

today 2012



Caries prevention

An exclusive interview with clinical expert and conference presenter Dr Nigel Pitts, University of Dundee, UK.

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CAD/CAM conference

Dr Dobrina Mollova, CAPP Asia, on the 7th CAD/CAM & Computerized Dentistry International Conference in Singapore.

»Page 10



Dental products in focus

IDEM will be an excellent opportunity to see state of the art technologies and achievements in the field of dental medicine.

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Premier Asian dental meeting opens at Suntec

Sixth IDEM Singapore to present latest dental research and cutting-edge technology



■ Dentistry in South-East Asia is expected to receive a major boost today when the International Dental Exhibition & Meeting (IDEM) opens its doors to dental professionals in Singapore and across the APAC region. The sixth edition of the show will be kicked off this morning at the Suntec Singapore

Ministry of Health from People's Action Party colleague Khaw Boon Wan after last year's national elections, recently introduced a list of measures to further improve the country's dental infrastructure, which will include increasing the intake of students by the National University of Singapore's dental school. He also announced the establishment of a working group to strategise the development and implementation of a new specialty focusing on geriatric and special needs dentistry, as well as to better support dental training and the provision of clinical services and research.

Singapore currently has a dental workforce of slightly over 1,500 dentists, of which two-thirds are employed in the public sector.



(DTI/Photo courtesy of Koelnmesse, Singapore)

Stronger industry participation

According to Koelnmesse, more than 410 dental companies and dealers operating in Singapore and abroad are participating in the 2012 edition of IDEM, with many showcasing for the first time. Joint participation by national dental industries, including Germany, the US and Australia, among others, has

also increased, they said. In addition to new dental instruments and materials, dentists can expect to find a number of solutions on display that are aimed at simplifying the workflow in and between dental practices and laboratories.

First launched in 2000, IDEM is held in Singapore every two years. The 2010 edition drew over 6,000 visitors to the Suntec Exhibition Centre, of which a significant number came from neighbouring countries and from overseas.

"Our aim is also to connect professionals from across the globe to facilitate the exchange of ideas and information," President of the Singapore Dental Association and IDEM Co-Chairman Dr Philip Goh told *today international* in Singapore. "We have seen promising de-

velopment in the scientific conference in that the range of topics addressed has also been varied throughout the years in order to address not only clinical issues that dentists currently face but also the future of dentistry in the region."

IDEM's conference programme opens today with presentations by dental-health researcher Dr Nigel Pitts from the University of Dundee in the UK on caries prevention and management (read our interview on pages 6 & 7) and by the Clinicians Report Foundation's Chief Operating Officer, Derek Hein from the US.

Dental Tribune Study Club Symposium

Live education sessions will be held daily through the Dental Tribune Study Club Symposium at booth E29 in the exhibition hall, between 11:00 and 15:00. There, participants will have the opportunity to learn about clinical issues like caries management, smile design or the use of CBCT in dentistry. According to Dental Tribune Study Club representatives, visitors who join the free sessions will be able to earn CE credits.

For more news from this year's IDEM Singapore please scan the QR code at the bottom left or visit: www.dental-tribune.com/idem2012



(DTI/Photo courtesy of Koelnmesse, Singapore)

International Convention and Exhibition Centre in the presence of high-ranking officials from the Singapore Dental Association, FDI World Dental Federation and Koelnmesse, as well as the country's Minister for Health, Gan Kim Yong.

The 54-year-old former Minister for Manpower, who took over the



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VOCO drives business in Asia with new products

■ The German dental material manufacturer VOCO is looking to expand further in Asian markets, according to the Area Manager for South-East Asia, Dr Chuanhao Luo. He told *todayinternational* that the potential for his company to grow in emerging markets like Indonesia, Vietnam or Thailand is enormous.



• Dr Chuanhao Luo (DTI/Photos courtesy of VOCO, Germany)

universal applicability, simple handling and excellent material properties," he commented. "It has a smooth consistency that makes handling extremely convenient and processing swift, which means that this composite represents a viable alternative to conventional restorative materials, also with

regard to cost effectiveness."

VOCO already has operations in established markets like China, South Korea and the Philippines. Worldwide, the company

regard to cost effectiveness."

The company will also present Bondfix, a light-cured, single-component self-etch bond reinforced with nano-fillers. As a one-step bonding agent, Bondfix is said to reduce time and material significantly, as there is no need for mixing or the application of various components. Just one 35-second working step includes etching, priming and bonding, as well as the subsequent light-curing. According to Luo, a single application of the bonding agent is sufficient to create a lasting, stable bond between the restoration and the tooth.



ranks among the leading manufacturers of pharmaceuticals and medical devices for preventive, restorative and prosthetic dentistry. Its product range comprises more than 100 products, including pioneering developments like the world's first nano-hybrid composite, Grandio. According to Luo, several VOCO developments have received awards from well-known evaluators such as the Dental Advisor in the US.

"Bondfix can be processed for up to five minutes after being dispensed onto the mixing pallet, which means that brief interruptions in its application will not lead to a loss of adhesive quality," said Luo, pointing out another benefit.

Luo said that owing to the increasing interest of Asian dentists in the field of aesthetic dentistry, VOCO wishes to play a very important role in the market by providing dentists with high-quality and easy-to-process products, such as Amaris, a highly aesthetic composite that provides extraordinarily natural and aesthetic restorations, especially in the sensitive anterior area. With the two-layer technique using only one opaque and one translucent shade per restoration, Luo said that the highest demands can be met easily and quickly in just one session.



Structur 3, the company's new self-curing crown and bridge material, can be used for the quick fabrication of high-quality provisional crowns and bridges, as well as inlays, onlays, partial crowns, veneers and temporary posts. Long-term temporaries can also be constructed using Structur 3, as well as the lining of prefabricated provisional crowns made from composite material, polycarbonate or metal.

"Structur 3 possesses extraordinary stability and highly aesthetic properties and is as quick as it is easy to process," Luo said.

All the company's products and novelties are currently on display at stand I11 in the exhibition hall.

Amaris Gingiva from VOCO is currently the only restorative that permits chairside gingival shade matching. This gingiva-shaded, composite-based restoration system is supposed to facilitate individual shade matching using a combination of a base shade (nature) with three mixable opaque shades in white, light and dark. The result is a representation of the gingiva that appears natural.

Luo also announced a number of innovations for a broad range of indications to be shown in Singapore, including Polofil NHT, in addition to VOCO's established products.

"This new nano-hybrid composite convinces with its





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FRIDAY, APRIL 20 • PROGRAMME

11.00 A.M. CBCT IN AND TRADITIONAL X-RAY OUT?
DR. DAN MCOWEN

12.00 A.M. CHANGING THE FACE OF DENTISTRY
DR. MYLES HOLT
 DIRECTOR OF THE AUSTRALIAN ACADEMY OF DENTO-FACIAL AESTHETICS (AADFA)

13.00 P.M. CARIES MANAGEMENT USING S-PRG TECHNOLOGY
 VIDEO PRESENTATION
JOHN COMISI, D.D.S.

14.00 P.M. ABRASIVE TECHNOLOGY 'PRECISION TOOLS - WHERE YOU NEED THEM MOST'
SABINE NAHME

SATURDAY, APRIL 21 • PROGRAMME

11.00 A.M. ABRASIVE TECHNOLOGY 'PRECISION TOOLS - WHERE YOU NEED THEM MOST'
SABINE NAHME

12.00 A.M. CHANGING THE FACE OF DENTISTRY
DR. MYLES HOLT
 DIRECTOR OF THE AUSTRALIAN ACADEMY OF DENTO-FACIAL AESTHETICS (AADFA)

13.00 P.M. OVERVIEW AND COMPARISON OF CLINICAL AND DIAGNOSTIC ASPECTS IN VOLUME TOMOGRAPHY
DR. DAN MCOWEN

14.00 P.M. NOVEL CLINICAL APPLICATIONS OF COLGATE SENSITIVE PRO-RELIEF IN THE MANAGEMENT OF DENTINE HYPERSENSITIVITY
PROF. DR. SEOW LIANG LIN

SUNDAY, APRIL 22 • PROGRAMME

11.00 A.M. ABRASIVE TECHNOLOGY 'PRECISION TOOLS - WHERE YOU NEED THEM MOST'
SABINE NAHME

12.00 A.M. SMILE DESIGN AND CERAMIC RESTORATION IN ESTHETIC RESTORATIVE AND IMPLANT DENTISTRY VIDEO PRESENTATION
DR. CHRISTIAN COACHMAN

13.00 P.M. CHANGING THE FACE OF DENTISTRY
DR. MYLES HOLT
 DIRECTOR OF THE AUSTRALIAN ACADEMY OF DENTO-FACIAL AESTHETICS (AADFA)

14.00 P.M. CBCT IN AND TRADITIONAL X-RAY OUT?
DR. DAN MCOWEN

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ITI SEA Fellows Meeting in Singapore. (DTI/Photos courtesy by ITI)

ITI expands in Asia Pacific, announces congress in 2013

■ Implant dentistry has advanced rapidly over the last 30 years. ITI, which stands for International Team for Implantology, has played a significant role in this process. As an independent academic organization, it is dedicated to advancing knowledge

in the field of implant dentistry which has earned it the reputation as a leading provider of educational principles and treatment methods that are oriented to evidence-based science. Recently, the South East Asia Section of the ITI has an-

nounced its first ever congress to be held next year in Thailand. The congress will be held from May 16 to 17, 2013, in Bangkok and offer an aesthetics-driven programme led by Profs. Daniel Buser and Urs Belser, two world-renowned Swiss clinicians. It will also feature a number of highly respected regional speakers, the organisation said.

Since its implementation last year, the South East Asia Section has formed seven ITI Study Clubs and organised educational Study Club meetings in several South East Asia countries including Indonesia, Thailand and Malaysia. It is also planning to expand the number of ITI Study Clubs from currently seven to ten.

Founded in August 2011, the South East Asia Section currently has 187 Members and 22 Fellows. It is led by oral and maxillofacial surgeon Dato' Dr Sharifah F Alhabshi (Section Chairperson) from Malaysia and supported by dental professionals from the region including Dr Alvin Yeo (Education Delegate), a consultant periodontist from Singapore, a consultant prosthodontist Dr Chatchai Kunavisarut (Study Club Coordinator) from Thailand and cosmetic dentistry specialist Dr Yip Chi Cheong (Communications Officer) from Malaysia.

In addition to the South East Asia Section, the ITI currently has 26 further Sections around the world. Founded in 1980, the ITI says to have currently more than 12,000 members in over 100 countries. The mission of this global non-profit organisation is to promote and disseminate knowledge on all aspects of implant dentistry and its associated fields to improve the quality of treatment to the benefit of patients.

The ITI offers grants to young dentists, holds congresses, offers a variety of continuing education courses and publishes reference books in nine languages. Every three to four years the ITI organises its global congress, the ITI World Symposium. The latest of these meetings in 2010 drew over 4,000 participants to Geneva in Switzerland. At a local level, the 27 Sections organise congresses, regular Study Clubs meetings, courses and Section meetings in order to give as many clinicians as possible access to evidence-based treatment guidelines.

ITI Members enjoy a number of benefits such as reduced entrance fees to ITI congresses and free participation in ITI Study Clubs, regular updates on the newest literature and developments in implant dentistry, as well as free copies of the ITI Treatment Guides and more.

ITI Members and Fellows also have the opportunity to network and exchange information and contacts through the ITInet, the ITI's global online portal for Members and Fellows.

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“A common language for all stakeholders to communicate about caries”

An interview with caries expert and speaker Dr Nigel Pitts, UK



Dr Nigel Pitts

At this year's opening session, Dr Nigel Pitts from the UK will focus on dental caries as a public-health issue, as well as the epidemiology and importance of understanding the science behind primary and secondary caries prevention. *today international* spoke with him about evidence-based approaches to planning care that can be utilised in dental practice.

today international: Caries is increasingly considered a serious public-health issue. Has the perception of the disease changed during the last few years and if so, what are the indications of this development?

Dr Nigel Pitts: Yes, the perception has changed, but in what way, very much depends on which country one is considering. There is a growing awareness in many “developed” countries, where caries has been declining dramatically for decades, but there are still vulnerable groups, particularly young children, with a very high burden of preventable disease.

In other countries, caries in young children is thought to be increasing. In yet other traditionally low-caries “developing” countries, there are real concerns that changes in diet and lifestyle may be accompanied by an increasing caries problem for society and for individuals.

You are one of the developers of a caries classification and management system endorsed



(DIT/Photo Marcel Janovic)

by dental organisations like the FDI World Dental Federation. What is the concept behind it and what is its potential for decreasing the burden of tooth decay in the world today?

ICDAS (International Caries Detection and Assessment System) is a simple, logical, evidence-based, detection and assessment system that classifies the stages of the caries process. It is designed for use in dental education,

clinical practice, research and public health. It provides a common language for all stakeholders to communicate about caries, and facilitates valid, consistent comparisons of lesions at single and multiple time points.

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ICDAS has evolved to comprise a number of approved, compatible formats for different needs and applications, including simplified forms for those wanting to work with fewer stages of caries. The potential for decreasing the burden of caries ranges from helping the transition to a more preventive approach to caries, helping in assessing health needs more realistically for populations and individuals, helping evaluate preventive programmes and helping to deliver more preventive caries control and better future products through research.

Apart from classification, what other advantages does such a system offer?

ICDAS leads to better quality information, derived from the assessment of caries severity and activity, to support decisions about diagnosis, prognosis and clinical management at both the individual and public-health levels. As we know more about the complexities of the caries process, informing sound clinical decisions is increasingly important for providing appropriate and high-quality caries care.

How can these concepts be applied to dental practice?

ICDAS has created the International Caries Classification and Management System (ICCMS), an open system developed specifically to meet the needs of those seeking a preventively orientated framework to support and enable comprehensive clinical caries management in the dental practice situation. This framework will help the dental team secure improved long-term outcomes for their patients.

There are improved means of detecting and assessing risks for early carious lesions. Has technology changed how we look at them?

The clinical visual detection and assessment of early lesions (using ICDAS-style approaches) is the foundation for planning care, but there is a continuing need for detection aids to help identify lesions that are difficult to detect visually and for effective risk assessment tools.

Examples of some of the newer approaches on the market for detection are enhanced electrical, optical and radiographic detection aids. These should be considered prudently as aids to preventive caries care, not just finding more cavities to fill.

There are also developments in risk assessment systems, such as CAMBRA, to accompany older established systems, such as cariogram. All of the information derived from these useful detection and risk assessment tools needs to be integrated into a holistic and personalised preventive treatment plan for each patient.

Concerning the management of early carious lesions, you promoted a study in 2010 on the best way to manage decay in children's teeth called FICTION (Filling Children's Teeth, Indicated or Not?). The study to be finished in 2018 is examining the different approaches (conventional restoration, preventive method and the Hall technique) to children of ages three to seven. Is there a ten-

dency towards any of these approaches so far?

As you indicated, this exciting study will not be completed for some years. The feasibility stage is finished and the much-needed back-to-back comparison is getting underway—it is too soon to see results yet. The mounting evidence we do have (from multi-year randomised controlled trials in general practice) is that the approach of biological, preventive management with reduced surgical intervention (such as with the Hall technique) is showing re-

sults that are better than those achieved by the more conventional methods.

What approaches to primary and secondary caries prevention are the most promising and what evidence do we have with regard to their clinical effectiveness?

The strongest evidence on caries prevention comes from high-quality systematic reviews of fluoride, whether in water, salt, toothpaste, varnish or other forms. In addition, there is strong evidence of the effi-

cacy of sealants. There are also some promising new developments with remineralisation, but it will inevitably take time to accrue further evidence of clinical effectiveness.

There is evidence that a purely restorative approach is not efficient but preventive caries control has been adopted rather slowly in many countries. Do you see a move from an operative towards a more preventive approach?

I do see this move from a purely operative towards a more preven-

tive-based approach gathering pace. It has been a very slow change in some countries, despite the profession talking about it for decades. However, there are a number of countries that have been controlling caries in this way for years and an increasing number of countries that are in transition. Reform of payment systems and changes in patient expectations are important components of this change.

Thank you very much for this interview.

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The passive income practice

Dr Phillip Palmer explains new methods for exit planning and retirement funding of dentists

Exit planning has traditionally been a fairly simple task for dentists. The choices a dentist faced were either winding down the number of days worked, thereby gradually easing into retirement, or working until three to six months before wanting to stop, and then advertising the practice for sale. After negotiations with the buyer, dentists would sell and walk away—much like a house sale. Sometimes there would be a good handover of patients and staff, and sometimes this process would be less than ideal.

More recently, other options for exit planning have become available for practice owners. Over the last three to four years, for example, many dentists in Australia having sold their practices stayed on to work as employee dentists for the new owner. This model in particular has increased in popularity recently with corporate entities often being the buyer. Another model is deferred sale/employee with view, whereby a new dentist (Dr Junior) works for a year as an employee for Dr Senior. If all goes well, a contract is signed for the purchase of half (or even all) the practice in some years hence. The employed dentist continues to work as an associate, and the transaction is settled after the agreed time. This technique assures Dr Senior both a buyer and extra income from Dr Junior during the years as an employee. Through the incremental percent-



(DIT/Photo YuniArens)

age technique, after a similar trial period, the practice contracts are exchanged and incrementally each year a further percentage of the practice changes hands from Dr Senior to Dr Junior.

In each case, after the practice is sold, the ex-owner commonly takes the money he made from the sale, goes on a holiday and then invests whatever is left in real estate or the stock market to fund his retirement. For a practice here in Australia grossing say AUS\$800,000 per year, if sold on the open market could bring up to AUS\$500,000.

If that entire sum were used to purchase a residential investment property, one would be lucky to net more than AUS\$30,000 per year, and probably less, to fund retirement.

Another way to exit plan and fund a dentist's retirement is to establish the passive income practice, also known as the "never sell concept". Using this method, the practice is set up in such a way as to be self-managed, with little effort (1 day/month) needed from the owner when the practice is mature. The profit from the practice can be

as high as 30 per cent after payment of all normal expenses and clinicians' wages.

If maintained as a going concern and run properly, there is no reason to expect a return from the AUS\$800,000 grossing practice of less than AUS\$200,000 p.a. (and still maintain an asset worth at least AUS\$500,000).

Obviously, for this option to work, the practice and the staff need to be trained to be self-managed and to provide a certain level of service and communication.

Basically, they would need to have a deep knowledge and understanding of the systems needed to run a practice.

Some degree (the more, the better) of management, leadership and business skills is also required by the owner, including the ability to look at and analyse the right numbers or to motivate key staff members to manage the practice and outperform through the judicious use of incentives, including well-designed bonus systems. As the owner dentist is no longer present full-time in the passive income practice, there also needs to be regular training in communication and the provision of service, i.e. clinical training.

There definitely needs to be more than one clinician. Rarely is there sufficient profit over and above the employee dentist's wage (40 per cent after lab) to warrant running the practice as a business with such a small staff.

There are plenty of horror stories out there, especially after the global financial crisis, of retired dentists needing to return to practice because the practice sale did not fund their retirement the way they expected it to. The never sell concept represents a new way of looking at the asset that is your practice and how it can bring you returns long after your clinical career comes to an end.

Former dentist Dr Phillip Palmer is currently Director of Prime Practice in Double Bay, Sydney, and Dentist Job Search and regarded as Australia's leading expert in the business of dentistry. He can be contacted at info@primepractice.com.au.

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Truth about dental products to be revealed at IDEM session

The Chief Operations Officer of the Clinicians Report Foundation, Derek Hein, will have an opportunity today to share the latest findings regarding new concepts, techniques and materials that are changing the way dentists are treating patients. With the emergence of minimally invasive dentistry, some of the new devices and technologies claim to be superior to those that are well established and proven.

In his presentation of CR's work in Ballroom 2, Derek will help dentists decide which of the new concepts and products they should integrate into their practices.

CR, originally known as Clinical Research Associates, has been in existence for 35 years. It was co-founded by Dr Gordon J. Christensen and his wife Dr Rella P. Christensen, who until this day remain very much involved with the daily work of evaluating hundreds of new dental products and techniques each year.

CR was started on the premise that new products should be evaluated rapidly, preferably before market introduction, by non-biased researchers not receiving money from manufacturers to conduct the research.

It has always had both strong basic science components conducted in the extensive science laboratories located in Provo, Utah, USA, and supporting practising clinical dentist evaluators located throughout the world. The dentists involved are from all areas of the world, representing all aspects of the profession.

Many dentists report that honesty is a respected and unique aspect of the organisation, as there are no financial motives in CR. Funding of CR's extensive research comes from the profession through staff presentations, donations and subscriptions.

Subscribing members receive the monthly *Gordon J. Christensen CLINICIANS REPORT* publication

through the mail or online at www.CliniciansReport.org. It summarises how products have performed and provides highly practical clinical tips and guidance for successful patient treatment.

Hein, who joined CR over 22 years ago in order to manage the long-term clinical trials of restorative materials, currently oversees the publication of the *Gordon J. Christensen CLINICIANS REPORT*, continuing education, professional relations, and product distribution. He has also presented 240 dental continuing education seminars for CR over the past 14 years in the USA and nine other countries.

He regularly contributes to dental research as a member of the International Association for Dental Research and publishes on restorative resins, various inlay/onlay restorative materials, and single-unit crowns, among others.

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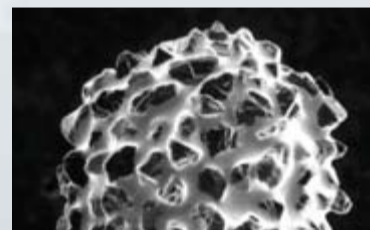
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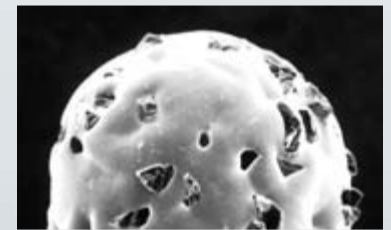
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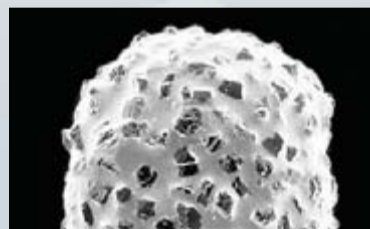


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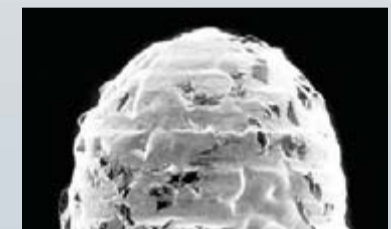


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