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DENTAL TRIBUNE

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A CASE OF PHOTOS

One dentist puts his camera where his words are and details his quest for anterior esthetics.

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POWDER TIME

Take a break from dentistry and go hit the slopes of British Columbia for a few days.

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Meet the future



The North and South Moscone Center at night. Photo/Provided by The Moscone Center

Hundreds of continuing education courses and more than 600 exhibiting companies are waiting for you

The American Dental Association's 153rd Annual Session and World Marketplace Exhibition may just be getting started, but already there is a lot happening.

First thing this morning, political pundits Robert Reich and George F. Will will take the stage as part of the 2012 Distinguished Speakers series. Reich is one of the world's leading thinkers about work and the economy. Now professor of public policy at the University of California at Berkeley, he has served under three national administrations, most recently as secretary of labor under Bill Clinton. He also served on President Barack Obama's economic transition board.

Will is one of the country's most widely read political columnists, as well as a foremost conservative voice. His twice-weekly column for The Washington Post

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2,000 smiling children and counting

ADA's Give Kids A Smile three-day screening program helps kids in San Francisco

More than 2,000 San Francisco children benefitted from three days of free oral-health screenings, education and treatment at two schools and a hospital earlier this week.

About 150 dentists, hygienists, dental students, dental staffs and other volunteers participated in the Give Kids A Smile program to help underserved chil-

dren receive needed oral-health education and services.

The American Dental Association (ADA) collaborated with the San Francisco Dental Society, the San Francisco Department of Public Health, Colgate's Bright Smiles Bright Futures and the National Children's Oral Health Foundation for the local events.

"The San Francisco Dental Society has a long history of partnering with the San Francisco Department of Public Health and San Francisco Unified School District to provide oral health services and education to San Francisco's children," said

Dr. Courtney Fitzpatrick, president, San Francisco Dental Society. "We are delighted to expand this year's efforts as part of the ADA's GKAS program."

Program activities were held at Gordon J. Lau Elementary School, E.R. Taylor Elementary School and San Francisco General Hospital.

All children took home backpacks of donated materials, including a toothbrush and toothpaste from Colgate's Bright Smiles Bright Futures program as well as a Sesame Street's Healthy Teeth, Healthy Me outreach kit.

"More than 16 million children have

untreated tooth decay, which gets worse over time, resulting in persistent pain, infection and embarrassment," said ADA President Dr. William R. Calnon. "Give Kids A Smile is the ADA's signature oral health access program designed to encourage parents, health professionals and policymakers to address the year-round need for oral health care for all children."

Celebrating its 10th year, the ADA's National Give Kids A Smile volunteers provide free oral health care services to more than 400,000 underserved children across the country each year.

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syndicate reaches nearly 500 newspapers throughout the United States and Europe, and he appears regularly on ABC's This Week. In 1976, he became a regular contributing editor of Newsweek magazine, for which he provided a bi-monthly essay until 2011.

Both Reich and Will will sit with ADA leadership for a candid Q&A session following their introductory presentations.

Educational offerings

The ADA Annual Session offers attendees the choice of more than 280 continuing education courses, with more than half of the lecture courses offered complimentary with registration. More than 60 hands-on workshops will be held, including a new hands-on cadaver workshop offered at the University of the Pacific, Arthur A. Dugoni School of Dentistry.

Here at the ADA

For more information on any part of the ADA Annual Session, download the mobile app by searching for "ADA Annual Session 2012" in the app store.

Attendees can also choose from unique learning opportunities, such as six live-patient courses in the "Education in the Round" learning format and a variety of high-tech courses in the ADA C.E. Hub featuring dental lasers, CAD/CAM systems, 3-D imaging systems and more.

Options for new dentists

If you graduated from dental school less than 10 years ago, there are a number of offerings you might find of interest, including a "New Dentist Track." Courses include "The Psychology of Pediatric Dentistry," "Diagnosis-Based Pain and Infection Management," "Full-Arch Implant Restorations," "The Top 20 Game

Changers of 2012," "Advanced Social Media Marketing Strategies," "Dental Implant Restorative Workshop," "New Dentist Fast Track" and "Perinatal Oral Health and Dental Practice."

There will also be a New Dentist Reception on Friday night from 5:30-7 at ROE Restaurant, just a half-block from Moscone Center. Tickets are \$15 and include light fare and two beverage tickets.

Exhibit hall

The World Marketplace Exhibition will feature more than 600 leading suppliers of dental products and services. It is open each day from 9:30 a.m. to 5:30 p.m. In addition to checking out the booths, you can also enjoy a New Orleans-themed reception on Saturday from 4-5:30 p.m., enter to win contests and drawings and visit the Product Showcase.

(Source: American Dental Association)

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PUBLISHER & CHAIRMAN

Torsten Oemus t.oemus@dental-tribune.com

CHIEF OPERATING OFFICER

Eric Seid e.seid@dental-tribune.com

GROUP EDITOR

Robin Goodman r.goodman@dental-tribune.com

EDITOR IN CHIEF DENTAL TRIBUNE

Dr. David L. Hoexter d.hoexter@dental-tribune.com

MANAGING EDITOR SHOW DAILIES

Kristine Colker k.colker@dental-tribune.com

MANAGING EDITOR

Fred Michmershuizen
f.michmershuizen@dental-tribune.com

MANAGING EDITOR

Sierra Rendon s.rendon@dental-tribune.com

MANAGING EDITOR

Robert Selleck r.selleck@dental-tribune.com

PRODUCT & ACCOUNT MANAGER

Gina Davison g.davison@dental-tribune.com

PRODUCT & ACCOUNT MANAGER

Mara Zimmerman
m.zimmerman@dental-tribune.com

MARKETING DIRECTOR

Anna Kataoka-Wlodarczyk
a.wlodarczyk@dental-tribune.com

PROJECT AND EVENTS COORDINATOR

Sergio Cardoso lyoung@dental-tribune.com

C.E. MANAGER

Christiane Ferret c.ferret@dtstudyclub.com

Tribune America, LLC

116 West 23rd St., Ste. #500
New York, N.Y. 10011
(212) 244-7181

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LVI regional events: the future of dentistry

By LVI Staff

Feel like you're stuck in a rut? Need a change? Having a hard time getting things going with the worry about the economy? This is your golden opportunity to regain control of your practice and recapture your passion for dentistry. Think about attending a Las Vegas Institute for Advanced Dental Studies LVI Regional Event. You have the opportunity to discover the path that will lead to both personal and professional satisfaction.

As a dentist, you may have heard about LVI and even considered taking a course, but you simply cannot justify spending the money or going through the trouble to bring a patient all the way to Las Vegas to find out what LVI is all about. That makes this the best time to attend one of our regional events, especially if you are feeling bored with the same thing every

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day or feel stuck with the old way of doing things and just can't seem to get out of the rut you are in.

LVI one- and two-day regional events are designed to share with the participants a more professionally satisfying and profitable way to practice dentistry. You will receive valuable information about LVI's esthetic and occlusal philosophies that are revolutionizing our profession.

Among the several things you will learn during the course of the meeting are how to create a golden age of dentistry in your own office, how to take a T.E.N.S. bite for optimal position to restore your cases and how to turn your patients into



You don't have to make a trip to LVI headquarters in Las Vegas to learn what the program is all about. Attend a regional event close to you instead.

Photo/Provided by LVI

guests and make it easier for them to accept comprehensive treatment. Finally, hear from our experienced LVI regional directors about their personal journey and how you can create one, too.

By attending a regional event, you will take the first step toward boundless opportunities for you and for your patients', whose lives will change for the better. Regional events are held throughout the year in different locations throughout the United States and Canada. Visit

www.lviglobal.com/regional-events for a schedule and more information.

Attending a regional event will give you tools to make a better income and afford better equipment, but while that is great, the most important thing it will do is allow you to deliver better quality of care and a higher quality of living for your patients. It is time for you to learn firsthand what LVI is all about — and once you have experienced it, enjoy the benefits of your education and training.

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Dr. Kiril Dinov
 

Occlusion. When Biology Drives the Dentist

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- to describe current approaches for preventing dental disease, prevent progression of existing lesions and minimize the use of surgical intervention





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The evolution of sinus lift techniques

By Andrew Kelly, DDS

When Dr. O. Hilt Tatum performed his sinus lift technique in 1975, I wonder if he had any idea of how it would evolve or the controversies that would surround this procedure. I can say there exist as many techniques as there are opinions on how the procedure should be performed and who should perform it.

A sinus lift is a surgery that adds bone to the maxilla in the area of the molars and premolars. It's sometimes called a sinus augmentation. The bone is added between the floor of the maxillary sinus and the Schneiderian membrane. To make room for the bone, the sinus membrane has to be moved upward, or "lifted." Any dentist who is trained to do it can do a sinus lift. Tatum, the originator of the procedure, is a general dentist.

There are two basic methods for performing the sinus lift technique. The first method is the lateral window technique, which was described by Boyne in 1960. The procedure was used by Boyne to achieve an optimal intercrestal distance needed for denture making.

The sinus lift techniques have undergone numerous modifications through the years. In 1975, Tatum was the first to perform the lateral window technique in conjunction with autogenous bone grafting for the purpose of placing dental implants in the newly formed bone. Although the lateral window technique is highly invasive, it is a necessary procedure. In 1994, Summers, who was in pursuit of a less invasive sinus lift method, made the surgical protocol easier by offering the crestal approach or osteotome technique.

Initially, the osteotome technique was used for compressing the soft maxillary bone to improve primary stability of implants and to increase success rates of implants placed in the posterior maxilla. After a period of success using the technique for bone compression, Summers started floor dilatation of the sinus, thus increasing the length of his implants. When the technique was first introduced, there were two significant disadvantages that limited this technique's indications.

The first disadvantage was the limited height that the sinus could be raised. Initially, Summers was able to successfully lift the membrane 1-3 mm. The second limitation was the inability to directly visualize the membrane. The technique was initially performed with convex osteotomes by using the sinus floor to lift the membrane. After the membrane is lifted, bone grafting material is used to hydraulically lift the Schneiderian membrane. Today, using modern technologies such as piezoelectric units and balloons as well as crestal approach kits, which use saline, we are now able to achieve height gains that rival those of the lateral window technique, with little concern for membrane perforation.

So where are we today? Very few practitioners, including Tatum, routinely use autogenous bone for si-



Photo/Provided by Dr. Andrew Kelly

About the author

ANDREW KELLY, DDS, is a graduate of California State University, Long Beach, and received his DDS degree from Howard University. He received his advanced implant training from the Core-Vent Institute in Encino, Calif., and the Medical College of Georgia in Augusta, Ga. He is a diplomate of The American Board of Oral Implantology/Implant Dentistry, a fellow of the AAID, a fellow of the AGD and a member of the ICOI, the AACD and the AO. Kelly owns and operates Dental Center of the Carolinas, a private cosmetic and implant dental practice. He is also co-owner of Dental Office Solutions, a dental staffing, consulting and training center for cosmetic and implant education.

Contact

To attend one of Dr. Andrew Kelly's educational seminars, visit www.dentalofficesolutions.com.

nus augmentation. One of the main reasons is there are several excellent alternative bone-grafting materials available that don't require a secondary surgical site and provide very similar results to autogenous bone. So one question that is being asked a lot lately is: Is autogenous bone the "gold standard"? The jury is still out, but there is a lot of evidence out there that suggest it is not. Only time will tell.

The lateral window technique is being used more sparingly these days. There are several methods available that have allowed us to effectively raise the Schneiderian membrane 5-7 mm or more routinely and place the implant simultaneously, as long as we have enough crestal bone to get primary stability. This technique is safer for the patient, and it reduces the chance that an infection will occur.

Lastly, with the evolution of safer and more predictable sinus lift methods, more dentists are able to successfully perform the procedure, which allow more patients to have implants in the posterior maxilla.

Implant dentistry is a discipline that requires the practitioner to possess a wide range of skills. As the technology improves, it will open the door to a wider dissemination of implant dentistry into our society and help to increase the quality of life for many patients that need our help.

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Does your implant training meet the proposed guidelines?

Recommendations catch up to legal standard-of-care expectations for general dentists placing implants

By Ken Hebel, BSc, DDS, MS, Certified Prosthodontist, and Reena Gajjar, DDS, Certified Prosthodontist

Until recently, implant dentistry was considered to be a therapy that was primarily provided by dental specialists,

and as such, training regulations were not an issue because most specialties incorporate implant therapy into their

Here at the ADA

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residency programs. With implant dentistry becoming more mainstream and being incorporated into general practices, educators and licensing bodies are starting to set training guidelines and parameters for practice.

Background

Several years ago, the Institute for Dental Implant Awareness (IDIA) released a document, "Recommended C.E. Training Protocols to Meet the Legal Standard of Care for Implant Placement." Although not legally enforceable, this document provided some guidelines for continuing education programs to meet the standard of care for implant therapy. These guidelines were based on existing guidelines in the United Kingdom and reviewed by many dentists, both general dentists and specialists.

The release of such a document indicates the awareness by the profession for guidelines to be established, both for the protection of patients and the profession.

Many undergraduate dental schools do not offer a full curriculum in implant dentistry. As such, many dentists are required to obtain their implant education through post-graduate continuing education programs.

With the proliferation of implant courses, it is critical to be aware of the training that is considered adequate by the profession in order to embark on implant therapy in your practice. It has been established that short-duration programs (one to three days in length) cannot fulfill the minimum standard that the profession considers appropriate for training in implant dentistry.

Standard of care

Did you know that although a licensed dentist can perform any dental procedure, if a general dentist chooses to perform treatments that are not routinely performed by general dentists, the law holds all practitioners to the same standard of care that would be provided by specialists providing similar treatments?

As such, it is imperative that dentists who are not formally trained in implant therapy pursue educational programs that meet and exceed the minimum guidelines that are proposed by not only the profession but by their licensing body.

Recently, the Royal College of Dental Surgeons of Ontario (Canada), the licens-

ing body for dentists in Ontario, released a draft document proposing minimum standards of educational requirements for any dentist performing implant therapy. Although this document applies only to dentists in Ontario, it is suggestive of the direction of the profession in establishing standards and indicative of what current practitioners of implant therapy consider the minimum educational requirements.

In addition, although these requirements are not legal requirements, when a licensing body takes these steps to provide recommendations regarding training, it can be assumed that should an issue arise for a dentist providing implant therapy, the college and other involved parties will defer to these recommendations regarding the type and scope of training that dentist received.

Cross-training

One interesting aspect of these proposed guidelines is that regardless of what phase of implant therapy you choose to provide to your patients, you should be trained in all phases. Dentists providing only the surgical phase need to be trained in implant prosthetics, and those providing prosthetics need to be trained in surgical considerations. This cross-training is indicative of the complex, integrated nature of implant therapy and the suggestion that one is not competent in one aspect of implant therapy without understanding all aspects.

Another interesting aspect is the requirement for continued education and training. Implant dentistry is such a new and exciting area within dentistry that techniques and products are still changing and advancing. The need for frequent continuing education is more critical in this field than in other areas of dentistry.

So what does this all mean for you?

If you are considering incorporating implant dentistry into your practice, or if you already provide one or both phases of implant dentistry, we recommend you follow these steps:

- Review the RCDSO proposed guidelines and review the IDIA training protocols. Both these articles can be found on our website, www.handsontaining.com, under the "Downloads" tab.
- Research your licensing body and determine if it has set any minimum standards or guidelines.
- Make sure the training you are considering, or have already taken, fulfills those minimum standards (or refer to the existing guidelines if your licensing body has not yet set any guidelines).
- Make sure the training institution that you choose provides not only a comprehensive training program but also provides tools and resources that allow you to review, refresh and continue to learn.

It is critical to emphasize that even with continued education, a general den-

tist should only practice in accordance with his or her training and experience. As such, patients who present with complex treatment situations — or a level of difficulty beyond the practitioner's training and skill set — should be referred to a specialist.

In any profession, guidelines are set to not only protect the providers within that profession but to protect the interests of the public. Without proper guidelines, the standard of care is diminished, and in many situations, a low standard of care not only affects treatment outcomes but also establishes a damaging reputation for that particular therapy.

Guidelines within implant dentistry are long overdue, and the establishment of educational recommendations will serve to raise the standard of implant therapy provided and improve treatment outcomes to protect both the public and the profession.

About the authors



KEN HEBEL, BSC, DDS, MS, CERTIFIED PROSTHODONTIST, earned his undergraduate degree at the University of Western Ontario in 1979 and then completed a surgical internship program. He completed the prosthodontic graduate program at the Eastman Dental Center in 1983, along with his master's degree in anatomy. His career in implant dentistry started early on, both in the surgical and prosthetic phases of implant therapy. He is a diplomate of the International Congress of Oral Implantology and a fellow of the American Academy of Implant Dentistry. He holds membership in most implant and prosthodontic organizations. He is an assistant clinical professor at the University of Western Ontario and has provided hundreds of lectures worldwide, training thousands of dentists in the profession. He is one of the founders of the Hands On Training Institute, started in 1991, where he provides hands-on mini-residency training programs. He continues to maintain a private practice in London, Ontario.



As a specialist in prosthodontics with an extensive background in computer graphics and imaging, **REENA GAJJAR, DDS, CERTIFIED PROSTHODONTIST**, is a co-founder of the Hands On Training Institute. Gajjar earned her undergraduate dental degree at the University of Western Ontario in 1988. After practicing as a general dentist for six years, she returned to the Eastman Dental Center to complete her specialty certificate in prosthodontics in 1996. Her practice in prosthodontics focused on reconstructive and implant dentistry. She is a member of several prosthodontic and implant organizations, and has taught at the University of Western Ontario, Faculty of Dentistry. She also has lectured nationally and internationally on technology within dentistry. Gajjar is the director of the Hands On Training Institute and chief creative officer of My Dental Hub.

Hebel and Gajjar can be reached through the Hands On Training Institute at www.handsontaining.com or info@handsontaining.com or by calling (888) 806-4442.

'The establishment of educational recommendations will serve to raise the standard of implant therapy provided and improve treatment outcomes to protect both the public and the profession.'

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