

today



Break out the new

It doesn't have to be the same old thing every day. DTSC Symposia speakers tell you all about new materials and techniques.

»page 3



Scenes from Monday

Steve Forbes talks, 'Howard Stern' and 'Joane Rivers' make the rounds and NYC children learn all about hygiene and brushing techniques.

»pages 4 & 5



See him today!

Dr. David Evans lets you in on the secret to making your practice website work for you. Read on to see who else is speaking!

»pages 6–10



• 'The Fake Austin Powers' (Richard Halpern) offers free cheeky comments to all visitors at the Millennium Dental Technologies booth, No. 2833, and displays the PerioLase MVP-7 digital laser. (Photos/Robert Selleck, *today* Staff)

New York specials

Great deals fill the exhibit hall

By Robert Selleck, *today* Staff

■ Most attendees at the Greater New York Dental Meeting will likely agree with Jerry Miller's description of the exhibit hall: "Overwhelming."

Miller, a dentist based in Ogdensburg, N.Y., has been attending the meeting annually for more than a decade. "Every year it gets better—and better organized," he said. "You can go online, study the day's schedule and

identify exactly what to do and where to go. In 10 or 15 years, you won't even need a pen; everything will be done by computers—or, probably, all through your phone."

Miller said he hits the exhibit hall with a list of what he needs, shops around the first couple days and then buys. At the top of his list this year: bulbs for his curing lights.

*see specials, page 22

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DTSC: An 'isle' of C.E. on the exhibit hall floor

By Robin Goodman, *today* Staff

■ If you don't want to zigzag around for pertinent C.E. credits, check out the schedule of lectures in various disciplines at the Dental Tribune Study Club C.E. Symposium (aisle 5000, room 3).

Monday's speakers included Drs. Fay Goldstep, Gary Henkel, Ron Kaminer, Mike Rethman, Mark Duncan and Robert Horowitz. Topics ranged from bone grafting and implant therapy to caries control, minimally invasive dentistry and maximizing practice success.

For example, Kaminer shared how new materials can make traditional restorative techniques easier and more efficient while Goldstep helped attendees understand and incorporate new remineralization therapies and bioactive restorative materials into everyday dental practice.

Today's line-up is no less varied with lectures on topics such as predictable endodontics, direct posterior composites, managing your practice's online presence, clinical techniques, predictable implants and using lasers in endodontics.

Join Dr. Ron Jackson at 11:15 a.m. today to review current matricing techniques that ensure quality contacts and learn how to save time without compromising by using bulk-fill composite technology.

If you are in need of Internet assistance, Dr. David Evans can teach you the basic elements of search engine optimization (SEO) and how to evaluate these elements for your practice website.

Evans will also detail the basic components of an effective practice website, as well as explain the three-step process for creating a positive online reputation. In addition, Evans will explain how to evaluate your return on investment for Internet



Dr. Mike Rethman enlightened Dental Tribune Study Club C.E. Symposia attendees (aisle 5000, room 3) about 'Fluorides and Non-Fluoride Interventions for Caries Control: An Overview.' (Photos/Robin Goodman, *today* Staff)



Dr. Ron Kaminer stopped for a photo on Monday in front of his Dental Tribune Study Club C.E. Symposia poster. He enlightened attendees on 'Tips, Tricks and Techniques to Maximize Success.'

marketing.

A big thanks goes out to the lecture sponsors — NSK, Colgate, Kerr, Henry Schein, Coltene Endo, Kuraray, LVI Global, Shofu, Biolase, Voco, American Academy of Facial Esthetics, Air

Attend today's sessions

Today from 10 to 11 a.m. in aisle 5000, room 3, Dr. Chris Glass will present "Achieving Predictable Success with Endodontics." One focus of this lecture is to help attendees gain an understanding of canal morphology in order to help determine final apical sizes during root canal therapy. Glass will explain how current research has helped clinicians gain a better understanding of how to eliminate intracanal bacteria and why some cases fail despite seemingly ideal endodontic treatment.

Today from 3:15 to 4:15 p.m. in aisle 5000, room 3, Dr. David Hoexter will present "Predictable Implants by Preserving Bone During Extractions with New Instruments." This lecture will focus on understanding how to make implants more predictable by using new instruments that not only simplify the process, but also preserve bone during extractions.

Today from 4:30 to 5:30 p.m. in aisle 5000, room 3, Dr. Selma Camargo will present "Optimizing Endodontic Treatment with High Intensity Laser Therapy." Learn how to identify endodontic disease, treatment possibilities and understand their limitations. Furthermore, attendees will hear how scientific and clinical points of view establish laser therapy indications for endodontics. Attendees will learn how to perform such procedures and to implement this type of treatment into your practice.

Techniques, Ceatus and Glidewell Laboratories — for their unfailing support.

Swing by aisle 5000, room 3, for details about today's and Wednesday's lectures, or you may view the information online at www.dtstudyclub.com/event/The-5th-Annual-DTStudyClub-Symposia-at-the-GNYDM-2012/973.html.

Also, if you are in need of additional C.E. credits, check out the C.E. articles link located at the top of the Dental Tribune Study Club home page.

Esthetics and implants take the 'live' stage

By Robin Goodman, *today* Staff

■ The Live Dentistry Arena here at the Greater New York Dental Meeting is usually standing room only, and Monday was no exception. The morning presentation by Dr. Franklin Shull, "Everyday Esthetic Dentistry," focused on a long-term provisional for a missing anterior tooth.

In the afternoon session led by Dr. Ara Nazarian, "OCO Biomedical Presents Simple Implant Placement in a Complex Economy," Nazarian placed an implant

and immediately provisionalized it.

Today's options at the Live Dentistry Arena feature Dr. Ross W. Nash in the morning session talking about "Com-poneers." He will explain how direct composite resins are an alternative to indirect ceramics, how the composite laminate can provide final anatomy and how placing direct composite veneers saves time.

In the afternoon, Dr. Raymond A. Yukna will demonstrate "The Laser Assisted New Attachment Procedure (LANAP)." Attendees will learn the sci-

entific basis for the LANAP procedure, how to verify appropriate tissue interactions, what a laser wound looks like and how to use the PerioLase MVP-7 for LANAP.

Both of today's sessions are recommended for dentists, hygienists, assistants and students, and each will last 2.5 hours. We recommend you arrive early if you want a seat closer to the stage, although seats farther back still have great visibility of the work going on via the large video screens on either side of the stage.

Scenes from Monday



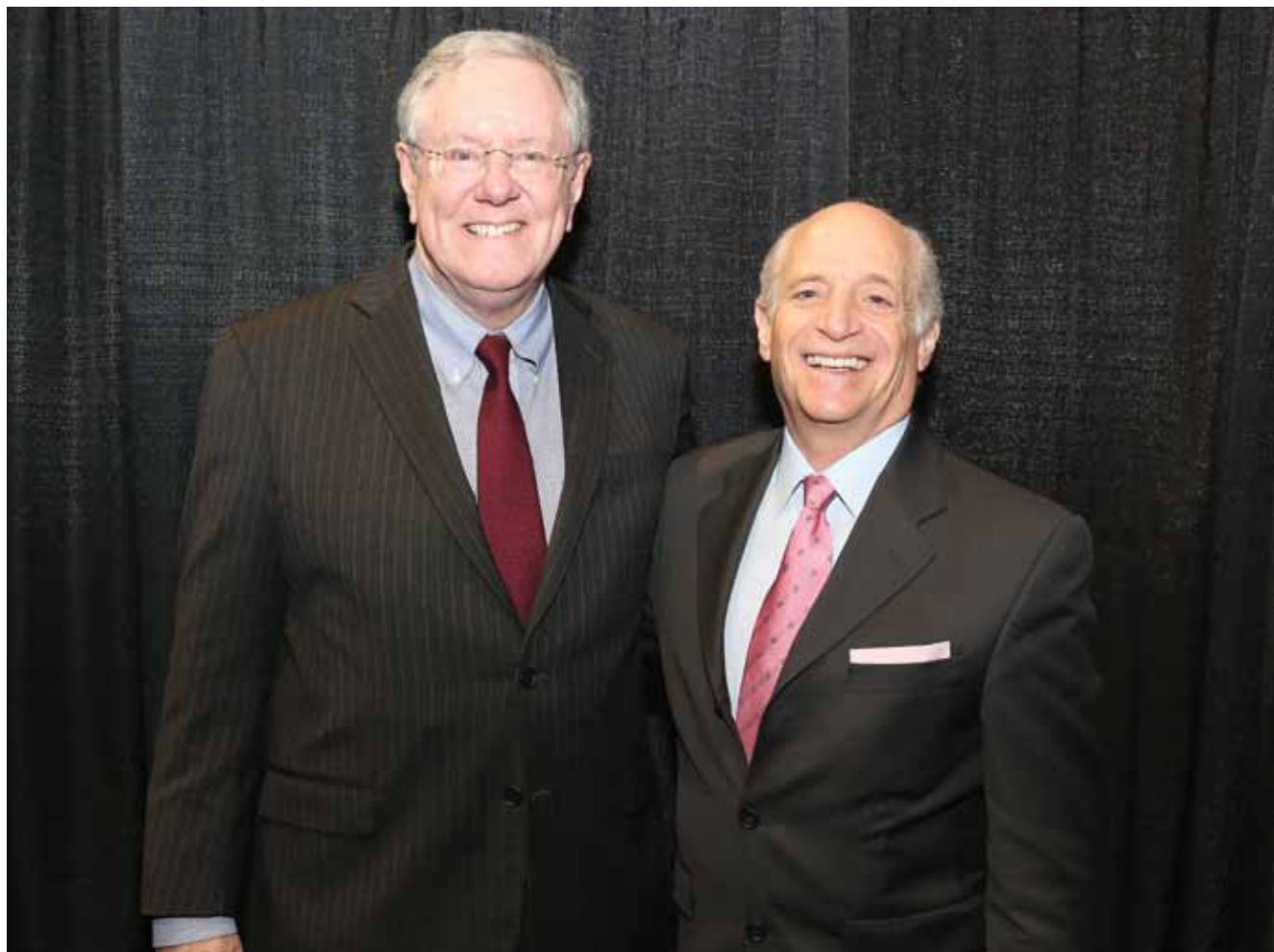
• Jennifer Healey, left, and Ivette Smacha of Air Techniques (booth No. 2609).



• Nita Weissman of Dentatus (booth No. 1200).



• Veracity Butcher of Biolase (booth No. 4434).



• Steve Forbes, left, is chairman and editor in chief of Forbes Media and was the featured speaker at Monday's Celebrity Luncheon. Here he is with GNYDM Executive Director Robert R. Edwab. (Photo/Carlo Messina, FX Video & Photography.)



• A meeting attendee gets more information about laser technology at AMD Lasers (booth No. 4627).



• There's always plenty of action at Shofu (booth No. 3207). From left: Brian Melonakos, Lenny Sulkis and Randy Bailey.



• Workshop attendees pay close attention during a Monday session. (Photo/Carlo Messina, FX Video & Photography.)



• You can get your picture taken with 'Howard Stern' at the DC Dental Supplies booth (No. 4000). 'Joane Rivers' was spotted there, too.

Photos by
Fred Michmershuizen,
today Staff



• New York University, New York City College of Technology and Hostos Community College provides hundreds of hygiene volunteers, such as these ladies above, who work with elementary school-age children during the 'Greater New York Smiles' program. The program, which runs through Wednesday, will educate about 1,500 local children. During the program, the children will learn all about nutrition, dental hygiene and brushing techniques. The children are given a dental report card to bring home as well as a goody bag filled with a toothbrush, toothpaste, a dental floss keychain, a notebook, crayons and an oral health-care coloring book. (Photo/Carlo Messina, FX Video & Photography.)



• Stop by CareCredit (booth No. 2814) to learn how you can get a Pillow Pet. From left: Chris Seitzinger, Catherine Bocciarelli and Alex Bell.



• Chris Fallon of DENTSPLY Caulk (booth No. 1400) with a Palodent Plus kit.



• Richard Liu of DentLight (booth No. 4103).



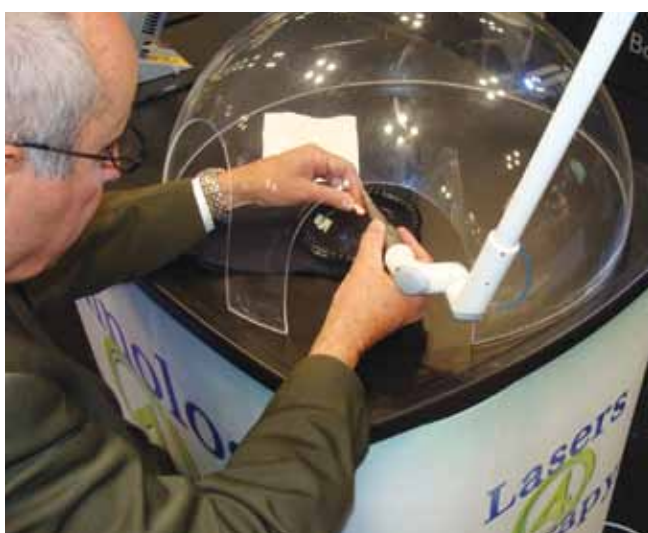
• Tammy Flohr of Patterson (booth No. 2600).



• The folks at MTI Dental Products (booth No. 1715): Kevin Dresch, from left, Patty Delliacona and Haye Hinrichs.



• The gang at Glidewell Laboratories (booth No. 4400): Nohemi Torres, from left, Monica Diaz, Tim Torbenson and Diana Ruelas.



• Keith Bateman demonstrates the use of the Lightwalker laser at Technology4Medicine (booth No. 3818).



• Carl Horrocks, left, and Michael Maccaquano of 3Shape (booth No. 4606).



• Meeting attendees take in an educational presentation at the Invisalign booth (No. 2836).

New posterior composite technology improves placement efficiency

By Ronald D. Jackson, DDS, FACD, FAGD, FAACD

■ In 1990, 94 percent of dentists in the United States chose amalgam as their primary intracoronal posterior restorative material.¹ By 2010, composite resin restorations had exceeded amalgam by a ratio of 2:1.²

In fact, it is estimated that one-third of U.S. dentists no longer use amalgam and those who do report a steady decline. This is not an indictment of amalgam, a material that has served dentistry well for more than 100 years. There are many reasons for this relatively rapid and significant change in restorative dentistry. In this author's opinion, the leading reasons are:

- individual patient desires for non-metal, natural looking restorations.
- the less invasive nature of composite restorations.³
- the significant improvement in composite resin material physical properties, leading to increased durability and longevity, which, according to recent clinical studies, can rival amalgam.^{4,5}

Nevertheless, many dentists still complain that placing posterior composites is exacting, tedious, time consuming and not always predictable.

Speeding up the process

Current composite resins now yield high physical properties of hardness, flexural strength and fracture toughness, as well as low shrinkage and low wear. However, these highly filled, highly viscous materials can make it more difficult to achieve intimate adaptation to cavity walls and, because of low depth of cure, require multiple, separately adapted and cured layers.

Manufacturers have begun to address this concern by introducing new composite resins and technologies specifically for posterior use, which allow dentists to place restorations faster and easier. Indeed, one such product/technology, SonicFill, by Kerr, eliminates the need for a low viscosity liner altogether and, with a depth of cure of 5 mm, allows rapid restoration placement in the majority of posterior cavities in one, single bulk-fill increment.^{6,7}

This is accomplished because SonicFill is a highly filled (84 percent by weight), shaded composite resin (B1, A1, A2, A3) that contains special rheological modifiers sensitive to the specific high frequency vibration provided by the sonic handpiece. The handpiece fits most quick-disconnect air line couplers, but universal adaptors are available if needed.

Upon activation, the viscosity of



Fig. 1a



Fig. 1b

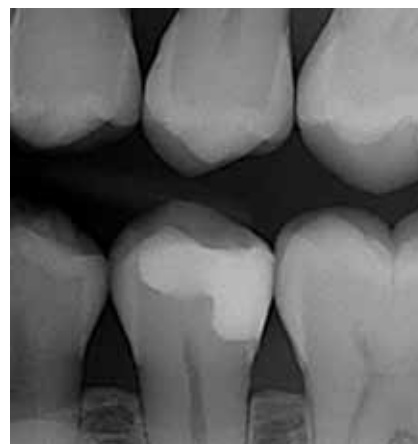


Fig. 1c



Fig. 1d

• **Figs. 1a, 1b:** Before photo and preoperative X-ray showing Class II amalgam needing replacement. (Photos/Provided by Dr. Ronald Jackson)

• **Figs. 1c, 1d:** Twenty-six month postoperative view of SonicFill (Kerr) restoration. Note adaptation to cavity walls without the need for a low viscosity liner.

Attend today's session

TODAY from 11:15 a.m. to 12:15 p.m. in aisle 5000, room 3, Dr. Ron Jackson will present "Direct Posterior Composites: A Rapid Simplified Placement Technique" as part of the DTSC Symposium. In his session, he will discuss how a greatly simplified and efficient procedure for placing Class II composite restorations using new technology could benefit your practice. The predictable, standardized system of placement achieves a significant reduction in both time and effort when placing these restorations.

About the speaker



Ron Jackson, DDS, has published many articles on esthetic and adhesive dentistry and has lectured extensively across the United States and abroad. He has presented at all the major U.S. scientific conferences. Jackson is a fellow in the Academy of General Dentistry, an accredited fellow in the American Academy of Cosmetic Dentistry, a diplomate in the American Board of Aesthetic Dentistry and is director of the Mastering Dynamic Adhesion program at the Las Vegas Institute for Advanced Dental Studies. Jackson practices in Middleburg, Va., emphasizing comprehensive restorative and cosmetic dentistry.

the composite drops 87 percent and is rapidly extruded from the unit dosed tip. The composite is literally vibrated into the cavity and adapts intimately to all cavity walls in the same manner that mixed stone is vibrated into an impression. Most cavities are totally filled in less than five seconds.

Upon deactivation of the handpiece, recovery is not immediate, so viscosity returns at a slower rate. This intermediate viscosity makes the material non-sticky and non-slump, so it can be easily and quickly sculpted to accurate anatomy.

This author finds that from the time the adhesive is cured, posterior composites (even relatively large Class IIs) can be placed, cured, finished and polished in less than three minutes (Figs. 1a-1d).

Placing posterior composite restorations is a significant bread-and-but-

ter service in most general practices. With SonicFill, less time is needed to place these restorations, thereby improving practice profitability and, at the same time, less tedious effort is expended, improving practice satisfaction for the dentist.

For the second year in a row, SonicFill (Kerr) has received the "Best of Class" Technology Award by the Pride Institute at the Greater New York Dental Meeting.

Disclosure: Dr. Ron Jackson discloses that he acted as a consultant in the development of SonicFill and retains a financial interest in the product.

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NOVEMBER 25**10:00 - 11:00 DR. HOWARD GLAZER
BABY BOOMERS CAN BE BEAUTIFUL!11:15 - 12:15 DR. MARK DUNCAN
DENTISTRY'S DIRTY LITTLE SECRETS... WHAT IS IT THAT WE DON'T KNOW.12:45 - 1:45 DR. MARK MCOMIE
MATERIALS AND METHODS FOR YOUR PRACTICE2:00 - 3:00 DR. LOUIS MALCMACHER
THE TOP 8 GAME CHANGERS IN DENTISTRY TODAY3:15 - 4:15 DR. FRANKLIN SHULL
ESTHETIC/RESTORATIVE DENTISTRY LIVE PATIENT DEMONSTRATION4:30 - 5:30 DR. GEORGE FREEDMAN
BEAUTY OF BONDING**MONDAY
NOVEMBER 26**10:00 - 11:00 DR. FAY GOLDSTEP
PREDICTABLE PROACTIVE AND PROFITABLE MINIMALLY INVASIVE DENTISTRY11:15 - 12:15 DR. GARY HENKEL
UNSURPASSED HANDLING, UNCOMPROMISING RESULTS: BONE GRAFTING SIMPLIFIED12:45 - 1:45 DR. RON KAMINER
TIPS, TRICKS AND TECHNIQUES TO MAXIMIZE SUCCESS2:00 - 3:00 DR. MIKE RETHMAN
FLUORIDES AND NON-FLUORIDE INTERVENTIONS FOR CARIES CONTROL - AN OVERVIEW3:15 - 4:15 DR. MARK DUNCAN
DENTISTRY'S DIRTY LITTLE SECRETS... WHAT IS IT THAT WE DON'T KNOW.4:30 - 5:30 DR. ROBERT HOROWITZ
OPTIMIZING IMPLANT THERAPY WITH ADVANCED DIGITAL TECHNOLOGIES AND CUSTOM TRANSITIONAL COMPONENTS**TUESDAY
NOVEMBER 27**10:00 - 11:00 DR. CHRIS GLASS
ACHIEVING PREDICTABLE SUCCESS WITH ENDODONTICS11:15 - 12:15 DR. RON JACKSON
DIRECT POSTERIOR COMPOSITES: A RAPID, SIMPLIFIED PLACEMENT TECHNIQUE12:45 - 1:45 DR. DAVID EVANS
PERFECT YOUR ONLINE PRESENCE2:00 - 3:00 DR. GEORGE FREEDMAN
NEW AND IMPROVED! PROFITABLE CLINICAL TECHNIQUES FOR YOUR PRACTICE3:15 - 4:15 DR. DAVID HOEXTER
PREDICTABLE IMPLANTS - BY PRESERVING BONE DURING EXTRACTIONS WITH NEW INSTRUMENTS4:30 - 5:30 DR. SELMA CAMARGO
OPTIMIZING ENDODONTIC TREATMENT WITH HIGH INTENSITY LASER THERAPY**WEDNESDAY
NOVEMBER 28**10:00 - 11:00 DR. DAVID PECK
IMPLEMENTING DENTAL LASERS IN THE GENERAL PRACTICE: A REAL-WORLD REPORT11:15 - 12:15 DR. RON KAMINER
DENTISTRY 101: DEMYSTIFYING NEW CONCEPTS IN CARIOLOGY12:30 - 1:45 DR. SELMA CAMARGO
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How to 'Perfect Your Online Presence'

Dr. David Evans talks tips and tricks of the Internet

By Kristine Colker, Managing Editor

► **TODAY from 12:45 to 1:45 p.m. in aisle 5000, room 3, Dr. David Evans will present "Perfect Your Online Presence" as part of the DTSC Symposium.**

In his session, he will discuss the various factors that influence Internet presence and how dental practices can attain "high Internet presence."

Evans talked to *today* about what to expect from his symposium.

Dr. Evans, you are presenting a DTSC Symposia session called "Perfect Your Online Presence." Would you give us a brief overview of your session?

Word-of-mouth marketing was the most important thing for dentists five or 10 years ago. Now, it's different. People go online to check you out. Patients associate wildly with Google rankings. They also have the perception where they associate quality with where you appear in the rankings. It might not be connected in reality, but it's connected in people's minds.

Has Internet marketing replaced word-of-mouth (WOM) referral?

No, in a successful practice, your WOM will always be a very important component of marketing for new patients. Now, however, many prospective patients will research on the Internet to support WOM referral.

When a prospective patient is considering dental work and receives a WOM about your practice, the next stop for the prospective patient is the Internet, where he or she will peruse your website to research your background, look at your before-and-after photos and review your testimonials. Consumers also research other places where you appear online.

A strong Internet presence, with a captivating website, will enhance the WOM referral and lock in the new patient. On the other side, a poor showing on the Internet can break a great reputation and the WOM referral.

Also there are some cases, such as when a prospective patient is new to the area (and with the mobile population, this number is growing), in which the patient does not have anyone to ask about a WOM referral. In these cases, a strong Internet presence is the only way to get that new patient. In balance, strategies to boost the WOM referrals will continue to be important, but expect Internet marketing to take a larger and larger role over the coming years.

How can my practice's website get ranked higher on Google?

Keep in mind that Google ranks web-

About the author



David Evans, PhD, has been involved in Internet practice marketing since 1995. He has expertise in how consumers search for health-care information online, the optimum design and construction of practice websites, website search engine optimization (SEO) and the strategic development for Internet marketing. Evans is CEO of Ceatus Media Group, which owns and manages the online directories for dentists and LASIK, plastic and bariatric surgeons. Evans received a bachelor of science from the United States Air Force Academy, a master's and MBA from Wright State University and PhD from Indiana University. EHe can be reached at dwevans@ceatus.com.

sites, not dentists. You can be the best cosmetic dentist in the world, but if your website is not search-engine friendly, then Google will not rank you on the first page in your market.

Google uses about 200 different variables to rank websites. Convincing Google to give you good rankings requires that your site is aligned with these 200 variables. These variables fall into two broad categories, on site and off site.

In simplistic terms, the on-site variables relate to your content and the attributes on various pages of the website. The off-site variables relate to the links you have coming to your site and how many consumers share your site with others. The process for obtaining high rankings on Google and other search engines is called search engine optimization, or SEO.

How much time should I spend working on my website and SEO? I have a busy practice and can't find the time. What will it cost to get help?

You can save money on SEO and your website if you write all of your own content, build your website and perform optimization. These activities could take 10 to 15 hours a week to do properly. An effective SEO company will charge a monthly fee, and then your time is spent in the clinic working with patients, where you generate revenue for your practice.

How do I choose the best website and SEO company for my practice?

When choosing a website and SEO

company, it is best to focus on companies with experience in dentistry, particularly high-end dentistry practices. Review their website portfolio to determine if their designs fit the image of your practice.

Most importantly from an SEO perspective, review the rankings of the prospective company's other clients to see how well the SEO has worked for them. The most efficient method is for one company to handle both the website and SEO, but this is not absolutely necessary. If you already have a website and/or designer you like, then hiring a company only for your SEO can work well. Also, many website designers do not understand or properly perform SEO, so it would not be unusual to hire a separate company for SEO.

Also, make sure you understand fully what you are buying when you purchase a website. Many dentists do not realize they do not own their websites, but instead they are essentially leasing the website design, content and hosting of the site. There are two easy questions to ask a potential website company to determine if the website you are buying will actually be owned by you.

- Will I own the copyright to the website design and content?
- If I leave your services, can I take the website to another company?

If you receive a "no" to either of these questions, be careful. Many factors determine how well a website ranks on Google. But one big factor is its age. If you leave a vendor where you are leasing a site, then you lose the site and you have to start over from a longevity standpoint, a new website can take up to one year to rank on Google.

I've hired an SEO company. How do I know if they are doing a good job?

The bottom line of SEO is rankings, traffic and conversion. The top SEO companies will boost rankings for your website and modify it to increase conversion. If you are not receiving more leads from your website since hiring your SEO company, it is probably not doing a good job.

What are the most important components of a practice website?

Keep in mind that when prospective patients visit your website, the question on their minds is "What is in it for me?" Your website has two to three seconds to capture the attention of prospective patients and convince them to stay there to learn how they can benefit from your practice.

The key elements patients like to see are testimonials and before-and-after pictures. These help visitors better understand how treatment can help them. They also want to see that you have extension training and

education. And finally, educational content about the procedures you offer will help visitors to understand the services they need/want, which makes them more likely to convert to a high-value patient once they visit your office for a consultation.

Should I list my practice in a directory?

Marketing research shows consumers are two-thirds more likely to convert if they see you in multiple places online. When visitors find your website online, and then also see you in a dentist directory, the likelihood of getting that patient to visit your practice increases dramatically.

The best directories provide a place to post your before-and-after photos, news items, testimonials and your training and experience. Make sure the directory offers an email contact form for you specifically, a tracking phone number and a link to your website. Regular reports for traffic, email leads and phone calls should also be provided.

If your directory listing can provide two to five consultations a year and one high-end patient, then it is a worthwhile investment. Revenue for one patient pays for the listing, and then that patient serves as a WOM referral source for other potential new patients.

Should I have a social media strategy for my practice?

Social media is becoming more important, but it may not be for everyone, as it requires dedicated staff time on a regular basis. Facebook should be the primary focus of any social media thrust. Twitter, Pinterest, StumbleUpon, etc., are probably not a good allocation of resources at this time.

To be effective, the Facebook strategy should engage with current patients with the focus being to get them to share with their friends and thus provide WOM referrals.

Most practices use social media incorrectly. Constantly posting articles about treatments offered at the practice or discounts on teeth whitening is a big turn off for patients. They will stop visiting your Facebook page and discontinue your alerts.

The proper strategy is to engage with patients using articles they would be interested in, such as information about back to school, a new staff member or local news. Do you and your staff participate in the "Tomorrow's SMILES" program or did you do any volunteer work at the school?

Also, consumers love contests and voicing their opinions. Let your Facebook users vote on which local candidate or celebrity has the best smile or have a content to submit the quote of the month.

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