Architect Louis Sullivan, the “father of skyscrapers” and mentor to iconic designer Frank Lloyd Wright, famously said, “Form follows function.” That axiom was originally applied to architecture, but the notion lends itself to all design situations—even in the dental practice. In fact, good design concepts can be applied almost universally in a dental setting.

The principles of design can be applied to everything from crafting and creating restorations, to setting up the physical spaces in a dental practice, to planning clinical and patient workflows, to designing the way the business of the practice operates.

Restorations must both be esthetic and functional. The operatory should be practical but not frightening. Employees must do an efficient job while looking professional. Good design can either stand out or blend in, as the situation requires, but it should always find balance and harmony with its environment.

Direct restorations

Consider direct restorations. Those seemingly straightforward cases are the dental practice’s bread-and-butter, but they’re not without skill and artistry. Patients want their restorations to both look good and work properly.

The impact of thoughtful design throughout a dental practice.

THE VIRTUES OF BEAUTIFUL DESIGN

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In short, design has a role to play in just about everything. An instrument handle that perfectly fits your hand, a room that just feels right to be in and even a software interface that’s intuitive to navigate through are all the results of thoughtful design.

That’s the thing; whether we put an effort into the design of our lives and practices or just leave things to chance, the shape they take is a form of design. Whether you’re setting up a room in a new house, planning a vacation, restoring a patient’s tooth, or building a brand-new dental practice, paying attention and directing the design leads to a better, more enjoyable result.

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THE VIRTUES OF BEAUTIFUL DESIGN

The impact of thoughtful design throughout a dental practice. by Robert Elsenpeter

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How will ComfortTrack Clear Aligner Material lead to improved patient outcomes?

Patient compliance is critical to aligner therapy success, and aligners made with ComfortTrack™ material vastly improve the patient experience. Patients experience the greatest discomfort the first day of wearing a new aligner tray. Standard aligner plastics generate high force on day one and the plastic fatigues quickly over the next few days of wear. ComfortTrack material generates 40 percent less force upon aligner insertion, which makes it less painful, and its elastomeric properties maintain superior force over the tray wear period.

— Tyler Sisson, product manager, Great Lakes Dental Technologies

Great Lakes Dental Technologies
800-828-7626
greatlakesdentaltech.com
CIRCLE RS #2

ComfortTrack™ clear aligner material

ComfortTrack™ is said to be a revolutionary clear aligner material designed specifically for patient comfort and aligner effectiveness. Made exclusively for clear aligners, ComfortTrack has elastomeric properties that generate an ideal initial force and maintain it over time. Compared to standard aligner plastics, ComfortTrack’s multi-layered structure reportedly generates 40 percent less initial force.

Aoralscan intraoral scanner

The new Aoralscan intraoral scanner is designed to deliver a premium scanning experience for patients, clinicians and technicians alike. Designed with open source software to simplify the intraoral scanning experience, the Aoralscan is engineered to enable dentists and technicians to easily obtain high-quality digital impressions. The scanner is the ideal choice for a full range of indications, including implants, restorations and orthodontics.

How will this scanner help clinicians to build better treatment plans?

When you as a business can control cost, you can provide your services at reasonable pricing. The Aoralscan intraoral scanner from Shining 3D puts great technology in the hands of clinicians without the premium pricing they’ve come to expect from large CAD/CAM companies. At a price of $13,999, the Aoralscan intraoral scanner has no annual license fees. This means that clinicians who are still using traditional VPS impression material can now upgrade to a more precise impression-taking method and can provide dentistry at a much quicker rate than by using conventional methods.

— Jimmy Ruiz, sales/product manager, Aurident

Aurident
800-422-7373
aurident.com
CIRCLE RS #3

elements™ e-motion endodontic motor

The elements™ e-motion endodontic motor features next-generation Adaptive Motion technology, which reportedly enables higher cutting efficiency and greater protection against file separation, deformation and transportation. It also includes an intuitive, full-color touchscreen and a customizable interface that allows users to program up to five presets with 10 files each for streamlined efficiency. elements e-motion is engineered to be lighter, more compact and ergonomic when compared to other devices.

How does this product stand apart from similar options on the market?

The elements™ e-motion endodontic motor features an improved Adaptive Motion, delivering higher cutting efficiency and greater ability to resist file separation and premature deformation. With a small footprint, the elements e-motion also offers an intuitive, full-color touchscreen with a database of 196 endodontic files and five customized presets for convenience and ease of use. Powered by KaVo, the e-motion is 100 percent German-made and backed with a full one-year warranty.

— Ana Arantes, senior product manager, KaVo Kerr

KaVo Kerr
800-537-7123
kerrdental.com/kerr-endodontics/elements-e-motion-shape
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THE VIRTUES OF BEAUTIFUL DESIGN

How thoughtful design principles impact every facet of the dental practice.

Thinking about an outcome before starting something often produces better results. This is why in a dental practice, design is critical to clinical procedures, operational workflows and the set up of physical spaces.

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THE STORY BEHIND OUR PLANS TO ENHANCE THIS PUBLICATION

Continued from cover...and best practices for building a dental practice as well as the ways software can design a workflow so patients and clinicians move smoothly through every appointment.

Good design is not static. A well-designed space or system grows, adapts and changes to meet new needs. This is true of dental technologies, dental practices and, yes, even dental magazines.

While working on content about design in dental practices, the Dental Products Report team is putting those same principles to work to evolve the publication’s look, feel and focus. Our goal is to create a better resource to help you discover dental innovations, adopt products that best fit your practice, and succeed clinically and as a business.

Before I share our plans, and the ways you can help, I should probably take a step back and reintroduce myself. I recently took over as the editorial director for Dental Products Report, but I’m by no means new. I’m a journalist by training, and more than a decade ago this publication served as my entrance to the dental industry.

I’ve held editorial leadership roles on several dental publications over the years, and I’m thrilled about this opportunity at the helm of Dental Products Report.

Designing a practice where all the products fit into place like puzzle pieces is a key to success. My aim is to fit all of our content pieces together into that same puzzle, so we can serve as a resource for in-depth information on what’s new, how things work, and how you can make them work for you, your practice and your patients.

If you’re reading this in print, you might have noticed one of these improvements as the magazine looks and feels more substantial. We invested in a heavier paper for both the cover and the inside pages, so we can provide a more robust magazine that is built to better showcase dental products and techniques.

Changes also are underway inside the magazine. Articles are being designed with more visual appeal to showcase more quick, accessible, actionable information. The next phase of our efforts includes a more inviting style for the cover and new touches to the article formats we include in every issue.

If we’re going to do this right, we need your help. We recently completed a reader survey to learn what you like and don’t like about Dental Products Report. I want to extend a sincere thank you to everyone who responded to the survey. The results are helping us improve the content you want more of, replace things you don’t find valuable and build new content formats you’ve asked for.

I hope these open lines of communication can become a true strength of Dental Products Report. Last month our ergonomics columnist Dr. Bethany Valachi debuted a Question and Answer format for her monthly column. Ask us questions. Other columnists also are accessible to directly address the real-world situations you and your colleagues face.

But these questions don’t have to stop with our columnists. Our editorial team is here to help you find solutions. Ask us questions you have about dental products, services, systems and running your practice. We’ll do our best to find you answers. We want to showcase innovation but with a healthy skepticism to present what’s new, the best of the tried and true as well as the things that need improvement.

We believe our independent and unbiased coverage will show through, but we need your help to keep us on track. Let us know what’s making the biggest impact on your practices and patients. Tell us when we succeed, but more importantly point out when we miss the mark, fail to dive deep enough, or otherwise fall short. We’ll work to do better.

We’re extremely excited about what’s ahead and look forward to working hand in hand with you as we design the future of Dental Products Report together. Thank you for being a part of this.

[ Noa h Levine ]
Dental Products Report Editorial Director nlevine@mmhgroup.com • 312-259-1200
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BISCO
800-247-3368 | bisco.com
CIRCLE RS #9

Varseo XL
The Varseo XL reportedly has the capacity to print at up to six times the speed, 10 times the volume and five times the print area of all comparable 3D printers on the market. The printer leverages Nexa3D’s proprietary LSPc technology to accurately print at high speeds, reducing the time to produce dental restorations from hours to minutes. BEGO plans to commercialize the Varseo XL, powered and manufactured by Nexa3D, within the next 12 months.

BEGO
800-342-2346 | usa.bego.com
CIRCLE RS #10

KaVo OP3D™
KaVo OP3D™ is a low-dose customizable imaging solution for any practice. The panoramic model includes a variety of views to fit the needs of your practice, including standard panoramic, pediatric panoramic, TMJ and bitewing. The upgradable pan is designed to easily integrate with KaVo Cliniview and Vixwin imaging software as well as a range of industry standard imaging software packages to streamline the diagnostic workflow.

KaVo Kerr
888-ASK-KAVO | kavo.com
CIRCLE RS #11

LightForce system
LightForce Orthodontics has introduced what’s said to be the world’s only fully customized, 3D-printed bracket system. The revolutionary system reportedly unites proprietary digital treatment capabilities with patented 3D manufacturing processes to produce a 100 percent customized set of appliances for each patient. Each bracket is dynamically designed in real time based on the patient’s specific tooth morphology and individual treatment plan.

LightForce Orthodontics
800-481-0185 | lightforceortho.com
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**[VENEERS]**

**VeneerME**

Thanks to VeneerME, clinicians will be able to carry, ship and manipulate hyper-delicate veneers in the highest conditions of security. The base of the box is covered with a sticky pad made of polyurethane gel. Veneers are placed on the pad on their buccal surface and adhere naturally. All of the preparation process of the internal part of the veneer can be done in this position without any fear of a veneer escaping or falling on the floor.

_Smiley USA_
877-755-6868 | smilelineusa.com
CIRCLE RS #13

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**[DENTAL CHAIR]**

**6700M Marathon chair**

Designed with the operator in mind, the 6700M Marathon chair is said to be an intelligent investment for any practice looking for durability, efficiency, modern technology and design at an affordable price. Features are said to include electro-mechanic operation, an auto return function, a last position function, four programmable preset positions and armrests with a touchpad. With Wi-Fi capability, the chair is equipped with technology to keep your practice ahead of the curve.

_Summit Dental Systems_
800-275-3368 | summitdental.com
CIRCLE RS #14

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**[DENTAL APP]**

**Dental Pro 3D face scanning app**

Dental Pro is a 3D face scanning dental app that reportedly scans and reproduces a user’s 3D face in less than 15 seconds on an Apple iPad Pro or iPhone X. Once the scan is complete, a one-click alignment function performs automatic lip-line cutout of the teeth and registers the 3D face scan to align with dental intraoral or CBCT scans for immediate use in dental design software. The app incorporates Bellus3D’s patented computer vision technology.

_Bellus3D_
408-389-8737 | bellus3d.com/dental
CIRCLE RS #15

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**[COMPOSITE]**

**Surefil® one**

Surefil® one is said to be an innovative filling concept for posterior teeth. The self-adhesive restoration material is forgiving and combines the simplicity of a glass ionomer with the stability of a conventional composite, all without sacrificing the esthetic outcome. Dentists can reportedly treat a cavity without an adhesive and without retentive preparation in just one layer, making the filling procedure more efficient and safer.

_Dentsply Sirona_
844-848-0137 | dentsplysirona.com
CIRCLE RS #16
**Cercon® xt ML**

Cercon® xt ML reportedly provides life-like esthetics, reliable color accuracy and faster production processing. Cercon xt ML is an extra-translucent zirconia that’s engineered to provide excellent esthetics, even in monolithic restorations. The material also features True Color Technology that is said to precisely match all 16 colors of the classic VITA shade guide, including one bleach shade. Cercon xt ML is indicated for all-ceramic anterior and posterior restorations, including crowns and 3-unit bridges up to the second premolar.

*Dentsply Sirona*

800-243-1942 | dentsplysirona.com

CIRCLE RS #17

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**Traverse™**

Traverse™, a rotary glide path file, is said to simplify the process of establishing the glide path in root canal treatment. Its advanced technology reportedly helps enhance the procedural technique by creating a more tapered glide path that reduces the workload of the shaping files. Traverse is also designed to reduce procedure time and manual labor when compared to traditional hand filing, resulting in improved efficiency.

*KaVo Kerr*

800-537-7123 | kerrdental.com/kerr-endodontics/traverse-shape

CIRCLE RS #18

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**VeriGuide OS**

VeriGuide OS is a Class I, CE-certified resin material developed for the production of high-precision surgical guides for use in dental implant surgery. The material has reportedly been successfully tested for biocompatibility and meets all mechanical property requirements. The resin features an easy post-processing method and is said to produce highly accurate surgical guides with a high-quality surface.

*Whip Mix*

800-626-5651 | whipmix.com

CIRCLE RS #19

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**TRIOS MOVE+**

The brand-new TRIOS MOVE+ now has a 15.6-inch touchscreen. The screen and arm are attached to an easy-to-move stand with a PC that delivers fast and smooth scanning technology. The MOVE+ also features an integrated USB port for the convenient import and export of scans. The MOVE+ is designed to drive patient involvement and case acceptance in conjunction with 3Shape Excitement Apps, including TRIOS Treatment Simulator and TRIOS Smile Design.

*3Shape*

908-867-0144 | 3shape.com

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*A new zirconia that features a lifelike gradient and guaranteed color accuracy.*
**XLDent cloud-based phone system**

XLDent has partnered with Mango Voice to offer the best in time-saving and cost-effective features to make your practice run better. This solution is great for any sized practice and is said to help dentists easily manage one location or connect multiple offices seamlessly. State-of-the-art infrastructure is engineered to ensure excellent performance and voice quality. Smart caller ID automatically retrieves patient information, and outgoing calls are easily made with one click.

**ACTEON North America**
800-289-6367 | acteongroup.com
CIRCLE RS #22

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**Stop Gap Dental App**

The Stop Gap Dental App is designed exclusively for the dental industry to bring the interaction between dental offices and individuals into the tech age. The app is said to reimagine how dental offices are able to fill immediate temporary and future vacancies with its simplicity, convenience and security. The platform gives offices and personnel the power to create, promote and manage their profiles and availability. Users are now connected with limitless opportunities without having to sign a lengthy contract.

**Premier® Dental**
888-773-6872 | premierdentalco.com
CIRCLE RS #24

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**X-Mind Prime**

X-Mind Prime is said to blend cutting-edge technology with ease of use in a compact design. Using a single sensor, a practitioner can quickly and easily switch between modes. With 24 panoramic and 32 CBCT options, X-Mind Prime covers many clinical applications, including implantology, endodontics, TMJ and sinus imaging. Intuitive image handling and state-of-the-art tools are designed to simplify implant planning.

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**Vac Attak™ GREEN**

Vac Attak™ GREEN is a high-performance evacuation system cleaner that’s reportedly safe, effective and compliant with the EPA’s new 2020 regulations in support of the U.S. Clean Water Act. Using a combination of powerful enzymes with innovative surfactant chemistry to effectively clean evacuation systems with even the most challenging bio-burden, prophy paste and fluoride gels, Vac Attak GREEN’s environmentally friendly formula meets the ADA’s best management practices.

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CIRCLE RS #24
Seeing the same dimensions as we operate
[ compiled by Noah Levine and Patti Phelps ]

We live and treat patients in a three-dimensional world, so there’s always a bit of problem when using two-dimensional imaging for diagnostics and treatment planning. Sure, 2D intraoral and panoramic radiographs provide a wealth of diagnostic detail and clinical information, but there’s only so much that can be derived from a 2D capture of a 3D structure.

This is where Cone Beam Computed Tomography—better known as CBCT or Cone Beam imaging—offers a vast improvement. These computer-assisted images use a series of captured radiographic information to build an accurate 3D model of a patient’s internal structures, including teeth, bones, nerves and more. With a digital 3D model that can be measured, rotated and integrated with other digital dental applications, a clinician can more accurately diagnose a range of conditions, more precisely plan treatments and more confidently provide care to patients.

These detailed images generally require a greater radiation exposure for patients, so they shouldn’t be taken without a clinical reason. However, when the appropriate clinical situation presents itself, a CBCT image can be a pathway to a higher standard of clinical care.
CBCT

**X-Mind® prime**
- A lightweight, compact, wall-mounted system that can fit into the smallest of spaces
- Combines 2D and 3D technologies, and with the use of a single sensor, the practitioner can quickly and easily switch between modes
- Offers a wide range of panoramic (24) and CBCT (32) options, covering many clinical applications, including implantology, endodontics, TMJ and sinus imaging

**CS 9600**
- Video cameras provide live positioning feedback on the built-in SmartPad
- Metal artifact reduction algorithms (CS MAR) are included, which reportedly lead to better image quality and allow users to compare images live and without a filter
- The 120 kV high-power generator captures images at a dose equivalent to the standard 90 kV acquisition but with increased image quality

**Galileos Comfort Plus**
- All diagnostic imaging tools are accessible via the SIDEXIS 4 software, which is said to allow for an efficient and seamless workflow
- A single 14-second scan is all that’s required to provide clinical views necessary for diagnoses and treatment plans
- The SICAT function with real 3D jaw motion allows for treatment planning and practice on a virtual patient

**PAPAYA 3D**
- With its patented design, it’s said to allow for one of the smallest footprints available
- Equipped with core components manufactured in-house, it has dedicated sensors that automatically switch for each mode (panoramic, cephalometric, CBCT) for convenient use.
- The PAPAYA 3D unit provides a wide range of field of view (FOVs) from 4x4 cm up to 14x14 cm

**Dentri a Extended**
- The Dentri family of CBCT is said to be renowned for its crisp, ultra-HD imagery and the Dentri a series is designed for clinicians to see more and treat more
- “Ongoing” software technology development is said to create striking contrast and sharp images
- Provides a field of view of 16x16.5 cm, allowing for expanded views of the facial structures, sinus, TMJ and dentition

**HOW CONE BEAM IMAGING WORKS**

Similar to medical CT scans, a CBCT system acquires a series of radiographic images, which are stitched together via a computer algorithm to create a three-dimensional volume of data. The X-ray generator emits a cone-shaped beam that passes through the patient to a sensor on the other side. The cone beam system captures a series of images while rotating around the patient’s head in order to create the three-dimensional digital X-ray of the area being examined.
**CBCT**

**i-CAT FLX V-Series**
- Said to be the industry’s first line of upgradeable dedicated 3D CBCT systems to allow for a seamless expansion into new areas
- Features three maximum field of views, V8, V10 and V17, featuring the option to scale or collimate the scan height within these sizes
- Enhanced low-dose imaging options, dedicated 2D panoramic capabilities and Tx STUDIO software are also provided

**Panoura X-era**
- Even with X-era’s largest FOV size (156x79 mm), a full 360-degree 3D scan reportedly takes as little as 12 seconds, reducing the risk of patient movement
- Incorporating one of the smallest focal sizes in the industry, 0.2 mm, ultra high-definition images with less blurring are said to be created
- Switching between panoramic and 3D is easy, as is positioning the patient with a 55-degree arm angle.

**Veraview X800**
- This multifunctional unit offering 3D, panoramic and cephalometric X-ray self-adjusts to optimize image quality during acquisition
- For 3D imaging, a horizontal beam minimizes distortion and reduces metal artifacts
- This unit offers 11 fields of view for dental and maxillofacial areas, features a voxel size as small as 80 μm and a resolution of 2.5 LP/mm.

**KaVo OP 3D™ PRO**
- The ORTHOPANTOMOGRAPH™ OP 3D PRO’s 3-in-1 platform is said to deliver high-quality images with a versatile selection of volumes and resolutions
- Features automatic dose control technology with 3D and SMARTVIEW™ for accurate FOV positioning
- A large, easy-to-use, 10-inch user interface and intuitive patient positioning are also included

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**KEY CBCT SYSTEM SPECIFICATIONS**

- **Fields of View (FOV):** This is a measure of the size of the area to be captured in a 3D scan. The FOV can be as small as a single tooth to as large as the patient’s entire head. Some systems have a single FOV, while others offer a wide range. It’s important to find a system with the FOVs most applicable to the uses you plan for the system.
- **Footprint:** CBCT systems are designed to capture images of seated or standing patients and can be wall-mounted or free-standing. When evaluating a CBCT system, it’s important to not only make sure the footprint of the system will have floor space in your practice but that there’s sufficient room for the imaging head to complete its rotation.
- **Voxel Size:** A 2D digital image captures pixels, which are individual data points used to make up the image. 3D image sizes are measured in voxels, which are essentially cubed pixels. The smaller the voxel size, the greater the detail the system can capture.
- **Scan time:** This is the amount of time it takes for the system to complete a typical scan. It’s important to account for both the time it takes to capture a scan as well as the time it takes for the computer to reconstruct the image into a 3D digital model.
- **Compatibility:** Digital images have a range of uses, and many CBCT systems have images that can be combined with digital impressions or other clinical images for enhanced treatment planning. Be sure to understand the systems and software applications compatible the CBCT system you’re considering.
- **Dosage:** CBCT systems use radiation to capture an image. The amount of radiation required differs from system to system and image type to image type. When using a CBCT system, it’s critical to follow the ALARA (As Low As Reasonably Achievable) principle to reduce radiation exposure for patients.
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Case images courtesy of Dr. James Chae, Diamond Bar, CA

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**CBCT APPLICATIONS**

- 3D diagnostics
- Implant treatment planning
- Surgical guide design
- Endodontic diagnostics and treatment planning
- Orthodontic treatment planning and progress monitoring
- Orthognathic treatment planning
- Oral surgery treatment planning
- TMJ diagnostics
- Airway diagnostics and treatment planning
- Periodontic diagnostics and treatment planning

**Hyperion X5**

- Light and compact, with technology that generates 80 μm high-definition data in a single scan
- The MultiFOV feature adapts the X-ray dose and field of view to the patient’s specific build and diagnostic needs, from a minimum of 6x6 cm to a maximum of 10x10 cm, while the Scout View function assists with 3D alignment
- Remote control via the virtual panel and dedicated apps allows for simple examination control

**NewTom GO**

- The ECO Dose protocols and SafeBeam™ functions reportedly allow emissions to be adapted to effective diagnostic needs, thus safeguarding patient health
- Image acquisition and processing is managed by a single, software program: NNT, fully designed by NewTom, streamlining both diagnosis and treatment planning
- Eight FOVs and four acquisition modes place 32 3D programs at the user's disposal

**Viso™G7**

- Designed to surpass the demands of industry leaders, it offers 2D, 3D and optional cephalometric imaging
- Equipped with a large 25x30 cm sensor that captures 3x3 cm up to 30x30 cm volumes and utilizes four built-in cameras for live patient positioning
- Incorporates Planmeca CALM™ technology, which corrects patient movement during CBCT acquisition, and Planmeca Ultra Low Dose™ imaging, which is said to provide an average reduction in dose of 77 percent with no statistical reduction in image quality

**I-MAX 3D**

- Equipped with a 3D cone beam sensor with a FOV of 9x9 to 5x5 cm, enabling high-definition (87 μm) scans
- Incorporating Automatic Layers Integration System (ALI-S), the unit automatically selects the best sections in order to display a quality high-definition image
- Weighing in at just 145.5 pounds, this ultra-compact, lightweight unit features a range of programs for practice needs, scanning models and impressions for implant surgery that are both safe and effective

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CIRCLE RS #35

**Planmeca**
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CIRCLE RS #37
**PreXion 3D Excelsior CBCT Scanner**
- Couples the smallest focal spot (0.3 mm) with the following: a voxel size of 0.1–0.2; 1024 volume size; 360-degree gantry rotation
- Software advances allow for 30 percent lower radiation exposure and are said to flawlessly integrate into customers’ networks without special hardware
- PreXion 3D Viewer can be installed on all Windows PCs on the network, allowing any computer to view scans with no additional or annual fees

**RAYSCAN α+**
- Scan and view in less than 10 seconds with more detail; 70 µm resolution at 4x3 cm.
- Image reconstruction in six seconds is said to be due to superior imaging processing technology.
- Light-guided free FOV helps to scan only the area you need, minimizing X-ray radiation dose

**Green CT 2**
- An advanced 4-in-1 digital X-ray imaging system that incorporates PANO, CEPH (optional) CBCT and MODEL Scan
- The Multi FOV enables the user to select the optimum FOV mode, minimizing exposure. It covers the full arch region, sinus and TMJ and suits most oral surgery cases as well as multiple implant surgeries
- Minimizes motion artifact and enables faster workflow due to its scan time (CBCT 4.9 seconds)

**Rotograph EVO 3D**
- The core of the Rotograph Evo 3D is the innovative Flat Panel Detector (FPD) using Amorphous Silicon technology associated with Cesium Iodide (CsI) scintillator
- The unit’s 3D field of view of 93x82 mm allows clinicians to obtain the entire dental status of the patient in a single exposure
- Can be integrated with a digital cephalometric arm or upgraded at a later stage

**THE ANSWERS YOU NEED TO FIND THE RIGHT SYSTEM**

Adding a cone beam imaging system is a big investment for any dental practice. These powerful imaging systems can expand your practice’s capabilities, but there are a lot of details to consider when looking to find the best system for your specific dental practice.

Here are questions you should be asking of any vendor you speak with while evaluating the available imaging systems as well as details about your practice that you should know when beginning your selection process:

- What clinical uses does my practice have for a CBCT system?
- Do I average enough of this type of case to cover the cost of the system?
- Where do I have room for the system in my practice?
- How much actual floor space is available?
- What type of training will I need?
Improve diagnostic accuracy while lowering radiation dose

Planmeca Ultra Low Dose™ protocol enables quality images at a substantially reduced patient dose. [compiled by Patti Phelps]

Information provided by Planmeca.

---

**THE PROBLEM**

Making an accurate diagnosis while adhering to principles of ALADA, ALARA and the “Image Gently®” initiatives.

**THE SOLUTION**

Planmeca Ultra Low Dose™

- Allows clinicians to take a 3D image of a small volume size of the area of interest at half the patient dose of the standard 2D periapical image, enabling them to correctly diagnose and treat accordingly.

- The radiation dose is reduced on average 77 percent without any statistical reduction in image quality,* suggesting patient doses can be reduced without loss of diagnostic quality.

- Technology based on intelligent 3D algorithms allows clinicians to choose the optimal balance between image quality and dose, based on the as low as diagnostically acceptable (ALADA) principle.

- Planmeca Ultra Low Dose can be used with all voxel sizes and imaging modes from low dose through endo mode.

- Proven to be ideal for many clinical cases in general dentistry, orthodontics, maxillofacial surgery, airway and sinus studies, and implant planning.

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Connecting with patients made easy and efficient

How Weave patient communication software has benefited one practice, especially right after Hurricane Michael. [by Renee Knight]

After Hurricane Michael hit Florida last October, it took 14 days for the team at Gerlecz Dentistry to get electricity back, and another two months for internet and phones to return to working order.

This was a problem for other practices and businesses in the area as well, and most weren’t able to fully operate until everything was restored. But because this dental office had invested in Weave patient communication software, they were able to start seeing patients pretty much right after the lights came back on.

The office itself only sustained minor roof damage, which practice owner Dr. Joseph Gerlecz was able to fix, office manager Maggie Blackwell says. Once that was done, they downloaded the Weave app on his burner cell phone, which gave them the ability to communicate with and schedule patients. By November the office was back to a full schedule, even without operational internet and phone lines.

“Without the Weave app, we wouldn’t have been able to see patients until we got the internet and phones back, but we were able to completely function as an office through that burner phone and the Weave app,” Blackwell says.

Blackwell joined the Gerlecz practice last July. At the time, the practice didn’t have Weave. She had used the software at another practice and rallied for her new office to invest in the software when she came on board. The doctor agreed to it, which was a decision that enabled them to stay productive after last year’s storm.

Blackwell first became interested in the software because of the amount of time it saves, she says. Instead of spending hours on the phone trying to confirm patient appointments, Weave automatically sends out reminders through text. Patients can respond directly to text messages to confirm appointments or ask any other questions they may have. Someone from the team can respond with an answer right away, making it a convenient, effective patient communication tool. Weave also can send communications via email, phone call and even fax, which is a new feature Blackwell just started using.

When a patient confirms an appointment, it automatically shows up in the practice’s system, and there’s no need to enter anything manually, Blackwell says. They also have the ability to customize reminders before scheduled appointments.

“Weave does a lot of the work for me. The communication works very well,” she says. “The response time is a lot quicker than if I leave a voicemail. It helps with scheduling patients, rescheduling patients, or just trying to keep in touch with them.”

Weave also has helped the practice get overdue patients back in the chair, Blackwell says. Instead of running long reports from the dental software, she’s able to pull up a list and quickly click on names of patients she needs to contact. She can then call or text to let them know they’re past due. It’s quick, easy and has “definitely helped get past due patients in the office,” she says.

Obtaining online reviews is another advantage of Weave, which asks patients to leave a review about their experience via text. The practice receives about one review a week, which Blackwell says has been beneficial.

Not only did Weave enable Gerlecz Dentistry to stay productive after Hurricane Michael when other businesses in the area had to close (some permanently), but it continues to serve as a convenient way for the practice to keep in touch with patients. It makes patient communication easy and efficient, saving time while also improving both productivity and patient retention.

“It’s an office saver,” Blackwell says. “It’s simple to use and makes it extremely easy to frequently communicate with patients. If they have questions about insurance, medication or anything else, they can text and we can give them an answer as soon as the text pops up on our screen, without them having to call in.”
Keeping dental professionals comfortable during the workday

How antimicrobial athletic scrubs from TiScrubs keep healthcare professionals focused on their patients—and not worried about their appearance. [by Allison Halco Dranuski]

TiScrubs was founded on the simple idea that medical professionals could—and should—feel as comfortable and confident in their uniforms as professional athletes do in theirs.

TiScrubs is the originator of antimicrobial athletic scrubs designed to keep healthcare providers cool and dry throughout the course of their workday. The overarching goal is to allow healthcare professionals to focus on their patients and not worry about feeling uncomfortable about their appearance.

Dr. Allen Chien, a board-certified oral and maxillofacial surgeon, has been using TiScrubs at his practice, Fresno Oral Maxillofacial Surgery and Dental Implant Center in Fresno, California, for three years. He says switching to TiScrubs has been a positive decision, one that has made a notable difference in his team’s appearance. “My colleagues have noticed the team looks very sharp,” Dr. Chien says. “They know scrubs tend to fade, and the TiScrubs have continued to look new despite months and years of wear.”

“TiScrubs provides modern, high-end medical scrubs with an athletic-inspired look for dental and other healthcare professionals.”

TiScrubs
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company also makes giving back a priority. A portion of proceeds are donated to TeamSmile®, a non-profit organization that partners professional sports teams with dental professionals to provide free dental care to children in need in the U.S.

Dr. Chien partners with TeamSmile himself, which is how he first heard about the company. “TiScrubs supports a very good cause,” he says.

Volunteers receive TiScrubs’ products during their time with TeamSmile, so Dr. Chien saw for himself the comfortable, high-quality products the company offers. “TiScrubs’ products are breathable and antimicrobial, they always look fresh and they’re very comfortable. The material is very durable,” Dr. Chien says.

Founded in 2012 by Kansas City, Missouri, dentist Dr. Bill Busch, TiScrubs’ products are created with performance fabrics that are quick-drying, antimicrobial, lightweight and resistant to pet hair, making them comfortable and easy to keep clean.

The mission of TiScrubs is to create the best-looking and best-performing athletic-inspired performance wear scrubs. In fact, the “Ti” in the company name stands for the element titanium because, like titanium, TiScrubs are lightweight yet strong.

Maintaining quality despite heavy wear and tear is a strength of TiScrubs, Dr. Chien says. “After two years, our scrubs look practically brand-new,” he says.

Dr. Chien says he would strongly recommend TiScrubs to other dental professionals. “Definitely give them a try; you won’t be disappointed,” he says. “They are well worth the investment.”

“How antimicrobial athletic scrubs from TiScrubs keep healthcare professionals focused on their patients—and not worried about their appearance.”
How one pediatric dentist uses OMNICHROMA to quickly and confidently place composite. [by Dr. Mark Cannon]

**Case study**
A patient presented as a 6-year-old female with a medical history of sensory issues and Mast Cell disease as well as a dental history of moderate to severe apprehension. Of note is in this pediatric population, the author’s patients diagnosed with Mast Cell Activation Syndrome appear to also have neurologic sequelae, although this has not yet been well defined in the literature.

Clinically, the patient presented with large carious occlusal lesions of the second primary molars requiring restoration. After consultation with the responsible legal guardian/parent, behavior was to be managed with video distraction, nitrous oxide analgesia and the Single-Tooth Anesthesia System® (STA) from Milestone Scientific.

After application of a 20% benzo-caine topical gel into the sulcus of the second primary molar, anesthesia was obtained using STA mode with three percent carbocaine.

A #4 rubber dam clamp was atraumatically placed and a nonlatex rubber dam applied (Fig. 1). The preparation was performed with a #330 carbide bur from Tri Hawk with copious water spray to reduce smear layer formation (Fig. 2). Deep dentin caries was removed with a #4 round bur and a sharp spoon excavator, removing infected but not affected dentin (Fig. 3).

The preparation was etched with the enamel treated for 30 seconds, and then the etchant was rubbed onto the dentin for two to three seconds to remove the smear layer (Fig. 4). The etchant was then rinsed off for 10-15 seconds, leaving the smear layer remaining (to reduce sensitivity). A resin-based tricalcium silicate base was placed and light cured for 20 seconds (Figs. 5 and 6).

Following the light curing, a universal dentin bonding adhesive was gently applied to the preparation and then moderately air dried, taking approximately 2.5 seconds. Tokuyama Universal Bond from Tokuyama Dental America, an eighth-generation adhesive, is a self-etching adhesive that doesn’t require light polymerization (Figs. 7 and 8).

OMNICHROMA from Tokuyama Dental America, a universal resin-based composite matches every tooth shade with a single shade of composite, was then incrementally placed in 2 mm layers and light polymerized (Figs. 9 and 10). The final increment had the gross anatomy placed with a lateral
condensed, which is also known as an acorn condenser (Fig. 11). Polishing was accomplished with the RAPTOR® bur system from BISCO and Rally rubber points from Garrison Dental. After rubber dam removal, the occlusion was adjusted with a “football-shaped gold carbide bur, and the restoration was "power cured" to harden the final surface (Figs. 12 and 13). The patient appeared to have a very positive experience, and the parent was quite pleased, both with the child’s behavior and the finished restoration. The patient and parent reported no reaction to the visit nor the materials used.

Providing appropriate restorative care to children and those with special needs is more than just "filling decay." It’s having the appropriate environment, team members, attitude, training and dental materials that best suit the patient and his or her needs. OMNICHROMA allows the practitioner to confidently place resin-based composites without the added step and time of shade matching. It’s a true benefit for both the young pediatric or special needs patient and the dental practitioner.
ENDODONTIC TREATMENT CAN sometimes be a daunting procedure in dentistry. When performing a root canal, the best approach is to find your comfort zone. The MORITA Tri Auto ZX2 cordless electric handpiece (Fig. 1) allows for ergonomic positioning (Fig. 2) and unrestricted access without the feeling of being tethered to a base motor.

This handpiece has five different operating modes for canal shaping and measurement. There are also eight programmable memory settings (Fig. 3) that can be set in varying combinations of motor operation, speed, torque and automation level. The handpiece is preprogrammed for different stages of canal treatment. As the operator gets comfortable with each mode, the settings can be customized as needed.

A practical approach to root canal instrumentation was used in the following case, using these preprogrammed settings.

**STEP 01** Shape the upper part of the canal (m2) – The memory two mode (Fig. 4) is set for coronal shaping of the canal. The motor rotates clockwise 360 degrees at 600 RPM. The torque setting is 3.0 Ncm. The use of a Gates Glidden (Fig. 5) or larger file to enlarge the orifice of the canal is suggested. Using the Gates Glidden in a size 2-4-3-2 progression was used in this case.

**STEP 02** Canal measurement (m1) – The memory one mode (Fig. 6) allows for the electronic measurement of the root canal. The motor doesn’t rotate in this mode. With a lip clip applied to the corner of the mouth and file holder attached to the file in the root canal, the length can be determined (Fig. 7). As the file approaches the minor diameter or apical constriction, there’s an audible sound and the file position and overall length can be confirmed on the LCD display.

**STEP 03** Glide path (m3) The optimum glide path (OGP) function creates watch-winding and balanced force motions in either 90-120-degree, 180-270-degree, or 240-330-degree-arcs (Fig. 8). This forward and reverse rotation allows a clinician to negotiate a canal path as if using a hand file. Use of a narrow taper file, such as the .02 taper PathFile from Dentsply Sirona, is ideal for this situation (Fig. 9). Once the path is established, the shaping can progress.

**STEP 04** Canal Shaping (m4) – In Optimum Torque Release (OTR) mode, the file rotates clockwise at 300 RPM (Fig. 10). The trigger torque is set at 0.2 Ncm for a more sensitive response. The OTR function used during canal shaping reverses smoothly upon increased torque in the canal. When the rotating file exceeds its set torque limit, the file automatically starts alternating between forward and 90 degree-reverse rotation. You can use your preferred choice of file systems to shape the canal. In this case, ProTaper files from Dentsply Sirona were used (Fig. 11).

**STEP 05** Once the canals are cleaned and shaped to their appropriate size, the root canal system can be obturated. In this case, the tooth was obturated using a warm vertical down pack with Obtura backfill (Figs. 12-15).

The MORITA Tri Auto ZX2 cordless handpiece provides an efficient, safe and predictable method for length determination and canal instrumentation for both general dentists and endodontic specialists alike.
AT A GLANCE

1. MORITA Tri Auto ZX2.
2. While using the MORITA Tri Auto ZX2, the operator can work in a comfortable position without feeling tethered to a base motor.
3. Default memory settings for the MORITA Tri Auto ZX2.
4. MORITA Tri Auto ZX2 memory mode m2 for clockwise rotation.
5. MORITA Tri Auto ZX2 with Gates Glidden.
6. Memory mode m1 electronic measurement of root canal (apex locator).
7. Using cotton pliers to hold file while attaching file holder from handpiece.
8. Optimum Glide Path function (OGP).
9. In memory mode m3, using a PathFile from Dentsply Sirona to establish a glide path.
10. MORITA Tri Auto ZX2 memory mode m4 Optimum Torque Release (OTR) function.
12. Preoperative #15.
13. Postoperative #15.
14. Coronal view #15. MORITA Veraviewepocs 3D R100 CBCT.
15. Sagittal View #15. MORITA Veraviewepocs 3D R100 CBCT.

Tri Auto ZX2
- Cordless handpiece with built-in apex locator
- OTR technology engineered for safety
- Features preprogramming as well as five different operation modes

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How thoughtful design principles impact every facet of the dental practice. [ by Robert Elsenpeter ]

THE VIRTUES OF BEAUTIFUL DESIGN
Continued from cover… “If you’re looking at an anterior tooth, form and esthetics are important,” says Dr. Jeffrey Lineberry, DDS, a general dentist in Mooresville, North Carolina. “You can make a tooth that’s durable and fills the functional need, but if it doesn’t look right, your patient isn’t going to be happy.”

To strike the right balance between form and function, Dr. Lineberry notes it’s necessary to, first, get a sense of what’s going on with the patient.

“Form follows function, so to speak,” Dr. Lineberry says. “They play off of one another. The thing is, when you’re designing something, you have to look at the big picture of things. Not only the restoration at hand, but, for instance, if you have a tooth that has wear on it or is chipped, you have to look at how it fits in to what is there and why it happened. Those are the things that I start looking at when we talk about form and function because they’re definitely tied together.”

The best way to achieve that balance and, ultimately, the best restoration, is to start at the end.

“The best thing is to envision it with the end in mind,” Dr. Lineberry says. “You have to know where you’re going with things before you start to rebuild something with a direct restoration. You have to understand the limitations of your materials as well. If it’s four restorations that include multiple surfaces, then you need to have a matrix system or a system to support placement of the restoration properly, so you can get ideal contours and contacts.”

Digital restorations

Digital design and CAD/CAM is a faster, more efficient and more reproducible workflow that leverages digital capabilities and computer learning to automate parts of the restoration design process.

By scanning the tooth, crafting the restoration on the computer and then sending it to an in-house mill, clinicians need not involve laboratories for common cases.

Dr. Michael Moroni, DDS, is a general dentist from Castle Rock, Colorado, who utilizes CEREC and the Planmeca FIT CAD/CAM system in his digital workflow.

“It’s night and day,” he says. “If the scan isn’t where I needed to be and I make the restoration, and I’m trying it in at the end, if I need to add more on the buccal or the lingual or add a cusp or there’s no contacts, I can go back to the software and I can extend what I need to, and then remill it. It saves additional appointment time. Say the laboratory made the same mistake—I can’t do that with the laboratory-manufactured crown. I have to take another impression and send it back. I can do it all in the office and make the corrections and remill it, and I may have lost, maybe, 10 minutes, as opposed to a whole day.”

At its heart, digital design is no different than any other restoration design.

“That’s part of dentistry, right?” Dr. Moroni says. “You have to know what you’re looking at and make sure it’s correct.”

The big benefit of digital dentistry is letting the computer do the heavy lifting.

“Say a tooth does need a crown, or the patient needs several crowns, or whatever, the software is so intuitive nowadays, it’s come so far, if you scan and put the correct data into the computer, the software is intuitive enough to basically do 99 percent of what a good restoration is,” Dr. Moroni observes.

“It’s just that the doc needs to come and tweak it or the staff needs to come and tweak it or the staff needs to come and tweak it; maybe change the contacts; maybe do a little contour here, or a contour there; maybe do a little smoothing here; a higher contact, inter-proximally; and then mill it,” he continues. “The biggest thing that docs do or staff does, and they don’t really need to do it, is mess around with the original proposal. The software does an amazing job, so they just have to let it do its job.”

Because the computer is able to do such reliable design, the doctor may come and tweak it; maybe change the contacts; maybe do a little contour here, or a contour there; maybe do a little smoothing here; a higher contact, inter-proximally; and then mill it.”

Good design can either stand out or blend in, as the situation requires, but it should always find balance and harmony with its environment.”
find him or herself not having to be as involved in case design. “I feel 100 percent confident in letting my team do it,” Dr. Moroni says. “If you train your team to finish the design from the proposal the software gives you, I’m comfortable in leaving the operator and having my assistant come in and finish the design and mill it. “Once they are trained enough to do that, then I don’t have to be in the room. If they have a problem doing it or they have a question, they can always find me and I can tweak it, if I need to. But if not, then I’m okay coming in when it’s time to seat the preparation.” Dr. Moroni advises those who are new to digital design to block off some time to learn the technology. “If they’re just getting started in it, just jump in and do it,” he says. “It’s kind of like the first iPhone or the first computer they had. They’ve got to get comfortable with it. They’ve got to get comfortable with the software and they’ve got to get comfortable with the scanning. You’ve got to build your confidence up, prior to when a patient is there, because when a patient is there, that’s the wrong time to try and figure stuff out. “They have to understand that if it’s a new technology for them, it’s going to take longer to do that first crown than it would, say, me, who’s been doing this for 12 or 13 years,” Dr. Moroni continues. “Them knowing that and knowing the limitations of themselves with the software and equipment is just going to take longer. They can do it, it’s just a matter of going through the steps and making sure it’s a good restoration and it’s a positive experience for the team, the doctor and the patient.” And when the doctor is ready to go live with his or her digital workflow, he advises blocking out extra time. “Preparing for it, clinically, is one thing,” Dr. Moroni says. “Preparing for it on the admin side and how they schedule it is pretty important. They don’t want to be rushed when they do their first couple of cases. They want to take their time, they want to block out the schedule and have just that one patient that they’re dealing with. “That way they don’t feel rushed, they don’t feel like time is a factor. They’re going to take their time. They’re going to go through the software. They’re going to do a nice scan. They can make a nice restoration. And then, as they get better, as they get more proficient, then that timeframe actually decreases. It’s good to get your feet wet first and then really go for it.”

Designing an equipment plan Dentistry has always benefited from cutting-edge materials and technology. While barbaric now, it could be argued the animal teeth used by 700 B.C. Etruscans to create dentures was out-of-the-box thinking. In 1895, Dr. Otto Walkhoff, a dentist from Braunschweig, Germany, adapted X-ray technology to help the cause of dentistry. In 2019, CAD/CAM is the current “it” technology, helping to bring ease and predictability to dentistry.

And while dentists continue to embrace technology, there’s an element of finesse and balance involved designing its inclusion in the practice. “I like technology,” says Dr. Roger Levin, DDS, CEO and chairman of dental practice consulting firm the Levin Group in Owings Mills, Maryland. “I think technology has a lot of great benefits. But here’s the problem with technology: You don’t get it all at once. “In dentistry, we tend to buy technologies one at a time,” he continues. “They don’t all match up. They don’t all work together. They are different generations. The first problem with technology is offices tend to buy one-off technologies instead of having a technology plan.

“We don’t really have technology consulting firms, other than the sales reps, who will give you a technology plan to follow with budgeting and how you can bring it in,” Dr. Levin adds. “You’ve got one technology that does one thing, another technology that does another; they don’t always talk to each other. If it doesn’t match up, it’s going to have limitations.”

Like so many things, money matters. With new technologies, costs can be prohibitive. “I’m working with a young dentist right now who is going down this path of technology,” says Jim Hammon, equipment sales specialist, Henry Schein Dental. “He wants to buy all the latest and greatest tools. And I said to him, ‘Doctor, let’s make sure we build your new office with a balance of equipment and technology. Start with the basics like...
Patient chairs, compressor, X-rays and add in the foundation technology items your practice needs to get off on the best start.”

Cutting-edge technology is great, but, like form and function, an organizational balance must be struck. Without the foundational pieces in place and ready to provide support, those cutting-edge systems won’t be able to achieve their full potential for the practice.

“My suggestion is that you use technology to do one of three things: It makes you faster, more efficient, or it reduces costs,” Dr. Levin says. “For example, is there a technology that would allow an office to save time? Yes. All of the texting confirmation technologies. Now, front desk people aren’t spending an hour or two each day making confirmation calls to people they can’t reach. It’s all done by text message. That saves time. If you save enough time, you can save some labor. Are we replacing what we’re doing with technology or improving what we’re doing with technology?”

Operatory design is for everyone

Between the sound of the handpiece motor, the sight of a needle and the smell of disinfectant, operatories can be intimidating and overwhelming environments for patients. But they’re not the only ones who can be affected by an operatory’s design.

Clinicians have to work comfortably and efficiently—all day—in those tiny rooms.

Dental practices are composed of different areas, says Dr. Jeff Carter, DDS, co-owner of dental practice design firm Practice Design Group. There must be a clear delineation between public areas—such as the reception area—and treatment areas.

“As we feed back into the treatment areas, we never want the operatories up by the business waiting area because we call that a ‘zoning violation,’” Dr. Carter says. “There are public activities—the waiting area, the front desk, making appointments, paying money—but we don’t want to mix that with clinical procedures where people are in chairs,” he continues. “There’s handpieces, you’re prepping teeth, you’re injecting people, if people aren’t comfortable, they’re making unusual noises—all the hubbub that’s going on in clinical activity. We don’t want to mix that with sedate public areas where there’s nonclinical activity.”

The operatories are also areas where extra attention must be paid to environmental factors.

“There’s a greater need for air conditioning in that area because there’s more dynamic activity,” Dr. Carter says. “You’ve got doctors and staff gowned up, gloved and masked. You’ve got patients who are maybe nervous or a little bit anxious and they feel hot or uncomfortable.”

It isn’t just the patient who should feel at ease. Team members should be comfortable when they’re working, and a major consideration for that is in workflow efficiencies. It’s important to think of the specific needs of each person who will use a space when designing the different areas of a dental practice. Dr. Carter says this type of thinking leads to smart design decisions for every aspect being built into a space.

“The dentist is seated in the chair, and the average oral cavity, when they’re in a chair, fully reclined, is about 32 inches above the floor,” Dr. Carter says. “So, we put side cabinets at 32 inches above the floor. We put delivery units at 32 inches above the floor. We put the 12 o’clock cabinet at 32 inches. We’re trying to sync up supporting surfaces and equipment with the oral cavity, so we’re working on a consistent plane that is the same height. We’re not reaching way up high to get stuff, we’re not reaching way down low to get stuff, we’re working in consistent plane, and that’s more efficient.”

The first steps of practice design

Before patients even get to the chair, doctors have the opportunity to put their best foot forward with the overall design of the practice. Like the other elements in dental design, striking the right balance between form and function is critical.

There are some dentists who might elect to take on the challenge of practice design themselves, but there’s some wisdom in working collaboratively with design professionals.

For instance, Don Hobbs, vice president of equipment sales and his team at Henry Schein Dental, helps dentists with all aspects of practice design.

“When an opportunity does come our way, for instance, Dr. Smith is either building, remodeling, or moving,” Hobbs says. “Dentists, historically, move an average of two to three times in their career. Depending on if we have a relationship with that customer, or if it is a brand-new customer, we are going to take them through the whole process.”

“One of the first things is, where do you want to go? Do you have a location?” Hammon adds. “We will partner with the realtors, developers, etc., to start that process. It can be a demographic study. It could be a real estate study, but to find out where do you want to go or what town is underserved or growing.”

Once the location is selected, designers can help with an understanding of what the doctor hopes to achieve.

“What are we trying to do?” Dr. Carter asks. “What are we trying to accomplish? What are our needs that we’re trying to address? What, maybe in our existing facility, is not working that we want to improve?
So, it’s very critical that you cataloged the essential data of ‘why are we even doing this?’

Often designers follow the 80/20 rule, what doctors should strive for something closer to their exact needs.

“If 80 percent of the dentists show up and wanted to do a new office, they’d get six operatories and 2,200 square feet,” Dr. Carter says. “For 80 percent of the people, that’s close enough. You really want to take it further than that. You really want to explore what their specific needs are. That’s what we do. We want to explore every last thought, every last desire and vision that the doctor wants. What are we trying to accomplish in this? They have to set some realistic vision. Balancing vision and cost

The biggest element in a project design, which should come as no surprise, is the budget.

“It’s going to sound really simplistic, but it’s always about money,” Hammon says. “Again, think about the different walks of life that we are working with, whether it’s the young person who is right out of school, whether it’s someone who’s been working somewhere for five or six years, or he’s the guy who’s 50 and says, ‘My practice is tired and old.’ We have learned, across the board, you don’t know what things cost.”

“I always joke that doctors come to us and I say, ‘What’s your budget?’ And they’re literally off by half almost every single time—and it’s usually not the good half,” Dr. Carter says. “They’re under by 50 percent because they’ve come floating in the marketplace and they get low-balled. It’s not a malicious thing, but they talk to a contractor who did a project five years ago and that was the most minimal thing to make it go.”

To help doctors understand what they can afford, Hammon asks them to look at their life budget.

“Okay, doctor, what are you paying in loans?” Hammon asks. “What’s your student loan? What’s your housing? What’s your car payment? You’re going to come to us, and I’m going to tell you that this project, for the next five to 10 years, depending on the length of your loan, is going to cost you another $6,000 a month.”

“Take all that, add it all up and divide it by dentistry,” he continues. “Can you produce enough dentistry in this new practice? We are trying to add all that up and get them to understand, I’m not asking you for $700,000, I’m asking you, can you afford $6,500 a month?”

Form and function are, of course, a delicate balance, and how the practice looks is a reflection—justified or not—of the clinician’s dentistry.

“What I tell the doctor is, ‘Nobody woke up in the morning doing cartwheels saying, ‘Yay! I get to go to the dentist,’” Hammon says. “If your office looks like something out of a time machine or the carpet is bare or the paint is peeling, is that really a reflection of you and your practice?”

“Have you ever gone home to your spouse or your kids and said, ‘Have you seen his crown prep? They’re amazing!’” he continues. “No. You’re going to go home and talk about, ‘It was comfortable. It was nice. It was really modern.’ No one ever goes home and talks about crown preps.

“When Mrs. Jones pulls in your parking lot, and if your flower bed is full of weeds; if the ‘E’ on your signage doesn’t light up; that first impression goes a long way. I talk to them, a lot, about the appearance of the office and taking those reservations that the patient has and trying to make them go away,” he adds.

Dr. Carter underscores the need for the doctors to be active participants in their practice design.

“They should be presented options to be able to provide their input unique vision and circumstances over the design,” Dr. Carter says. “And when they show up at the end, when it’s done, then they can say, ‘Oh, I came up with that. That was my idea.’ It should be a fun, engaging, energizing process. If it’s just drudgery, ‘Oh, I’m sick of these meetings. I have to decide what kind of faucet to put in the bathrooms.’ It shouldn’t be like that. You should be energized by it, and if you’re not, then I don’t think your needs and vision are being addressed.”

Designing a dental business

Design, on the business end of a dental practice, may seem somewhat mercurial, but there’s an important balance, or élan, that goes into business strategy, and it all starts with planning.

“The first step is, What is the workflow?” Dr. Levin asks. “You need to map out every aspect of the workflow from the new patient phone call to the new patient experience to case presentation to scheduling to insurance explanation to the collection process, which should also include aspects such as patient financing.”

That critical step of planning is often neglected for a very simple reason.
“Up until recent years, the reason why dentists didn’t worry about workflow is that they didn’t have to. It’s that simple,” Dr. Levin says. “Practices did well; dentists made the income that they wanted to make; they had the lifestyle they wanted to have. When you’re not under pressure, you’re not going to take the time to learn how to create a better workflow when things look like they’re working just fine.”

Another factor is that dentists become dentists for the sake of performing dentistry, not because they want to become businesspeople.

“Dentists don’t learn business in dental school,” Dr. Levin says. “Even if they taught it, nobody would pay attention because dentists are trying to get the requirements and trying to get out. And when they’re in practice, they don’t have the experience or background to put together all stages of the workflow.”

Stumbling blocks in a practice’s business design are due, largely, to things that are overlooked.

“The missteps are parts of the systems that are left out,” Dr. Levin says. “For example, the practice is supposed to collect money following a visit. The patient comes up to the front desk and says, ‘Oops, I don’t have my credit card or checkbook.’ The patient walks out the front door, and now you have an accounts receivable factor that you may or may not collect.”

“Another example is the sooner you get a new patient in, the more efficient, the more likely they’ll show up, the more likely they’ll accept treatment,” he adds. “And yet there are still practices where a new patient will call and they put them out for five weeks, which often leads to a no show or a dropout.”

“Another example was not using all financial options,” he continues. “There are an increasing number of patients who cannot afford treatment, so you have companies like CareCredit that will finance patients. A lot of doctors instruct their staff not to use it unless they have to because they have to pay a small portion of the fee back to the financing firm. It’s a matter of not skipping steps in the systems and the systems are the workflow process.”

Another component of that is deficiencies in the practice’s physical design.

“The patient comes up to the front desk, you’re having a financial conversation, people are waiting in the reception room because they can’t go rebuild their office to fit the most modern workflow philosophy,” Dr. Levin says. “As I like to say, right after you build your office, it becomes obsolete.”

While function seems to be the cornerstone of good business design, form also matters.

“Physically, you have to look good,” Dr. Levin says. “You can’t have five-star customer service if you don’t look good. For example, we have a client who has high fees but an unattractive office. That unattractive office is sending a message to patients, and it’s not the message you want to send, especially in a high fee environment. There was a time when that didn’t matter as much, but today it does. Everybody in business is trying to raise their game from a competitive standpoint. Physically, you want to reflect the level of customer service you want patients to perceive that you have.”

“The second part of the answer is just, simply, efficiency,” he continues. “When staff members look efficient, then the patient assumes that it is a better practice. One of the glitches that we often see is confirming insurance coverage, for example. The patient, typically, has no idea what their coverage is. There’s no software that’s handling that. It often comes across to the patient that the practice isn’t doing a good job, even though it’s not the practice’s responsibility. Efficiency, for patients, is a major factor in customer service. There is a form and function relationship. We have to get this information, but how quickly can we get it? How comfortably can we answer a patient’s question? How organized are we at the front desk to take care of the patient’s different needs, whether it’s collections, patient financing, checking their dental insurance or scheduling their next appointment? Otherwise, you could do a good job but still be perceived as a low-level customer service environment.”

**Workflow design**

Dental practices are complex machines—there are a lot of moving parts. That machine has to operate efficiently and effectively. To that end, practice management software can help to oil the gears, so to speak.

**Practice management software** helps with case design by displaying 2D and 3D imaging, making it available throughout the practice. (Courtesy of Patterson Dental)
Dan Easty, regional technology adviser with Patterson Dental, makers of Eaglesoft practice management software, observes that software facilitates effective communication within the practice.

“That’s one of those benchmarks that people need when we look at, ‘What do I really need to run the office successfully?’” Easty says. “You’re going to need the ability to make appointments and make that manageable through the computer system. Images, radiology and diagnosing images at a grander scale has improved light years just from when I started back in 2005. There’s a lot of great advancements on that side. Look at 3D imaging. Look at the advancements of 2D, and just the ease of it, too. I plug in my sensor, I’m not having to manipulate too much on the software to get it going. Those are the things that we hear from clinicians saying, ‘I expect X. To get there, I need a simple process.’ And that’s something we provide.”

Do practices need practice management software, or can it still be done from file folders and clipboards?

“I believe that having practice management software is one of those benchmarks of running a business,” Easty says. “We’re still finding some practices that don’t, and the reason why they’re going with software now is because they’re transitioning owners, or they’re retiring, or they’re looking at selling their practice, and they need to prove, ‘I have so many patients,’ and all these benchmarks to make that happen, and it’s very difficult to do that on paper. Even nowadays, there’s a more heightened demand from patients. ‘I want to be communicated with by my cell phone. I don’t want you to call me. Just text me. Send me an email.’”

In addition to the under-the-hood mechanisms that keep the practice maintaining forward momentum, the user interface matters both from perspectives of function and form.

“One of the crucial things is when the patient is in the chair, you don’t want the patient to have the perception that you’re clicking a lot of things,” Easty says. “Hey, they’re clicking a lot of things. They’re spending a lot of time on the computer. Also, we’re putting a sensor or a phosphorous plate in their mouth and then you don’t hold still to take that image. So, there’s a time factor, too. Instead of me having to open the page and click here and click there, all I want to do is position that sensor, get the camera ready and be able to auto acquire, it’s ready for me to take, and then go for it. When we look at a workflow, and this is something that our technology advisers stress, make sure that we are working with the team and they know to prep all of that, to place that sensor in the mouth, and so we’re ready to acquire that image. Sometimes, when we take that image, we have to go back to the computer and take it again. Some softwares you don’t have to do that. It takes the image and it’s right there. Then, I can go back to the patient, reposition that for another shot until I’m done with that series. When we talk to team members, it’s really their feedback that drives development of that software.”

Practice management softwares’ communication abilities extend beyond the four walls of the practice. Thanks to third-party integration, portals allow patients to be more actively involved with the practice.

“I see that as something that’s growing,” Easty says. “With one of our third-party vendors, RevenueWell, they do have a portal that they provide for patients. It’s something that’s provided by the office that their patients can create this patient connect where they would be provided with their login account and create their appointment requests, view their bill, because a lot of that is really ownership of their account. And if we can provide patients with an ownership of their account, we’re looking at a little more engagement with the dental office. They can view when their next appointment is, or when they’re due for their next recall, which will reduce the longevity of the hygiene reappointment.”

Eaglesoft’s Patterson Intelligence Report provides practices with the ability to see where their practice might need help.

“That helps offices provide insight on current gaps, or maybe future trends, maybe something that they’re not hitting on,” Easty says. “This would show areas of preappointments, future appointments, even production. There are analytics that help offices examine their current workflow and say, ‘Are there any disruptions that I’m not aware of that I may be able to pinpoint an area for growth?’”

Form and function are essential components of any design in the dental practice—whether it be restorations, operatories, the practice, the business itself, or the workflow. Striking the appropriate balance necessitates the doctor consider a number of mission-critical variables, including patient wants and needs; the best interests of the practice; and what he or she wants to achieve from the business.
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UNLOCKING THE KEY TO STABILIZED STANNOUS FLUORIDE TOOTHPASTE

How Colgate-Palmolive developed a toothpaste technology to help achieve whole mouth health.

[by Barbara Shearer, Ph.D., MDS]
Information provided by Colgate-Palmolive.

Daily control of oral biofilm is regarded as the single most important factor for achieving and maintaining oral health. However, despite this knowledge, people struggle to achieve adequate biofilm control on a regular basis. Poor oral biofilm control is likely to, at least partially, explain why caries and periodontal disease are two of the most common chronic diseases globally.

In general, when people consider their oral hygiene rituals, the focus is on cleaning their teeth. However, teeth only make up 20 percent of the surface area of the oral cavity. The other 80 percent consists of the tongue, buccal mucosa and gingivae. These soft tissue surfaces can harbor bacteria, which act as a reservoir to recolonize the teeth after brushing. Additionally, the saliva itself not only harbors a noninfectious bacteria load but can also act as a vehicle to facilitate the recolonization of bacteria throughout the oral cavity.

To help people achieve a higher standard of oral health, the concept of “whole mouth health” has been developed to encourage management of biofilm on all oral surfaces.

Stannous fluoride benefits
Stannous fluoride (SnF₂) has been used in toothpaste for several decades because it’s active in preventing dental caries. In addition, SnF₂ can provide antibacterial activity, leading to reduced plaque formation and reduced incidence of gingivitis. It can also occlude open dentin tubules, reducing dentin hypersensitivity. However, traditional toothpastes containing SnF₂ have also been well known for their poor taste as well as their propensity to stain caused by oxidation of the tin from a 2+ state to 4+ state. The oxidation of the tin also leads to a decrease in the clinical performance of the toothpaste.

Traditionally, scientists have endeavored to increase the stability of SnF₂ in toothpaste formulations by reducing water content in the formulation, adding additional stannous salts such as stannous chloride (SnCl₂) to act as a sacrificial source of stannous ions or by adding stabilizing agents.

All of these approaches bring limitations to the formulation. Low water formulations typically have poor esthetics, foaming, taste and texture, making them less likely to be used regularly. The addition of sacrificial sources of stannous such as SnCl₂ further leads to increased risk of staining and poor taste.

Breaking through
Colgate-Palmolive has developed a breakthrough with respect to SnF₂ toothpaste formulations to effectively solve the SnF₂ problems. The addition of zinc phosphate stabilizes the SnF₂ in the 2+ active state. This allows a high water formulation to be developed and precludes the need for sacrificial sources of stannous.

The resulting new toothpaste (Colgate TotalSF) provides a positive consumer experience, which is critical for compliance.

To evidence the superior availability of active tin, X-ray absorption spectroscopy (XAS) was used to determine the oxidative states of tin in the new Colgate TotalSF and other commercially available stannous fluoride-containing toothpastes (Table 1). The data from XAS demonstrated that the new Colgate TotalSF, stabilized with zinc phosphate, had significantly greater proportions on active Sn 2+ than the other toothpastes measured.

Validating success
To demonstrate that Colgate TotalSF has implications for whole mouth health, an eight-week clinical study was undertaken. The antimicrobial effects of Colgate TotalSF versus a control toothpaste were measured by taking samples from the plaque, saliva, buccal mucosa, gingivae and tongue. Colgate TotalSF provided reductions in bacteria in all oral micro-environments, which increased over time. After eight weeks of regular use, Colgate TotalSF showed reductions in bacteria ranging from 33 percent to 61 percent compared with the control toothpaste.

To be assured that the reductions in bacteria identified by Haraszthy et al., translated into long-term reductions in plaque and gingivitis, two six-month clinical studies were conducted. In the first study, Colgate TotalSF was compared to a nonantibacterial fluoride toothpaste control. After six months of regular use, subjects in the Colgate TotalSF group showed statistically significant reductions in gingival inflammation and biofilm control compared with nonantibacterial fluoride toothpaste.

In the second randomized controlled clinical trial, Colgate TotalSF was compared to nonantibacterial...
flouride toothpaste and Crest Pro-Health. Both Colgate Total® and Crest Pro-Health demonstrated improvements in plaque control and reductions in gingivitis compared to nonantibacterial toothpaste. Results for Colgate Total® were directionally, but not significantly, better than Crest Pro-Health, demonstrating that stabilization with zinc phosphate is at least as effective as traditional methods.

**Stopping staining**

Staining is a well-known by-product of poorly stabilized stannous fluoride toothpaste and of significant concern to both dental professionals and patients. For dental professionals, staining leads to longer chair time and less satisfied patients. Patients are less likely to comply with a homecare regimen when there are negative side effects such as tooth staining.

In a six-week stain removal clinical study, participants using Colgate Total® demonstrated statistically significant reductions in extrinsic stain of 17.5 percent at three weeks and 27.8 percent at six weeks, compared to regular fluoride toothpaste. Rather than cause staining, Colgate Total® reduces staining when used regularly over a six-week period.

Stannous fluoride is a unique active ingredient. In addition to caries protection and antibacterial activity, it also provides protection against dentin hypersensitivity by occluding dental tubules. The results of a randomized controlled trial showed Colgate Total® provided a statistically significant reduction in dentin hypersensitivity over a period of eight weeks, compared to regular fluoride toothpaste (Fig. 2).

**Positive results**

Colgate Total® is an innovative toothpaste to help people achieve whole mouth health. The formulation took more than a decade to develop due to the novel approach of stabilizing stannous fluoride with zinc phosphate. The formulation has more than 40 patents and 86 pending patents as well as a comprehensive clinical support dossier.

**REFERENCES**


**ABOUT THE AUTHOR**

Barbara Shearer is the director of scientific affairs for Colgate. In this role, she is responsible for academic programs, professional associations, professional education and public health in North America. Originally from Dunedin, New Zealand, Barbara graduated from the University of Otago with a BDS (Distinction) in 1986, a PhD in oral pathology in 1993 and MDS (Distinction) in prosthodontics (1995). Her first position was as a dental house surgeon for the Auckland Area Health Board followed by time on the faculty of the University of Otago School of Dentistry and briefly in private practice.

Her introduction to the industry was with Unilever Research in Port Sunlight, England. During her six and a half years with Unilever (1996-2002), she designed and managed clinical trials, global outreach programs and professional relations. Dr. Shearer joined Colgate in New Zealand in 2004, moved to Sydney, Australia, in 2006 and to New York in 2010.
HOW AN ALL-TISSUE LASER CHANGED THE LIFE OF MY PRACTICE

Solea® is the secret to performing anesthesia-free, truly minimally invasive dentistry. [by Christine Skordeles, DDS]

Information provided by Convergent Dental.

Prior to attending dental school and long before practicing minimally invasive biomimetic dentistry, I was a neuroscience research assistant studying brain cells associated with brain trauma at Case Western Reserve University School of Medicine. That said, scientific research and technology have always been great loves of mine.

As I started my journey, I carried the belief that dentistry and medicine go hand in hand. The vision for my practice was clear: it would embrace leading clinical research and incorporate all of the wonderful technologies we as 21st-century dentists are so fortunate to have in the palms of our hands.

Fast forward 21 years and here I am in the heart of New York City, providing dental care to patients and doing what I love most in my fully integrated private practice. But as excellent as day-to-day operations were and as good as my work was, my digital practice was still missing one last piece of equipment. Sure, I had my CEREC® and CBCT system, which I loved, but I was waiting for an advanced generation of the first Solea dental laser I read about and experienced in its debut at the 2014 Greater New York Dental Meeting. Solea was the quintessential piece of technology to complete my operation as a minimally invasive dentist.

Then at the 2018 Greater New York Dental Meeting, my distributor sales representative walked me to the Convergent Dental booth to show me the laser. He put Solea in my hand, and the rest is history. Once I test drove it by meticulously peeling the outer layer of a red apple, and then using it to prepare a filling in an extracted tooth in about a minute and a half, that was it. I knew Solea was a dentistry game changer, with my “a-ha!” moment coming before performing a procedure with it.

All-tissue impact

Solea is described as breakthrough laser technology that delivers an entirely unique experience for dentists and patients by virtually eliminating anesthesia, pain, bleeding and post-operative discomfort. After adopting Solea—or as I call it, my “Ferrari”—and using it in my practice for the last few months, I can say it does exactly what is promised.

Prior to the miracle laser, I was using a diode laser for my soft tissue procedures. After replacing it with Solea, the difference is unbelievable. In learning about Solea’s 9.3 μm wavelength, I understand why it’s able to glide through gingiva with such control and precision. My former diode had a wavelength of somewhere between 810 nm and 940 nm and would pull through tissue, leaving it frayed and tattered. Since Solea, my gingivectomies, frenectomies, operculectomies and more are unbelievably simpler to perform and I’m able to predict the outcomes every time.

The unique benefits of using the all-tissue laser not only affect how I handle soft tissue but also hard tissue. As a restorative dentist, Solea dramatically transforms operative dentistry. It prepares teeth, both enamel and dentin, to the precision of cutting 20 percent of one micron, which translates to 200 nanometers. That is the game changer. What previous instrument do we have with the precision of 200 nm?

Solea allows for easy transition of prepping enamel and dentin caries. Subgingivally, you’re able to perform a gingivectomy or caries removal by easing your foot off the variable speed foot pedal. In the same way we use our air-driven handpieces, we point Solea onto the soft tissue to gently trim and scallop the gingiva. Solea also can easily perform crown lengthening surgeries that require dentin, enamel and bone work.

For crown preparations, the interproximal gingivectomy is performed with the same instrument in your hand and you never have to look up to change settings. Again, the cutting is all thanks to the 9.3 μm wavelength, which works in a unique way to reach the peak level absorption of hydroxyapatite. This means it literally vaporizes patients’ enamel, allowing for fast and precise cutting I’ve never experienced before, not with another laser and most definitely not with traditional instruments.

Solea promotes a seamless workflow transition in daily operative restorative dentistry. Another benefit I love is being able to prep exactly where I need to on the tooth, which helps preserve healthy tooth structure. Specializing in minimally invasive dentistry, I can finally admit I’m truly minimally invasive now. This alone is huge for my practice and how I approach procedures.

Removing anesthesia from the equation

As impressed as I am that Solea replaces the use of a 1 mm bur to keep tooth preps as concise and close to the affected area as possible, I’m equally—if not more—blown away by the anesthesia-free dentistry I can now perform.

Before experiencing Solea for myself, I was incredibly intrigued by the idea of a laser that could totally eliminate the need for anesthesia in most cases. As we know, anesthetizing patients is a major obstacle that
CASE STUDY

Patient presented with a broken filling in molar and multiple Class V caries on teeth 27b, 28b and 29b in the lower right quadrant of the mouth (Figs. 1-2). The molar and decayed teeth were prepped with Solea (Fig. 3). All teeth were fully restored utilizing Solea and a crown was placed. All work was completed anesthesia-free (Figs. 4-5).
blocks the dental experience from being all it could be. Making the initial injection, waiting for it to take effect, and then having to potentially reinject, while calming patients, adds steps I’d prefer not to take. But with Solea, there’s no need to give these frustrations another thought because anesthesia is no longer a factor.

Solea has been part of my practice since December, allowing me about five months to use the technology. With restorative work alone, Solea is what I reach for. There’s no other tool that does the job. That said, since first use of Solea, I’ve done about 400 fillings and numerous crown preparations and only anesthetized three patients. This is practice-changing and why I predict Solea will be part of every operatory within 10 years.

Anesthesia-free patient case
In the following case, a 33-year-old female presented to the practice in 2016. She had a complex medical history with a very delicate electrolyte imbalance from her history of bulimia from ages 14 to 20. Additionally, the patient can’t have anesthesia with epinephrine due to medication contraindications. Solea was used to prep and restore the lower right quadrant of her mouth anesthesia-free, while her upper left quadrant with four restorations took almost two hours to complete with traditional dentistry in 2016.

In January 2019, the patient presented with the lower right molar having an old, broken and missing filling as well as multiple Class V caries on the other teeth (Figs. 1-2). I explained we now have the Solea dental laser and wouldn’t need to anesthetize her. She was delighted beyond belief since one of her biggest anxieties is needle phobia due to constant medical testing.

To start, I prepped the entire molar for a crown with Solea and applied an immediate dentinal sealant to the dentin. Then, I scanned for the GC CERASMART® crown that was chairside-designed and sent to the CEREC milling machine.

Meanwhile, teeth #27b, 28b and 29b were prepared for composite restoration (Fig. 3).

Everything was completed anesthesia-free with Solea (Figs. 4-5). Each procedure performed, including placement of the new crown, took a little more than an hour (approximately one hour and 20 minutes).

If traditional dentistry was used with the appropriate anesthesia and I didn’t have CEREC in the operatory, the visit would’ve taken much longer and a second appointment would’ve been scheduled. Solea allowed me to work quickly and complete every step without anesthetizing the patient. By using Solea in combination with CEREC, I was able to eliminate the need for an additional visit.

The dental experience transformed—for me
From my perspective, dentistry has been changed forever since adopting the Solea dental laser. Procedurally speaking, my job is simpler: I accomplish more per day and the results go beyond my expectations.

I’m able to accommodate more clinical scenarios—hard- or soft-tissue-related—and provide even better care when it comes to the procedures I’ve been performing all along. From crown lengthenings and fibroma removals to implant uncovering procedures and essentially every restorative procedure there is, I’m able to do it all anesthesia-free in most cases.

In respect to what Solea has done for my practice productivity and efficiency, I’m not sure I can put into words what a difference it has made. Without anesthesia for the majority of my procedures, there’s no waiting time. I walk into the room, greet my patient and get to work. This not only lets me see more patients throughout the week and month, but it also lets me make the most of my time, which makes me more efficient and ultimately the best dentist I can be.

My staff and I also developed a new scheduling protocol where we no longer plan out our days so stringently. For instance, instead of dedicating one day to fillings and another day to more complex procedures, I can combine them. This advantage takes stress off of my staff, me and, in turn, my patients who are more likely to get appointment slots that accommodate their personal schedules.

The dental experience transformed—for patients
As important as it is for me to run a successful business, it’s just as vital to develop relationships built on trust with my patients. Solea facilitates this by creating anxiety-free visits, removing any trace of fear and worry from the dental experience.

They’ve always known the kind of dentistry I provide, but now when they walk through the front door, they’re glad it no longer includes pain from the needle, that awful “whirring” sound of the drill, blood and discomfort.

Located on West 54th Street in the city that never sleeps, I’m used to the hustle and bustle and so are my patients. They love fast-paced living and tend to want their dental appointments to match it. Using Solea, I’m able to treat patients whose schedules sometimes only allow for lunchtime appointments. They want to come in, receive treatment and get right back to the office. Solea makes this possible because, without anesthesia, there’s no unnecessary time spent in the chair, no numbness and no pain.

My patients love this new breed of dentistry because it satisfies their needs and allows them to get back to pounding the pavement. As soon as they leave, they’re ready to take calls, attend meetings, or just enjoy a bite to eat at their favorite spot. Patient experience before versus now with Solea: there’s no comparison.

Solea, the next practice standard
Behind every dentist is a distinct journey that has led him or her to where he or she is now. Each one of our philosophies is different, as are our careers, but at the end of the day we all want to deliver the best possible care and make our patients happy.

After using Solea for less than a year, I can tell you that if you make the same decision I did, you’ll find dentistry is a brand-new kind of fun. You may also find yourself smiling more when your patients stop wincing and start saying, “Wow! This laser is so ‘Star Trek’!” or “I can’t believe I took a nap during my filling!”

ABOUT THE AUTHOR

Dr. Christine Skordeles is a practicing dentist in New York City and a graduate of Case Western Reserve University School of Dental Medicine. There, she currently serves on the alumni board of directors and ambassadors. She has lectured nationally and internationally on adhesive and restorative dentistry, whitening and waterline biofilm. Dr. Skordeles has a commitment to new research, which is constantly evolving and changing dentistry. Before becoming a dentist, Dr. Skordeles was a neuroscience research assistant studying brain cells. Her years of pure scientific research allow her to integrate new dental research and technologies into clinical practice.
201,435 HEALTHIER SMILES.

Last year America’s ToothFairy provided resources for preventive care to more than 80 members of our Dental Resource Program nationwide. Through our National Cleaning Initiative, sponsored by Dentsply Sirona, 201,435 children received cleanings from our dental clinic partners. These kids may have fallen through the cracks, but instead, received essential preventive care. Thank you, Dentsply Sirona—your generosity will make a difference in the lives of children for years to come!

We live in a world of opposites. Hot and cold, fast and slow, heck, Jimmy Page describes Led Zeppelin’s music as “light and shade.” There are always contrasts and sometimes we need to favor one over the other. Sometimes in health care slow is the right choice. You can’t do orthodontics overnight; it’s not physically possible. Even if you try and do it faster than normal, you pay the price with shortened roots and a lack of long-term stability.

How about endo? Anyone want a “really fast” root canal, or would you prefer someone take his or her time and use the instruments at their proper speeds? Don’t rush, I’ll wait. Yup, I didn’t think so. If it makes you feel better, I would’ve chosen the same way.

However, at the same time, there’s a balance to everything. The high-speed handpiece supplanted the slow-speed one for most operative dentistry, and that’s a good thing. Can you imagine coming to the office every day and performing crown preps with a slow-speed? For the good of both the doctor and the patient, it’s a good thing we no longer have to do that.

What this whole concept boils down to is the concept of when. When is it a good thing to go faster? What are the benefits and the detriments to speed and power? Like anything in dentistry, and really life in general, it boils down to good decisions based on the available information. The issue is what are the benefits versus the detriments?

With this balance in mind, let’s take a look at some of the technologies that exist that are going to allow you to do more with less effort, less time, less stress, and with greater or equal clinical outcomes.

Enhanced technologies for faster, easier dental treatments

The basic processes of dentistry are relatively the same as they have been, but the tools at our disposal keep getting better. Check out these enhanced technologies to improve your clinical care.
Also, when finishing margins, the high torque even at slow rpm is a true game changer. When you can work at low speeds with incredible precision, your margins are easier to read, which makes your restorations have a better fit.

For frightened patients, the ability to work at a slightly slower rpm while accomplishing just as much also can decrease everyone’s stress. Everyone hates the sound of the handpiece, and no matter how quiet it is, the transduction of the vibration throughout the skull is still something that can’t be overcome. By operating at a slightly lower rpm, the operator can decrease the noise of transduction and therefore have a less stressful appointment for the fearful patient.

Finally, because electrics make you more efficient, you spend less time in the clinical posture, which is physically good for you. Being more efficient might just extend your career.

**Magnification and headlights**
To do better, you need to see better and that starts with clearly seeing the field. More than 80 percent of doctors are now wearing magnification, and that’s great news. What I would recommend is to now consider stepping up your magnification to higher power. Obviously seeing things larger makes you perform better and with greater accuracy. However, there are times where seeing the “big picture” of an entire quadrant is also helpful. How do you manage to increase your magnification and still see the big picture when necessary?

There are a couple of products on the market that allow just that. Both are from Orascoptic. One is the EyeZoom. It’s a single frame that has telescopes with adjustable magnification that can be adjusted for 3.0x, 4.0x and 5.0x. To change the level, you simply rotate the telescopes and they click into place when they reach the next level. They’re great for busy practices where the doctor is providing care and wants to quickly and efficiently change magnification.

The second is the OmniOptic. It’s a single frame with interchangeable telescopes in 2.5x, 3.5x, 4.5x and 5.5x. The telescopes are held in place with strong magnets. You sim-
ply pull one set off of the frame and snap another set on. The nice thing about this frame is you can buy only the magnification levels you want and need. If, at a later date, you decide you’d like to increase or decrease your levels, you can just purchase the telescopes you need/want. It’s just that simple.

**Isolation**

As restorative dentistry has evolved, our materials and methods have had to evolve as well. The days of plugging amalgam into holes in teeth submerged in saliva are over. Now we need to concern ourselves with moisture control from a variety of sources and we need to pay particularly close attention to this. Contamination of preps can lead to poor bonding, sensitivity, marginal degradation, recurrent decay and restoration failure.

There are a couple of ways to combat this and also increase your efficiency so you can accomplish more in less time.

The first is through the use of the Isolite. This product is now on its third generation and I’ve been using it in a variety of clinical situations for the last three to four months.

The Isolite 3 features a terrific isolation device that’s a bite block, tongue retractor, cheek retractor and vacuum system all in one. Add to that the fact that it also features a multifunction lighting system with white and orange (for curing) and you have an incredible workhorse to keep things in a perfect situation for preparation and bonding.

Since I’ve been evaluating the Isolite, I’m routinely prepping for crowns in 15 minutes and that’s with no attempt to increase my speed. Because the patient stays open, everything is retracted and the field is well lit, so you can start prepping and really only stop to change burs.

For bonding procedures, you can prep and then bond by simply switching the light over to the orange wavelength. You can perform an entire quadrant of restorations start to finish with the Isolite in place and only remove it when it’s time to check occlusion. The device makes all restorative procedures faster and easier on all concerned.

Patient response has been around 95 percent positive, and it’s quickly becoming a go-to-device in my office.

The other way to have a properly controlled field is to utilize chemistry for hemostasis and sulcular fluid control. Ultradent’s ViscoStat Clear is a great product for this. It provides hemostasis without staining and also drys up crevicular fluid for bonding on areas near or under the gingival margin.

**Curing**

This is another procedure where you can save time by using the latest, more powerful options. Most LED lights on the market operate with output between 1,200 to 1,500 mW/cm², but there are some lights that provide much greater intensity.

Ultradent’s Valo and Valo Grand provide intensity of 3,200 mW/cm², which can cure a standard 2 mm layer of A2 shade composite in three seconds. With a broadband spectrum of 385 to 515 nm, any Valo will cure any existing composite or bonding agent.

Another terrific powerful light is the Dentlight Fusion 5. It has a 4,000 mW/cm² uniform intensity across the 10 mm curing tip allowing it to also cure most lighter shade composites in three seconds. It has a unique feature that delivers 2,300 mW/cm² at 10 mm distance away from the tip. This ensures that even if you’re not directly on the composite with the light, you still get a high quality cure.

High-intensity, high-speed curing has been around for more than 10 years now and the concept and process have survived the test of time. You need to heat the pulp 5º C to create inflammation, and if the heat from these devices was causing pulpal necrosis, we would’ve witnessed it by now. Likewise, if it caused extreme stresses such as cuspal deflection or detrimental material shrinkage, we would’ve seen the results of this by this point in time.

While three- to five-second curing isn’t something that adds up to hours saved over a month, it does allow you to work more efficiently and finish cases with less stress and shorter procedural time, which is always a good thing. No one ever wants dentistry to last longer.

**Wrapping up**

For me, speed and efficiency decrease my stress level and allow me to spend less time in the clinical posture. I’m not the kind of dentist who wants to do more cases in a day; I simply want to do them better and in less time. When I evaluate a new technology for my practice, my three decision points are:

1. Does it provide a better or similar outcome to my current modality?
2. Does it allow me to be more efficient?
3. Is it financially viable for the business of my practice?

If the answer to those three questions is “yes,” then I explore the possibilities of incorporating it into my practice. The great part about my job as author and lecturer is I then get to tell all of you about what I’ve discovered.

Trust me when I say these powerful tools have been well vetted in my clinic. All the things mentioned here are used with great success in my practice nearly every day and I’m confident you’ll be as impressed with them as I am. See you next month!

**ABOUT THE AUTHOR**

John Flucke, DDS, is Technology Editor for Dental Products Report and dentistry’s "Technology Evangelist." He practices in Lee’s Summit, Mo., and has followed his passions for both dentistry and technology to become a respected speaker and clinical tester of the latest in dental technology, with a focus on things that provide better care and better experiences for patients. He blogs about technology and life at blog.denticle.com.
Who is the guardian of your practice data?

What to consider to secure practice data and keep it protected.

[by Dr. Lorne Lavine]

Most dentists who come to me for help don’t have a thorough understanding of how their networks are configured, or who inside—and external to—the practice has access to what information and programs.

In fact, most dentists are well-aware of the possibility of external threats from viruses, malware, phishing scams and the like, they don’t even think twice about the very real access their employees have and the damage they could potentially inflict on the company—whether planned or through simple ignorance. We all want to trust our employees to always do the right thing, but is that really the best approach to take here?

Your IT administrator holds the IT access keys to your practice more so than the financial keys held by whoever handles the company banking and payroll. When you think about all the sensitive information stored on your servers and individual computers, including company financial data, patient records, employee personnel information, and business and personal email correspondence, it’s all there for the taking, all there to be manipulated, stolen or destroyed.

This is pretty much the entire reason the Health Information Technology for Economic and Clinical Health Act (HITECH) laws were enacted; a realization that as more and more data became digital, the practice was at an increased risk of having that data compromised.

It’s not just a matter of whether you trust your current IT administrator. Even well-intentioned and honest IT pros make mistakes and can inadvertently leave the door open for others to gain access to information you don’t want them to see or have. Just as you have specific procedures, controls, regular checks and reports on your practice’s financial position and systems, you should be asking for and receiving the same for your IT position and systems.

How well do you know the IT company you’re working with? Was it a referral from a friend who liked the work they did at their practice? Is it a relative who dabbles in IT on the side? What steps did you take to call their references? (You did ask for references, right?)

That’s why we recommend every office that has a network, no matter how small or simple, regularly run a simple network assessment scan at least on a quarterly basis. You should have your assessment performed by a qualified network technician who’ll be able to analyze the results and quickly cure any deficiencies, vulnerabilities and improper network settings.

Part of HIPAA’s rules and regulations include the fact by law, you must perform a risk assessment and have a HIPAA management plan and this must happen on a regular basis. What’s considered regular? There are no hard and fast rules on this, but in my experience, three to four months is more than enough time for practices to get lazy or develop bad habits that can create additional risk for the office.

How frequently do you think network assessments should be performed, and who do you think should do them: internal staff or independent third parties? The key factor is to make sure whoever does it knows what he or she is doing. HIPAA spans three distinct areas: administrative, physical and technical. Be wary of any companies that specialize in OSHA and may have just tacked HIPAA on to their list of services; unless they have significant IT experience, they won’t be qualified to handle the technical evaluation of the risk assessment.

Your practice is at risk every minute of every day. The steps you take to protect and secure your data will determine whether you continue to have a smooth-running office or whether you’re dealing with the fallout from having to notify your patients of a breach of that data. The choice is yours!

ABOUT THE AUTHOR

Dr. Lorne Lavine, founder and president of The Digital Dentist, has more than 30 years invested in the dental and dental technology fields. A graduate of USC, he earned his DMD from Boston University and completed his residency at the Eastman Dental Center in Rochester, N.Y. He received his specialty training at the University of Washington and went into private practice in Vermont until moving to California in 2002 to establish TDD, a company that focuses on the specialized technological and HIPAA needs of the dental community. He can be reached at drlavine@thedigitaldentist.com or 866-204-3398.
How to effectively market your multi-location dental group

Whether your practice has a couple of locations or is a burgeoning DSO, a sound approach to marketing is key to attracting new patients and continuing to grow.

[by Ian McNickle, MBA]

There has been a clear trend over the last decade with more and more practices expanding to multiple locations, incorporating specialty services and scaling up to DSOs. Talk with anyone who has done it or is currently doing it and he or she will tell you it’s difficult and quite messy. But it doesn’t have to be that way.

Admittedly, I have a fairly unique perspective on this subject. My experience as a co-founder running an award-winning dental marketing agency for the last decade has given me a lot of insight into dental marketing processes and data at a macro level. Likewise, as president of The DSO Project, I’ve been able to consult with numerous DSOs across the country and learn from many more. While there are many challenges to scaling from a single location to multiple locations, and up to a DSO, this article will focus on a variety of specific challenges related to marketing.

The marketing process

I find it easiest to explain the new patient generation process by breaking it down into three primary steps:

1. Market to generate leads
2. Convert the leads to appointments
3. Convert the appointments into sold dentistry (case acceptance)

This article will discuss the first two steps.

Lead generation should start with a laser focus on digital marketing where the website(s) form the foundation of your online presence. It should go without saying the website(s) should be optimized for mobile devices (ideally using responsive design). Once digital marketing is dialed in and performance baselines are understood, then you can expand to direct-to-consumer (D2C) marketing.

Leads can be generated to the website with solid SEO (search engine optimization) and PPC (pay-per-click) campaigns. SEO involves a wide range of activities to get the website(s) ranking highly on Google. PPC campaigns are excellent at generating leads from targeted geographies for specific dental services such as dental implants, orthodontics, cosmetic dentistry and sleep medicine, among others.

Converting leads into appointments

As the leads are generated, converting them into appointments is a critical next step. The main items on a website that help convert traffic into leads are putting the phone number in large font in the top banner, placing a practice overview video on the home page of the website, offering an appointment request button or appointment scheduling service, and using a live chat box to further engage people.

However, items away from your website also play a crucial role in converting leads into appointments. Online reputation and social media make a real difference in convincing potential patients to contact your practice. I always recommend using a software service to generate a steady stream of good reviews to the major review sites, including Google, Facebook and Healthgrades. My firm, WEO Media, offers this type of service, but there are many on the market, so just pick one and use it consistently.

Once the phone rings with your potential new patient on the line, it becomes mission critical to answer all phone calls and convert as many into appointments as possible. As you scale to multiple locations and beyond, I generally recommend using a third-party call center.
Because it offers many advantages, including 24/7 coverage, surge capacity to handle multiple callers at once and, in most cases, a higher scheduling conversion rate is experienced. As your group practice continues to grow, at some point you may want to build your own call center, but I would avoid this as long as possible because it can be quite difficult, and affordable third-party call centers exist.

Regardless of whether you decide to answer calls in your practice or outsource to a third-party, it’s important to really analyze your call answering performance. This will allow you to identify how many calls you’re missing, how well various people are doing at scheduling appointments and what improvements can be made. The best service I’ve seen on the market for call analysis is Patient Prism, an innovative call analysis software that can analyze calls and report in granular detail how things are going and how performance can be improved.

Tracking the data
As leads are generated, it’s critical to be able to track your lead sources as accurately as possible. I always recommend using phone tracking numbers for your various marketing initiatives. The online presence—which includes your website, along with directories, social media properties and other websites where your practice contact information appears—should all use the same tracking phone number. It’s neces-
Dental practices have a wide range of strategies available to attract new patients. Practices of all sizes will want to take advantage of solid online marketing tools, while larger group practices will also want to reach new patients via direct-to-consumer marketing approaches.

**Online Marketing Strategies**

**Search Engine Optimization (SEO):** Search engines such as Google are the main way business are found online, and SEO is a technique to make sure Google and its ilk know how to find your practice and connect the best prospects with your practice website. There’s a lot of approaches to SEO, but the key is to make sure practice information is up to date and consistent everywhere it appears online.

**Pay-Per-Click (PPC):** While SEO aims to attract people searching for your practice, PPC marketing puts your website at the top of the search results for key search terms. PPC campaigns rely on a selected group of keywords or phrases that you bid on and then pay the set price every time someone clicks on your link. It’s relatively low in cost, can be targeted toward specific patient profiles, and can be set up on search engines and social media platforms.

**Email Marketing:** SEO and PPC marketing strategies do a great job of drawing new people to your practice website, and then it’s up to you and your site to capture that visitor’s attention and convince him or her to schedule an appointment. However, if you capture emails from current and prospective patients, you can follow up on their interest in your practice with an email campaign. A range of services are available to send custom promotions to your practice’s email list. This can be a great way to announce special pricing, introduce new services and technologies, or to send a message to select groups of patients to entice them schedule an appointment.

**Direct-To-Consumer (D2C) Marketing Strategies**

**Direct Mail:** Larger group practices can attain the scale necessary to make D2C marketing campaigns worthwhile, and for those that do, direct mail remains one of the most effective strategies. These campaigns require a list of addresses to mail to, and then a postcard or flyer that can be sent to promote the practice with a special offer to attract new patients.

**Radio & TV Ads:** Advertising on the radio or local TV stations can seem like a big investment, but it’s a great way to get a brand in front of a captive audience. From a cost perspective, radio ads are generally more affordable both to produce and to place. These can be a quick introduction to the practice with a clear call to action. Radio adds on local AM talk stations tend to be a good fit for larger group dental practices.

**Billboards & Transit Ads:** Placing your practice’s logo on a giant sign along the highway can be another way to get your brand in front of a large number of potential patients. These ads can reach a big audience but will be most effective with a clear and focused call-to-action to drive a response. For group practices in urban areas, public transportation can provide another vehicle for bringing your brand to the masses.

At the end of the day, probably the most important aspect of tracking where new patients come from is simply asking them when they come to your office. It’s critical your staff have 100 percent compliance on this activity. You should treat this as a key job function for them and review it on a weekly or monthly basis. Accurate data is key to optimizing any marketing program.

**Branding and scaling considerations**

As you scale to multiple locations, you have two options with websites:

1. Build one website with location pages for each location, or
2. Build a separate website for each location.

If you choose to have one website, there’s a benefit to the simplicity of being able to reference one website address for all your marketing efforts. In this case, you should create separate webpages within the main website for each location because this is helpful for SEO rankings.

However, if you’re concerned with generating the best results from your online marketing, then you should have one website for each practice location because this is far better for SEO performance.

The good news is you can still have a central landing page or microsite to use a single website address for mass marketing activities such as a TV ad that sends people to one website address. In this case, the landing page or microsite would simply contain links to all of the individual practice level websites.

**Direct-to-consumer marketing**

Once you have enough locations in a geographic area, direct-to-consumer (D2C) marketing can be quite effective. As stated above, you’ll want to drive leads to one website address and track calls and leads as best you can.

The most popular—and probably most effective—form of D2C marketing is direct mail campaigns. Radio ads on AM talk radio can also be quite effective. TV ads are more expensive and more unpredictable but can work well in some cases. Due to their higher costs, these types of marketing strategies make the most sense when your group practice is ready to move beyond the highly targeted approach of online marketing to cast the wider net to reach the entire community served by your practice’s multiple locations.

With your group practice’s online presence well organized and working to generate new patient leads, and your team properly trained to convert those leads into appointments, your group practice will have a solid marketing foundation on which to build. That’s when it’s time to push beyond SEO and PPC to take your messaging D2C.

**Conclusion**

While this article is aimed at helping growing group practices and DSOs make their marketing efforts as effective as possible, the same principles apply to practices of all sizes. Regardless of the number of locations that make up a particular practice, having a solid SEO strategy, making sure your practice contact information is consistent everywhere online, and training your staff to convert new patients over the phone are key parts of growing a dental practice.

**About the Author**

Ian McNickle, MBA, is a national speaker, writer and marketer. He is a co-founder of WEO Media, a three-time winner of the Cellerant “Best of Class” Award for websites and online marketing. He is also president of The DSO Project, a DSO accelerator and consultancy, and was named a Top CE Leader for 2019 by Dentistry Today. If you have questions about any marketing-related topic, please contact Ian directly at ian@weomedia.com or by visiting www.weomedia.com or www.dsoproject.com.
Hybrid saddle stools: what’s the scoop?

Why our ergonomics expert recommends this style of chair to reduce postural problems.  [by Dr. Bethany Valachi, PT, DPT, MS, CEAS ]

Dear Bethany: My hygienist recently purchased a stool that’s halfway between a saddle stool and a traditional stool, called a hybrid saddle stool. After finding it difficult to be completely comfortable using her old saddle stool during exams, this stool was a welcome relief. Do you recommend hybrid stools for dentists? If so, which ones?

Dear doctor: Saddle stools have become increasingly popular on the dental market over the past 15 years—and for good reason! The saddle stool brings a welcome solution to the postural challenges posed by seated dentistry by placing the dental operator’s pelvis in a completely neutral position, promoting the body’s natural spinal curves.

When seated on a saddle stool, the thighs slope steeply downward (essentially halfway between standing and sitting), so the saddle can be thought of as “supported standing.”

A new variation of the saddle stool called a hybrid saddle stool is now available. It offers identical seating to a true saddle stool with the thighs sloping steeply downward but via a different seat shape. While a true saddle stool has a saddle-shaped seat, which allows the thighs to slope steeply downward, a hybrid saddle stool has a flat seat pan and achieves the steep thigh angulation via a triangle-shaped seat, or cut-out areas, where the thighs can slope steeply downward.

Adjustment for a hybrid stool is simple: 1. Adjust the height until the thighs are at 45º downward angle. 2. Leave the seat of a hybrid saddle stool flat. Don’t tilt the seat forward or backward unless you have excessive lumbar curvature (hyperlordosis) or flattening of the lumbar spine (hypolordosis).

When is a hybrid saddle stool a better choice than a true saddle stool?

• Due to its flat seat shape, the hybrid saddle helps male dentists who want to avoid compression in the genital area yet glean the benefits of saddle stool positioning.

• For individuals with hyperlordosis, the hybrid may prevent worsening of the condition.

• If you want a backrest, because all hybrid saddle stools come with backrests.

For operators who want to make a more gradual transition from a traditional dental stool to a saddle stool.

For dentists, a hybrid saddle stool can also help reduce neck and shoulder pain. Dentists who find they have to lift their arms to the sides when working can easily lower the patient when seated on a hybrid saddle stool, allowing more relaxed neck and shoulder musculature. It’s also easier to gain close proximity to the patient when the thighs are steeply sloping downward, which minimizes excessive forward reaching.

There are several styles of hybrid saddle stools on the market, and the main differences lie in the backrest style, seat shape and tilt option. I believe backrests are beneficial on saddle stools when used in dentistry; however, the backrest must be the correct shape and size to properly support the lumbar spine.

For a list of hybrid saddle stools the author utilizes in her in-office consultations, email info@posturedontics.com.

Dr. Valachi wants to hear from you and will be answering one reader question each month. Please send your questions to info@posturedontics.com.

ABOUT THE AUTHOR
Dr. Bethany Valachi, PT, DPT, MS, CEAS, is author of the evidence-based CE video package “The Wellbody System for Dental Professionals.” Team members can earn 10 CEUs with this video training that addresses all the risk factors that contribute to work-related pain in dentistry to ensure a long and healthy career. Dr. Valachi is recognized internationally as an expert in dental ergonomics and has provided over 700 lectures worldwide. She has published more than 70 articles in peer-reviewed dental journals and offers additional dental ergonomic resources on her website at www.posturedontics.com.

I Figs. 1-2 ) Posture is nearly identical when sitting on a true saddle stool (Figs. 1 and 1a) or a hybrid saddle stool (Figs. 2 and 2a). There are several styles of hybrid saddle stools on the market, and the main differences lie in the backrest style, seat shape and tilt option.
Spring is a great time for yearly infection control maintenance

As you conduct spring cleaning in your home, here’s why you should also apply the concept to your dental practice.

[by Robert Elsenpeter]

The practice of spring cleaning is a customary annual activity when one can open up the windows, let in some fresh air and give the environment the deep cleaning it needs—especially after a long winter.

In fact, some researchers even trace the custom of spring cleaning to the Iranian Nowruz, or the Persian New Year, which falls on the first day of spring. The Iranian practice of “khooneh tekouni” means “shaking the house.”

Spring cleaning can, certainly, be literally applied in the dental practice. But it’s also a good opportunity to pay special attention to some important infection control responsibilities.

Training
Spring is a great time to get in front of the practice’s training schedule. While there are some trainings that can be delivered at any time, spring is a great opportunity just to get them off the schedule. Other trainings are required to be performed annually, and this is a chance to get them out of the way.

“How about moving the office’s annual OSHA and infection control training to earlier in the year?” asks Karen Daw, a speaker and consultant also known as “The OSHA Lady.” “This way the office isn’t caught by surprise when they realize the anniversary for the training is quickly approaching or—gasp—has passed. For the offices that hire me to do their annual training later in the year, I automatically schedule their anniversary 10 to 11 months from that date instead of the full 12. What I’ve discovered, after having done this for many years, is that for one reason or another the training has
Scheduling that training should be done as far in advance as possible so that schedules and calendars can be accommodated.

“Employers sometimes find it difficult to get the team together for training,” Daw says. “As soon as a potential date is announced, the vacation requests seem to come flying in. Make it easier on the team by setting the date way in advance. My dental hygiene appointment is automatically scheduled six months out, while I’m still in the dental chair. Scheduling OSHA Bloodborne Pathogen (BBP) training should be just as easy.

**Requirement review**

Depending on the state in which the office practices, there may be a number of governing bodies, each with its own requirements. During your spring cleaning exercises might be a good time to review those rules and regulations. At the very least, OSHA rules should be routinely reexamined.

“Take this time to review the OSHA manual for the practice,” Daw advises. “The Exposure Control Plan (ECP) is the heart of the OSHA manual. In it, it describes how the practice is committed to a safe and healthful work environment. An ECP describes how exposure to bloodborne pathogens is eliminated or minimized in accordance with OSHA’s BBP standard.”

At a minimum, Daw says the ECP must include the following:

- Determination of employee exposure
- Implementation of various methods of exposure control, including universal precautions, engineering and work practice control, personal protective equipment and housekeeping
- Hepatitis B vaccination
- Post-exposure evaluation and follow-up
- Communication of hazards to employees and training

The ECP contains standard safety information for every practice, but it’s not a cookie-cutter document. It must be tailored to each location and its specific circumstances.

“In addition, the ECP must meet a few criteria, including being customized specifically to the location and reviewed and updated at least yearly,” Daw says. “This is so that any changes, such as new positions or procedures, can be included. What if this year an extra set of eyes joined the infection control coordinator for the review? A fresh perspective is sometimes exactly what is needed to breathe life into stale operating procedures or outdated processes.”

**Perform a systems check**

The saying “If it ain’t broke, don’t fix it” is a nice bit of homespun wisdom, but it’s not universally true. Just because the practice hasn’t had problems with infection control issues, doesn’t mean that it doesn’t require study or attention.

“Conduct an internal infection control audit,” Daw recommends. “The Centers for Disease Control and Prevention (CDC) gave us a great checklist to do exactly that. It’s a wonderful self-assessment and is kind of where ‘the rubber meets the road.’ In other words, it asks, ‘Is our practice doing what we say we’re doing?’”

The CDC’s checklist can help practices perform effective, thorough infection control audits.

“The CDC’s summary is broken into two sections: one is on administrative polices and the other is based on observation,” Daw says. “I love this tool because it is an eye-opener for many offices under the impression they’ve been doing OK. Many realize after the checklist opportunity still exists to enhance infection control within the practice. It could take a few hours to complete from beginning to end but is oh so worth it! What better way to ‘spring clean’ infection control practices than with an honest-to-goodness evaluation with the help of the CDC?”

If a practice is busy, and especially if nothing has gone wrong, it’s easy to let infection control evaluations slide, but there are things that should be routinely revisited. “In a typical, thriving practice, it’s easy to gloss over or completely be oblivious to infection control and safety in the office,” Daw says. “Some days we barely have enough ‘me’ time, let alone the extra time needed to really peel back the layers and see if we continuously meet the basic expectations for safe care.”

These infection control initiatives can be performed anytime during the year, of course, but while performing your own “khooneh tekouni,” why not use it as an opportunity to keep on top of infection control chores?
Taking Zirc’s Power Pack 360 for a Test Drive

A look at how Zirc’s isolation and retraction kit can be used in a range of clinical situations.

by Dr. John Flucke, Dental Products Report
Chief Dental Editor and Technology Editor

Do you ever have one of those days? If you’re involved in any way with the practice of dentistry, you know what I’m talking about, right? It’s one of those days where everything seems to take just a little bit longer, isolation is more difficult and every patient seems to be drooling like Pavlov’s dog. During those types of days you have to reach deep into your bag of tricks to keep things moving along.

But what if your bag of tricks included a box? A magic box full of products that are tantalizingly simple in design and equally simple to implement. What if that magic box contained products that could make procedures easier for every member of the clinical team? Oh, and what if that magic box full of more than 60 magic products could be owned for $100? A home run? You betcha!

The good news, that is exactly what you get when you purchase the Isolation 360™ Power Pack from Zirc.

So much of what we do in our profession is based on the need for isolation. For doctors, this can make a huge difference in procedures as varied as endo and composites. Those are very different procedures that have very different clinical parameters, but the aspect of isolation is critical to the success of both.

For something as intrinsically important to procedural success, isolation, like curing, is a bit of a procedural “step child.” By that I mean that it’s always there, but no one ever pays any attention to it. Because of that attention deficit, moisture can easily become a critical uncontrolled factor in how we perform restorations.

And if you think moisture control is difficult to deal with when performing restorative, imagine what the poor hygienist is going through trying to place sealants a couple of ops away. The hygienist has to perform all of the same steps to assure a dry working field but with two fewer hands.

Of course, the hygienist isn’t placing sealants on every patient and the doctor isn’t dealing with massive salivation on every patient either. However, isolation is a problem and it is a problem that needs to be overcome. So, what do we do, and how do we do it in a simple, easy-to-use, effective and affordable manner?

As a confirmed gadget guy, I get a chance to see a lot of gear. Many of the new products I get to see are “solutions looking for problems.” Others are incredibly well-engineered devices that perform an incredible service, but incredible engineering puts them out of the budget of many of the offices the device is created to serve.

Sometimes there’s beauty in simplicity, and simplicity... that is what I really love about the products from Zirc. One of the best things I love to discover are those simplified solutions that help make everyday problems easier to deal with. You know, those products that make you want to slap yourself in the forehead and say, “Why didn’t I think of that?”

Well, the good and smart folks at Zirc have been doing that kind of thinking and designing those kinds of products for more than 50 years. They’re located in Buffalo, Minnesota, and pride themselves on American ingenuity as well as manufacturing in the good ol’ U.S. of A.

I personally first discovered Zirc through their Crystal HD mouth mirrors. My Goetze Dental sales rep, Vito, showed me a mirror that was said to be “40 percent brighter” than the standard Rodium surface of regular mirrors. By holding the Crystal HD directly next to one of my old mirrors, I was blown away to see the difference. I’ve been using Zirc Crystal HD mirrors ever since.

My experience with their mirrors was so great, I decided to explore other products from the Zirc catalog, and that is what lead me to the products in this article.

A couple of paragraphs ago, I mentioned having a magic box in your bag of tricks. That box is called the Isolation 360™ Power Pack. It’s a package of products created by Zirc to help with one of the most difficult aspects of clinical dentistry: isolation. The company manufactures several very well thought out products for isolation, and the Power Pack places them all into a single package for the office.

Now, let’s take a look at each of these up close and personal.

Each Isolation 360™ Power Pack contains the following single-use products:

- 5 Lingua-Fix™
- 10 Pink Petal®
- 20 SE Cushion™
- 9 Airway Armor®
- 3 Small
- 3 Medium
- 3 Large
- 10 Mr. Thirsty One-Step®
- 5 Pedo/Small
- 5 Medium/Large
- 10 Insti-Dam®
- 5 Original
- 5 Relaxed Fit
The Lingua-Fix™ is a handy product for both tongue retraction and saliva removal. For many of the procedures we perform, retraction of the tongue can be a critical factor. For a hygienist, there are times when the dominant hand needs to hold a scaler or ultrasonic tip, while the nondominant hand needs to hold a mirror, a three-way syringe and a vacuum system...simultaneously. Unfortunately, retraction of the tongue through utilization of a mirror requires the reflective surface to face the tongue and thus removes indirect vision from the equation. Suddenly, the choice becomes:

A. Choose not to use indirect vision and slow the process down, or
B. Grow a third arm.

Under normal circumstances (at least in this dimension), the hygienist chooses Option A.

Utilizing the Lingua-Fix™, which can be snugged to stay in place and also connects to the slow-speed suction line, allows for vacuum pods and reliable retraction to be performed by a single, easy-to-implement device. For both hygiene, sealants and restorative procedures, the Lingua-Fix makes things much easier.

Mr. Thirsty One-Step®

For this product, the name says it all! The Mr. Thirsty One-Step® device connects to your high-speed suction system as well as provides retraction of the cheek and tongue. It comes in two sizes, and we've yet to find a clinical situation it can't improve. The vacuum connection can swivel, allowing for the hose to be in any position with 360 degrees of motion. It's made of an incredibly soft nonlatex material that's super comfortable for patients and negates any concerns about potential latex allergies and the resultant anaphylaxis that might occur with latex. For pediatric patients, we call it “The Fish” due to its appearance of a Pepperidge Farm Goldfish Cracker.

The body of the “fish” is placed between the alveolar ridge and the tongue, the abdomen wraps around the retromolar area and the “tail” retracts the buccal mucosa. The lingual retraction portion also contains a bite block for the patient to rest on and the system connects to the high-speed vacuum line. It's a great adjunct for sealants and any type of restorative dentistry. The doctor can prepare a tooth independently while the assistant performs other duties in the practice, helping to add more production to the work day!

Airway Armor®

The concept of protecting patients from aspirating foreign bodies has been around as long as dentistry has been practiced. Unfortunately, the most common way to prevent foreign body aspiration is to place a 2x2 piece of gauze in the back of the mouth. It's not really a terrific way to do it, but it’s unfortunately the best option the profession has had for years.

That situation has changed thanks to the Zirc Airway Armor®. The product comes in three sizes and fits gently into the oropharyngeal area. It’s perforated with a series of small holes that allows the patient to breathe, while providing more adequate blockage of any particles or “parts” that could be dropped by the dental team. There are also holes at either end that allow for tying it off with floss in the event it must be quickly removed.

This is definitely a product with beauty in its simplicity. It's great for extractions, orthodontics, implant procedures (with their small parts), removal of fixed prosthetics and more.

For patients with sensitive oral tissues, the SE Cushion™ can really be a great benefit. It’s a small cap of foam that fits securely over the tip of the saliva ejector. It works as a pillow so the suction tip doesn’t poke or rub the tissues. It also makes the suction less noisy, which can decrease patient stress during the procedure. For hygienists who like to bend the saliva ejector into a “J” and leave it in the entire procedure, this can greatly increase patient comfort.

Insti-Dam®

Regular readers of my column may remember hearing about this product in previous articles. The Insti-Dam® is a nonlatex rubber dam that comes already attached to a flexible round plastic frame and it’s already pre-punched at the factory.

To place it, you put the clamp on the tooth and then simply slide the Insti-Dam over the clamp. The process is quick, easy and predictable. Because the frame is flexible, it can be moved and bent when taking radiographs, and it’s radiolucent, so it doesn’t interfere with the passage of X-rays.

I believe the reason more people don’t routinely use the rubber dam is because of having to place the frame separately. That greatly complicates the process. By having a flexible frame already built in, the process is incredibly simplified.

The Insti-Dam also comes in two varieties. Regular, where the dam is stretched tight for use in the anterior, and relaxed fit, where the dam has more give and is designed for the posterior.

Wrapping up

Isolation is critical and can’t be ignored. The good news is we now have a variety of choices to make our procedures easier to perform as well as easier for our patients. Zirc has done a great job of putting together a kit of products that decreases everyone’s stress while also helping the team to provide better results. They even included a great reference chart to recommend which isolation products are ideal for each procedure. Take a look at the Isolation 360 Power Pack and I’m confident you’ll feel the same way.
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In working with dentists for more than 34 years, I’ve picked up on a group of habits that are shared between those who are among the most highly successful. These habits may surprise you, as they aren’t clinical in nature; however, I believe they’re an integral part of their success.

**Build powerful practice cultures**
Practice culture is the overall environment, behavior, attitude and approach to daily activity in the practice. While practices may provide excellent dentistry, patients typically select and stay loyal to a practice based on these factors. Whether the practice focuses on offering fun and engaging activities or providing five-star customer service, building a practice culture can help patients view the practice more as a dental home than a dental office.

**Continue their education**
For highly successful dentists, this involves more than just accumulating continuing education credits. It refers to a continual process of learning about clinical, business, self-improvement, economic and worldly topics that allow dentists to be challenged, seek new opportunities, and be prepared for economic and dental industry changes.

**Make decisions quickly**
Successful dentists have learned that 98 percent of all the decisions they make really don’t matter. Even if they get the decision wrong, it won’t have a serious impact on their life. As a result, they make those decisions quickly. For the remaining two percent, they tend to surround themselves with expert advisers who can help them make decisions, which increases the odds they’ll get it right almost every time.

**Have a plan**
Most dentists go to work every day with the objective of providing excellent care for their patients but don’t focus on planning for the future. In observing highly successful dentists, I often note they have a plan and can typically tell you what they want to accomplish going forward. Whether it’s opening another office, adding team members, implementing a new service, or making a financial investment, they have a set direction with goals and targets to follow.

**Accept mistakes**
Everyone makes mistakes; however, when successful dentists make mistakes, they accept it and move on. They simply recognize that everything will not work out. Sometimes there’s financial loss or even some embarrassment, but they don’t let it deter them and they keep moving forward. For these dentists, failure is the stepping stone to the next great opportunity.

Highly successful dentists have a number of habits, although not clinical in nature, that are instrumental to their prosperity. The five habits listed above are typical of most of these dentists, and anyone who can adopt these and truly live them will have better odds of success in both his or her professional and personal life.
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