. Online reputation management is a big business these days, and outsourcing it can end up costing big bucks. Luckily, there are a few simple tactics you can employ to stay out in front of your brand’s online presence.

**Risk No. 1: Not collecting enough prophylactic reviews**

Every dentist fears a negative review. It can be tough to read an unhappy patient’s experience, and that unease is compounded by the fact that an online review has the potential to be seen by hundreds of local patients online.

The best way to combat negative reviews is to consistently work to build a trove of positive endorsements. Each day, every member of the dental team who interacts with patients should choose one patient on the schedule and encourage him or her to post a positive review. A steady flow of upbeat testimonials being posted over a long period of time will serve as a common-sense counterpoint to the critical comments that might otherwise devastate your online rep.

**Risk No. 2: Forgetting to regularly monitor and respond when needed**

Perhaps the only thing more anxiety-producing than a negative online review is the idea of publicly responding to that dissatisfied patient. However, sometimes ignoring the negativity can make the situation worse.

A member of the dental team (ideally anyone besides the doctor) should be put in charge of checking in on each online profile on a regular basis to monitor for questions and concerns. And if an issue should arise, acknowledge the comment (without apologizing or becoming defensive) and politely provide contact information to the patient so that the matter can be resolved offline. This demonstrates to the disgruntled patient that you’re willing to help fix the problem, but perhaps more importantly it shows other prospective patients that you’re willing to go the extra mile in order to keep your patients happy.

**Risk No. 3: Failing to claim all online profiles**

It’s impossible to monitor for negative reviews if you’re not aware of the sites where your practice is listed. Conducting an online audit can be as simple as Googling the practice name and the doctor’s name to see what pops up on the first page of search engine results. There may very well be websites where the dental practice unknowingly has a listing or user reviews.

**Online reputation management isn’t just for celebrities and large corporations. A dentist’s online reputation is absolutely crucial.**

There are an infinite number of websites that publish business listings and patient reviews, but the most widely used by patients and prospective patients are Google, Facebook, Yelp and Healthgrades.

Be sure that, at the very least, each of these listings is kept updated with current contact information, business hours, links to your practice website and photos, if possible.

**Risk #No. 4: Failing to brand the practice properly online**

While you may understand that “Joe Richards, DDS” is the same office as “Richards Family Dentistry,” search engines will not make the connection, and it’s almost guaranteed that prospective patients won’t either. So what’s a dentist to do?

Be sure to use the same practice name consistently both online and offline. Letterhead, signage and brochures should all use the same name as the website, social media and online business listings. Additionally, the same branding elements should be used across all marketing platforms so that search engines and prospective patients alike will easily recognize the practice.

As a dentist, you work incredibly hard every day to provide top-notch oral healthcare for your patients; that commitment needs to shine through to your practice’s online presence as well.

**ABOUT THE AUTHOR**

Naomi Cooper is president and founder of Minoa Marketing and serves as chief marketing consultant for Pride Institute. She’s a respected dental marketing consultant, author, speaker and opinion leader who co-teaches Pride’s marketing course, The New Rules of Dental Marketing. She can be reached at naomi@minoamarketing.com, and she blogs regularly at minoamarketing.com. Follow her on Twitter @naomi_cooper or “Like” Minoa Marketing on Facebook at fb.com/minoamarketing. For information on upcoming courses, call 800-925-2600 or visit prideinstitute.com.
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When it comes to evolution, our profession is in a constant state of flux. There are lots of things I love about my work here at Dental Products Report and one of those things is that I get the chance to bring information about the latest improvements to my peers. With the exponential increase in research and development, along with manufacturing capabilities, the art and science of dentistry now exists as a “moving sidewalk” that requires practitioners to put in effort to constantly move forward or risk moving backward.

Along those lines, in the time that I’ve been practicing, I can say with confidence that there’s not one single thing I do routinely that was state of the art when I was trained. Even for recent graduates, this can be a challenge. First, they’ve got to spin up on the latest evolutions that weren’t taught in dental school, then they have to make sure they stay up to date with the constant changes. It’s the equivalent of jumping onto a moving train and then trying desperately to hang on.

For those who’ve been practicing a while, you must not become stuck in a rut of your own making. The challenge of our profession is to always be the very best you can be, every day. That means keeping an open mind and expanding your skill sets with the latest innovations that can provide state-of-the-art patient outcomes.

For this article, let’s take a look at some things that can help decrease the stresses faced by doctors and patients in daily practice.

Injections
Do you happen to know even one person who likes either giving or receiving a dental injection? Me neither. Of all the things we do, it’s probably the least liked and most likely creates more stress for both patient and doctor than anything else. Many studies have been done over the years that show injections are stressful for everyone involved. Since we all know this, why is it that doctors just keep doing the same thing over and over?

Do you use topical anesthetic? If so, you’re probably taking a cotton swab of 20 percent benzocaine and placing it pretty close to where the target tissue is located. However, wet mucosa and the flow of saliva can quickly move or dilute the topical. If you really want good tissue penetration of the benzocaine, dry the tissue well with two-by-two gauze and keep the area dry while the topical sits in the area for two minutes. This greatly increases its effectiveness.

If you want even more profound topical anesthesia, invest in a topical referred to as EMLA. The abbreviation stands for Eutectic Mixture of Local Anesthetics. It’s a mixture of 2.5% prilocaine and 2.5% lidocaine in a cream. Originally developed for venipuncture, EMLA rapidly diffuses into mucosal tissue and provides profound topical anesthesia. It’s not inexpensive, but for many patients it’s a tremendous difference maker.

Another injection upgrade is The Wand® from Milestone Scientific. It’s completely natural for patients to fear aspects of dental intervention, but you can alleviate stressors by updating your practice’s technologies.
The challenge of our profession is to always be the very best you can be, every day. That means keeping an open mind and expanding your skill sets with the latest innovations that can provide state-of-the-art patient outcomes.

The more involved the treatment becomes, the greater the patient anxiety. By utilizing digital devices and more accurate diagnosis, patient and practitioner stress levels can be decreased.

Wrapping it up
Besides death and taxes, one of the other undeniable truths of life is that people will dislike dental treatment. I tell patients on a regular basis that they shouldn’t be embarrassed about dental anxiety. Patients can’t witness invasive dental treatment and can’t communicate during procedures. Even the least anxious of patients experiences some moments of stress during an appointment.

Making use of the latest advancements can help with situations when stress levels run high. By educating patients about these technologies and how the technologies can help will also give patients an appreciation of the doctor’s focus on comfort. When patients understand that, it gives them an opportunity to relax. Often this philosophy will result in a large number of patient referrals.

I would personally rather invest in new technologies that create internal marketing through better patient outcomes than invest in postcards or newsletters. Using state-of-the-art technologies will also excite your staff. They’ll be enthusiastic to work in an environment that treasures the patient experience, and in turn contribute to the declination of stress in your practice.

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 dental 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.

stick, the other two uncomfortable parts of a dental injection are the pH difference of the anesthetic compared to the body and the pressure of the anesthetic fluid entering the body.

The Wand injects at a super slow rate. This means that the initial sting from the pH difference is decreased and the anesthetic diffuses into the tissue slowly instead of a 1.7-1.8cc bolus developing at the site of the injection due to a rapid injection technique.

Now I know all of you reading this are saying, “I give painless injections already and I inject super slowly!” I’m here to tell you that you do not. I once thought the same thing, but after switching to The Wand several years ago, it made a dramatic difference. Try it and you’ll see. It also helps that the needle handpiece looks like a translucent thin drinking straw and not some frightening shiny piece of stainless steel straight from a medieval dungeon.

The last discussion point of injections is the buffering of the anesthetic solution. There are at least two companies now on the market that offer ways of buffering anesthetic and both work well: Onpharma Company and Anutra Medical. Buffering anesthetic requires some extra steps and equipment, but it greatly decreases the sting and also increases the speed of anesthesia induction.

Electric handpieces
I switched exclusively to electric handpieces a few years ago and haven’t looked back. They produce incredible amounts of torque, which makes them darn near impossible to stall, even at low RPMs.

The increased torque can also allow the practitioner to use the handpiece at slower RPMs than air-driven handpieces, while accomplishing as much or even more. This generates lower decibels, which means the patient senses less handpiece noise, resulting in an overall better experience.

The high torque allows you to accomplish preparations with unbeatable precision faster than with air turbines. This means that treatment takes less time with the DC motor powered electric handpiece. There are at least two benefits that I feel are derived by this:

- Shorter appointment times for patients. Ask any anxious patient if he or she would like to have the appointment take longer and I can tell you what answer you’ll get. Being more efficient and requiring less time is a huge win for the patient.

- Benefit to your posture. The “clinical posture” that we place ourselves in during treatment takes a tremendous physical toll on the body. At some point during their careers, almost all full-time practitioners experience neck and back pain due to their clinical posture. Sometimes this damage/pain can become permanent and lead to disability. One of the easiest ways to prevent this is to spend less time in the posture.

By making appointments shorter by using electric handpieces, efficiency is a winner for the doctor as well. There are many good electric handpiece companies on the market. In my office, I use a mixture of Bien Air and KaVo electrics.

Digital caries detection
Hand in hand with the concept of efficiency and shorter appointments comes more accurate diagnosis. In case you haven’t heard, the sharp explorer diagnosis is dead and not even the best AED is going to bring it back.

Instead, the profession has moved on to visual, instead of exclusively tactile, diagnosis. Utilizing surgical scopes, intense clinical lighting and a variety of digital devices allows doctors to see decay at its earliest stages before the lesion either destroys or requires removal of extensive amounts of tooth structure to correct the situation.

There are a number of devices currently on the market and all perform well. Devices such as Air Techniques’ CamX Spectra, DEXIS CariVu™, ACTEON’s SOPRO devices (LIFE and CARE), Digital Doc LUM and Quantum Dental Technologies’ The Canary System® are ways to accurately detect decay at stages that make it possible to restore lesions while they’re still incredibly small.

Often this can be done with no anesthetic and small amounts of composite resin. Appointments for restoring these clinical situations are short, and many can be restored without the dreaded needle that all patients fear.

The devices are digital and produce images that can be shared with patients in a co-diagnosis environment. Being able to explain treatment and the reason behind it creates an environment in which the patient learns and appreciates the doctor’s focus on early diagnosis and minimally invasive restorations, allows the office to gain increased patient trust, and also provides opportunities for internal marketing when patients tell friends, relatives and co-workers about their diagnostic and restorative appointments.

One of the most stressful things that doctors face is a terrified patient who requires extensive treatment.
Why cloud-based software is in demand for DSOs

The platform offers many benefits for practices, but one must be careful when selecting vendors. [by Mike Uretz]

As we move into the new year, we’ll see continued growth in DSOs and dental groups. Along with this trend I’ve noticed a definite trend in dental software development to support these organizations. It seems that in order to stay competitive in the DSO and group practice market, software companies have, for the most part, decided that cloud-based software offerings are the way to go.

Why is this area moving forward so quickly? Well, I can tell you that as a long-time dental software and IT consultant, most of my DSO and dental group clients are demanding it. The benefits of cloud-based software are indisputable and are reflected in the conversations I have with my DSO and group clients when evaluating new practice management and clinical software for their growing multi-location organizations. So why are you seeing this accelerated trend toward replacing older client server systems with “next-generation” cloud-based systems? The rationale for DSO and group clients going to the cloud include the following:

1. No need to invest in and build internal IT infrastructure.
2. No need for internal or contracted IT server support.
3. Higher levels of HIPAA compliance with security experts at cloud data centers.
4. Easily accessed single integrated databases aggregating data from all locations.
5. Accessing of patient records anywhere from any device.
6. Accessing of images stored in the cloud anywhere from any device.
7. Monthly subscription pricing instead of large upfront license costs.
8. Ability to offer “best of breed” solutions by more easily interfacing with third-party partners and applications such as patient engagement, CRM, social media, patient education, analytics, revenue cycle management, and more.
9. Less sunk costs to think about if the DSO or group switches vendors later at some point.

Cloud smoke and mirrors

Some vendors try to advertise themselves as cloud-based vendors when in reality they have client server systems that are hosted in a remote data center. The difference is that “true” cloud-based systems use a standard web browser that can be accessed from any device without using some kind of VPN software. Be aware that there are vendors who choose not to spend time, money and resources in order to redevelop their software for a browser interface. I’ve worked with clients over the past number of years in all three types of environments: client server hosted internally, client server hosted by a remote data center, and cloud browser-based systems. Based on these experiences, I can tell you that in most cases a “true” cloud-based software, when designed and operated efficiently, will provide maximum flexibility to support your operations.

Buyer beware

Having helped my clients obtain cloud-based systems over the years, I can tell you that although there are a tremendous number of functional and operational benefits going to the cloud, it’s critical to do your due diligence when it comes to cloud-based software contracts and agreements. Remember that with a cloud-based system, your
data now resides off site, so control and ownership of your data, including how you'll access it, is critical. Also, the operations of the system are now out of your hands. Support and uptime guarantees are critically important, in addition to a number of other items that you'll find in cloud-based contracts.

Hopefully your vendor will provide great software and service to you for years to come. With the possibility that you and your vendor might split in the future, you need to make sure that you have clauses in your contract that allow you to get out without penalty in the case of poor performance or support. For those of you that have existing contracts with client server vendors that are migrating their software to the cloud, make sure that you structure and negotiate a new contract that covers the new cloud model they’re offering.

As a DSO or growing group practice, here are a few basic questions that you should be asking potential cloud-based vendors that want your business:

1. Is your system browser-based or is the client server hosted remotely?
2. What third-party applications do you partner with?
3. Do you host your client software or do you contract with a third-party data center?
4. Is the data center HIPAA-compliant and will it execute a Business Associate Agreement?
5. Do you have a customer web portal and can your patients pre-register and fill out health histories through the portal?
6. Do you guarantee support response time and system uptime?
7. Is your monthly subscription all-inclusive?
8. Do I have control and ownership over my data in the database?
9. Can I keep working if my connection goes down?

To do proper due diligence with a cloud-based vendor, there are many more areas of vetting to explore, but these will get you started.

The bottom line is that when it comes to “next-generation” software to manage DSOs, the train has left the station. Vendors that don’t already have cloud-based systems are scrambling to make cloud models available to potential customers. So it’s important for you to know what the critical areas are when evaluating, purchasing and implementing cloud-based dental software.

ABOUT THE AUTHOR
Mike Uretz is a nationally-recognized dental software, IT and Electronic Health Records (EHR) expert. He is the founder of DentalSoftwareCompare.com. As a leading industry consultant and educator, Uretz has helped DSOs and dental groups evaluate and select software vendors and solutions, structure and negotiate vendor contracts and provide vendor management. He also has assisted dental clients with obtaining millions in technology subsidy payments through the EHR Incentive Program. Mike can be reached at mikeu@dentalgrouppartners.com or 425-434-7102.
The rise of Instagram for your dental practice

How a few simple strategies can make your office stand out on this social media platform.

[ by Lou Shuman, DMD, CAGS, and Ian McNickle, MBA ]

I love Instagram; maybe it’s the simplicity of it. The highly visual posts and concise captions (if there are any) make it a fun distraction throughout my day. It’s no wonder that many users — especially those between the ages of 18 and 30 — find themselves to be addicted to the platform. Yet, there aren’t many dental practices taking advantage. Many are pouring their efforts into Facebook, but the very nature of Instagram makes it a great community for dentists to show off their work and engage with their communities. To get some insight and advice about how practices can jump on the bandwagon, I interviewed my friend and dental marketing expert, Ian McNickle, CEO of WEO Media and president of The DSO Project.

Why do you recommend dentists get on Instagram?

While I’ve always recommended Facebook as the primary social media platform for dental practices, Instagram is rapidly gaining on Facebook as an impactful social marketing platform.

Facebook and YouTube still dominate social media for most users in the United States, but Instagram has seen significant growth, especially among young adults. As of June 2018, Instagram reported to have more than 1 billion active users worldwide. Likewise, according to the Pew Research Center, 35 percent of all U.S. adults now use Instagram. In particular, 71 percent of 18- to 24-year-olds and more than 50 percent of 25- to 29-year-olds are regular users.

According to Instagram statistics,
at least 80 percent of users are now following at least one business. People want to be a part of a brand identity and keep up with it. Advertisers in general are seeing value with Instagram ads. According to Recode.net, in the first quarter of 2017, Instagram made up 10 percent of Facebook’s total ad revenue, but in the fourth quarter of 2018, it will make up about 30 percent. (Facebook bought Instagram in 2012 for $1 billion.)

Posting and advertising on Instagram can produce a significant benefit for practices that are able to effectively engage with their patients (and potential new patients).

**Where should dentists start?**

It’s very important to set up a business page for your practice, as opposed to using your personal Instagram page. Business pages have many advantages over personal pages: the ability to list information about your business, the option to include clear calls to action (CTAs), page analytics and the ability to advertise.

When setting up your business profile page, make sure you include relevant keywords that people might search for, such as your practice name and “dentist type, city, state” as well as your primary services and procedure categories (general dentistry, orthodontics, dental implants, etc.). We recommend using the following CTAs: call, email, text and get directions.

**You often talk about user-generated content. Can you explain what that is and how to create it on Instagram?**

You don’t always have to be the one to create content for your page. You can collaborate with highly engaged users (patients, friends, colleagues) who are creating content about you. Featuring this type of content shows that a business is listening to their community and can encourage further engagement from other users. User-generated content doesn’t always have to be photos and videos; it could be asking people to comment or tag a friend so that you can feature these interactions as a post or in stories. Sometimes encouraging engagement is just asking people to post emojis if someone agrees, or you can ask them to pick the best emoji response to content you’ve posted.

“Successful promotion requires trust, and trust on Instagram involves establishing yourself in a community and showing that you have a story to tell but also that you listen and celebrate the stories of others.”

For example, you can create a post asking users to share photos of their smiles using the hashtag #shareyoursmile and this will give people a chance to be featured on your page. You can also encourage user interaction with giveaways and asking people to like, comment and share, which would enter them in a drawing to win a fun prize.

I think the great thing about Instagram now is that it’s not just about posting static photos to the timeline. Can you tell practices how they can post stories just like their users?

Taking notes from Snapchat, Instagram and Facebook have added stories to their platforms, allowing users to share updates that disappear after 24 hours. While Facebook hasn’t received a high amount of adoption, Instagram users frequently use the story feature to get regular updates. In fact, according to Statista.com, there are approximately 400 million users watching stories every day. Stories also offer a way to create user-generated content and feedback, such as direct messages, polls and submitting questions for the practice to answer. This allows for informal, real-time updates from the practice. Ask questions, interact with followers, share news about the office, showcase moments in your day and have fun!

**How creative do you have to be to get solid engagement from your Instagram posts?**

Gone are the days where you could post any photo and get decent engagement. The visual esthetic of photos is extremely important as people curate their feeds. Instagram is a highly visual platform, so while people want value beyond esthetics, it’s still important to have visually interesting, striking or beautiful photos that draw people in to learn more and engage. Also, consistency in visuals is important for your branding. If you’re posting from your mobile phone, apps like VSCO, Snapseed, Canva and Over are just a few of the many photo editing apps for mobile devices.

**How often and when should practices post to get good engagement?**

There’s a lot of conflicting information on when you should post to Instagram and how often, but in general, weekdays seem to perform best. The exact time and frequency of posts is up to you and your specific audience, but in general, think of when someone would have breaks in their day to check their phone (waking up, lunch, breaks, once they get home). While it’s important to post frequently to keep users engaged and keep up with Instagram’s algorithm, it’s also important to focus on high-value content that encourages people to interact.

As for promotion, we generally recommend the 80/20 rule in which 80 percent is spent on teaching people new information, entertaining them, or encouraging them to interact and 20 percent can be product or service promotion. You could post daily if you have the bandwidth, but at least once or twice per week would be acceptable.

The majority of posts should focus on telling a story, encouraging followers to share and providing them something of value. Successful promotion requires trust, and trust on Instagram involves establishing yourself in a community and showing that you have a story to tell but also that you listen and celebrate the stories of others. If you follow these strategies, I’m confident dentists will experience benefits in their practice marketing and online engagement.

**Marketing Consultation**

If you have questions about your website, social media or online marketing, you may contact WEO Media for a consultation to learn more about the latest industry trends and strategies. The consultation is FREE if you identify yourself as a Dental Products Report reader.

**About Ian McNickle**

Ian McNickle, MBA, is a national speaker, writer and marketer. He is a co-founder and CEO at WEO Media and a three-time winner of the Cellerant Best of Class Award for dental websites and online marketing. He is also president of The DSO Project. If you have questions about any marketing related topic, please contact Ian McNickle directly at ian@weomedia.com or by calling 888-246-6906. For more information, you can visit www.weomedia.com.

**About Dr. Lou Shuman**

Dr. Lou Shuman is the CEO of Cellerant Consulting Group, dentistry’s leading corporate incubator and accelerator; a venture-in-residence at Harvard’s i-Lab; the chairman of the technology advisory board at WEO Media; a long-time contributor to Dental Products Report; and the founder and creator of the Cellerant Best of Class Technology Awards.
Maintaining dental unit waterlines

Consider desired workflows and product-use protocols when choosing a waterline maintenance approach. [by Jim Chandler]

In recent years, dental practitioners have become more cognizant of microbiological contamination of dental unit waterlines. Due to the nature and complex design of dental delivery units — and because even low levels of bacteria commonly present in waterlines can increase exponentially very quickly — the periodic use of waterline cleaners and antimicrobials is extremely important for proper dental waterline care. Various efficacious methods of waterline maintenance exist.

Whether water is delivered from a dental bottle or a direct connection to the delivery system, maintenance approaches have trade-offs that dental practitioners should consider when making decisions about how to treat their waterlines to protect their patients, staff and equipment.

The problem with dental unit waterlines

The problem of microbial contamination in dental unit waterlines is the result of how water is used during routine dentistry and the design of the dental equipment itself. Factors including small-diameter waterlines, low flow rates, long periods of stagnation, improper waterline termination, and even...
Higher upfront capital cost for centralized filtration systems

- Typically lower ongoing cost of maintenance relative to independent bottle systems
- No risk of running out of water in the middle of a patient visit
- Likelihood of recontamination of the delivery system as water bottle is removed and returned to its manifold throughout the day
- Typically higher ongoing cost of maintenance relative to centralized filtration and treatment systems

**Pros**

- Lower upfront capital cost vs. initial investment in centralized filtration system
- Provides the ability to fill bottles with higher-purity (lower-TDS) water than is supplied by most municipalities
- Makes operating during boil-water advisories much easier
- A wide variety of antimicrobial cleaners and residual chemical treatment products are available for use in bottle systems

**Cons**

- More labor-intensive for staff to fill and clean bottles each day
- Possibility of running out of water in the middle of a patient visit

**Recommendation**

Fill bottles with high-purity water containing low dissolved-solid mineral content (also known as “low-TDS” water), such as that produced by a VistaPure filtration system for this purpose. Do not use distilled water, as zero-TDS water can be corrosive to certain components of dental delivery systems. Shock the waterlines on a periodic basis with an EPA-registered antimicrobial cleaner, such as VistaTab. Consider the use of a continuous, residual chemical treatment, such as the Hu-Friedy Waterline Filter, to reduce microbial contamination and odor-causing bacteria, and the frequency of shock treatments required.

**INDEPENDENT WATER BOTTLE SYSTEMS**

**DIRECTLY CONNECTED WATER SYSTEMS**

- Workflow convenience for dental staff
- No risk of running out of water in the middle of a patient visit
- Closed system reduces the possibility of the introduction of environmental contaminants
- Typically lower ongoing cost of maintenance relative to bottle systems

- Higher upfront capital cost for centralized filtration system vs. independent bottle systems
- Complications associated with direct connection to city water supply, including addressing needs for backflow prevention, physical filtration and the ability to shock waterlines

**Recommendation**

Invest in a centralized filtration system that will also provide an integrated, approved form of backflow prevention and the ability to administer periodic “shock” treatments as necessary, such as the VistaClear system. Shock the waterlines on a periodic basis with an EPA-registered antimicrobial cleaner, such as VistaTab. Verify compliance with CDC and ADA-recommended guidelines of <500 CFU/ml via water sampling at least quarterly.

**Cons**

- More labor-intensive for staff to fill and clean bottles each day
- Possibility of running out of water in the middle of a patient visit
- Likelihood of recontamination of the delivery system as water bottle is removed and returned to its manifold throughout the day
- Typically higher ongoing cost of maintenance relative to centralized filtration and treatment systems

Tables courtesy of Jim Chandler.

Dental bottles and direct connections

Years ago, in an attempt to combat this contamination issue, dental delivery system manufacturers introduced independent bottle systems. These bottle systems provide delivery units with an independent source of water not connected to the city water supply and typically hold between 750 milliliters to two liters of water.

The basic line of thinking with these systems was essentially that more control over the quality of the input water to the system via independent bottles would enable higher quality output water. While this idea sounded very reasonable in theory, it wasn’t sufficient in practice without proper cleaning and maintenance of dental bottle systems.

Even returning a dental bottle filled with otherwise sterile water to its manifold can introduce contamination. Airborne bacteria and microbes present on the surface of the riser tube reinserted into the bottle can instantaneously introduce contamination back into the system. Furthermore, regardless of how the water is delivered, the bacteria will eventually re-colonize the water within the system, regardless of delivery methods.

To avoid complications with bottle systems, some practitioners choose to plumb their delivery units directly to the city water supply, but this method can also prove to be a challenge to finances and quality. For instance, many local plumbing authorities disallow direct connections to the public water supply without expensive backflow prevention devices installed for each operator. Furthermore, some dental practices may have trouble paying for the mandatory shock treatment that will need to be administered to direct waterlines. Regarding quality concerns, city water often contains sediment, scale and fine particulate matter that can harm dental equipment.

Dental waterline maintenance protocols

Whether dental operatories are plumbed directly to municipal water supply lines, utilize independent bottle systems, or have a water filtration system installed, the
following protocols and guidelines should be observed at all times for dental waterline maintenance:

- Discharge air and waterlines for a minimum of 20–30 seconds after each patient, as recommended by the Centers for Disease Control and Prevention (CDC). This procedure is intended to flush out patient material that might’ve entered the hand-piece turbine, air or waterlines.
- Don’t use waterline heaters, as they serve to increase the growth rate of any microorganisms that might be present in the lines tremendously.
- Never use water from a standard dental delivery system during surgical procedures. Instead, use sterile water or saline delivered by sterile means, such as autoclavable bulb syringes or autoclavable or disposable sterile tubing.
- Monitor water quality throughout the operatory environment at least quarterly by submitting water samples to a laboratory for hetero-
- sterilization of disposable sterile tubing.
- Never use waterline cleaners and antimicrobials is extremely important for proper dental waterline care. The choice of which products to use must be reached by considering the practice’s method of water delivery as well as the staff’s desired workflow and willingness to comply with shock treatment and daily maintenance products’ instructions for use.

In my opinion, based on nearly 40 years in the water treatment industry and almost 20 years in dentistry, the best input water is filtered to be free from particulates and puriﬁed to contain low dissolved mineral content (TDS). Distilled-quality (zero-TDS) water shouldn’t be used in dental delivery systems since this water is actually corrosive to certain components of delivery systems over time.

Shock treatments are absolutely necessary upon system installation and periodically thereafter, if microbial content ever exceeds 500 CFU/mL. For daily maintenance, I’ve found that many practices prefer the convenience of cartridge-style filters that only need to be replaced annually, as opposed to daily tablets that must be used upon each bottle filling. Finally, I prefer the use of elemental iodine to silver-based compounds.

Product considerations and trade-offs
Considering all the challenges associated with dental unit waterline maintenance and the various types of products available intended to address these challenges, it’s understandable why many practitioners have trouble determining the best approach for their practice. Several viable approaches to dental unit waterline maintenance exist, including periodic shock treatments and daily maintenance products, depending on whether the practice is using dental bottles or direct water connections.

Shock treatments are necessary to decontaminate waterlines. Strongest treatments are administered when water lines are first installed, followed by periodic applications of concentrated antimicrobial agents to cleared water lines.

EPA-registered shock treatments include a liquid form and also a tablet. In choosing the form of shock treatment that’s best for a practice, it’s important to consider the instructions for use and how these instructions “ﬁt” the practice’s desired workflow. For instance, one type of shock treatment must be left in the lines overnight and used for three nights in a row for an initial treatment. Another product option is noncorrosive and only needs to be left in the waterlines for ﬁve minutes before being purged and rinsed with fresh water. Regardless of the type of shock treatment chosen, it’s important to verify the compatibility of the product with the manufacturer of the dental delivery equipment and to use the product(s) according to the manufacturer’s instructions.

While it’s possible for practices to maintain water quality in compliance with the CDC recommendation of <500 CFU/mL using only periodic shock treatments, most waterline protocols require a two-part approach that involves both periodic shocking and a daily maintenance product. These maintenance chemicals are safe when used appropriately and can help to control contamination continuously when used as a residual treatment in the waterlines.

Daily maintenance products are available in different forms, including liquid, tablets and cartridge-style filters for in-bottle or inline use. The most commonly used chemicals for daily maintenance include silver-based compounds and elemental iodine. As with shock treatments, it’s important for practices to consider the various products’ instructions for use, workflow convenience and ongoing cost.

Like shock treatments, different forms of daily maintenance products and their respective active ingredients have trade-offs. For instance, tablets must be used every time a water bottle is ﬁlled, whereas cartridge-style filters typically last up to a year before replacement is necessary.

Silver-based products can combine with dissolved solids in water to form precipitates known as “silver salts” that can clog valves inside delivery systems and stain water bottles. Iodine-based products can also stain bottles and sometimes impart a slightly astringent taste to process water, although this is usually not noticeable, especially when used with high-purity water.

“Considering all the challenges associated with dental unit waterline maintenance and the various types of products available intended to address these challenges, it’s understandable why many practitioners have trouble determining the best approach for their practice.”

Summary and recommendations
As previously stated, due to the nature and complex design of dental delivery units, the periodic use of waterline cleaners and antimicrobials is extremely important for proper dental waterline care. The choice of which products to use must be reached by considering the practice’s method of water delivery as well as the staff’s desired workflow and willingness to comply with shock treatment and daily maintenance products’ instructions for use.

Jim Chandler has nearly 40 years of experience in water treatment technologies. He is the founder and president of Vista Research Group, which provides a complete line of water treatment, puriﬁcation and steam-processing solutions used by thousands of dental practices throughout the U.S. and Canada. Jim holds multiple patents, a bachelor’s degree with concentrations in conservation, biology and chemistry, and a master of higher education administration degree from Kent State University. He is the author of “The Book on Dental Water,” which is available now in multiple formats at thebookondentalwater.com. He can be reached at jim@vistaresearchgroup.com.
waterline treatment

SIMPLIFIED

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Cleans and Maintains
Meets or exceeds <200 CFU/mL

Universal Design
Can be used with either municipal waterlines or independent water reservoirs

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Easily installed in just minutes

Anti-Microbial Cleaner
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TOP 6 TIPS TO INCREASE WORKFLOW

As you look ahead and strategically plan out your year of serving patients, I encourage you to take a view through patients’ eyes at your business desk. Remember, this is the first thing your patients often see — what does it say about your expertise? Many practices that I enter have amazing business team members with unbelievable knowledge and experience, but their workspace appears disorganized, unprofessional and, frankly, unclean. The good news is that it doesn’t take long to improve the perception your desk is projecting.

Science has shown that a workspace organized and free of clutter creates an environment that’s conducive to creativity and more efficiency, which leads to more productivity. Mentally, clutter is distracting and creates stress. When discussing art, photography and interior design, it’s desirable to include “white space” — areas where there’s no content or strong color — in order to allow the eye and the mind to rest. Open space on a desktop or the backdrop behind a computer station accomplishes the same result and reduces stress.

Here are my top six tips for creating a workspace that’s more efficient and more professional.

Clear the clutter

Limit items on the counters or desktops to the things that really must be there, and if there are a number of small items such as pens or business cards, keep them contained and in finite amounts — you don’t need 20 pens available to your patient checking out. Any containers or baskets should be new in appearance. Replace chipped and discolored pen cups or frayed baskets.

Limit personal items. A family photo in a nice frame is lovely, but 10 photos poorly printed on curling paper taped to the backdrop of the counter isn’t. Cartoons cut from the local paper discolor quickly, are often derogatory to dentistry and can send an unprofessional message to patients.

Purge, purge, purge!

Gather all the writing utensils in your practice. If a pen isn’t working, the eraser on a pencil is gone, or a marker is dry, pitch it! If the imprinting on a pen is for another practice, or if it’s not promoting your own business, then offer it to your teammates to take home or donate it.

Get rid of random scraps of paper that you won’t use, like the last remnants of sticky note pads or scratch pads. Again, if it bothers you to throw these items out, then offer them to the team or for use in the staff lounge or private offices. The key is to remove them from the front office where they might send a negative message to the patient.

For the love of dentistry, please clean up all the sticky notes around the computer desks! Invest in an inexpensive label maker and make small labels for important numbers that always need to be accessible, such as NPI numbers and tax ID numbers. Place them neatly on monitors or inside cabinets. If you can’t let go of the rainbow of squares around the desk, then consider using the Sticky Notes feature on your computer — a free feature that’s standard on all Windows operating systems, (for Mac users, search for Stickies).

Depending how much time has passed since you’ve last done a major purge and organization session, this may take anywhere from an afternoon to as much as a week. This kind of project is a productive one to complete over a holiday break if it’s approved by the practice owner. It will allow the team to start the new year with a clean slate. The business team will breathe a sigh of relief in the coming year, and patients will comment about how clean and professional the office looks.

[ by Andrea Greer, RDH ]
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