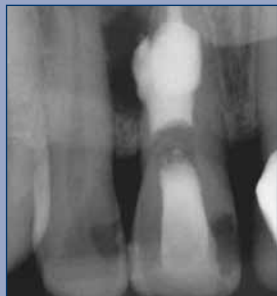




today

Pacific Dental Conference

 <p>Ready for your next dental trauma case?</p> <p><i>Friday:</i> Dr. Mark Olesen and Dr. Mark Parhar will get you feeling better prepared for your next trauma patient.</p> <p>»page 3</p>	 <p>A happy staff and relaxed patients</p> <p><i>Today and Friday:</i> Mary Soper is back, with high-value life-balance strategies for the entire dental team.</p> <p>»page 6</p>	 <p>Nothing like it: inside 'The Eye of the Wind'</p> <p>Vancouver is the only city in the world that has one: a publicly accessible view pod high up in a functioning wind turbine.</p> <p>»page 22</p>
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• Always a big draw, the Exhibit Hall's Live Dentistry Stage features a range of procedures today and Friday. Pictured from last year is Dr. Robert Lowe during his 'Anterior and Posterior Composite' session. Lowe isn't on the stage this year, but speaks this morning in Room 109 from 8:30 to 11:30 on 'Aesthetic Overhaul from Basic to Cutting Edge.' (Photo/Provided by the Pacific Dental Conference)

Drop in on some 'Live Dentistry'

By Robert Selleck, Managing Editor

■ Perhaps nowhere at the Pacific Dental Conference do the event's core offerings blend better than on the Exhibit Hall's Live Dentistry Stage. Companies providing dental products and services connect with clinicians who are highly skilled at putting such products to use – to deliver insights to attendees who feel as if they're standing at the practitioner's side throughout the procedure. It's a drop-in learning experience that's difficult to match.

The 300 seats fill quickly, with attendees typically standing at the back and sides to follow the procedures on the high-def big-screen monitors.

Today's 'Live Dentistry' schedule

This year's sessions are as diverse and timely as ever, starting today with "Laser Dentistry" at 11:30 a.m. and "Implant with Sinus Surgery" at 2 p.m.

Onstage conducting the "Laser Dentistry" procedure, sponsored by Oral Science, is Glenn van As, BSc, DMD, who is in full-time private general practice in North Vancouver, where he works extensively with lasers and the dental operating microscope. He has a mastership from the Academy of Laser Dentistry and served as an assistant clinical professor from 1989 to 1999

*see LIVE, page 2

136 speakers, 190-plus open sessions

■ The good part: The Pacific Dental Conference's open-session concept means your registration automatically opens the door to more than 190 educational sessions. The hard part: That makes narrowing your choices a bit of a challenge.

With 136 speakers presenting this year on a wide range of topics, the PDC provides one of the most diverse compilations of continuing education programs in Canada. Some of the top speakers in the 2013 lineup are: Barbara Bancroft, Nasser Barghi, Cathia Bergeron, Marvin Berman, Anthony (Rick) Cardoza, Clay-

ton Chan, Cliff Ruddle, Arthur DiMarco, Kathy B. Bassett, Jeff Coil, Timothy Donley, Robert Gerlach, Peter Jacobsen, Mahesh Nagarajan, Tricia Osuna, Ray Padilla, Geza Terezhalmay, Richard Young and Bethany Valachi.

The "So You Think You Can Speak?" series is back for a fourth year on Saturday, again featuring 50-minute presentations by speakers who responded to the call for presentations and were accepted by the PDC Scientific Committee. A number of trending dentistry topics will be covered.

The conference's Exhibit Hall promises to keep you busy as ever this year, with more than 276 companies occupying more than 570 booths. Exhibit Hall hours are: today, 8:30 a.m. to 6 p.m. and Friday, March 8, 8:30 a.m. to 5:30 p.m.

(Source: Pacific Dental Conference)

• 'The Drop' (pictured at right) is one of many pieces of public art in and around the Vancouver Convention Centre. (Photo/Robert Selleck, Dental Tribune)



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dti Dental
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Ready for trauma cases?

Infrequent experience with dental injuries can easily lead to incorrect treatment

By Robert Selleck, Managing Editor

■ You have two chances on Friday to learn more about treating dental issues caused by trauma. Mark Olesen, DMD, FRCD(BC), and Mark Parhar, DMD, MSc., Dip. Endo, FRCD(C), present "Dental Trauma, Open Apices, and Root Resorption" tomorrow at 8:30 a.m. and again at 1:30 p.m. in Room 119.

Among the many topics they cover are crown fractures with pulp exposures, apexogenesis, apexification, regeneration, luxations, avulsion, horizontal root fractures, pulpal obliteration, root resorption and internal bleaching. A variety of cases are used to illustrate how to effectively diagnose and treat dental injuries.

Who should attend your session?

How does the old saying go? "Everybody wants to see a train wreck." Because of that alone, the cases in our session are of interest to everybody.

Dentists and others on the dental team typically don't see a lot of trauma cases. So when you get one, it can be challenging to know what to do right away. You usually need to go look it up.

Any tips on how to 'look it up'?

There's a website that launched in 2010 that is a fantastic resource on dental trauma. It's www.dentaltraumaguide.org. It's a gift from Jens Andreasen [Odont. Dr. hc. Department of Oral and Maxillofacial Surgery, Copenhagen University Hospital, Denmark]. He is the top dental trauma guru in the world.

With this website, no matter what

see *TRAUMA*, page 4



Dr. Mark Olesen and Dr. Mark Parhar praise The Dental Trauma Guide website as a tool to help assess trauma cases. (Screen capture from www.dentaltraumaguide.org)

Here at the PDC

You can attend "Dental Trauma, Open Apices, and Root Resorption" in Room 119/120 (Level One) on Friday, March 8, 8:30-11 a.m. The session repeats on Friday, 1:30-4 p.m., in the same room.



Dr. Mark Olesen

Mark Olesen, DMD, FRCD(BC), graduated in 1988 from the University of British Columbia School of Dentistry. After practicing as a general dentist for six years, he entered a post-graduate program at the University of Southern California and received a specialist certificate in endodontics in 1996. Olesen practices in North Vancouver.



Dr. Mark Parhar

Mark Parhar, DMD, MSc., Dip. Endo, FRCD(C), received his DMD, MSc. and diploma in endodontics from the University of British Columbia. Parhar has been on the medical staff of the Vancouver Giants hockey team since 2001 and has been actively involved in various aspects of sports dentistry. He was the co-manager of dental services during the Vancouver 2010 Winter Olympic Games. He practices in North Vancouver.

LIVE *from page 1*

at the University of British Columbia (from which he also graduated).

The "Implant with Sinus Surgery" procedure, co-sponsored by Hiossen Implant Canada, is being performed by Mark Kwon, DMD, FICOI. He is a full-time clinician in his implant-only practice in Vancouver and focuses on implant surgeries, advanced bone grafting and full-mouth reconstruction, including all-on-four "Teeth-in-a-Day" procedures. He graduated from Misch International Implant Institute and has been working with implants for more than 16 years.

Friday's 'Live Dentistry' schedule

In action tomorrow are three more clinicians: "Guided Full Arch Implant Placement" at 8:30 a.m., "CAD/CAM Ceramic Restoration" at 11:30 a.m. and

"Botox Demonstration" at 3 p.m.

Ron Zokol, DMD, is the clinician on stage at 8:30 a.m. with the "Guided Full Arch Implant Placement" procedure, co-sponsored by Pacific Implant Institute and Nobel Biocare Canada. Zokol received his board certification in oral implantology by the American Board of Oral Implantology in 1996 and is the founder and director of the Pacific Implant Institute in Vancouver.

Vancouver dentist Ernst 'Ernie' Schmidt is on the Live Dentistry Stage at 11:30 a.m., with "CAD/CAM Ceramic Restoration," co-sponsored by Patterson Dental. He has been in private practice his entire career and contributed as a sessional lecturer at the University of British Columbia Faculty of Dentistry from 1982 to 1990.

Schmidt lectures frequently on CAD/CAM technologies and patient navigation, giving presentations in

North America, Australia and Asia.

Wrapping up the Live Dentistry program Friday afternoon is Haneef Alibhai, BSc, MD, CM, CCFP, FCFP, with "Botox Demonstration" at 3, which is co-sponsored by "md cosmetic & laser training."

Alibhai is the medical director of md cosmetic & laser clinic, located in Abbotsford, British Columbia. He is a past-president of the Canadian Association of Aesthetic Medicine and a clinical instructor for the University of British Columbia Faculty of Medicine.

Check for schedule updates

Pacific Dental Conference organizers ask attendees to note that demonstration times on the Live Dentistry Stage may be subject to change. You can consult the PDC app or "conference at a glance" for the most up-to-date scheduling.

TRAUMA *from page 3

type of dental trauma you see, you can punch in the stage of root development and the type of trauma, and the site will give you some ideas on what to do and what the prognosis is for the tooth with that injury. It's a fantastic website.

Do you go into detail on how to use the Dental Trauma Guide website?

Yes, we put it up on the screen and show you how to use it. It's very easy.

Trauma cases typically go to their dentist first, or else emergency clinics or the hospital before an endodontist. We typically do not see these cases until several days or sometimes weeks or months later.

In our presentation, we try to give dentists an idea on how to treat some of these cases and use the Dental Trauma Guide website, and we encourage them to call or email other professionals for advice if needed.

Are there other new trauma-related products or techniques that you cover?

We talk about MTA [mineral trioxide aggregate] materials such as Pro-Root MTA [Dentsply Tulsa] and MTA-Angelus [Clinical Research Dental] and other biocompatible dentin-substitute materials such as Biodentine (Septodont). These fantastic materials have really changed the way that many dental trauma cases are treated.

Are all the example cases ones that you have handled?

Most of them are ours. Mark Parhar was the team dentist for several years for the Vancouver Giants [a major junior team in the Western Hockey League]. So he has seen quite a few hockey injuries, such as a recent case where four teeth were knocked completely out and onto the ice. Nobody tried to retrieve them. And the player came in a day or two later.

What are some of special challenges in treating trauma-related cases?

There are many challenges, including what to do with avulsed teeth and horizontal root fractures. These are not common injuries, so it can be easy for them to receive incorrect treatment.

In addition, various types of resorption cases also can be challenging. We get into how to diagnose trauma cases and how to identify the different treatment options.



Fig. 1



Fig. 2

• Figs. 1, 2: Classic cases of mouth versus hockey puck. A number of the dental trauma cases used by Dr. Mark Olesen and Dr. Mark Parhar to serve as example illustrations in their session involve hockey injuries, such as these two cases. These types of trauma cases typically require removing loose bone and tooth fragments, then repositioning and splinting the teeth to stabilize and enable healing. Endodontic treatment is used to save the remaining teeth. The missing teeth in these two examples were lost. (Photos/Provided by Dr. Mark Olesen and Dr. Mark Parhar)



Fig. 3



Fig. 4

• Figs. 3, 4: Perforating internal resorption treated with MTA.

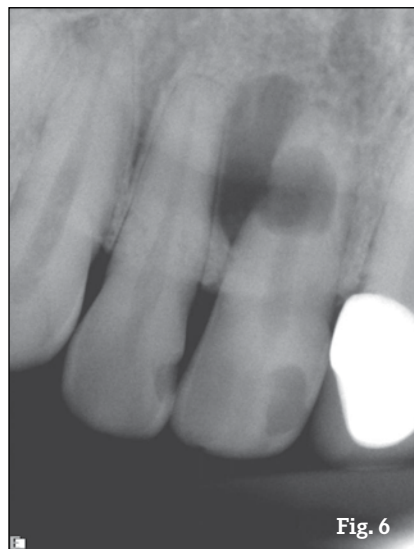


Fig. 6

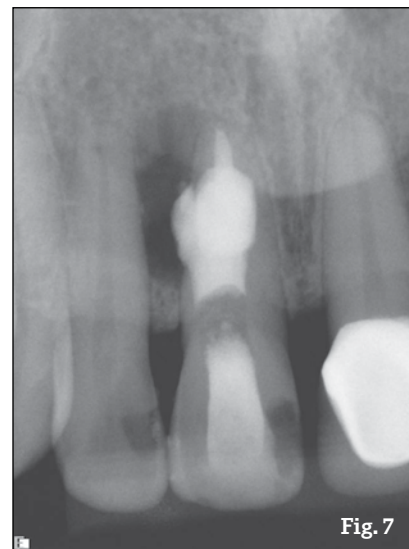


Fig. 7

• Figs. 6, 7: Horizontal root fracture.

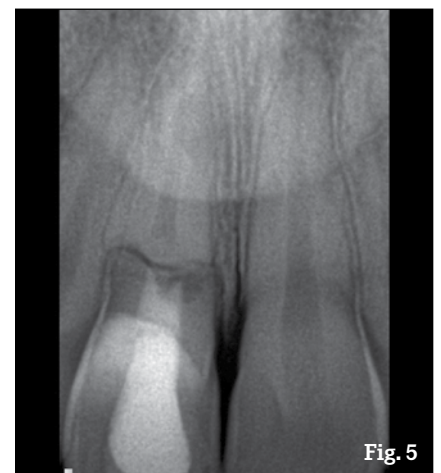


Fig. 5

• Fig. 5: Following treatment, pictured one year later, is the same 'perforating internal resorption treated with MTA' as pictured in Figs. 3 and 4.



Fig. 8

• Fig. 8: Following treatment, pictured one year later, the same 'horizontal root fracture' as in Figs. 6 and 7.

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• Meg Soper is ready to help you improve your wit, get fit and achieve balance. (Photo/Provided by Meg Soper)



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Attend today's session! ◀◀

Attend "Wit, Fit and Balance ... Strategies for Success" in Room 220/221/222 (Level Two of the Vancouver Convention Centre), today from 1:30-4 p.m. The session repeats on Friday, 1:30-4 p.m., in the same room.

By Robert Selleck, Managing Editor

■ Meg Soper has worked as a health-care professional, stand-up comic and keynote speaker, all while also raising a family. Along the way she learned many powerful lessons about the importance of life balance. Today, drawing on those insights enables her to work effectively as a motivator and life-balance coach.

In her presentations, she blends her unique insights with a just-as-unique brand of humour to help people develop practical strategies for keeping their professional and personal lives in balance.

Soper provides easy-to-duplicate tips on effective communication, managing conflict and dealing with different personalities and age groups in the workplace.

She describes her intent as being to help people achieve a better understanding of each other's challenges and an appreciation for their unique qualities — by providing practical, relevant strategies that help create a more positive and productive workplace.

Speaking at the Pacific Dental Conference for the third year in a row, the always-popular Soper presents "Wit, Fit and Balance ... Strategies for Success" this afternoon with a repeat on Friday. The session runs from 1:30 to 4 p.m. on both days.

Soper spoke with Dental Tribune prior to the conference to provide additional details on what attendees can expect from the session.

Who should attend your presentation?

Anyone in the dental industry: dentists, dental hygienists, office managers, the entire staff. I speak about things that would apply to your personal as well as your professional life.

My goal is to have an engaging, enlightening, humorous presentation that deals with issues such as stress. Stress comes into all of our lives, so

I provide dental professionals with some possible approaches to juggling it all while also managing a successful practice.

What are some of the main issues that you focus on?

The presentation is filled with strategies for keeping your staff happy and engaged – and looking for ways that you can keep doing that.

Part of the presentation deals with focusing on stress. And then part of the presentation deals with different personalities that you typically cross paths with in your practice. That gets into generational differences: How do we engage Gen X and Gen Y? That's really the paramount question these days, because today the work culture is shifting.

Today's workplace is top heavy with boomers. But tomorrow's workforce is going to be lean and populated with Gen X and Gen Y individuals who have an entirely different outlook on the way work and life should interact.

How do you address generational differences?

I compare the different generations and talk about their values. What are we challenged by? And if you could see anything differently, what would you change? What would you switch out? It's all about shifting our perspectives and looking at ways of doing things better. Because we can always do it better.

How would you sum up your core message?

I touch on four key points during the two and one-half hour session:

- 1) Be good at what you do.
- 2) Be a good communicator because you are in the business of building relationships with your colleagues, your team and your patients.
- 3) Live in balance because the better you are at managing stress levels, the more productive you will be.
- 4) Draw on humour and different perspectives. You need to be able to shift your perspective when life dares you to complain. I weave humour throughout the presentation, keeping everybody engaged with laughter and stories. I come from a background of having been a registered nurse.

I worked for two and a half decades in the operating room, so I come from an experience where it's very important to have positive rapport and good teamwork.

How much do you draw on your operating-room background?

I talk about everything from life balance to positive communication. It's not rocket science by any means. But it's packaged in a lighthearted way that keeps people laughing.

My stories are from the heart, and they're all true experiences from the OR, from life, from raising two teenagers – and from being married for 22 years.

'Tomorrow's workforce is going to be lean and populated with Gen X and Gen Y individuals who have an entirely different outlook on the way work and life should interact.'

Who shouldn't attend your session?

That's funny. I guess people who don't have a sense of humour. They might want to just go and have a bite to eat instead. Or, if you don't have a sense of humour, I don't know, maybe go and get

one and then come back. Really I can't think of anybody who shouldn't come.

There really is something for everybody – even for spouses who are at the conference with a husband or wife who works in the dental industry.

What's the main thing you'd like attendees to take away with them?

It's not at all unusual to encounter a difficult patient. There are countless reasons for it. They're anxious, they have high expectations, they have no insurance. The list is endless.

We don't have control over who is in the chair. All we can do is try to make it a positive experience. Or try to make it as positive as possible. My presentation is positive and it's entertaining.

My hope is that everyone leaves with some helpful thoughts that they might not have had before coming into the room.

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No-flow flowables for 'BEAUTIFIL' restorations

By Howard S. Glazer, DDS, FAGD, FASDA

■ That's not a spelling error in the title. I have intentionally spelled it to mimic the name of the non-runny, non-flowable resin material I will discuss.

Resin dentistry has come a long way since the early days of silicates. Both patients and dental professionals have demanded restorative materials that are functional, durable, versatile and esthetic. Imagine, if you will, a material that is a base, liner and restorative all in one tube.

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Similarly, the F03 flowed only 3 mm during one minute. Both formulations contain the proprietary Giomer chemistry and S-PRG fillers, which release and recharge fluoride like a glass ionomer.

The Giomer chemistry is important. Gionomers have an anti-plaque effect by providing a smoother surface when photo-cured. Furthermore, they aid in the reinforcement of tooth structure by forming an acid-resistant layer as well as helping to remineralize dentin.

Recently, the ADA published the results of an eight-year Giomer study, done at the University of Gainesville in Florida, that showed no secondary caries, no restorative failures, no post-op sensitivity and a 95 percent retention of luster on the restoration.

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There are nine shades for F00, including an opaque, incisal and bleach white. For F03, there are 12 shades, including a unique A0.5, "milky" and cervical shade. Once photo-cured, the materials are about 95 percent finished and polished, and a very high gloss can be achieved using the One Gloss and Super Snap Singles polishing systems (Shofu).

As you will see in the cases that follow, BEAUTIFIL Flow Plus is a useful product that enables us to emphasize our artistic ability in the art and science of dentistry.

Case I

The patient is a 33-year-old male who has neglected his dental hygiene for several years and has a history of chewing gum and parking it in his cheek when on the telephone or focusing on his work.

He now presents with several areas



Fig. 1: Pre-op photos of the lower left first and second premolars and first and second molars showing cervical decay. (Photos/Provided by Dr. Howard S. Glazer)



Fig. 2: Post-op of the lower left first and second premolars and the lower left first molar.



Fig. 3: Pre-op photo of the upper right cuspid. Note the large area of enamel erosion.



Fig. 4: Post-op photo of the upper right cuspid. Erosion restored with 'invisible' margins.



Fig. 5: Pre-op photo of the upper left central incisor fracture.



Fig. 6: Post-op photo of upper left central incisor.

Here at the PDC

Learn more about BEAUTIFIL Flow Plus at the Shofu booth, No. 1430, in the Exhibit Hall. You can visit Shofu at www.shofu.com or call (800) 827-4638.

of severe cervical erosion. These areas of erosion were successfully restored using a #35 inverted cone carbide and SmartBur II #4 round (both SS White) and then BeautiBond and BEAUTIFIL Flow Plus F03 A03 opaque shade and then F00 shade A3.

Fig. 1: Pre-op photos of the lower left first and second premolars and first and second molars showing cervical decay.

Fig. 2: Post op of the lower left first and second premolars and the lower left first molar.

Case II

The patient is a 63-year-old male with

a history of sucking on lemons. The upper right cuspid enamel has been eroded, and the patient had mild sensitivity. The canine was restored using a #34 inverted cone bur (SS White), and the restoration was performed with BeautiBond and BEAUTIFIL Flow Plus F00 shade A30 Opaque and A3.

Fig. 3: Pre-op photo of the upper right cuspid. Note the large area of enamel erosion.

Fig. 4: Post-op photo of the upper right cuspid. Erosion restored with "invisible" margins.

Case III

The patient is a 42-year-old male who fractured the upper right central incisor opening a package. The tooth was restored using a Fissurotomy bur (SS White) to create the enamel bevels and BeautiBond and BEAUTIFIL Flow Plus F00 A2.

Fig. 5: Pre-op photo of the upper left central incisor fracture.

Fig. 6: Post-op photo of upper left central incisor.

About the author



Howard S. Glazer, DDS, FAGD, FASDA, FICD, FICD, FASDA, FAAFS, is a past president of the AGD and former assistant clinical professor in dentistry at the Albert Einstein College of Medicine in Bronx, N.Y. He is the deputy chief forensic dental consultant to the OCME-NYC. Named one of the "Leading Clinicians in Continuing Education" by Dentistry Today, he lectures and publishes internationally on cosmetic dentistry and forensic dentistry.

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