ADA MEETING PREVIEW

DENTAL TRIBUNE

The World's Dental Newspaper · U.S. Edition

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The World's Dental Hygiene Newspaper · U.S. Edition

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Humanitarian group provides care in Nicaragua

IMAHelps assembled a team of more than 80 doctors, surgeons, nurses, dentists and support personnel for a 10-day medical mission to Estelí, Nicaragua, in August.

"This will be our largest medical mission since we started organizing medical humanitarian missions 11 years ago," said Ines Allen, president and co-founder of Rancho Mirage-based IMAHelps.

Dr. Paul Fuentes of Arcadia, Calif., and Ana Wood, a dental assistant from Cathedral City, Calif., provide treatment during a medical mission to Somoto, Nicaragua, in August 2010. Another mission took place in Nicaragua in August of this year. (Photo/Jeff Crider, IMAHelps volunteer)

A small team of volunteers departed the Coachella Valley for Estelí in late July to prepare for the medical mission, which took place Aug. 4 to 14.

This year's team of volunteers included plastic, maxillofacial, orthopedic and general surgeons as well as cardiologists, obstetricians, general physicians, pediatricians, gynecologists and support personnel, including four pharmacists. A prosthetist who can fit patients with donated artificial limbs, a dermatologist, dentists and a specialist in endodontics were also on the mission.

IMAHelps organizes medical missions each year. Founded in 2000, the group started with medical missions to South America, but has since broadened its efforts to include medical missions to Central America and Asia. The group is also organizing a medical mission to China in September.

During their 10-day medical mission to Somoto, Nicaragua, last August, IMAHelps volunteers provided medical services to 8,446 people, including

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ADA offers four packed days in Vegas

"The future of dentistry meets here," is the theme of the 2011 ADA Annual Session, and a quick overview of some highlights suggests the claim is accurate. Location is Las Vegas and the Mandalay Bay Convention Center. (Photo/Las Vegas News Bureau)

→ *See pages 15A, 16A*

One-third of Americans have cut back on dental visits

A recent public opinion survey commissioned by Oral Health America found that in the past year, more than one-third (35 percent) of those who regularly visit the dentist have cut back. Though this finding tracks with the fears and realities of our current economy, routine dental visits play a vital role in preventing oral and systemic disease and keeping future health-care costs down.

This finding was one of the many reasons why on Sept. 1, Oral Health America launched its second annual Fall for Smiles campaign, aiming to remind policymakers and the public about the importance of dental self-care, regular dental visits, healthy food choices and avoiding tobacco products.

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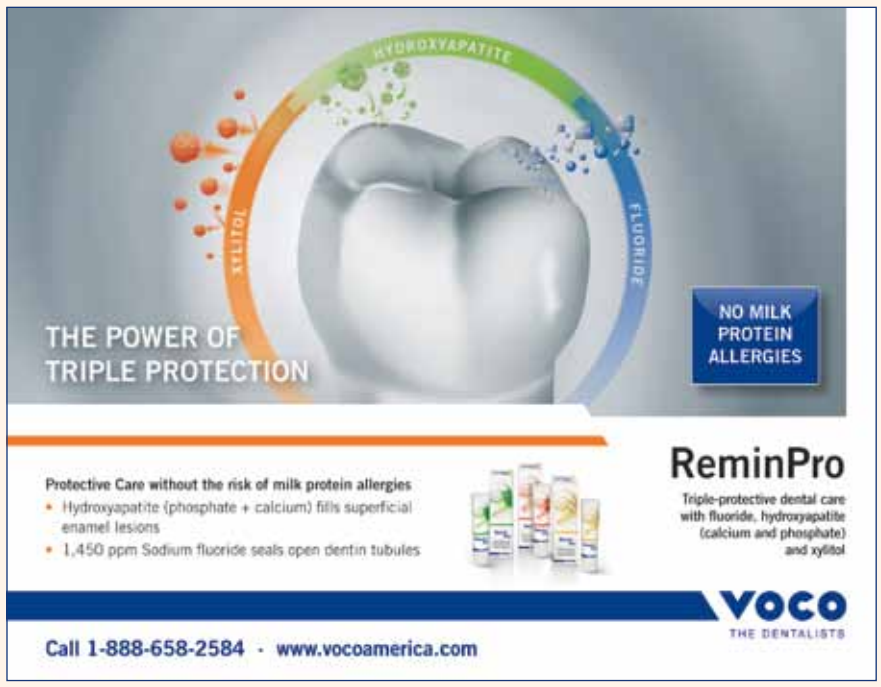

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California Dental Association honors school districts for commitment to oral health

The California Dental Association (CDA) has recognized the top California school districts for their ongoing efforts in support of the state's Children's Oral Health Assessment law (AB 1433) to ensure children's oral health needs are being met. Sixty-four California school districts have collected and submitted data each year since the dental check-up program began in 2006.

The top-performing districts include Sierra Plumas Unified, San Francisco Unified and Plumas Unified. These districts consistently make oral health a priority by obtaining and reporting the dental checkup data required by law every year.

CDA recognizes the districts' leadership in ensuring their school children are healthy and ready to learn.

"It is important to understand the relationship between children's oral health and their readiness to learn in school," said CDA President Andrew Soderstrom, DDS, a pediatric dentist. "We appreciate the efforts made by these school districts to ensure their students maintain good oral health; it provides them with the opportunity to learn and perform at their full potential."

Top California school districts are being recognized for supporting children's oral health. (Photo/Isaiah Shook, www.dreamstime.com)

Dental disease is a hidden epidemic among school-age children. Tooth decay is the most common chronic childhood disease, more common than asthma and obesity, affecting nearly two-thirds of California's children by the time they reach third grade.

Although tooth decay is easily preventable, it is a progressive infection that does not heal without treatment. Left untreated, children's dental disease can have debilitating effects, including chronic pain, difficulty learning and inability to eat properly, smile and feel good about themselves.

California children miss an estimated 874,000 school days each year due to dental problems, costing local school districts approximately $28.8 million. The CDA continues to work with its partners in education and health to support AB 1433, which requires children to have a dental checkup by May 31 of their first year of enrollment in a public school (kindergarten or first grade).

The intent of the law is to determine unmet dental needs, support children's school readiness and encourage regular dental care. Further, it carries an essential message to parents about the important relationship between a child's oral health and overall health and provides simple tips for keeping children healthy.

A list of the top performing school districts and counties supporting the Children's Oral Health Assessment law is available at *cda.org/1433*. DT

(Source: California Dental Association)

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Fall for Smiles runs through the end of October. Dental offices, health educators, school dental program officials, parents and others can find a variety of tools to promote healthy mouths, including a social media guide, coloring sheets and campaign handbook by visiting *www.oralhealthamerica.org/fallforsmiles*.

"Fall for Smiles reminds families to prioritize the health of their mouths in back-to-school routines," said Beth Truett, president and CEO of Oral Health America. "The commitment to dental health starts at home, and continues with regular visits to a dental care provider. We have a societal responsibility to educate Americans about why oral health is important, and to ensure that all Americans, particularly those most vulnerable to disease, are able to obtain the care they need."

Additional findings in the public opinion survey found that a greater number — nearly one-half (47 percent) — of larger households and those with younger children have cut back on their visits to the dentist in the past year. Those who have younger children cut back more frequently than those households that have slightly older children.

This further emphasizes the impact the economic downturn is having on young families who are struggling to get established and the need for policies and programs that support dental care and educational resources for them.

"The findings from the public opinion survey reinforce why Oral Healthcare Can't Wait is involved with Fall for Smiles," said Gary Price, president of the Dental Trade Alliance. "The messages that Fall for Smiles promotes are vital when Americans are making choices about how to allocate resources and stay healthy."

Oral Health America is a national, non-profit organization dedicated to changing lives by connecting communities with resources to increase access to dental care, education and advocacy. The Fall for Smiles Survey is sponsored by Oral Healthcare Can't Wait and Plackers, a brand of consumer oral care products, and conducted by Harris Interactive. The survey was conducted online within the United States by Harris Interactive on behalf of Oral Health America in June 2011.

Fall for Smiles is supported by Aspen Dental, DentaQuest, Ivoclar Vivadent, Midmark, OralDNA Labs, Patterson Dental, Plackers and Young Dental. DT

(Source: PRWEB)

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120 cleft palate repairs and other life-changing surgeries; 695 dental procedures, as well as 949 pediatric and 1,465 internal medicine consultations involving everything from urinary tract infections to ear aches, stomach aches, joint pains, tropical skin rashes and allergy-related ailments.

This year's medical mission to Estelí, Nicaragua, was made possible with a $38,000 grant from Hedco Foundation, which was used to purchase anesthesia equipment as well as an EKG machine.

Hospitals and more than 300 individual donors from the Coachella Valley and throughout Southern California also made significant donations of equipment and supplies as well as monetary contributions, all of which were used to pay for medicines and supplies.

In the Coachella Valley, Desert Regional Medical Center in Palm Springs and John F. Kennedy Memorial Hospital in Indio both donated equipment and supplies for the Nicaragua mission.

Other Southern California hospitals also donated critical equipment and supplies for the mission, including Mountains Community Hospital in Lake Arrowhead, which donated thousands of dollars worth of maternity ward equipment and supplies as well as Lompoc Valley Medical Center in Lompoc, which donated medicines and pharmaceutical supplies.

Dr. Doriana Cosgrove of Desert Med Aesthetics and Dr. Daniel Cosgrove of Well Max in La Quinta also coordinated a fundraising effort that helped raise $9,000 worth of donations, which were used to pay for the shipping of medicines and supplies from California to Nicaragua.

Rotary Club District 5330, which includes Rotarians from clubs in San Bernardino and Riverside counties, also raised $8,200, which was used to purchase a portable X-ray machine.

Dentists from the Coachella Valley, Temecula and Oregon also donated thousands of dollars worth of dental supplies for the Nicaragua mission in an effort led by Dr. Rene Dell'Acqua, a cosmetic dentist from Palm Desert.

The IMAHelps volunteers paid for their own airfare to and from Nicaragua, although their food and hotel expenses were covered by the Lion's Club of Estelí as well as a non-profit group called Unidos Por Nicaragua (United for Nicaragua).

Rancho Mirage-based IMAHelps is a registered non-profit organization that depends exclusively on volunteers to make a difference in people's lives.

Formerly known as International Medical Alliance, Ines Allen changed the organization's name to IMAHelps earlier this year so that her organization's efforts would not be confused with those of other organizations with similar names.

More information is available at *www.imahelps.org.* DT

Paint-on fluid regenerates teeth

A fluid developed by researchers at the University of Leeds has shown promising results in initial testing.

A team of researchers led by Dr. Amalia Aggeli, at the university's School of Chemistry, created the peptide-based liquid, which can be painted on teeth and appears to reverse the initial stages of dental decay.

"This may sound too good to be true, but we are essentially helping acid-damaged teeth to regenerate themselves. It is a totally natural non-surgical repair process and is entirely pain-free too," said Professor Jennifer Kirkham, from the University of Leeds Dental Institute, who has led development of the new technique.

Professor Paul Brunton is overseeing the testing on patients at the University of Leeds Dental Institute. "If these results can be repeated on a larger patient group, then I have no doubt whatsoever that in two to three years time this technique will be available for dentists to use in their daily practice," Brunton said. DT

(Source: University of Leeds)

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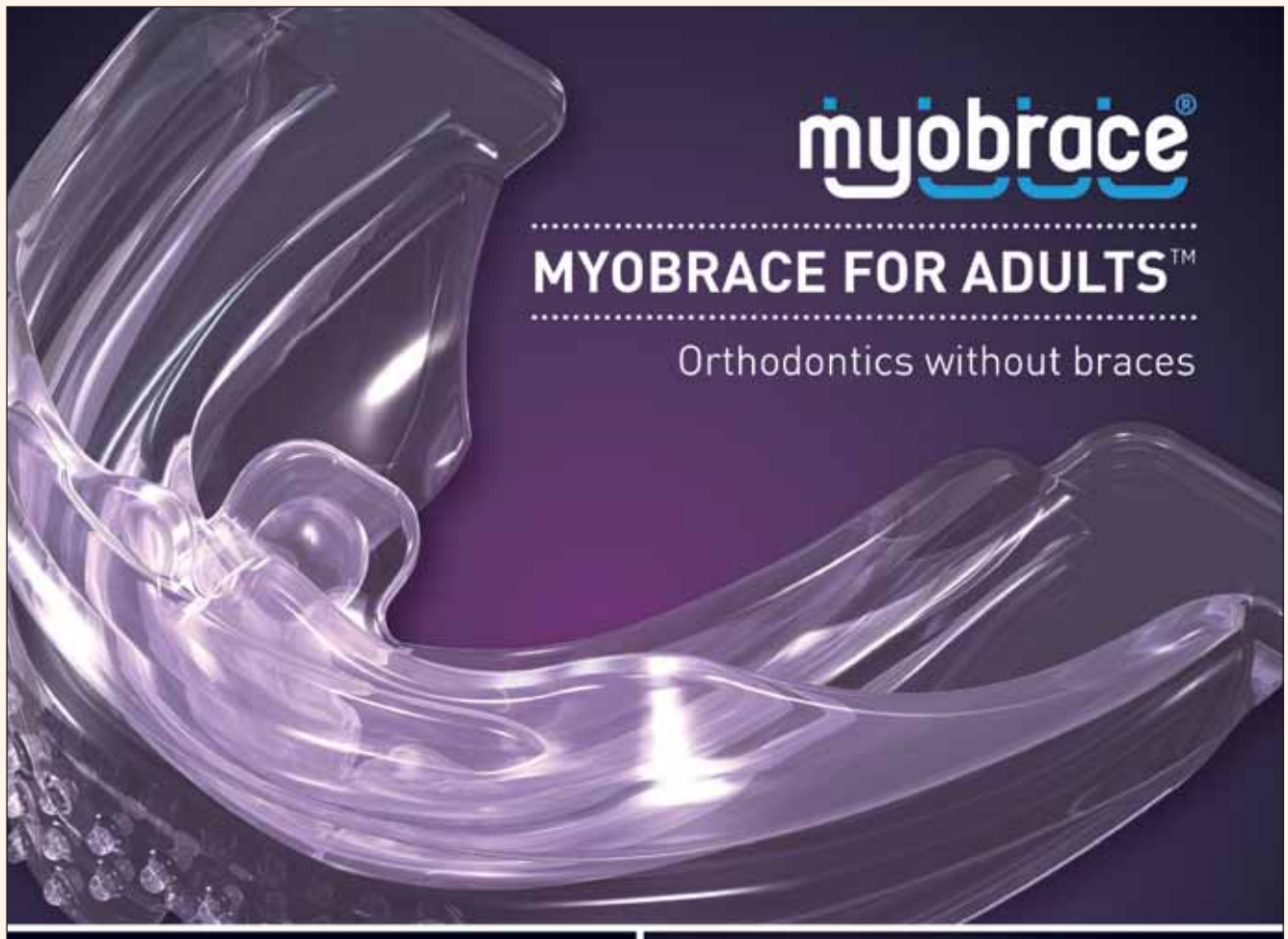

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Go ahead, tell 'em what you really think

By Sally McKenzie, CEO McKenzie Management

"It all comes down to communication." Those immortal words have been used to describe success or failure in business, on the playing field and the battlefield, in the classroom, the treatment room and virtually every other environment in which information must be effectively conveyed from one person to another to ensure a desired outcome.

In the dental practice, your communication with staff and patients has a profound and powerful impact on whether you struggle or sail through your days.

Consider the case of "Dr. Roberson." He is a truly gifted clinician. His patients are tremendously fortunate yet, I suspect few have any real understanding of the talent this practitioner brings to the profession of dentistry. His employees, tragically, do not understand Dr. Roberson. Few have lasted more than a year.

He doesn't have a "team" because the non-stop turnover in the office never allows a team to take shape. Thus, Dr. Roberson has employees, mostly temporary ones. He does not understand how other practitioners can keep staff, sometimes for years, and he is on a seemingly perpetual quest to secure just one good worker who will not "find a better opportunity" within months.

In Dr. Roberson's mind, perfection is a "must." He learned long ago that it is important to give feedback to employees the moment he sees them doing something incorrectly. Thus, as soon as he witnesses an employee performing a task that is not the way he would perform it, he gives immediate feedback. The scenario typically unfolds something like this:

Nicole is setting up instruments when Dr. Roberson walks in.

"What are you doing?" Dr. Robertson says. He doesn't realize that his query has put Nicole on the defensive. She can sense that Dr. Roberson is upset.

"I'm preparing instrument set ups, doctor. Is there something else you would like me to do?"

"Why are you doing it like that? They should be set up this way." Then he brusquely shows her how to do it, and whisks out of the room without another word.

Unfortunately, Dr. Roberson has no regard for the impact of his communication. His intention is to set the employee straight on how he thinks the task, no matter how trivial, should be done.

He believes that because his intentions are pure — he must ensure that things are done "just right" in his practice — it's not important how the message is communicated. Instead, he has totally disregarded one of the most critical facts for effective communication: How you say it has far more weight than the actual words you use.

How do you respond to suggestions and comments from those around you? Are you defensive? (Photo/Scott Rothstein, www.dreamstime.com)

In fact, words alone are only 7 percent of the message you convey. Tone, attitude, body language and facial expression have a far greater impact on whether the recipient of your message actually receives it or shuts it out because your delivery of that message made him or her angry, upset or uncomfortable.

Dr. Roberson is not only impatient, he is also very direct. He has patients to see and doesn't have time to beat around the bush. As a result, what he believes is edifying feedback comes across as agitated criticism, which in truth is neither helpful nor constructive.

Sadly, because Dr. Roberson is a boss whom his employees fear, no one is giving him feedback regarding his communication style. Thus, until he seeks to understand why his practice appears to have a revolving door, his productivity will continue

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Do you become angry when someone recommends doing something a different way? Do you dismiss feedback because you don't like the person giving it?

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to fall well below its full potential.

Conversely, Dr. Berenson's practice is lined with mediocre performers, most of who are convinced they are the "American Idol Superstars" of the dental team. Dr. Berenson has made these "superstars" herself.

If there are issues or concerns with an employee, Dr. Berenson gives a little hint here and there that maybe a few things could quite possibly be ever so slightly improved. All the while, she is extra careful not to be too specific about anything so as not to offend the staff member who just might get mad and — heaven forbid! — walk out.

The employees all go along assuming everything is fine and believing they are effective and contributing members of the team. Meanwhile, Dr. Berenson is convinced that if she keeps dropping hints, the staff will figure it out and take steps to improve their performance.

Nothing ever changes, except the percentage of lost revenues, which only increases. In reality, hints and subtle clues are not feedback any employee is likely to act upon.

Turn feedback into profits

It is the interesting irony of many dental practices that employees do not give each other feedback because they fear they will cause conflict. They don't communicate frustrations or irritations because they want to go along to get along. This is the double-edged sword of politeness.

Employees who are overly polite to the point where they will not address issues that need to be dealt with are, in actuality, being dishonest. They are engaging in destructive passive-aggressive behaviors that create conflict.

A system of effective feedback is much like a system of proper oral health care. Specific steps must be taken daily to ensure the health and vitality of the group. For example, verbal feedback can be given at any time, but it is most effective at the moment the employee is engaging in the behavior that you either want to praise or correct.

If "Abby" at the front desk managed to expertly convince the difficult "Mr. Denney" to keep the crown appointment that he wanted to cancel at the last minute, tell her; and do so publicly. Similarly, if her handling of a situation is not consistent with practice goals and objectives, explain to her constructively how you would like for her to address similar situations in the future, but do so privately. Positive feedback and pats on the back should be given publicly. Constructive criticism should be given privately.

Choosing to avoid opportunities to give employees feedback is like choosing to help them to fail. That being said, this street runs both ways and employees must be willing to accept feedback and take action on it. In reality, if employees are open to it, feedback is all around them from colleagues and patients. The key is to take the feedback and turn it into positive action.

Consider how you respond to suggestions and comments from those around you. Are you defensive? Do you take it as a personal affront? Are your feelings hurt or do you become angry when someone recommends doing something a different way?

Do you dismiss feedback because you don't like the person giving it? Instead, separate yourself from the action and look at feedback as an objective view of a particular task or procedure and, most importantly, as one of the most essential tools you can use to excel.

The best way to become comfortable in receiving and acting on feedback is to ask for it. We are incapable of seeing ourselves as others see us, which is why being open to feedback is essential in achieving our greatest potential. When receiving feedback, make a conscious decision to listen carefully to what the person is saying and control your desire to respond.

In other words, resist the urge to kill the messenger. Ask questions to better understand the specifics of the person's feedback. If the individual giving the feedback is angry, ask him or her if you can discuss the problem when you are both calmer and can avoid responding emotionally.

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Thank the person for trying to help you improve, even if you didn't particularly care for what he or she told you. Resist the urge to blow off those comments you considered to be negative. Over the next 48 hours, think about the information you have been given and devise three to five steps you can take to change your approach.

For example, Dental Assistant Laura is very frustrated because she feels that Business Employee Betsy is unnecessarily interrupting the clinical team when they are with patients. Betsy feels that Laura is trivializing her need for clear information.

Instead of lashing out, Betsy decides to ask for examples and listens to Laura's perception of the interruptions. She thanks Laura for calling her attention to the issue and decides to focus on addressing the matter constructively rather than reacting negatively to what she could choose to interpret as unjust criticism.

Betsey develops a plan to raise the issue at the next staff meeting. She is prepared to share with the team situations in which she has felt the matter necessitated an interruption and would like guidance on how to handle similar situations in the future.

Don't sit back and wait for feedback, actively solicit it and use it! Recognize that feedback is one of the most critical tools you have in achieving your full professional potential.

Constructive feedback – not criticism – should be given and received daily to help all members of the dental team continuously fine tune and improve the manner in which everyone carries out their responsibilities. DT

(Photo/Pryzmat, www.dreamstime.com)

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Utilizing the ERA over-denture implant to create soft-tissue symmetry in the esthetic zone

By Joe Carrick, DDS

When doing a diagnostic work-up, if we line up each challenge that is an obstacle in our quest to provide both a functional and an esthetic end result, each solution we find brings us much closer to a predictable overall result.

This article will address the challenge of soft-tissue asymmetry in the cosmetic zone with a new approach to a very challenging problem that, until recently, had few predictable solutions.

The area extends from molar to molar in the maxillae in patients with Type II and III lips. These are patients that show some soft tissue when smiling (Type II lip) to those that show significant soft tissue (Type III lip).

Two cases

The first case will deal with the anterior segment of soft-tissue asymmetry cased by trauma. The ERA implant is used primarily to provide support for dentures in areas where the remaining bone will not support conventional implants without significant bone grafting and other invasive procedures.

It accomplishes this by reducing the size but not the material composition of the conventional implants while adding an aggressive thread design that provides a self-tapping feature to the implant.

The second case deals with a patient with a Type III lip, significant bone loss before implant placement and presents with an esthetic challenge.

Fig. 1: Case No. 1 — The patient already had one block bone graft and two soft-tissue grafts that produced this result. (Photos/Provided by Dr. Joe Carrick)

Fig. 2: We made a resin bridge from the upper left cuspid to the upper right central incisor, replacing the left lateral and central incisor.

Case No. 1

The first patient presented with a bridge that had been placed after trauma to the anterior maxillae. Although one hard-tissue and two soft-tissue grafts had been performed and the new bridge constructed, the defect was still unacceptable to the patient. The hard- and soft-tissue defect was 6 mm inferior and 4 mm palatal to where it was necessary to create ideal tissue symmetry (Fig. 1).

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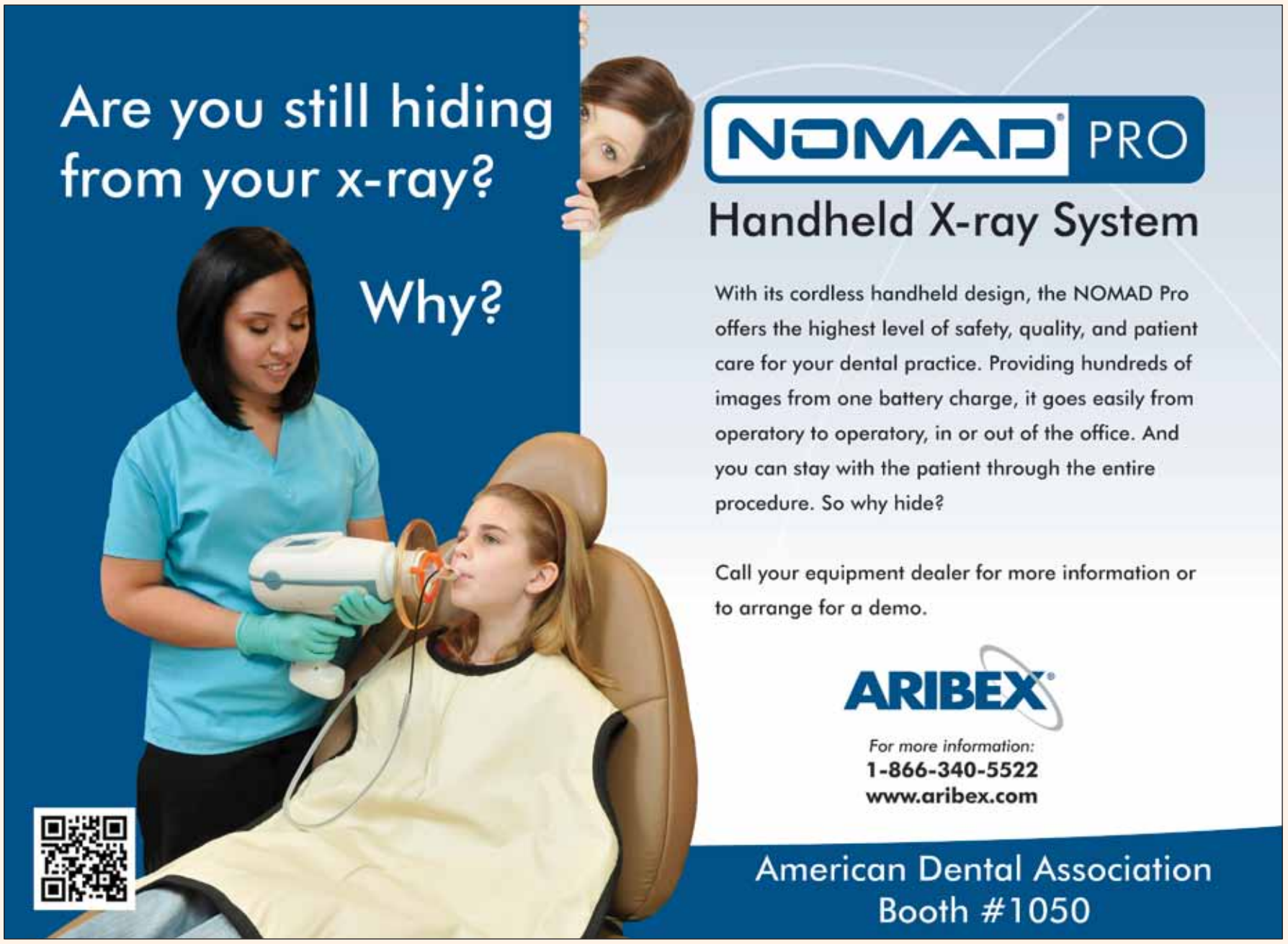

After a complete work up, the patient also needed his occlussal plane leveled for ideal function. While it would be relatively predictable to do an onlay graft to correct the facial defect, the vertical defect utilizing conventional grafting techniques was not predictable, as the patient had already experienced.

We presented the patient with a treatment option that included orthodontics to correct the functional challenges, and offered him a treatment option that would incorporate a variation of distraction osteogenisis in combination with surgical vertical displacement of the previous onlay graft utilizing the small diameter ERA implants.

With their aggressive thread design and subsequent fine tuning with three-dimensional displacement of the bone, the ERA implant allows for conservative surgery to maintain blood supply while separating the cortical bone plates and allowing controlled movement of the bone in the healing surgical site. We divided the treatment into three phases.

Treatment phase No. 1

We made a resin bridge from the upper left cuspid to the upper right central incisor, replacing the left lateral and central incisor (Fig. 2). We then placed a 2.2 x 10 mm ERA implant in the area of the upper left central and one in the upper left lateral incisor, making sure that we engaged the previous graft site extending well into the residual bone that was grafted (Figs. 3, 4).

The resin bridge was cemented but out of contact with the implants that were placed without an incision with the abutment supragingival (Fig. 5). The orthodontic treatment was initiated during the four months while bone integration took place around the implants.

Treatment phase No. 2

The pontics were removed and altered by measuring the clinical crown of the upper right central and lateral incisor (measured from the gingival crest to the incisal edge) then connected to the implants. This then created a step in the incisal edges in this area corresponding to the hard- and soft-tissue defects (Fig. 6).

After connecting the new resin crowns that correspond in size to the adjacent central and lateral, a conservative vertical incision was placed mesial to the upper left central and distal to the left lateral. The soft tissue was raised via tunneling to bone on the facial, but not on the lingual, in an attempt to preserve the blood supply to the bone around the implant, and was also the reason no horizontal incision was placed.

The cortical plate was cut such that the implants and the bone between them was freed to allow us to pull the implants via altered resin crowns incisally to have the "in edges" as close to being level without blanching the tissue (Fig. 7). The area was grafted with mineralized and demineralized cancellous bone, collagen membrane was placed and the vertical incisions were closed with 4-0 sutures.

Fig. 3

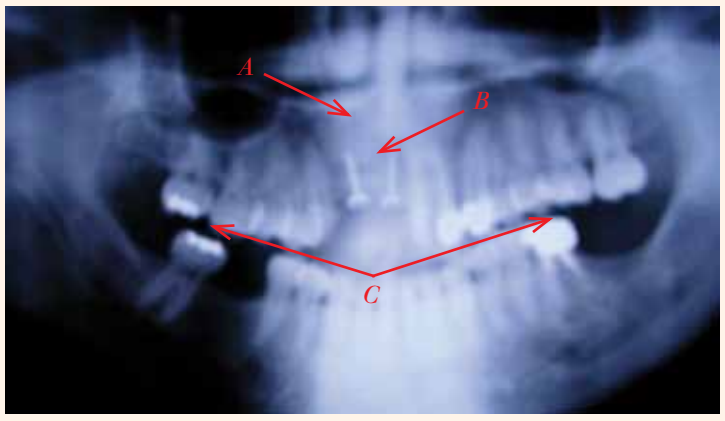

Fig. 4: A) Residual bone area; B) previously grafted bone area; C) exaggerated arch that will be addressed with orthodontics.

The surgical site was stabilized using the wire that was secured to the adjacent teeth and orthodontic brackets (Fig. 8).

After the soft tissue healed and the sutures were removed, the

→ DT photos, page 10A; text, page 12A

AD