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#### **DEXIS**

## **SEAMLESS IMAGE** CAPTURE

The DEXIS photo app makes it possible to capture images for the patient record with none of the fuss. MORE ON PAGE 3



## **DentalEZ**

## YOUR GO-TO **HANDPIECE**

This air-driven handpiece offers enhanced access to the oral cavity and is designed for the most commonly performed surgical procedures. MORE ON PAGE 3



## Convergent Dental

## LASER DENTISTRY **MADE EASY**

The user-friendly Solea CO, laser system is cleared for both hard- and soft-tissue ablation. MORE ON PAGE 3



## TiScrubs

## SLEEK, **COMFORTABLE** SCRUBS

These scrubs help keep you dry and protected from germs, while also giving you the chance to support a great cause.

MORE ON PAGE 3



## IS IT TIME TO **KIMIZE YOUR**

Find out if a dental marketing consultant is what you need to reach the next level.

# TOP 10 THINGS TO

Dr. John Flucke offers his must-read predictions for the New Year. Go to dentalproductsreport.com.



## **TECHNIQUES**

## **Helpful How-tos**

Learn from these step-by-step articles featuring products by DENTSPLY Caulk, 3M ESPE and Komet USA.

#### I USE THAT

## ☐ The team perspective on products

This new feature gives dentists and their team members the chance to share their product stories. This month's stories focus on Kerr's SonicFill and Patterson Dental's RevenueWell.

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operatory site cool and clear.



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the peak absorption of hydroxy-

apatite, meaning that it vaporizes

(CAP) system, familiar handpiece,

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responsive variable speed foot

enamel. Described as easy to

master, the laser also offers a Computer Aided Preparation



## Our advertising policy

DPR makes every effort commensurate with professional editorial and advertising standards to report manufacturer's product news accurately, but cannot assume responsibility for the validity of product claims. It is necessary for the editorial staff to remove itself from policing the content or images used in various ads or marketing campaigns. Any reader with a complaint should contact the manufacturer directly.

#### Our editorial process

The dental profession and the publications that cover it have no shortage of dental professionals ready to share their expertise. DPR sets itself apart with an editorial team comprised of journalists, not dentists. Each month, we reach out to a wide variety of voices to help tell the story of innovation in the dental profession. We don't assume we know all the answers; we are, instead, committed to asking the right questions and delivering unbiased, quality content. None of the articles you read are "paid for," but as a product-centric magazine, working closely with our manufacturing partners is an important part of the process.

## **DENTALPRODUCTSREPORT®**

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## PRODUCT WATCH

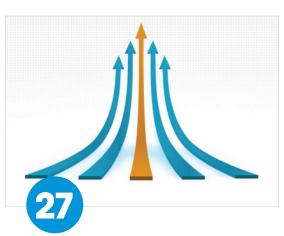
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#### **OUR MISSION**

Dental Products Report provides dentists with comprehensive, accurate and unbiased information across the spectrum of specialties. In consultation with forward-looking clinicians and manufacturers, our staff supports dentists as they apply new products and technologies for excellence in patient care and practice development.

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Reference: 1. Data on file, Dentsply Professional. 2. Compared to competitive varnishes. Date on file.

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What dentists were searching and savoring in December @ DENTALPRODUCTSREPORT.COM





## **3 MOST-VIEWED PRODUCTS**

Clicks & Picks

01 Quad-Tray Xtreme Clinician's Choice



02 DEXIS photo™ **DEXIS** 

03 Certain® Implants BIOMET 3i

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- 02 5 money-saving, stress-reducing articles you must read by the year's end
- 03 The Affordable Care Act: What you need to know about how it will affect pediatric patients by Kevin Henry

## **E-NEWSLETTERS**



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## Re-define smile makeovers in 2014

look at what you can expect in the year ahead.

Think you need multiple veneers to complete a smile makeover? Dr. Harvey Silverman tells you why that might not be the case.

## Your guide to curing lights and material activation

3M ESPE scientist Joe Oxman shares his vast knowledge on curing lights, dental materials and technology.

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We want to KNOW WHAT YOU THINK about DPR. Your comments, good and bad,

Your comments, good and bad, are always welcome! Email SGOFF@ADVANSTAR.COM.

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VOICE



products to check out in 2014.

Don't miss this month's cover story beginning on p.28.

## Looking forward to 2014, and new products, features

This time of year is always exciting, but can also be hectic and stressful. There's always holiday shopping, travel, demands on your time and work duties often scrunched into tighter deadlines because of your own vacations and time off for co-workers.

But this time of year is also a lot of fun for us here at DPR. We've just completed another great year of delivering the best dental product news to you in the pages of our magazines as well as through the e-newsletters we send out, social media and our websites. We capped off 2013 with our annual Trends Top 100 issue in December and now we're ready to bring you more of the same great coverage—along with new features and articles in 2014—kicking off here in the January issue of DPR.

What you'll find in this issue, as always, are new product launches, technique articles on how to use your favorite clinical products and technologies, and reviews from colleagues to help you determine if you should be implementing some additional products or techniques into your practice. Our cover story written by Editorial Director Kevin Henry takes a look at what we can expect from the new year and highlights 12 products you're sure to hear a lot about in 2014.

Also in this issue, we will debut one of our new features for 2014, I Use That. The idea behind this new feature is to allow us to bring you a practice using products that you should be aware of and might want to incorporate into your regimen. It's a team approach, as we will show you how both clinicians and staff members use the product to deliver the best care to their patients. In this issue, we showcase one practice using Patterson Dental's RevenueWell Patient Communication Suite, and another one featuring Kerr's SonicFill. Take a look at these new articles, let us know what you think, and feel free to suggest products and technologies that you would like to see featured in future issues.

Sticking with the team approach, we also are debuting a team approach to infection control column in this issue and have plans in the works to regularly feature articles that show how practices have taken advantage of products and techniques to overcome obstacles, whether it be a more efficient way to complete a case, or a method to deliver better outcomes.

So stay tuned as we have plenty of exciting things planned for 2014!

Stan Lieff

STAN GOFF
EDITOR IN CHIEF
septifications

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#### **ADVERTISING SALES**

Midwest Keith Easty, 218-740-6511
Fax: 218-740-6433, keasty@advanstar.com
East Coast Derek Hamilton, 610-449-1056
Fax: 610-449-1056, dhamilton@advanstar.com

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Next month:
7 Ways your website is hurting you

# Top 5 SIGNS YOU NEED A MARKETING CONSULTANT >>>

 $Tips\ provided\ by\ {\tt NAOMI\ COOPER},\ President\ \&\ Founder\ of\ Minoa\ Marketing\ and\ Chief\ Marketing\ Consultant\ for\ Pride\ Institute$ 



## Marketing efforts are disjointed, half-hearted and sporadic

A consultant should work with you to create an overarching strategy behind all marketing efforts so they work in concert with each other—and to focus on creating momentum behind a few key tactics that can create results and achieve your marketing goals.

## Marketing always ends up on the back burner

The right consultant will hold you accountable and ensure the plan you create together actually gets implemented over time rather than getting shelved whenever something more urgent comes up. Consistency matters!

## You're doing it all yourself

A good consultant will not only be your coach but also your quarterback, recommending the best vendors so that not every item on your to-do list becomes another skill you have to master. Remember, your time is best spent doing dentistry, not building your practice website or learning the latest SEO strategies.

## You're spending marketing money with no discernible ROI

A capable marketing consultant will help you be more results focused and can help identify marketing activities that should be eliminated in favor of more trackable, proven tactics.

## Your marketing is out of date

A marketing consultant with experience in dental practice branding and online marketing can help attract new patients by bringing your practice marketing up to date and into the era of websites and social media—even if you don't know your https from your htmls. •



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Dental Products Report is one of the primary media partners for the PRIDE INSTITUTE'S "BEST OF CLASS" TECHNOLOGY FAIR. Look for next year's winners in the July issue of Dental Products Report.

## PRIDE "BEST OF CLASS" WINNERS

## LET THE GOOD TIMES ROLL IN NEW ORLEANS

Twenty products were honored at the recent ADA Annual Session.

by KEVIN HENRY

It was a time to celebrate in New Orleans during the recent ADA Annual Session. Not only was it Halloween, but the companies receiving 2013-2014 Pride Institute Best of Class awards were also given their moment to "let the good times roll."



Dr. Lou Shuman (left), president of Pride Institute, congratulates Sandra Hirsch, president of Isolite Systems, on the company's award for Isodry.



Dr. Lou Shuman (left), president of Pride Institute, hands the award to Diana P. Friedman, CEO of Sesame Communications, for the company's Sesame 24-7 product.

Set within the Technology Fair section of the Ernest N. Morial Convention Center, 20 products were honored as the "best of the best" after being selected by a technology-focused panel that included Dr. John Flucke, technology editor for *Dental Products Report*.

"The award is just a cool idea," Dr. Flucke said. "Everyone on the panel is very passionate about this. It's become one of the great things that I do each year because I get to provide good, consistent, quality information to our audience. I got into dentistry because I love helping people and I think working with the Pride award and providing information to my colleagues is one way that I can do that."

The 20 products honored in New Orleans were...

- 3Shape TRIOS
- ActionRun Clinical Reactivation
- Align Technology SmartTrack
- DEXIS Imaging Suite and DEXIS go
- Doxa Ceramir Crown & Bridge
- Gendex GXDP-700 SRT Technology
- Glidewell Laboratories BruxZir Shaded
- i-Cat FLX
- Isolite Systems Isodry
- Henry Schein Dental Viive
- Kerr SonicFill
- LED Dental VELscope Vx
- Lexicomp Online for Dentistry featuring VisualDX Oral
- Liptak Dental DDS Rescue
- Orascoptic XV1
- SciCan STATIM G4
- Sesame Communications
   Sesame 24-7
- Tru-Align by Interactive Diagnostic Imaging
- Ultradent VALO

"We were really pleased to receive the award. It was quite an honor for us," said Jay Wood, product manager for Viive and Henry Schein Practice Solutions.

"The newly designed 7,500-square-foot space was created by Rich Schuch (director of CE and industry relations for the ADA) and Freeman and was beyond my expectations," said Dr. Lou Shuman, president of Pride Institute. "A 225-seat classroom within the Expo space was constantly filled with superb presentations by the Best of Class Technology Panel consisting of Drs. John Flucke, Paul Feuerstein, Marty Jablow, Larry Emmott, Parag Kachalia, as well as Ali Oromchian, Amy Morgan, and Naomi Cooper. I could not have been more impressed with their presentations."

Finishing its fifth year of existence, Dr. Shuman, the board members, and *Dental Products Report* are already working together to see how the award can be improved and expanded in 2014.

"Now five years old, the mission of creating an award process of the highest integrity and most rigorous process chosen by the leadership in technological expertise has truly come to fruition," Dr. Shuman said. "I look forward to continuing to improve the process yearly to maintain its importance as the most coveted manufacturing award in the industry and the products that so many practitioners await the results to integrate them into their practices knowing with full confidence they are providing their patients the best the industry has to offer."

For a full look at all of the products that took home awards this year, visit *DentalProductsReport.com*.



"The new LODI System offers us a good alternative to o-ball attachments when the use of a narrow diameter implant is desired. I also like the LODI Surgical Kit. It has nifty snap-on Drill Stops and a Torque Wrench that tops out at 70Ncm, which assists in determining the level of primary stability."

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James G. Jenkins, DMD

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## MORE PRODUCTS TO GIVE YOUR PRACTICE A BOOST IN THE NEW YEAR...



#### Benchmark

## BISCO'S DUO-LINK UNIVERSAL

The Catapult Group reviews this universal cement.



## Double Take

#### DENTSPLY CAULK'S TPH SPECTRA

Dr. Lori Trost on the benefits of this universal composite.



#### **Double Take**

#### IVOCLAR VIVADENT'S BLUEPHASE STYLE

Dr. Frank Shull tells us why he's happy he made the switch to this curing light.

20







Proprietary technology provides high fluoride release and recharge benefits with ideal light diffusion properties.

#### Restorative material

## Fluoride-releasing bulk fill material

**BEAUTIFIL® Bulk Flowable** is a GIOMER bulk fill restorative material for base and liner placement in Class I and II posterior restorations. The material's varied particle sizes reportedly act in concert with GIOMER's hydrophobic nature to offer a dense distribution within the resin, as well as a high filler load that reduces polymerization shrinkage stress. Also, BEAUTIFIL offers a self-leveling feature that is said to increase cavity adaption and ease of use while reducing material manipulation time.

#### **Shofu**

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## Surgical kit

## Versatile and compact implant surgical kit

Said to be well suited for placing 3.25 mm and 4 mm diameter implants in 8.5 to 13 mm lengths, the **Tapered Implant Slim Surgical Kit** offers two insert options: one for both Certain® and External Hex Component, and another for Certain alone. Other features include: a reduced footprint for a better fit in smaller autoclaves; a latched clamshell design for easier access; clear pathways that follow BIOMET 3i surgical guidelines; product descriptions for identification and population; three empty spaces for additional instruments; easily accessible wrenches located on the insert; and a silicone mat for additional instrument storage.

#### **BIOMET 3i**

800-342-5454 biomet3i.com CIRCLE RS NO. 16



#### Fluoride varnish

## A more comfortable, nearly invisible fluoride varnish

**Enamelast** fluoride varnish is formulated to be nearly invisible against teeth, plus it does not leave an unsightly, uncomfortable and gritty residue. Also, it features a patented adhesion-promoting agent designed to enhance retention, reportedly making it easier for patients to receive the full benefits of the varnish. Plus, Enamelast's silky texture makes it more comfortable to wear for longer periods of time, allowing for maximum fluoride uptake. The varnish comes in unit-dose blister packs or syringe and tip application.

#### **Ultradent Products Inc.**

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#### Practice management app

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The latest release of **PatientHomePage®**, a cloud-based patient reminder portal that is compatible with most major practice management systems, offers added benefits that are said to improve practice scheduling and marketing efforts. New features include confirmation and reminders for families, automated campaigns to target new patients, and live chat support.

## Sikka Software

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## PermaCem 2.0 has the Strongest Adhesion to Zirconia than any Leading Self-Adhesive Permanent Cement\*

PermaCem 2.0 is proven to provide one of the strongest bonds to Zirconium restorations compared to the other leading self-adhesive cements. Incorporating a recently developed adhesive monomer formula, the dual curing properties deliver an exceptional bond across all substrates. Formulated for easy clean-up, the optimized viscosity and no-drip formulation provide for the fastest and easiest removal of excess of all other self-adhesive

cements, resulting in less stress and chair time. Plus as a single-step cement, it provides you with the added benefit of not requiring an etching step. Whether it's PFM, PTM or Zirconium restorations, give your patients the best seat in the house while delivering the utmost in strength, stability and esthetics with PermaCem 2.0. Dental Milestones Guaranteed



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<sup>\*</sup>Based on 2012 SDM Data. Data on File.

<sup>\*\*</sup>Free goods shipped directly from DMG America. To receive free goods, please fax your paid dealer invoice to DMG America at 201-894-0213. Order must be placed through Authorized Dealer and redeemed within 30 days of purchase. Limit (2) per dental office. Offer valid through March 31, 2014. May be discontinued at any time.



#### **Dental instruments**

## Ergonomically designed precision dental instruments

Manufactured from German stainless steel, the dental instruments in this new line are said to be lighter and better balanced, as well as specially designed to appeal to ergonomically conscious dental clinicians. The extensive instrument line can be purchased in kits that are organized by clinical applications, such as diagnostic, periodontal, surgical and more.

#### **Ritter Dental**

855-807-8111 ritterdentalusa.com CIRCLE RS NO. 19



## Periodontal risk test

## Efficient and easily administered genetic testing

PerioPredict measures genetic variations for Interleukin-1 (IL-1), a key mediator of inflammation, and identifies patients who are at a higher risk of developing severe periodontal disease. Described as fast, easy and painless, the test is performed in approximately one minute during a routine exam or cleaning, after which the sample is sent to Interleuken Genetics Inc. for analysis. Test results are returned to the dentist in about two weeks.

## **Interleukin Genetics Incorporated**

781-398-0700 ilgenetics.com CIRCLE RS NO. 20



#### **Adhesives**

## Quick-drying, nonstick tray adhesive

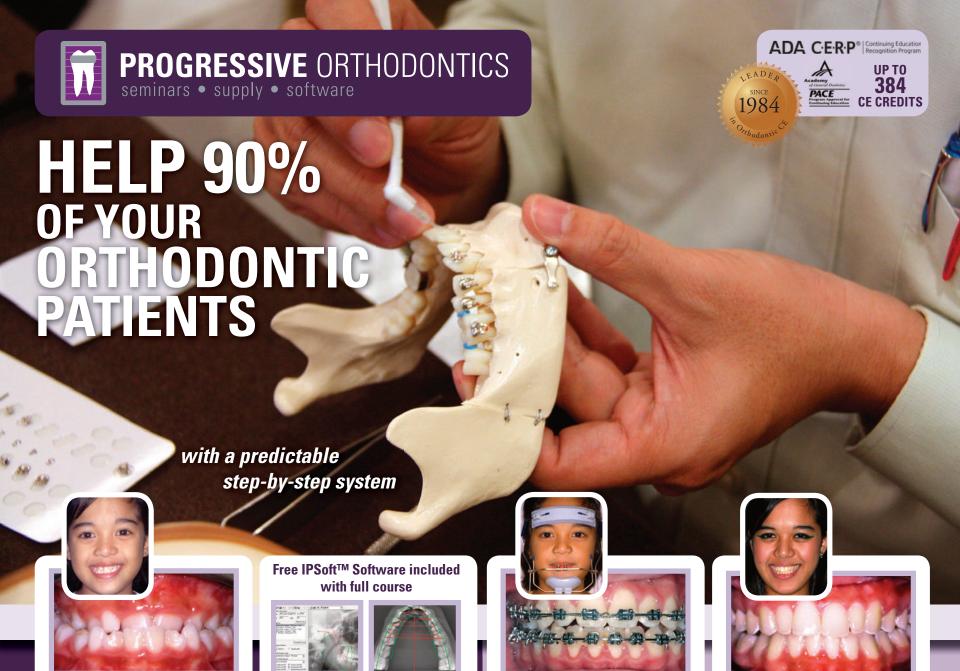
**KWIK fast-drying tray adhesive** is designed for dentists who are tired of waiting for their tray adhesive to dry. It reportedly dries and bonds to the impression material in less than a minute, and when it dries, the material is not sticky. KWIK is for use with additional silicone materials only.

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Bisco's DUO-LINK Universal

The Catapult Group presents its review on this universal cement.

by hugh flax, dds, aaacd, ficoi, catapult group member



#### **DUO-LINK UNIVERSAL**

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#### **ABOUT CATAPULT**

Catapult is an organization that consists of more than 50 clinicians spread throughout Canada and the United States. As a company, manufacturers pay a fee for their product to be evaluated and what we deliver are truthful, independent answers from surveys that we develop with them. We have had many products that have either had to be altered before hitting the market or simply never arrived because of our openly honest evaluations. In this way, Catapult assists the manufacturer to avoid potentially releasing a faulty product, or simply a product that needs refinement. Lastly our clients are omnipresent in the industry, small to large, no favoritism, simply reviewing the latest products in our practices

Final cementation of a single or group of indirect restorations is the culmination of hard work in tooth preparation, accurate impression making, provisionalization with tissue management, technical lab work and artistry, and proximal and occlusal contact adjustments. The grand finale is proper cementation of your adhesive or cohesive restoration(s). Graham (2012) listed several contemporary considerations¹:

- Cementation of indirect restorations
- $\bullet \ Long\text{-}term\ permanent\ seal, i.e.\ long\text{-}term\ stability\ and\ minimal\ degradation}$ 
  - Inhibit caries and plaque
  - No microleakage
  - Biocompatible, both internally and externally
  - Low solubility
- $\bullet$  Strong physical properties such as flexural and compressive strengths
  - Thin film thickness
  - Universal usage for all ceramic and metal crowns
  - Good working and setting times for single and multiple units
  - High retention
  - Easy cleanup
- Long term studies

Given the crowded market of cement choices and the multitude of restorative options (metal; porcelain fused to metal; all-ceramic zirconia or lithium disilicate), the Catapult Group was asked to review Bisco's DUO-LINK UNIVERSAL cement, which is its newer and improved version of a composite resin cement that the manufacturer reports offers improved radiopacity; improved film thickness and setting time; and a higher degree of conversion (cure) after 15 minutes of seating and much easier clean-up of excess cement.

The question posed to the Catapult Group is: Is DUO-LINK different enough in the adhesive cement market to convert them to users? The overwhelming response was yes and the key was the handling. More than 90% of the evaluators would incorporate this DUO-LINK into their practices. This, without question, is an outstanding response to this cement product.

#### **Catapult Group evaluation**

What evaluators looked for:

- By far, the most important area to assess for resin cements was the ability to remove excess cement.
- This was closely followed by characteristics such as: physical properties, flowability, working time, seating time, film thickness, and delivery system. All were indicative that usability and predictability were highly important to the clinicians.
  - $\bullet$  Choices in shades were also of importance to the evaluators.

## Features and benefits

- Universally strong for all indications
- Bonds to all substrates with extremely high bond strengths
- Indications include: crowns, bridges (fixed prostheses), onlays, inlays, and posts/dowels, fabricated from metal, composite, porcelain, ceramic, zirconia, alumina, CAD/CAM restorations, etc.
- Extremely easy clean-up because it is precisely formulated to allow for quick and easy removal of excess cement
- It's highly radiopaque and can be easily identified on radiographs for quick and effective diagnosis
- Easy to use automix, dual-syringe provides a consistent mix for immediate delivery
  - New shades for increased universality



Fig. 1 Smile with tilted midline and asymmetrical shapes and colors



Fig. 3 Placing Universal Bond per manufacturer instructions



Fig. 5 Smile is more balanced and symmetrical with e.max restorations.



Fig. 2 Note the missing right lateral incisor and irregular gum heights.



Fig. 4 DUO-LINK has a very ergonomic and precise delivery system.



Fig. 6 "Progressive dental treatment planning."
Corrections made with laser therapy and indirect porcelain/direct bonding with pink at #6.
Follow-up lower orthodontics will be guided by the more ideal position of upper teeth.

- Universal (A2) shade can be used with most restorations and has some translucency at low film thickness
- Milky White shade is more opaque and can be used to mask darker tooth preps

## **Evaluator findings**

- Removal of excess cement was deemed good to easy by 55% of the evaluators. Using a tacking tip or the flash cure technique (2 seconds from 3 inches) aids in easy removal. Evaluators found this extended gel phase to be better than the previous version of DUO-LINK.
- Film thickness was seen by 95% of the evaluators as close to ideal. Sounds simple, but all too often easy seating can be prevented by a cement that is too thick and if it's too thin, then it's an issue of being too runny and difficult to clean.
- Flowability impacts the placement of cement into the crowns. More than 86% of the clinicians found this product was "just right."
- The working and setting time are also critical issues and these were favorably evaluated with the vast majority of the group, who said it offered plenty of time for up to a few crowns. More than 81% felt the working time was just right for single crowns and 61% for bridges.

With almost 70% giving a good to excellent rating for the setting time, positive feedback on these issues make bonding for two to three units at a time much more predictable and stress-free. • Finally, the appearance of the shades was again positively seen with both the Milky White and Universal with good to excellent responses for 66% and 86% respectively.

#### **Conclusions**

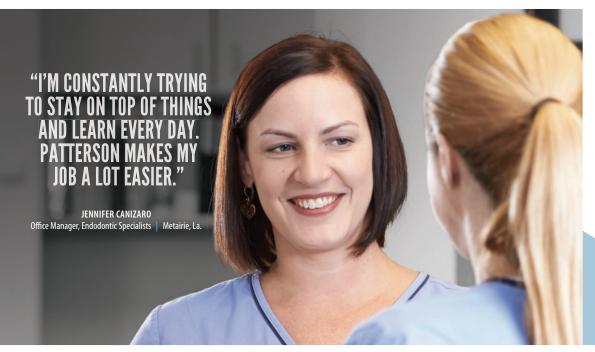
Given the statistics, more than 90% of the evaluators would incorporate this DUO-LINK into their practices. Clearly the focused development and hard work put into this product by Bisco's developers has resulted in an outstanding product. Two key tips from the manufacturer:

- $\bullet$  To avoid incompatibility, it is recommended to avoid using different bonding systems with different resin cements. Therefore, using All Bond Universal (with a film thickness < 10 \mum) is suggested to optimize results, however DUO-LINK Universal is compatible with most adhesives.
- Bisco research shows that a separate pure silane primer (such as Porcelain Primer or Bis Silane) for porcelain/lithium disilicate and separate metal oxide primer for zirconia (such as Z-Prime) results in better long-term durability of the bond.

Lastly, based on clinical experience with other products by many Catapult members, careful isolation technique and temperature/moisture control will result in better handling properties and clinical results.

#### REFERENCES

1. Graham, L. (June, 2012) "Doxa Dental's Ceramir." DentalProductsReport.com



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## "...offering two viscosities is a win-win in both the anterior and posterior areas."

One clinician's take on DENTSPLY Caulk's TPH Spectra Universal Composite.





DR. LORI TROST Columbia, III. PRACTICING 27 YEARS

III. composite will blend it in to the surrounding tooth structure making the restoration indistinguishable.

DENTSPLY Caulk

r Lori Trost first began using DENTSPLY Caulk's TPH composite material about six years ago and while she's been more than pleased with the results it's given her over the years she couldn't wait to try out the new TPH Spectra Universal Composite Restorative when it was released about a year ago

The TPH brand has been a mainstay in the industry for more than 20 years, and TPH Spectra represents the next evolution of that trusted brand. Here, Dr. Trost tells us what she likes about this new material and why you might want to try it in your practice.

## What are TPH Spectra's main benefits?

TPH Spectra gives you different viscosities, which I think is super appealing. This distinguishing factor offers me the handling properties I like and work best with—be it anterior or posterior restorations. Spectra answers to that. Next, the colors are amazing—simplified to create beautiful esthetics.

DENTSPLY Caulk really listened to dentists about how they like to have certain materials feel in their hands. Some clinicians like a material they can sculpt and pack, while others prefer a material that is smoother and flowable. This feedback is how TPH Spectra came to fruition. TPH Spectra offers two different handling properties to satisfy both preferences. With one product line, you have the option of low or high viscosity, which is really amazing if you think about it. It's the same material, but has two different viscosities.

## What are the main benefits for patients?

No. 1 is esthetics. The material has excellent shading and chameleon effect. You don't need a whole array of shades to achieve the result you want. They've been able to take a shade guide and simplify it. You don't have to do three layers to get the affect you want, it may only take one or two layers instead. Spectra also provides excellent clinical properties—especially polishability. It doesn't attract stain or create ledging—factors that age a final product. Ultimately, Spectra gives patients restorations that offer longevity and performance.

## Why would you encourage other clinicians to try TPH Spectra?

preference of choice with TPH Spectra LV (Low Viscosity) and TPH Spectra HV (High Viscosity) that is spreadable or packable. The new shading system for the composite offers seven VITA-based shades that cover the entire VITA shade system. This reduction in shades allows for carrying fewer inventories in the office and is said to provide

confidence that the chameleon shading ability of the

800-532-2855 tphspectra.com CIRCLE: RS NO. 26

Depending on the clinician's handling preference of composite—packable or sculptable—the offering of two viscosities is a win-win in both the anterior and posterior areas. And, if you marry that with SureFil SDR flow, you have a top to bottom solution for direct restorative needs. You're able to create efficient, effective and durable composite restorations.

Too often, clinicians think they have to get multiple composite kits and a variety of bonding agents. If you can narrow down your choices with high-quality products, why not do it? That's what TPH Spectra brings to your practice. It doesn't have to be complicated. The old adage about keeping it simple is very smart.

At the end of the day, month, or year, clinical performance is what measures our professional accomplishment along with pleasing the patient. We want restorations that satisfy our patients in terms of longevity and esthetics. I know I can be confident with placing TPH Spectra that my patients are receiving a highly esthetic, easy to place, and "clinician customized" restoration. That's huge.



## Truth:

2 out of 3 dentists\* choose TPH Spectra® Universal Composite.

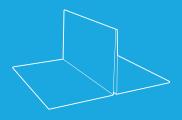
## Dare:

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So c'mon, we dare you.

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# "After using it clinically, we were both very impressed with how comfortably it fit in our hand."

One clinician's view on Ivoclar Vivadent's Bluephase Style curing light. Compiled by STAN GOFF



## Bluephase Style

The Bluephase Style uses LED curing light technology in a slim, lightweight, and user friendly design. Its polywave technology provides a broadband spectrum of 385 nm to 515 nm that can cure all dental materials. Because of its energy efficient LED technology, the light does not produce a large amount of internal heat, which provides continuous curing without clinical limitations. Additionally, Bluephase Style's light probe can maximize posterior access; the 10 mm diameter of the probe allows clinicians to cure restorations in 10 seconds. It also features an ergonomic design for ease of use and comfort, and the easy-to-use 2-button operation makes Bluephase Style intuitive and user friendly.

Ivoclar Vivadent Inc. 800-533-6825 ivoclarvivadent.us CIRCLE: RS NO. 51



**DR. FRANK SHULL**Lexington, South Carolina
PRACTICING SINCE 1994

r Frank Shull who has been practicing dentistry for two decades and currently has two office locations with one partner and one associate has used his share of curing lights over the years. He practices comprehensive restorative and esthetic dentistry in Lexington S·C·He recently made the switch to Ivoclar Vivadent's Bluephase Style LED curing light and is quite content with the results.

## How did you first hear about the Bluephase Style and why did you decide to make the switch?

I have been using the Bluephase Style curing light for about a year. I had previously purchased a different LED cordless light to replace my older halogen lights. I found the portability was good with that light, but the shape and size of the curing tip were not ideal for many areas of the mouth.

I saw the Bluephase Style at a dental conference and was immediately impressed with the way it felt in my hand and the shape and angle of the curing tip.

## What are the best benefits of this curing light?

In my practice, my assistant is the one using the curing light so I was interested to see if she would be as impressed as I was. She immediately commented on the "clean" design. After using it clinically, we were both very impressed with how comfortably it fit in our hands, whether it was her small hands or my rather large hands.

The shape and angle of the curing tip is also the best I have used.

## Why would you recommend the Bluephase Style to colleagues?

It is very helpful, especially in tight areas of the mouth and steep angles like the lingual surface of lower incisors. As I mentioned before, the curing light is very comfortable in your hand and that makes using the Bluephase Style so easy and efficient.

But another big plus is its design and the confidence this curing light gives me. Using the Bluephase Style gives me peace of mind because using a light with Polywave technology ensures the cure of all materials on the market.

The only problem with the light is that I like it so much better than my other lights in the office that I have to order more. lacktriangle

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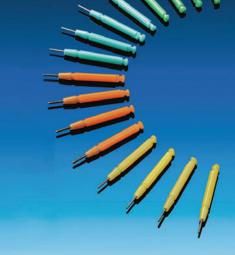


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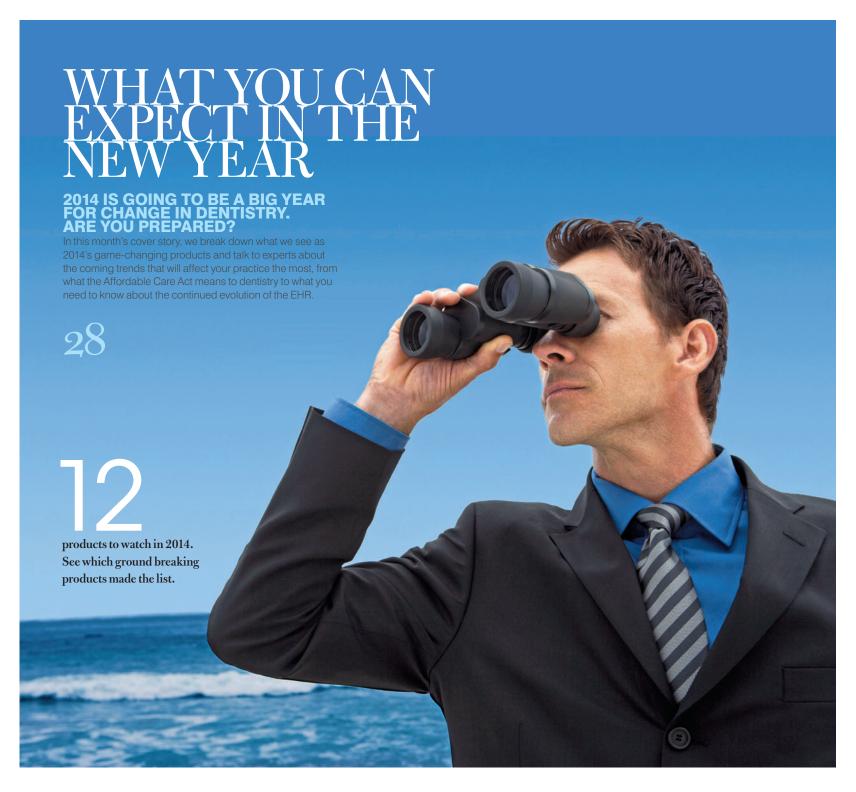
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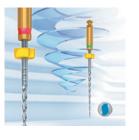
We tell you what's new with this practice management software.



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# REDS in 2014

From the Affordable Care Act to EHRs to working closer with the medical community, 2014 is shaping up to be a game-changer for dentistry.

Compiled by KEVIN HENRY

## The continued evolution of EHRs in the dental practice



✓ MIKE URETZ

When Mike Uretz first began writing about how electronic health records (EHRs) would impact dental practices, it was 2009 and dentists around the country shrugged their shoulders. After all, EHRs being in the dental office was a long ways in the future and wouldn't affect them for years to come.

Fast-forward five years and Uretz is now fielding numerous requests from dental practices about EHRs, as well as questions about real and perceived federal and state mandates. He also is frequently asked to speak at dental conferences, conduct webinars and write articles about the technology.

"The health care landscape of our country is changing," said Uretz, who operates DentalSoftwareAdvisor.com. "With the continued development of cutting-edge software and the evolving understanding of new technologies by both manufacturers and patients, technology is becoming second nature in the practice."

So in its simplest form, what is an EHR? It is defined as a systematic collection of electronic health information about individual patients. EHRs are records in digital format that can be shared across different health care settings.

With all of the confusion out there regarding a federal mandate for EHRs in the dental practice, Uretz wants to make sure dentists understand that there is NO federal mandate set to take place at the end of 2014. There IS a financial incentive of \$63,750 per dentist for eligible pro-

viders that use a certified EHR, but no federal mandate or penalty under the Medicaid Meaningful Use program. At press time, Minnesota was the only state to have a 2015 mandate in place, but Uretz believes that could change.

"There is a demand from consumers out there that their practitioners, both medical and dental, are staying up with the latest trends," Uretz said. "I believe that consumer demand will drive EHR implementation, as well as the continued behind-the-scenes work by software companies to improve their products and stay competitive. These factors and others will make EHRs the standard of care in the very near future."

A true wake-up call regarding EHRs came when Minnesota mandated that "all hospitals and health care providers must have in place an interoperable electronic health records system within their hospital system or clinical practice setting." Yes, that includes dentists.

"The thing that dentists need to understand about Minnesota, and where things could go with other states in the near future, is that the line between medical and dental will continue to be blurred," Uretz said. "With the Patient Centered Medical Home (PCMH), patients are at the center of the diagram and everyone that touches that patient, medical or dental, will have to communicate with each other. With this model, along with the growing technology of ePrescribing, the dentist will know exactly what medication the patient is on, even if that patient can't remember his or her medications. In addition the dentist will have access to the patient's medical conditions, problem lists, health histories and other relevant information.

"For example, if a patient comes into the dental practice after treatment for breast cancer, relevant medical information will pop up for the dentist that could help direct the patient's dental care. It's a great way for everyone to work together better for the benefit of the patient."

In 2014, Uretz believes more dental software providers will roll out EHR platforms, making it easier than ever for dentists and dental team members to see the benefits.

"I think this year you will really see the clinical and practice management sides of the dental practice coming together," Uretz said. "EHRs will help that bridge and help the dental practice work more cohesively and efficiently."

As with every piece of technology, there will be some dentists who won't make the switch to EHRs until they are forced to do so. And many dentists might not make the change because frankly they are just overwhelmed by all the new technology to keep track of. For them, Uretz has some advice.

"I believe that the majority of people, once they use a piece of technology, will want to use it more," Uretz said. "Think about the first time you used a new technology and were unfamiliar with it. As it became more integral to your daily life, you wanted to learn more about its capabilities and how it could help your life become easier and better. I think dentists will feel the same way about EHRs as they roll out. I know that physicians went through this technology adoption curve over the past few years and have ultimately embraced EHRs. Once they see the benefits for their practices and patients, dentists will embrace their usage as well."

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For extra-large canals, F360™ files are also available in sizes 45 and 55.

All F360™ files feature a constant 04 taper to perfectly match the system's gutta percha and paper points.

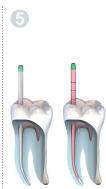
- Pre-enlargement
- 2 Establish a glide path
- Prepare root canal with F360™
   files in sizes 025 and 035
- Optional sizes of 045 and 055 for wide root canals
- Matching paper and gutta percha points













## F360<sup>™</sup> – Introductory Kit 4643 Curious about our new F360<sup>™</sup> file

system? Then order our F360™ Introductory Kit 4643.

**Price per Kit: \$199.00** 



## Perfectly matched.

#### **Root Posts**

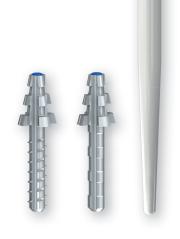
C-Post® zirconium-oxide, tapered root posts offer a biocompatible, tooth-colored option for restoring damaged tooth structure. The posts ensure esthetically pleasing results and provide outstanding radiopacity. Ideally suited for ZrO<sub>2</sub> buildups, the corrosion-free posts are recommended for the restoration of partially damaged crowns and for teeth exhibiting extreme coronal damage.

The T-Post™ features a pronounced retention head for cases in which more extensive buildups are needed.

Available in both active and passive versions, T-Posts™ cylindrical root posts simplify restoration of damaged anteriors, canines, premolars, and molars.

The pure-titanium posts offer exceptional strength and reliability and feature sand-blasted micro-retentive surfaces to ensure optimal retention within the root canal.

Grooved retention heads enhance retention of buildup material, and decompression grooves allow excess cement to be pressed from the canal.



You save:
10%
in comparison to
regular retail price



T-Post™ X Introductory Kit 4632 Price per Kit: \$147.60



T-Post™ XP Introductory Kit 4633 Price per Kit: \$147.60



C-Post® Introductory Kit 4636 Price per Kit: \$242.10

## Collaboration between medical and dental practitioners

When he helped found the American Academy for Oral-Systemic Health (AAOSH), Dr. Dan Sindelar dreamed of the day when the dental and medical communities worked more closely together. In 2014, that day could dawn.

"Medical practitioners understand that reducing oral disease is a key factor in lowering inflammatory markers," Dr. Sindelar said. "They are wondering how they can find a dentist who understands that connection. They are out there looking for us because they realize that we are medical professionals too."

One of the most exciting steps in the increasing medical-dental collaboration is the launch of Oral Systemic Health Partners, a collaborative website where dentists and medical practitioners can begin a partnership. More information can be found at http://vidlauncher.sunpop.com/oral-systemic-health-partners/.

"Heart smart' inflammatory screenings are being conducted today in dental offices," Dr. Sindelar said. "If those numbers fall outside the normal range, we can refer those patients to a participating physician who understands the testing. It's a great partnership that benefits our patients."

Dr. Sindelar said the first step for dental professionals is to get basic oral-systemic health training. Contact AAOSH for more information through their website at **aaosh.org.** 

About 300 miles north of Dr. Sindelar's practice in St. Louis, Dr. Lou Graham can't imagine a dentist who doesn't have a strong business relationship with a medical practitioner. The Chicago dentist believes it's a vital part of his practice ... and should be a vital part of yours as well.

"If you see something in a patient's mouth that isn't normal, what do you do? Who do you refer to when you have a medical question? These are the things that dentists need to think about," Dr. Graham said. "I work closely with an ENT specialist because these are the medical practitioners who stay up to date on their oral pathology."

Dr. Graham said he has regularly referred patients to an ENT specialist because of their ability to do thorough scopes and their knowledge of the oral pharynx. His advice for working with an ENT is simple.

"You have to remember that ENTs love referrals," Dr. Graham said. "I went to the local community hospital and asked if they knew of an ENT who was focused on oral pathology. I made the call and we met for coffee. It's that simple."



✓ DR. DAN SINDELAR



✓ DR. LOU
GRAHAM

## The Affordable Care Act and its impact on dentistry

What do dental practices need to know about the Affordable Care Act (ACA) in 2014? We asked insurance expert Teresa Duncan, who has been keeping a close eye on the ACA, for her thoughts.

"Stand-alone dental plans are the way that we've always operated, but when a pediatric dental plan is now part of a medical plan, then it is a whole different animal," Duncan said. "These medical plans have large deductibles and different out-of-pocket limits. With these pediatric plans, the benefits may not be as helpful because of those large deductibles. It's almost like having no benefits at all. Keep in mind that the majority of plans that offices will see are the standalone plans but you must keep an eye out for these combined medical-dental plans.

"When your patient presents a card that shows dental benefits as part of a medical plan, you're looking at a completely different benefit arrangement. That's the issue offices are going to have to look out for beginning in January.

"You should know that these new plans mean more phone time for your front office team. Also, prepare your patient that his or her dental work may be subject to the deductible. That could ultimately lead to a collection issue.

"If you don't already accept pediatric patients, you won't have to start now," Duncan continued. "If you are already a Medicaid provider, you'll be interested to know that most of the plans sold on the exchange are Medicaid plans. If you are concerned with the possibility of an influx of new patients from Medicaid, you should contact your Medicaid provider contact and ask about capping your new patient load.

"I am a little concerned about the wording of the ACA, or Obamacare, when it comes to orthodontics. Ortho always has been a standard benefit for kids. The wording in the ACA says it is part of the benefits, but only if it's medi-

cally necessary. What does that mean? It could mean more documentation will be necessary. I strongly suggest that dental practices monitor the National Association of Dental Plans (NADP) website to see what 'medically necessary' will ultimately mean. I think the industry is still looking to see how it will pan out. Stand-alone dental plans most likely won't adopt that language, so that's a relief. Pediatric orthodontic coverage is a popular benefit and I would be surprised if this was removed from plans that can keep it."

Ms. Duncan ended her thoughts with words of caution: "We don't have to worry about adult benefits because they aren't part of the ACA ... for now. If adult benefits were to get lumped in there, it could truly change our industry."

Stay tuned to Dental Practice Management for continued coverage on the Affordable Care Act.



✓ TERESA DUNCAN



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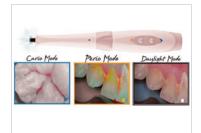
## **Products to Watch in 2014**



## **Imprint 4 VPS Impression Material**

Billed as the fastest impression material on the market, Imprint™ 4 VPS Impression Material reportedly sets in just 75 seconds. Also, the super hydrophilic material offers the same long-lasting working time of Imprint 3 VPS, but speeds up the set time with a specially developed active self-warming feature.

3M ESPE | 800-634-2249 | 3mespe.com CIRCLE RS NO. 55



## SOPROCARE prophylaxis camera

By using autofluorescence and chromatic amplification, this versatile prophylaxis camera reveals caries and gingival inflammation, as well as new and old plaque. Three individual modes—PERIO, CARIO and DAYLIGHT—allows clinicians to complete full oral examinations using a single device.

ACTEON North America | 800-289-6367 | us.acteongroup.com CIRCLE RS NO. 56



## **CS Solutions**

Said to require minimal training, the CS Solutions product line provides a light guidance system throughout image capture, as well as intuitive design capabilities and step-by-step milling instructions. Also, CS Solutions is an open system, so dental practices may use the product line comprehensively or as a stand-alone solution.

Carestream Dental | 800-777-2072 | carestream.com CIRCLE RS NO. 57



## Solea dental laser

Packing  $9.3\,\mu\text{m}$ , the Solea CO2 laser system is reportedly the first of its kind to receive FDA approval for hard and soft tissue ablation. The wavelength is said to operate quickly, and matches the peak absorption of hydroxyapatite, meaning it quickly and efficiently vaporizes enamel. The laser also offers an ergonomic handpiece and a responsive variable speed foot pedal.

Convergent Dental | 800-880-8589 | convergentdental.com CIRCLE RS NO. 58



## **Aquasil Ultra Cordless**

Aquasil Ultra Cordless is said to be the first tissue managing impression system that does not require tissue retraction. The cordless one-step system places high tear strength wash material into the sulcus without paste to reportedly deliver accurate marginal detail.

DENTSPLY Caulk | 800-LD-CAULK | aquasilultracordless.com CIRCLE RS NO. 59



## **Midwest Automate**

This flexible 4-port automated handpiece maintenance system reportedly offers accurate and consistent cleaning, lubricating and expelling, plus its all-steel construction is said to offer durability for a longer life. Also, a dedicated chuck cleaning port cleans and lubes the handpiece chucking mechanism for simpler insertion and extraction of cutting instruments.

DENTSPLY Midwest | 800-989-8825 | professional.dentsply.com CIRCLE RS NO. 60

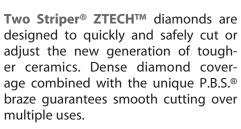


## **Top performing diamond**

to adjust, remove or access all-ceramic restorations!







Whether it's intraoral-adjustment, crown removal, or endodontic access, **Two Striper® ZTECH™** diamonds provide faster, cooler cutting with less loading and sparking.

Individual or assorted 5-packs available from your preferred dealer.





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With advanced Nexus™ Technology, Kerr Nexus™ RMGI provides effortless One-Peel™ excess cement removal, 2-3 second tack-cure capability, plus outstanding bond strength for significantly more durable bonds. That's why

Nexus RMGI is the cement of choice for quicker, easier cleanups and consistent, predictable results.

Discover the appeal of One-Peel excess cement removal at KerrDental.com/nexusrmgi







#### **DEXIS** photo

This app is an automatic, wireless way to capture photos directly into the patient record with an iPhone or iPod touch, without having to use cards, readers or manual file transfers. Also, it lets practitioners capture patient ID photos that are viewable anywhere through DEXIS, as well as capture and send images to the software's extraoral photo screen.

**DEXIS** | 888-883-3947 | dexis.com CIRCLE RS NO. 61



#### **BruxZir® Shaded Restorations**

Made of monolithic zirconia with no porcelain overlay, BruxZir Shaded Restorations offer durability with high flexural strength and fracture toughness. Also, they exhibit shade consistency throughout while displaying translucency and color similar to natural dentition, which makes them an esthetic option for challenging cases.

Glidewell Laboratories | 800-854-7256 | glidewelldental.com CIRCLE RS NO. 62



#### **Nexus RMGI**

Said to provide an optimal gel state, Nexus RMGI offers 2-to-3 second tack cure capability for simple One-Peel™ cleanup after each use. Additionally, its dual-adhesive system combined with a resin matrix reportedly provides higher bond strength to common substrates and tooth structures, while also increasing the restoration's marginal integrity and stability.

Kerr Dental | 800-537-7123 | kerrdental.com CIRCLE RS NO. 63



#### **Orascoptic XV1**

The XV1 wireless loupes and headlights are said to provide optimal visualization through magnific ation and exceptional illumination.

Featuring a lightweight and completely cable-less design, and by removing the heavy and bulky beltpacks of past headlights, the loupes were ergonomically designed for comfort, function and style.

Orascoptic | 800-369-3698 | orascoptic.com CIRCLE RS NO. 64



#### Sesame Communications + Healthgrades

A new strategic partnership with Healthgrades will reportedly let dental practitioners who use Sesame access millions of prospective patients, as well as take advantage of online appointment requests, preferred profile placement on local searches, and patient reviews on Healthgrades.com.

Sesame Communications | 864-641-3369 | sesame communications.com CIRCLE RS NO. 65



#### XLDent<sup>™</sup> dental practice management system

This dental practice management system is said to employ the latest in software development and design tools to offer practitioners a robust, intuitive and easy-to-use dental platform. Features include a customizable patient information program, a fully customizable scheduling solution, and much more.

XLDent | 800-328-2925 | xldent.com CIRCLE RS NO. 66

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33

TECH BRIFE

# EAGLESOFT 17 in your practice

Compiled by STAN GOFF Information provided by Patterson Dental.

**Eaglesoft 17,** the newest practice management and clinical software from Patterson Dental, gives practices the power to run more efficiently.

MORE USER FRIENDLY: Customizable medical history makes it easier to get the information needed for each specific appointment. Eaglesoft Web, coming in early 2014, enables users to view their schedule, patient accounts, medical history, prescription history, proposed treatment and clinical images while they are away from the office.

#### **UPDATES AND NEWS:**

Patterson Auto Update provides more frequent updates through its Web connection, rather than installing a disc. Additionally, Eaglesoft News Feed, an RSS feed, provides users with the latest news from Eaglesoft regarding software and technology updates.

IMPROVED IMAGING: Eaglesoft 3D Viewer by Dolphin allows users to import 3D images into Eaglesoft and use a few select Dolphin 3D tools to manipulate and enhance 3D images. An exposure meter informs users if they are not using the optimum exposure on their Schick 33 digital images.

SOFTWARE OPTIONS: Emdeon's Clinician EHR Lite integrates with Eaglesoft 17 for Eaglesoft Clinician users. Additionally, a CareCredit bridge provides a direct link to process credit applications, which are automatically prepopulated with your patient's information.

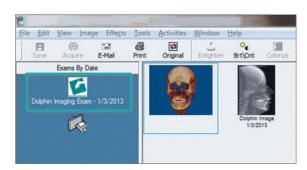
ADDED PLUS: Additional features include increased security on provider and patient notes with a new setting that makes provider notes editable by creating a provider only option. Additionally, the 2013 CDT codes are available for installation. Support for Eaglesoft 17 is backed by Patterson Dental's renowned support and customer service and the team at the Patterson Technology Center. ●

CIRCLE: RS NO. 36



ARE YOU READY TO APPLY THIS TECHNOLOGY IN YOUR PRACTICE?

> Patterson Dental Supply Inc. eaglesoft.net 800-475-5036



**Eaglesoft 3D Viewer by Dolphin** is one of Eaglesoft 17's newest features.



Now with customizable medical history to easily access the information needed for each specific appointment.

# Get <u>extra</u> benefits by sending us your digital impressions



Documented improvement in clinical accuracy compared to conventional elastomeric impressions\*

**80%** reduction in crown returns to lab for margin errors

**60%** reduction in crown returns to lab for occlusion issues

**55%** reduction in crown returns to lab for fit issues

**30%** reduction in overall crown remakes

2 No inbound impression shipping cost and quicker case turnaround

Your cases are transmitted electronically via the Internet, so you save on the cost of overnight inbound shipping (\$7). Plus, your monolithic BruxZir® Solid Zirconia, IPS e.max®, Obsidian™ lithium silicate ceramic, Inclusive® Custom Abutment or implant case can be fabricated and shipped back to your office in as little as two days.<sup>†</sup>

Save \$20 per unit off the list price

When you transmit a digital impression and request a model-less restoration, we deduct the cost of the model and die work, saving you \$20 off the list price. BruxZir, IPS e.max or Obsidian restorations made via digital impressions and without a model will cost you \$79 per unit instead of \$99. You'll also save \$40 per unit off the \$299 per unit list price of Inclusive Custom Abutments or screw-retained implant crowns.

# Send us your next digital impressions and put these benefits to work for your practice!

\*Data is based on 123,757 BruxZir crowns manufactured digitally at Glidewell Laboratories through June 2013. †Projected shipping return date for your case should be verified with a Glidewell Laboratories representative.

BruxZir is a registered trademark of Glidewell Laboratories. Obsidian is a trademark of Glidewell Laboratories. Inclusive is a registered trademark of Prismatik Dentalcraft, Inc. IPS e.max is a registered trademark of Ivoclar Vivadent.





**■** HOWTO

# MAKE ENDODONTIC TREATMENT MORE PREDICTABLE

Komet USA's F360™ NiTi endodontic file system offers a two-file technique that makes endo treatment efficient and straightforward.

by THOMAS BILSKI, DDS Information provided by Komet USA.

As modern-day dentists, we are faced with a complex set of treatment decisions, compelling us to continually weigh the available therapeutic choices as we push toward optimal patient care combined with efficient and profitable clinical practices. Endodontic treatment is one area of dentistry in which the options are plentiful and varied, often leading us to ponder how best to provide conservative, predictable root canal treatment that offers long-term solutions.

To achieve this goal, we must begin with confidence in our instrument system and technique. The right mix yields a therapy based on the ideal

combination of safety, simplicity and sophistication. In selecting a treatment system, most clinicians aim to find reliable instruments that offer comfortable handling, perform appropriately, and, ideally, expedite treatment. The following three cases demonstrate the treatment of common endodontic problems using Komet USA's new, two-file F360™ NiTi endodontic file system. The instruments in the system feature a thin-core, .04 taper, S-curve design that provides outstanding cutting efficiency while respecting natural root canal morphology. Although most cases can be completed using the .04taper, sizes 25 and 35 files, the system also accommodates larger canals by offering additional .04-taper files in sizes 45 and 55.





#### AT A GLANCE

- **1.** Case one: The preoperative radiograph.
- 2. The final fill with the matching gutta-percha points to the verified 29 mm working length.
- 3. Case two: The patient presented with temperature sensitivity and pain during mastication.
- 4. The final fill radiograph.
- 5. Case three: The patient presented with an inability to tolerate hot or cold temperatures.
- 6. The final fill radiograph.





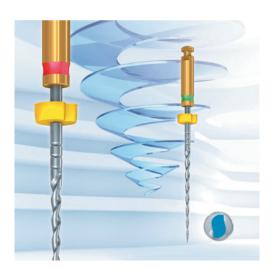
#### F360™ NITI **FEATURES**

 S-curve design enables increased cutting efficiency for reduced chairtime

- Only two files are needed for most root canals
  - Designed for single patient use

Komet USA kometusa.com 

888-566-3887 CIRCLE: RS NO. 38



From left to right The No. 6 round diamond (6801.FG.018), the AK10l19 pre-enlarger file and the F360 NITI files







#### Case one: Right maxillary canine

The patient presented with acute pain and reported a feeling of swelling in his face. Tooth No. 6 was sensitive to percussion, but it did not demonstrate sensitivity to air, sweets or temperature stimuli. Following a discussion of the treatment options, the choice was made to perform endodontic therapy on the tooth to eliminate the pain. The prescription for definitive treatment was a post and core with a full-coverage IPS e.max® (Ivoclar Vivadent) CEREC® crown.



A pre-operative radiograph was taken (Fig. 1).



Local anesthetic was administered, and digital working-length measurements were taken and recorded for initial working length.



STEP To ensure a straight-line visual access to the canal, a #6 round dia-

mond bur (6801.FG.018), operated at high speed, was used from the lingual aspect.



STEP The coronal portion of the canal was opened with the AK10L19 pre-

enlarger file. Note: To reduce fracture risk, this file should be employed only in the straight coronal portion of the root canal; it is used in place of multiple Gates-Glidden burs.



A smooth glide path was developed with a #15 K-file, and the working length was verified with

an apex locator to 29 mm.

STEP The canal was shaped with the F360<sup>™</sup> .04-taper, size-25 rotary file while a water-soluble gel was

administered to the 29 mm working length. Note: The handpiece should be set for 1.8 Ncm torque value at 350 rpm. To eliminate the risk of separating the file, do not attempt to expedite negotiation of the canal by increasing the rpm.



Using copious amounts of water-soluble gel, the canal was prepared with the F360™ size 35 rotary file (.04 taper) to the 29 mm



working length.

STEP The canal was irrigated with sodium ny poeme..., irrigant was allowed to sit for



STEP The Denta 2<sup>™</sup> CO2 Laser was applied to evaposate , bacteria or viruses, thus providapplied to evaporate any residual ing effective root canal sterilization.

Figure 2 demonstrates the final fill with the matching gutta-percha points to the verified 29 mm working length.

#### Case two: Maxillary left second bicuspid

The patient presented with temperature sensitivity and pain during mastication (Fig. 3). The treatment plan consisted of endodontic therapy on tooth No. 13 to be followed up with post and core treatment and an IPS e.max® CEREC® crown.



STEP Local anesthetic was delivered.



STEP Visual access was achieved with a #6 round diamond bur (6801. FG.018), operated at high speed.



STEP The coronal portion of the bicus-O3 pid was can pid was enlarged with the



STEP A #15 K-file was used to establish a glide path, and an apex locator verified the working length of 20 mm.



STEP The F360™.04-taper, size-25 file was used with a pecking motion to shape the canal to the full work-

ing length. Lubrication was applied throughout the process.



STEP The F360™.04-taper, size-35 file was used, with lubrication, for was used, final canal preparation.



STEP The canal was irrigated with sodium hypochlorite for 60 seconds, matching paper points

were used to dry the canal, and the root canal was sterilized with the Denta2™



STEP The final obturation was completed with the matching guttapercha points and root canal

sealer. Figure 4 shows the final-fill radiograph.

#### Case three: Maxillary left first molar

Having received treatment two weeks earlier for caries control and replacement of defective amalgam restorations, the patient presented with an inability to tolerate hot or cold temperatures (Fig. 5). In addition, he was unable to chew any type of food. Following consultation, the patient accepted the treatment plan of endodontic therapy to be followed up with post and core and IPS e.max® CEREC® fullcrown coverage.



As in the previously presented cases, radiographs were taken, local anesthetic was applied, and digital working-length measurements were taken.



STEP The access opening was completed, and the canal was enlarged with the OZ the canar ...
AK10L19 file.



STEP The #15 K-file was used to develop a smooth glide path, and the working lengths were verified with an apex loca-

tor. In this case, the working length was 21 mm for the mesio-buccal and distal-lingual canals. The palatal canal had a working length of 23 mm.



STEP The canal was shaped with the .04-taper, size-25 file, again using lubrication and a pecking motion. Note: Remember to

limit your handpiece to 350 rpm or less and use 1.8 torque value.



STEP The final preparation was completed with the .04-taper, size-35 file, the preparation was irrigated and sterilized as

previously described, and the final obturation was completed.

Figure 6 shows the final fill radiograph.

#### Closing thought

Typical of the types of endodontic cases seen in most dental offices, these cases each presented differently, yet they successfully responded to standard F360™ endodontic therapy. The twofile technique that follows access opening and coronal enlargement can be used for up to 80 percent of the root canal therapies most dentists prescribe, thus making standard endodontic treatment predictable, efficient and straightforward. This translates into significant time savings, which in turn leads to increased profitability in the dental practice.

**HOWTO** 

# PRODUCE ACCURATE C&B IMPRESSIONS

Introducing an easier process for achieving outstanding crown and bridge impressions with DENTSPLY Caulk's Aquasil Ultra Cordless Tissue Managing Impression System.

by JASON H. GOODCHILD, DMD
Information provided by DENTSPLY Caulk.

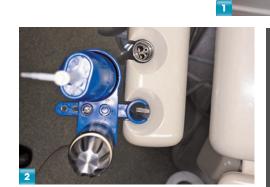
Despite advancements in almost every facet of impression-making, from materials to hemostatic agents to cords and retraction paste, achieving accurate impressions of crown and bridge preparations can be frustrating for practicing dentists. A recent study found that 89% of impressions taken had one or more observable errors; the most common error was voids or tears at the finish line (likely because of difficulty obtaining intimate contact of material around the tooth and gingiva, faulty manipulation of the materials while placing it around the tooth, or premature removal from the mouth).1

Three major challenges facing dentists when recording conventional crown and bridge impressions are: correctly managing the soft tissue, placing material precisely around the properly prepared tooth, and dispensing both injection and tray materials into the mouth within allowable intraoral working times.

Prior to capturing a final impression, practitioners have historically used mechanical retraction through the placement of cord, alone or in combination with a chemical agent to promote hemostasis, drying, and retraction of tissue (e.g., aluminum chloride, ferric sulfate, racemic epinephrine). In one study of North American dentists, it was found that 95% of respondents routinely used gingival retraction cord during crown and bridge impressions.<sup>2</sup>

To allow enough material to create an undistorted impression, a 0.2 mm space must be created between tooth and gingiva. This minimum space requirement is intended to allow the impression material to flow into the sulcus and not exceed its tear-strength capability, preventing the chance for remnants to be left behind that could cause gingival irritation and inflammation.3-6 Recently, product manufacturers have introduced retraction paste as a less traumatic means of achieving hemostasis and local retraction (e.g., Epasyl® from Kerr and Traxodent® from Premier).

Even though retraction paste has been shown to create temporary gingival inflammation, it is considered less traumatic when compared to placing retraction cord and is as effective in promoting hemostasis.<sup>8,9</sup>







#### AT A GLANCE

- 1. Aquasil Ultra Cordless digit power™ Dispenser, with installed intraoral tip, is shown in the blue plastic adaptor. To its right is the regulator attached to the dental air line. Note at the top of the regulator is a silver knob with settings for flow rate of the impression material.
- 2. The digit power™ adaptor sits in the tool holder and permits the air switch on the dental unit to be activated.
- 3. Comparison of conventional plastic intraoral mixing tip (back, right), and digit power™ Aquasil Ultra Cordless plastic intraoral mixing tip, (front, left) with depth markers of 3 mm and 5 mm.
- **4.** digit power<sup>™</sup> Dispenser and Aquasil Ultra Cordless single-

quasilUltra



Delivers accurate marginal detailCordless one-step system saves time

aquasilultracordless.com 

800-LD-CAULK

CIRCLE: RS NO. 39

**DENTSPLY Caulk** 









unit wash material being used to capture a final impression for tooth No. Buccal retracted view.

- 5. Final impression captured with the Aquasil Ultra Cordless system.
- 6. Pre-op view of patient. Buccal retracted view.
- 7. Finished preparations coverage lithium disilicate restorations on tooth Nos. 8 and 9. Buccal retracted view.
- 8. Final impression of tooth Nos. 8 and 9 on 25-year-old male patient. Note the extension of the material on the mesial aspect of tooth No. 8. No cord was used.
- 9. After final cementation of lithium disilicate crowns on tooth Nos. 8 and 9.







There are several ways that conventional crown and bridge impressions are taken: the single-step technique using only one material (e.g., monophase technique), the single-step technique involving impression materials of two viscosities (e.g., light body and heavy body), and the double-step technique which also includes two materials with different viscosities, however, one is allowed to set followed by placement of the second material as a second step. All of the options for placement of impression material around the prepared tooth require the dentist to perform two tasks simultaneously: expressing the material by pushing down on the plunger or squeezing the impression gun and, placing the material around the tooth.

#### A new delivery method

DENTSPLY Caulk has developed Aquasil Ultra Cordless Tissue Managing Impression Material and digit power™ Dispenser as a means for dentists to precisely place material for improved crown and bridge impressions without the need for retraction cord or retraction paste in most cases. The digit power™ Dispenser is a pneumatic impression device that is compatible with most dental units (Figs.

It connects to an air line at the dental chair via commonly available connectors and uses digit power™ unit-dose impression cartridges. Instead of loading a backfill syringe or squeezing the 50 mL impression gun, dentists are now able to simply step on the rheostat to express material while holding the impression device in a pen-grip.

The small diameter intraoral tip on the impression cartridge allows placement directly into the sulcus or around a dental implant (Fig. 3). Different sized impression cartridges are available for either single- or multiple-unit cases.

Aquasil Ultra Cordless Tissue Managing Impression Material is designed for use with a single-step dual-viscosity impression technique. Both the tray material and the wash material for this system

have been formulated to provide several advantages compared to Aquasil Ultra.

First, because the wash material is intended to be placed around the prepared tooth without the use of cord or retraction paste, it is designed for flow into sulcus widths of less than 0.2 mm without distortion or tearing. Compared to Aquasil Ultra the tear strength of Aquasil Ultra Cordless impression material has been improved to prevent rips or tears at the impression margin. Additionally, to meet the needs of dentists adopting newer technologies, the materials have been optimized for digital scanners. Figures 4 and 5 show the digit power™ Dispenser device being used to capture a final impression for tooth No. 19.

An important feature of the Aquasil Ultra Cordless impression material is the minimizing of errors due to working time/setting time violations. Exceeding the working time and/or setting time of an impression material can result in many different errors. Some examples include: incomplete or inac-

curate marginal reproduction, tearing, pulls/drags, lack of coadaptation, and others.¹¹ The digit power™ cartridges are designed so the entire impression cartridge can be expressed within the material's intraoral working time and practitioners still have enough time to seat the tray properly. The intraoral working time of the single-unit cartridge is 35 seconds while the intraoral working time for the multi-unit cartridge is one minute; the working time of the tray material is approximately one minute and 15 seconds. Mouth removal times for the single- and multiunit cartridges are three minutes and four minutes and 30 seconds from the start of mixing, respectively.11

#### Clinical case

STEP A 25-year-old patient presented complaining that he disliked the appearance of his maxillary cen-

tral incisors (Fig. 6). Intraoral exam revealed multiple resin restorations placed after the area was traumatized during childhood. The treatment plan was formulated to include lithium disilicate restorations of tooth Nos. 8 and 9.



STEP Buccal and palatal anesthesia was initiated with 2% Xylocaine® DENTAL with epi-

nephrine 1:100,000 (DENTSPLY Pharmaceutical). The preparations were completed using Two-Striper® (Premier) diamond burs to achieve 2 mm of incisal clearance, 1.0-1.5 mm circumferential clearance, and a slightly sub-gingival butt joint finish line (Fig. 7). Care was taken to not traumatize the marginal gingiva, however to arrest any bleeding Hemoban (Sultan Healthcare) was applied on a cotton pledget.



STEP Using a full-arch stock tray the final impression with Aquasil Ultra Cordless Tissue Manag-

ing Impression Material was taken without the use of cord or retraction paste (Fig. 8). A multi-unit impression cartridge was used and the impression was removed from the mouth after four minutes and 30 seconds from the start of mixing. After inspection to verify unequivocal capture of the prepared tooth details, provisionals were fabricated with Integrity MultiCure® Temporary Crown and Bridge Material and cemented with Integrity Temp Grip<sup>©</sup> Cement (DENTSPLY Caulk).

## CLINICAL 360°

TECHNIQUE



Three weeks later the final restorations on tooth Nos. 8 and 9 were cemented with MultiLink Automix Universal Adhesive Cement (Ivoclar Vivadent) translucent shade. **Figure 9** shows the completed restorations after cementation.

#### **Closing thought**

The Aquasil Ultra Cordless Tissue Managing Impression System is intended to make conventional crown and bridge impression-making easier and more predictable.

The factors that make the Aquasil Ultra Cordless system unique are:

- Precision placement through a fine cannula allows for delivery of impression material directly into the sulcus
- Aquasil Ultra Cordless impression material has been optimized for placement without cord or retraction paste to capture a thin, readable sulcus and prep margins. Increased tear strength minimizes the chance of tearing.
- B) The working time of Aquasil Ultra Cordless Tissue Managing Impression Material is designed to coordinate with the amount of material in the unit-dose cartridge for single or multiple preps to eliminate impression errors because of violation of working time and setting time. Dentists can now concentrate on one thing—precisely placing the material—rather than squeezing the gun or depressing the impression syringe during the placement step.
- 4) The ergonomically designed digit power™ Dispenser uses the pen-grip (the same grip dentists use when using handpiece). 

  ■

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Visit www.AquasilUltraCordless.com to request your in-office demonstration



**HOWTO** 

# SIMPLIFY CERAMIC VENEER CEMENTATION

3M ESPE's RelyX Veneer Cement is easy to use, offers predictable results and improves efficiency.

by DR. JEFF BLANK Information provided by 3M ESPE.

Esthetics and function are the key concerns for any veneering case. Dentists are charged with creating veneers that look outstanding and that give the patient long-term service.

While we devote significant attention to our choice of material for the veneer itself, it is vital to choose cement wisely as well to achieve the ideal outcome. Practitioners should consider the following when evaluating their cement choices:

1. Shades/opacities: Most veneering cements are offered with a choice of shades and opacities, which can significantly influence the restoration's final shade.

These options can be particularly helpful in smile makeover cases, which often have preparations that are different in color because of varied intrinsic staining, endodontically treated teeth (dark preps) or deeper prepping for ectopically positioned teeth. Ideally, the ceramics themselves will be created with color adjustments to mask these issues, but perfect shade communication with the lab can be difficult and adjustments must be made chairside by varying cement shade and opacity.

2. Accurately matching try-in pastes: Beyond a cement's shade and opacity choices, dentists should look for a veneer cement system that has try-in pastes that match the cured shade of the resin cement. Accurately matching try-in pastes is essential and permits visualization of planned alterations of color and opacity prior to final cementation. Some practitioners use glycerin or water when trying-in veneers for patient approval prior to cementation, then use a shaded cement to deliver the veneers. This can easily lead to unpredictable results as

the shade approved at try-in will not be the same as the definitive shade of cemented restorations.

3. Color stability: The cement's color stability over the long term is also extremely important. Some cements can take on an orange

appearance after several years, which can seriously impact the patient's satisfaction. For optimum color stability, light cure cements provide the greatest benefit.

4. Strength: Veneering

ceramics in common use today include feldspathic porcelain, pressed leucite ceramics and lithium disilicate. With the exception of lithium disilicate, these mate

lithium disilicate, these materials are comparatively weak and rely heavily on their bond to the tooth substrate for support. Therefore, a strong veneering cement is absolutely essential to success in these cases.











#### AT A GLANCE

- 1. Pre-op view of patient.
- 2. Preparations remained dominantly in enamel.
- **3.** The lithium disilicate veneers before seating.
- 4. RelyX Try-In Paste Shade A1 is placed in the restorations.
- **5.** The restorations are seated with RelyX Try-In Paste and evaluated for fit, form and shade.
- **6.** Scotchbond Universal adhesive is used in total-etch mode.
- 7. Scotchbond Universal adhesive is applied to all aspects of the preparations for 20 seconds.
- 8. The clinical assistant coats the intaglio surface of the veneer with Scotchbond Universal adhesive.
- **9.** RelyX Veneer Cement Shade A1 is placed in each restoration.
- **10.** The restorations are fully seated with RelyX Veneer Cement.
- 11. Polymerization is initiated with brief exposure to curing light.
- **12.** Residual cement is easily removed with a sickle scaler.
- **13.** Six-month post-op view of patient.

#### RELYX VENEER CEMENT **FEATURES**

• The resin-based cement is light cure only

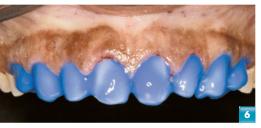
Provides exceptional color stability over time

 Excellent adhesion to dentin and enamel reduces the potential for microleakage and marginal staining

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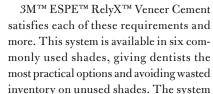










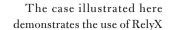


offers try-in pastes that have an excellent color match to the final cured cement, and that are also water-soluble and residue-free for easy rinsing. The resin-based cement is light cure only, and provides exceptional color stability over time. Its excellent adhesion to dentin and enamel reduces the potential for microleakage and marginal staining, helping give dentists extra assurance that veneers will look great over the long term.



Placing veneers with RelyX Veneer Cement is even simpler when 3M™ ESPE™ Scotchbond™ Universal Adhesive is used. Because veneer preps have no retention and resistance form, high bond strengths to both the ceramic and tooth are mandatory. Scotchbond Uni-

> versal adhesive is ideal in these cases because it provides high bond strengths to nearly every ceramic, dentin and enamel. It also functions as a silane primer for glass ceramic and composite veneers. The adhesive is extremely tolerant of various moisture levels. With this feature, practitioners can dry all preps, regardless of whether they are in enamel or dentin, without risking sensitivity or a decrease in bond strength.

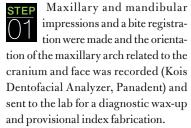


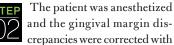
Veneer Cement to accurately preview shading during tryin and efficiently deliver lowprep anterior veneers.

#### **Clinical technique**

A 35-year-old female patient presented seeking cosmetic

improvement of her smile (Fig. 1). After discussion of her specific goals, the patient accepted a treatment plan consisting of minor re-contouring of the gingival margins and eight maxillary lithium disilicate (IPS e.max, Ivoclar Vivadent) laminates on tooth Nos. 5-12 using conservative preparations.

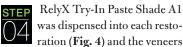




radiosurgery and an ultra-fine tip (Whaledent Perfect TCS, Whaledent). To correct the rotations in tooth Nos. 8 and 9, more aggressive preparations were required, but all preparations remained dominantly in enamel (Fig. 2). A full-arch final impression, bite registration, photographs of the preparations, and a second Kois Dentofacial analysis were taken. Provisional restorations were made using the provisional index created from the patientapproved wax-up.



The restorations were fabricated and returned from the laboratory (Fig. 3). Local anesthetic was administered, the provisional restorations were removed, and the preparations were thoroughly cleaned with non-fluoridated pumice.



were seated on the prepared teeth (Fig. 5). After confirmation of proper fit and contacts, the patient was then asked to approve the form and color. The try-in paste was then rinsed away and each restoration was thoroughly dried and readied for final cementation.



All aspects of the eight preparations were etched with phosphoric acid for 15 seconds (Fig.

6) and thoroughly rinsed and dried. Scotchbond Universal adhesive was applied to the preparations by scrubbing for 20 seconds to release the solvents (Fig. 7). The adhesive was thinned to avoid pooling and the solvents were evaporated with a steady stream of oil/ moisture free air for 5 seconds per tooth. Concurrently, the chairside assistant applied a thin coat of Scotchbond Universal adhesive to the intaglio surface of each veneer (Fig. 8), air thinned thoroughly to remove solvents, but did not light cure for 5 seconds per the manufacturer's recommended use.



STEP RelyX Veneer Cement in shade A1 was dispensed into each veneer (Fig. 9) and seated onto

the preparations all at once (Fig. 10), which allows their placement to be adjusted with infinite working time for an ideal fit prior to finalizing. Partial polymerization was initiated by briefly "waving" a curing light across the restorations for 1-3 seconds (Fig. 11). Excess residual cement was then easily removed with a sickle scaler (Fig. 12) and standard floss. Once all residual cement had been thoroughly removed, each restoration was light cured for 1 minute using dual-curing lights facially and lingually. Figure 13 shows the 6-week post-operative result.

#### Closing thought

The patient's desired results were achieved with the closing of all spaces, development of more feminine tooth forms, correction of rotations and harmonious blending of the improved color of the restorations with the patient's overall dentition. The accurate match between the try-in paste and the final cured cement enabled a predictable result in this case with which the patient was extremely satisfied.

The product's ease of use and easy cleanup, both for the try-in paste and the cement, helped the process move efficiently. As seen here, the combination of RelyX Veneer Cement and Scotchbond Universal adhesive helps dentists eliminate unnecessary components and streamline processes while delivering outstanding results.



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## YOU DON'T HAVE TO USE CHEMICALS TO KEEP YOUR PATIENTS SAFE.

In fact, using microbiology to kill unwanted bacteria in your practice may be a better alternative. In this new column, "The team approach to infection control," Alexander Bischoff explores the benefits of microbial cleaning and how the chemicals you use may be causing more harm than good.

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We are at risk of systematically poisoning our environment as we pour these chemicals down the drains. And I fear for the lungs of the junior team members, who are the ones most often tasked with end of day cleaning.



#### MORE PRODUCTS THAT WILL GET THE TEAM TALKING...



#### I Use That

#### KERR CORP.'S SONICFILL

A dentist and his assistant on the benefits of this singlestep bulk fill composite system



#### I Use Tha

#### PATTERSON DENTAL'S REVENUEWELL

How this patient communication suite saves one practice time and money.



#### atient Perspective

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One patient tells us what she loves about DEXIS go.



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# ARE YOU USING TOO MANY CHEMICALS IN YOUR PRACTICE?

In this new column focused on the team approach to infection control, we'll look at the benefits of microbiology, and why it may offer a better alternative than using chemicals to kill unwanted bacteria in your practice.

by alexander bischoff

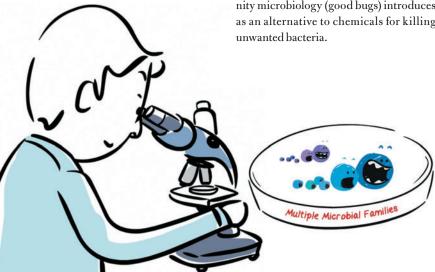
## ABOUT THIS NEW COLUMN

This column will appear every other month and will focus on the team approach to infection control and the critical issues and products affecting infection control in the modern dental practice. Check back for new articles designed to get you and your team thinking about infection control best practices, and why microbiology may be a better approach to IC than chemicals.

Change is one of life's few certainties. As I pen this article, reflecting on my recent Thanksgiving excesses, I am intensely aware that Christmas, New Year's Eve and most of our New Year's resolutions will be history by the time you read this. I do hope that its relevance will not also have flown away?

There are 46,000 dental products (excluding any special order items) according to the Henry Schein product catalog, and they seem to change even faster than our "vaporous" efforts each January. So it is easy to understand why a dental practice might give serious attention to the purchase of a new imaging system, yet have little time to evaluate the plethora of sundry products offered for "cleaning" each day.

Science can be a catalyst for change. I hope this new column, centered around a team approach to infection control in the dental practice, will introduce and stimulate a healthy discussion on the opportunity microbiology (good bugs) introduces as an alternative to chemicals for killing unwanted bacteria.



## Cleaning choices affect patients

In our own bathrooms, where any "lesser cleaning" approach (slow drains or dirty surfaces) is more likely to be annoying than harmful, we get to decide on our level of cleaning slippage. But, this is not acceptable in a dental office where cleaning and hygiene are the only antidote to patient infection.

It may be OK for us to avoid a particular chemical, or save time and cost by "skipping" a particular cleaning protocol, but we are responsible for how this decision might affect our patients' well-being. The choice of an apparently trivial product or protocol could have life determining implications for everyone concerned.

My reps who introduce Bio-Pure to practices often hear worrying comments like, "We do not clean the evacuation system daily," or "We clean the lines with warm water each week," or "We know we have poor suction." I certainly like to be 100% certain of strong suction, clean lines and that nothing might flow "at" me should I close my mouth on the saliva ejector. Compared to Europe, we have remarkably little legislation regarding back flow protection.

#### Chemicals create new issues

For the past 30 years, chemicals, and more chemicals, and then more and stronger/enzymatically boosted chemicals have been the de-facto solution for surface, water line, and evacuation system cleaning.

Speaking to two of the thought leaders in dental hygiene, Noel Kelsch and Nancy Andrews, at a recent meeting of dental hygienists, I was most impressed by their new thinking on "good" bacteria. Healthy biofilm requires bacteria, while trying to

kill all bacteria is proving responsible for the mutation of the new "super bugs" we hear about. All of this is of importance to the dental industry, particularly as we learn more about the mouth and its role as the "architect" of the body's immune system.

#### **About microbiology**

As long as humans can't live without carbon, nitrogen, protection from disease and the ability to fully digest their food, they can't live without bacteria, said Anne Maczulak, a microbiologist and author of the book "Allies and Enemies: How the World Depends on Bacteria" (FT Press, 2010).

On our skin surface, a forest of bacteria (almost 200 separate species on a normal person, according to researchers at New York University) dominate the skin and its resources, keeping other bacteria from being able to establish a foothold, according to Maczulak's book.

Many areas of health have recognized that "bad" bacteria can be controlled by the targeted use of "good" bacteria. This is an area known as probiotics when applied to digestion, and developing "healthy" biofilms when used by dental hygienists.

This is not the forum for a detailed scientific explanation of microbiology. What we can know for certain is that "bug wars," the science of using healthy bacteria to combat disease, is emerging as an attractive alternative to chemicals or sterilization, the science of killing all bacteria, for effective infection control.

#### Microbial cleaning discussion

Over the next 12 months, we will examine three areas of microbial cleaning in this column.



**Bio-Pure Evacuation System Cleaner is a microbial** product designed to restore vacuum suction to full pump capacity. Unlike traditional cleaners that use chemicals and enzymes to "flush" the lines, microbial cleaners use hungry microbes to "soak" the system. Comparing products requires a new vocabulary. Chemicals, enzymes and daily use is replaced with bacteria life cycles, multiplication rates and best times to use. Who ever thought of the plumbing needing a healthy biofilm?

First, the microbial cleaning of systems that lead away from the patient (e.g. evacuation); Second, the microbial cleaning of systems that indirectly contact the patient (e.g. surfaces); Third, the microbial cleaning of things (e.g. instruments) that directly contact the patient.

New products based on microbial science are going to require significantly more stringent testing and legislative approval. Particularly, should they address cleaning equipment that comes into direct contact with a patient? It is one thing to have "good bugs" reduce the probability of e-coli or some other nasty in the drain. It is quite another to depend on microbiology to ensure bacteria-free water is delivered from a water line into a patient's mouth.

#### Why it matters

The ever-increasing use of progressively more toxic chemicals for effective infection control is not sustainable. Even if we ignore the cost savings microbial solutions typically offer, and we ignore the potential of creating chemically induced super bugs, and we ignore the increased efficacy these new products bring to patient infection control, maybe we will start by paying attention to ourselves.

We are at risk of systematically poisoning our environment as we pour these chemicals down the drains. And I fear for the lungs of the junior team members, who are the ones most often tasked with end of day cleaning. Please do not be deceived! If it smells nice, it does not mean that it is nice!

The MSDS sheets for all cleaning products are easily accessible online. I know they are hardly the most exciting reading, but protecting yourself from the chemicals they disclose makes them a "hot read" in my book! ●

Alexander (Alex) Bischoff is Executive VP of Sales and Marketing at Bio-Pure. Bischoff's



responsibilities as EVP of Sales and Marketing include product sales, training the dealer network, and educating the dental industry about the potential of microbial cleaning. President adTumbler, Inc and Principal Contributor for the online publications

Open4Energy and Open4BioClean, Bischoff writes on social responsibilities, managing change and the opportunities enabled by the effective use of new technologies.



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#### I USE THAT:

Kerr Corp.'s SonicFill

A dentist and his assistant talk about the benefits of this single-step bulk fill composite system and what it's done for their practice.

Compiled by KEVIN HENRY



In this installment of "I Use That," we asked Dr. Eric Hurtte and his lead dental assistant, Tija Hunter, CDA, EFDA, FADAA, about their use of SonicFill from Kerr. With a thriving practice in suburban St. Louis (O'Fallon, Mo.), Dr. Hurtte and Tija believe SonicFill has changed the way they approach dentistry.

### What the dentist (Dr. Hurtte) says about SonicFill

When my Kerr rep stopped by to introduce SonicFill, I had no intention of purchasing it, but he talked me into trying it out on a few patients. After the first restoration, I was sold. The material flows from the handpiece and into prep similar to a flowable composite, but is firm enough to condense. While condensing the material, it did not stick to the instrument and pull out of the prep as my other composite often would.

SonicFill eliminated my problems with Class II restorations. I no longer need a base of a weaker flowable composite to fill voids, the pull back of the material out of the prep is gone, and the polymerization shrinkage is minimal, which allows me to bulk fill and maintain a nice interproximal contact.

### What the dental assistant (Tija) says about SonicFill

When I was asked which products make my life as an assistant easier, three came to mind ... and the very first one that jumped out at me is SonicFill. In our practice, we do more fillings than anything so this product is something we use several times a day.

I'm an expanded functions dental assistant (EFDA) in Missouri. I am qualified to place Class I, V and VI restorations. Many times, I work by myself when my team members are needed elsewhere. Sonic Fill gives me greater control without the help of an assistant.

DR. ERIC HURTTE (RIGHT) AND DENTAL ASSISTANT TIJA HUNTER O'FALLON, MO.

It has a special handpiece that delivers "molecular sonic energy." It's like the composite is almost liquefied, which allows it to flow into the prep and ensure void-free restorations. The composite itself is a highly filled nanocomposite that offers unrivaled shrinkage, esthetics and strength. It's a bulk fill that can be cured up to 5 mm in depth in 20 seconds. That means no time wasted in layering composites. It is fast!

The sonic energy from this handpiece allows the filler particles to be distributed more evenly, which makes for a smooth, pre-polished surface. After filling the prep, the viscosity begins to change and its consistency is between a flow and regular composite. As the material firms up, it's easy to work with. You'll find there is no sticking and no pullback. You can sculpt and manipulate this material to create beautiful anatomy.

We started with one. We now have three. I couldn't imagine going back to regular composites!

#### What is SonicFill?

According to the manufacturer, Sonic Fill is a sonic-activated, single-step bulk fill composite system like no other. The system is comprised of a specially designed handpiece and a new composite material in unidose delivery. The resin is a highly filled proprietary resin with special modifiers that react to sonic energy. As sonic energy is applied through the handpiece, the modifiers cause the composite viscosity to drop up to 87%, increasing the flowability. This allows easy placement and precise adaptation to the cavity walls. Once the sonic energy is stopped the composite returns to a more firm non-slumping state that will allow the clinician to easily carve, contour and finish the restoration.

Because of SonicFill's ultra-efficient curing characteristics, clinicians can place up to a 5 mm increment without the need for a final capping layer. This single step bulk fill material takes only a 20-second cure for the 5 mm placement.

#### Kerr Corp.

SonicFill

SonicFill is reportedly the only easy-to-use, sonicactivated, Single-Fill™ composite system for posterior restorations that requires no additional capping layer. Proprietary sonic activation enables a rapid flow of composite into the cavity for effortless placement and optimal adaptation. It's fast, easy and effective—greatly reducing procedure time and enabling clinicians to go from placement to a polished restoration in less than three minutes.

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#### What makes it different

SonicFill's uniqueness resides in the composite material that is dispensed using a sonic handpiece. The proprietary rheological modifiers in the composite react to the sonic energy from the handpiece reducing the viscosity almost 90%. This allows the composite to adapt in the most difficult to reach areas of the prepared tooth when it is in its lowest viscosity. Once the preparation is filled up to 5 mm and the sonic energy is stopped, the composite returns to a non-slumping state that allows the clinician to easily carve and contour the composite. Once the appropriate contours are obtained, a 20-second cure is all that is needed to properly cure up to a depth of 5 mm. Because SonicFill is so highly filled (83.5%), there is very little shrinkage with good polishability.

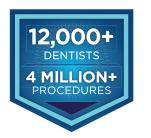
#### The advantage

With increasing time constraints on the clinician, SonicFill offers a consistent, predictable solution for quality posterior restorations. When a patient has a deep Class I or Class II posterior restoration, the dentist can place a rapid flow of composite into the cavity preparation quickly and effortlessly knowing SonicFill will have superior adaptation. With SonicFill, the dentist can restore a tooth from start to finish in less than 3 minutes in most cases. Saving chair time for the clinician and the patient with a strong adaptable esthetic restoration is a win-win for both the dentist and patient.





Only SonicFill<sup>™</sup> delivers both in a quick SingleFill<sup>™</sup>.



Over 12,000 dentists have already performed more than 4,000,000 posterior restorations with SonicFill™.

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#### I USE THAT:

# RevenueWell Practice Marketing and Patient Communications Suite

A dentist and business staff member talk about the benefits of this patient communications suite from Patterson Dental and how it helps grow revenues and reduce costs at their Utah-based practice.

Compiled by RENEE KNIGHT



DR. RAND MATTSON AND AMEE LILLEGARD

he team at Rock Run Dental knows how important it is to effectively communicate with their patients. They also understand that not every patient communicates the same way.

RevenueWell gives the Rock Run Dental team the flexibility to not only confirm appointments with patients via text message and email, but to also easily fill holes in the schedule when patients cancel. It syncs with their practice management system, Eaglesoft by Patterson Dental, streamlining many routine tasks that can take up so much of the front desk's time. With RevenueWell, the practice can send birthday cards, collect online patient reviews, request referrals and even set up automatic practice marketing campaigns.

Here, Dr. Rand Mattson and business staff member Amee Lillegard tell us how RevenueWell fits into Rock Run Dental's patient-first philosophy of care and how it benefits both their patients and their practice.

### What Dr. Mattson says about RevenueWell

RevenueWell has made so many of the little things that always have bothered my front desk disappear. My front desk works with RevenueWell on a daily basis and they love it. They use it to contact our patients and keep the business of the front desk streamlined. RevenueWell has been one of the great things we have done as a team. I have to say, I wasn't the one who found RevenueWell. It was my staff that came to me and said, "You need to look at this product." They are very happy with it.

## What Amee Lillegard, business staff, says about RevenueWell

There is so much RevenueWell offers; I don't even think we use it to its fullest ability yet. One of the things we love about it is the customizable appointment reminders. We can send patients an email or a text a week before their appointment as a general reminder, and we have it set up so they can con-

firm or reschedule by responding to the message. They also get a reminder a few days in advance.

We also appreciate the patient reviews. When patients tell us what a great job we did, it's really heartwarming. It also can help with patient education. If a patient gets a crown, RevenueWell sends them information on how to take care of it post-procedure. We also send out birthday cards and have conducted marketing campaigns. It's awesome.

We have so many patients who love that we're able to communicate with them via text and email—and not just our younger patients. Just this morning, I got an email from a patient who needs an antibiotic. She sent the email before we were even open and I was able to respond right away. It just opens up a new line of communication for us to get in touch with each other. They can send an email or a text at their convenience. We have a great relationship with our patients so they already know we are there for them at any time. Dr. Mattson makes that 100 percent clear to our patients, but I think this is another great way to show them that.

RevenueWell frees up so much time for us. We see 70-80 patients a day, and half of those are confirmed by text or email. If you figure every phone call takes two to three minutes, that's time I can spend talking to my patients and filling the schedule if I get a cancellation. I can do other things that are just as important, things that might have been pushed back because I was busy making phone calls.

### Patients can manage their accounts with RevenueWell

Patients call us every day asking about their appointment times. If patients sign up for their account through RevenueWell, they can log in and see their appointments at any time. They can also access their statement and make a payment. We process the payment and send them a receipt right away. They don't have to call and it's all secure. They can see what charges have been posted, what their insurance has paid and what they have paid. If they have any questions, they are free to call us.

# Lillegard explains how RevenueWell integrates with Eaglesoft Practice Management Software

If you put a patient's cell phone number or email address into Eaglesoft, it syncs it to RevenueWell and vice-versa. This way, when a patient confirms an appointment via text or email, it automatically shows up in the schedule. It's easy that way, very manageable. You don't have to duplicate work, so it saves time.



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The way that RevenueWell and Eaglesoft work together helps make the flow from the back office to the front office seamless. It just streamlines communication and makes our practice run efficiently and smooth. It's easy for the patients and it's easy for us.



To watch a video about how the team at Rock Run Dental incorporates products from Patterson Dental, including RevenueWell, Eaglesoft and CAESY, into their practice visit http://bit.ly/GLfmTs



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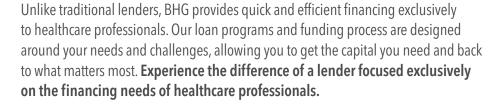
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# PATIENT EDUCATION WITH A MORE PERSONAL TOUCH



How DEXIS go helps this patient better understand what's happening in her mouth, making her more comfortable while at the dentist.

by renee knight



SUE WALLITNER
San Jose, Calif.
PATIENT OF DR. GERALD
BITTNER. JR.

Sue Wallitner describes herself as a nervous patient.

She doesn't want to be in the chair any longer than she has to, and she certainly doesn't want to think about any pain associated with treatment she might need. That's why she loves going to Dr. Gerald Bittner, Jr.'s practice in San Jose, Calif. From digital x-rays to lasers, his office is equipped with the latest technology, something Sue has appreciated over the last 10 years she's been a patient.

About 9 months ago, Dr. Bittner introduced Sue to another new technology, DEXIS go. DEXIS go is a companion app to the DEXIS® Imaging Suite software and was designed to provide a visual experience that takes patient education to a new level—all on an iPad.

"I like to be able to see things. I like to have all the information," Sue said. "If I need something done I want to know exactly what's going on. I like looking at the x-rays and photos and the details. I like to know so I can prepare myself for what needs to be done."

Sue bought an iPad for personal use about a year ago, so when Dr. Bittner first introduced her to DEXIS go she was comfortable right away. She was also impressed with the technology and loved the fact she was able to hold the iPad and really see the images and radiographs up close. She's easily able to look at the images and ask her doctor any questions she has. Having everything right there really does make it easier for Dr. Bittner to explain what he sees in the photos and radiographs, and for her to understand her treatment options.

"He used to have a TV in the operatory, but I think it's easier to have an iPad right in your hand," Sue said. "I think having something people can hold onto makes a huge difference. I know I can see my x-rays and photos. It's nice to have it right there as the doctor explains what's going on."

#### **DEXIS**

#### **DEXIS** go®

DEXIS go is described as a sleek, engaging way for dental professionals to communicate with their patients using an iPad. This companion app to the DEXIS Imaging Suite software was designed to provide a great visual patient experience around image presentation in support of clinical findings and treatment recommendations. It functions as an imaging hub and displays all images within a patient record: intra- and extraoral radiographs as well as intra- and extraoral photographs.

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Sue hasn't needed much dental work, but she does have an area of recession that her dentist wants to monitor, she said. She isn't ready to go forward with treatment just yet, but said she is considering doing something to cover it up at some point down the road. With DEXIS go, she'll be able to look at photos that show the recession's progression at each visit, and that will help her decide if and when she wants to go forward with treatment.

To Sue, it's important that her dentist has the most upto-date technology. She wants to know exactly what's going on in her mouth and what her options are to fix any issues that might come up. She may not like going to the dentist, but she's a lot more comfortable when she knows exactly what to expect and can understand the importance of any recommended treatment. DEXIS go offers that, and is just another reason for her to stay with Dr. Bittner. •



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