

HOW TO SAVE A LIFE

The answer of how to help people with obstructive sleep apnea is in your hands.

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**SCENES FROM THURSDAY**

Sharks, photo booths, wheels full of prizes and more await you in the exhibit hall.

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**THE THREE 'CAD CAMIGOS'**

It's all for one and one for all in the world of digital dentistry. Find out why that is.

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It's time to explore

On the exhibit hall floor, attendees at the 147th Midwinter Meeting have plenty to choose from

By Fred Michmershuizen
Dental Tribune

It's the Chicago Dental Society's 147th annual Midwinter Meeting, and more than 30,000 dentists and dental professionals are here at McCormick Place's West Building to experience valuable continuing education, including more than 120 speakers, 190 courses and 38 hands-on courses.

On the exhibit hall floor, more than 600 exhibitors from around the globe are on hand to show off some of the industry's most innovative products and technologies.

One of the many new products on display this year is the DrQuickLook dental viewer, on display at booth No. 4630. The device helps dentists explain treatment

► See EXPLORE, page 38



The exhibit hall floor offers plenty of new and innovative products. Photos/Fred Michmershuizen, Dental Tribune

From ortho to oral surgery, today's lectures cover it all

By Sierra Rendon, Dental Tribune

In addition to the hundreds of products and technologies available for your perusal today in the exhibit hall of the Midwinter Meeting, a bevy of educational opportunities await you as well.

Today's schedule includes a variety of diverse topics, including dermal fillers, digital photography, internal marketing, nutrition, sales strategies and social media. Here is a small sampling of courses you can attend today:

• "Ortho Tips for the General, Perio, Implant and Cosmetic Dentist," with Dr. Jean

Furuyama. Room W184BC. Free. 3 C.E. hours.

• "Hands-on Oral Surgery Workshop for General Dentist," with Dr. Robert Edwab. Room W175A. \$360 fee. 3 C.E. hours.

• "Stress, Burnout and Substance Abuse Among Dentists," with Dr. Michael Oreskovich. Room W470B. Free. 3 C.E. hours.

• "Bone Grafting: Simple to Complex," with Dr. Edward Amet. Room W471A. Free. 1 C.E. hour.

For more in-depth information on these sessions, or any of the other available courses for today's schedule, pick up the official program near registration.

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Dental Tribune 2012

Helping kids to smile

Henry Schein, supplier partners donate products and services to ADA's 'Give Kids A Smile'

Henry Schein, the largest provider of health-care products and services to office-based practitioners, and its supplier partners joined with the American Dental Association (ADA), Colgate-Palmolive and DEXIS to sponsor the 10th annual ADA "Give Kids A Smile Day." In celebration of a decade of success for the "Give Kids A Smile" program, Stanley M. Bergman, chairman and chief executive officer of Henry Schein, opened the NASDAQ Stock Market on Feb. 3.

Henry Schein Dental, the U.S. dental division of Henry Schein, serves as the exclusive professional product sponsor of "Give Kids A Smile Day." With the participation of 29 supplier partners, the company was once again able to support oral health-care screenings for more than 400,000 children throughout the United States.

Nationwide, almost 40,000 dental team volunteers, including more than 10,000 dentists, participated in events held in 1,600 locations. During the past decade, Henry Schein and its supplier partners have donated products and services valued at more than \$11 million to the program. These supplies and prod-

Here in Chicago

For more information on Henry Schein Cares, stop by the booth, Nos. 2314, 2411 and 2611. For more information on the "Give Kids A Smile" program, go to www.ada.org/givekidsasmile.aspx.

ucts have supported the hundreds of millions of dollars of work done by dentists to help 4.5 million children.

According to the American Academy of Pediatric Dentistry, tooth decay affects children in the United States more than any other chronic infectious disease, including asthma, early-childhood obesity and diabetes. Untreated tooth decay causes pain and infections that may lead to problems in eating, speaking, playing and learning.

What's more, according to the ADA, children living in poverty suffer twice as much tooth decay as their more affluent peers, and their disease is more likely to go untreated. The U.S. Centers for Disease Control and Prevention reports that oral health disparities exist for many racial and ethnic groups, but are most pronounced in children ages 2 to 4 and 6 to 8 who are of Mexican American and black,

non-Hispanic descent. A disproportionate share of tooth decay, about 80 percent, is found in 25 percent of children.

"Each year, we marvel at the commitment and dedication of every segment of the dental community in this quintessential example of the power of public-private partnership," Bergman said. "With this year's 'Give Kids A Smile' events around the country, we once again underscore the seriousness of the silent epidemic of cavities in children and the importance of proper oral health to prevent oral disease in at-risk children. Together, we can help 'Give Kids A Smile' fulfill its mission of eliminating cavities in U.S. 5-year-olds by 2020."

In an effort to combat this epidemic, the ADA expanded the "Give Kids A Smile" program, which began as a single-day event, into a year-round effort to increase access to oral care for underserved and at-risk children.

"The tremendous success of 'Give Kids A Smile' during the past decade is a testament to the deep commitment of our membership and the dental industry to confront the critical issue of access to oral care for underserved and at-risk children in the United States," said Dr. William R. Calnon, president of the American Dental Association, himself a volunteer in the program. "The ADA is grateful for the strong support of Henry Schein, DEXIS and Colgate-Palmolive, as well as our many other industry partners, in helping 'Give Kids A Smile' provide oral care for 400,000 children in need this year."

During 2011, the "Give Kids A Smile" program expanded when the ADA, 3M ESPE and Henry Schein hosted a free oral health-screening event on Oct. 15 for young NASCAR fans at the Charlotte Motor Speedway's "Kid Zone" during the NASCAR Charlotte Race Weekend. In addition to oral health screening, treatment and education for underserved children, the festivities featured a visit from NASCAR star Greg Biffle, driver of the No. 16 3M Ford Fusion, whose car and uniform sported the "Give Kids A Smile," 3M ESPE and Henry Schein Cares logos during the Charlotte Bank of America 500 Race.

3M ESPE presented the hood of the NASCAR car to Calnon during the opening of the NASDAQ stock market Feb. 3.

In April, the ADA, 3M ESPE and Henry Schein will again team up to provide oral care and education to underserved children at the NASCAR Sprint Cup Series 400 at the Richmond International Raceway in Virginia.

"We're proud to help support the great work of the ADA and Henry Schein on the 'Give Kids A Smile' program and bring new awareness for this important cause," said Mark Gates, vice president, U.S. sales and marketing, 3M ESPE division. "As a new father, Greg Biffle is a terrific ambassador to help share the message about improving dental health for children in need. And 3M ESPE is committed to building 'Give Kids A Smile' into an even more dynamic, robust program to serve many more children in the years to come."

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Saving lives every day

By Bill Dickerson, DDS, LVIM
Founder and CEO of LVI

It's well known that we in dentistry can change people's lives through cosmetic or neuromuscular dentistry, building their self-esteem or eliminating a lifetime of CMD pain. I've always said we are blessed to be in a profession that is so important, where we can change people's lives for the better. There are not many occupations out there than can say that.

But what is less known is dentistry's ability to save people's lives. What could be more powerful than that? Of course, I'm talking about treating obstructive sleep apnea (OSA), which takes the lives of so many people every year.

Most patients who suffer from OSA are unaware of this condition. To make matters worse, their physicians focus on the co-morbidities they present with, such as high blood pressure, GERD, etc. The physician then prescribes cures for such co-morbidities without looking for a root cause. Also, statistics show that nearly 85 percent of physicians who are not sleep specialists do not even "screen" for OSA.

I would like to share a very personal ex-

More information

For more information on LVI and its "Physiologic Approach to Dental Sleep Medicine," go online to www.lviglobal.com.

perience with this aspect of dentistry. My brother was OSA positive. He had gone to a sleep physician who sent him for a PSG and found he had an AHI of 36.4, which became 53.3 during REM sleep.

For those of you unfamiliar with these terms, that indicated my brother had severe obstructive sleep apnea. His lowest O₂ saturation was 71 percent. He was in the risk category for an early death.

He was prescribed a CPAP, which he hated and wasn't wearing regularly, but it got his AHI down to 10. However, it was pretty much worthless because he wouldn't use it during sleep.

I made my brother an LVI Somnosed (lingualless), which he loved. But I had him do both CPAP and the appliance for a while. This was all done last February (a year ago), and he reported he felt great. Recently, he informed me he was no longer using the CPAP, just the appliance I made him, and we scheduled him to be retested.



The Las Vegas Institute for Advanced Dental Studies headquarters in Las Vegas.
Photo/Provided by LVI

His AHI was 4.8! That's right — normal! His average O₂ saturation was 95.3 percent with the lowest being 87 percent. Making it even better is that he only slept on his back 6.7 percent of the time, but that amounted to an AHI of 18 percent during these times compared to his 3.9 percent for non-supine positions (most of the time he slept on his left side).

If he can prevent himself from sleeping on his back, he would be even better off.

It should be noted that we took the bite in his LVI neuromuscular position, and he only titrated the appliance 0.8 mm forward from that position.

For those of you who treat OSA, you will realize that is amazing. He has no trouble getting his teeth together after using the appliance and is totally comfortable using it with no adverse symptoms.

I would encourage every dentist out there to get involved in this area of treatment for your patients and would encourage all of you to take the "Physiologic Approach to Dental Sleep Medicine" at LVI to learn how to do this properly. All sleep programs are not the same.

Many of you know that our tagline at LVI is "Changing lives daily." We should add, "Saving lives daily!"

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Dr. Michael Ignelzi Jr. has had success with NuSmile crowns.

NuSmile crowns: a 'gold standard' for pediatric patients

By Kristine Colker and Sierra Rendon
Dental Tribune

A restorative solution for pediatric patients with early childhood caries, NuSmile® crowns offer an esthetic alternative to traditional stainless-steel crowns.

"Our company is dedicated to beautiful, healthy smiles for all children. NuSmile anterior and posterior crowns are anatomically correct, stainless-steel crowns with the most natural-looking, tooth-colored facing available,"

Here in Chicago

For more information about NuSmile primary crowns, head over to booth No. 1915. You can also call (800) 346-5133 or check out the website at www.nusmilecrowns.com.

said NuSmile CEO and President Diane Johnson Krueger.

In 1991, NuSmile joined the effort to end the esthetics-versus-durability dilemma, introducing its proprietary approach to manufacturing coated stainless-steel crowns.

Dr. Michael Ignelzi Jr., a speaker here at

the Chicago Midwinter, has lauded the use of NuSmile crowns in many of his sessions.

"I have used virtually all of the resin-faced stainless-steel crowns on the market and use NuSmile crowns because they look great and are durable," he said. "I have literally placed hundreds of NuSmile crowns and can count on one hand the times that resin has been lost from a NuSmile crown."

Dentists can quickly learn the NuSmile technique for properly fitting crowns.

"They are relatively easy to use, and they last the life of the tooth," Ignelzi said. "I mainly use the NuSmile crowns to restore maxillary incisors. However I'll opt for composite resin when the teeth are overcrowded."

"I have seen the changes in a little person's life when rotten, decayed maxillary incisors are transformed by NuSmile crowns into beautiful, white, lifelike teeth. Many of my patients who have been restored with NuSmile crowns are very proud of their 'new' teeth."

Ignelzi is speaking from 9 a.m. to noon today on "What's New in Prevention" in a pediatric dentistry course (\$90). The class offers three C.E. credits. Then, he speaks again from 1:30-4:30 p.m. today in a "Practical Update in Pediatric Dentistry," (\$90), which will provide timely and practical information for any practice that treats children. The afternoon course will also include more information about using NuSmile Crowns.

"NuSmile crowns are the gold standard when restoring maxillary incisors affected by early childhood caries," he said.

See Dr. Ignelzi

Dr. Michael Ignelzi Jr. will speak today from 9 a.m. to noon and again from 1:30-4:30 p.m. The courses are \$90 apiece and offer three C.E. credits each.

Ignelzi received his DDS, certificate in pediatric dentistry and Ph.D. in biochemistry and biophysics from the University of North Carolina at Chapel Hill. He received his certificate in orthodontics and dentofacial orthopedics from the University of Michigan. He is a diplomate of the American Board of Pediatric Dentistry. Ignelzi is currently engaged in full-time private practice limited to orthodontics and pediatric dentistry in Greensboro, N.C.

Ignelzi is also an adjunct associate professor in the department of pediatric dentistry at the University of North Carolina School of Dentistry. From 1995-2006, he served as a full-time faculty member in the department of orthodontics and pediatric dentistry at the University of Michigan where he taught in the clinics, lectured and treated patients in the dental faculty practice. Ignelzi enjoyed 19 consecutive years of funding by the National Institutes of Health. He has published more than 75 scientific articles, abstracts and book chapters and has made more than 175 presentations to national and international audiences on orthodontics and pediatric dentistry. Ignelzi has been interviewed live on radio and television and has been quoted in dozens of newspapers as well as Parents magazine, Redbook, American Baby, Prevention, Working Mother magazine, and Contemporary Oral Hygiene. He is a national media spokesperson for the American Academy of Pediatric Dentistry, a consultant to the American Dental Association's Council on Dental Practice, and a former member of the American Academy of Pediatrics' Bright Futures Early Childhood Expert Panel.

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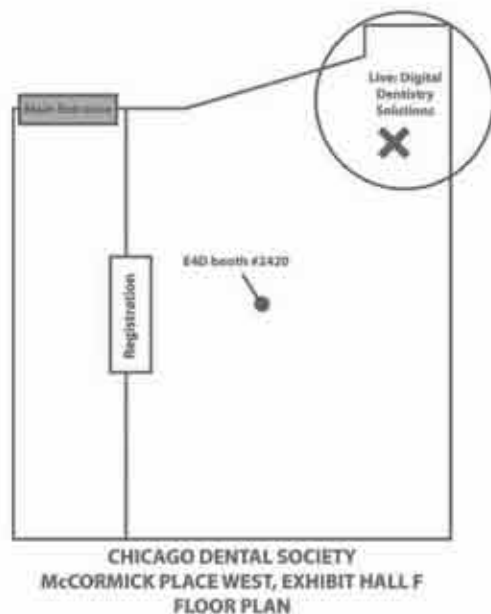
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Seeing is believing

Check out a product demonstration of BEAUTIFIL Flow Plus this week

Shofu Dental is holding product demonstrations at booth No. 4025, featuring its new injectable hybrid restorative, BEAUTIFIL Flow Plus.

This restorative combines hybrid-like strength and functionality, unique handling and stackability and a flowable delivery. Additionally, the material has 15 percent more radiopacity than enamel and offers the benefit of fluoride release and rechargeability. Those interested in seeing the material firsthand are encouraged to come check it out at the Shofu booth.

According to Shofu, BEAUTIFIL Flow Plus is lauded as the next step in the evolution of restorative materials based on its convenient flowable delivery system and physical properties and functionality that rival leading hybrid composites.

Brian Melonakos, president of Shofu Dental, said he has been very pleased with the success of the product. "We've always known that we have an amazing product on our hands ... but none of us imagined how quickly it would catch on," he said.

Unlike other flowables, BEAUTIFIL Flow Plus has stay-put handling and physical



Stop by the Shofu Dental booth (No. 4025) to learn about the company's restorative products. Photo/Provided by Shofu Dental

properties that allow use on the occlusal surface and marginal ridge, eliminating the need to pack a hybrid composite on top.

A flowable base, liner and final restor-

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Here in Chicago

Visit Shofu at booth No. 4025 for a product demo, or for more information, call (800) 827-4638 or visit www.shofu.com.

polish surface on top. Moreover, Shofu's proprietary S-PRG (surface pre-reacted glass) technology provides sustained fluoride release and recharge that can't be found in any other composite material.

BEAUTIFIL Flow Plus is available in two distinct viscosities. F00 (zero flow) offers precision stacking, and F03 (low flow) is an ideal base/liner.

For a limited time only, BEAUTIFIL Flow Plus is available in two introductory kits. The standard kit (PN 2000S) offers two 2.2-gram syringes of both viscosities in shades A2 and A3, and the pedo kit (PN 2000P) offers two 2.2-gram syringes in both viscosities in shades A1 and bleach white. Both kits also contain samples of Shofu's top-selling products, including the seventh-generation bonding agent BeautiBond, One Gloss, Super Snap and Shofu's hybrid material, BEAUTIFIL II. The kit retails for \$99.95 (a \$160 value).

Stop by the Shofu booth, No. 4025, to see BEAUTIFIL Flow Plus for yourself.

NOMAD from Aribex increases access to care

Ideal for outreach initiatives, the handheld X-ray technology is also popular inside dental practices

By Fred Michmershuizen
Dental Tribune

"Access to care is really what the message is," said Ken Kaufman, president and chief financial officer of Aribex, supplier of handheld X-ray technologies and manufacturer of the NOMAD Pro handheld X-ray system.

As Kaufman explained to Dental Tribune Thursday morning during an interview at the Aribex booth, the NOMAD — which is lightweight, rechargeable and can go anywhere — allows dentists to effectively diagnose patients who might not otherwise be able to receive much-needed care.

The most obvious application of the technology, of course, is for use in humanitarian outreach programs or in environments like nursing homes, but Kaufman said the device is also increasingly popular in dental offices, especially those that treat a lot of children.



Ken Kaufman, president and chief financial officer of Aribex, at the company's booth (No. 2036). (Photo/Fred Michmershuizen, Dental Tribune)

As Kaufman explained, not having to leave the room while a child is given an X-ray decreases a young patient's fear and also makes it less likely he or she will move and necessitate a re-take.

The device was invented by D. Clark Turner, PhD, founder, chairman and CEO of Aribex, which recently shipped its

8,500th NOMAD device.

Aribex looks forward to celebrating its 10,000th unit in service in 2012 along with the launch of several new initiatives. Chief among the new initiatives is a new Rectangular Collimator Adapter, which snaps on the front of the cone to reduce X-ray exposure.

Here in Chicago

For more information about Aribex's NOMAD handheld X-ray technology, stop by booth No. 2036.

Speaking of exposure, many have questioned the safety of the device.

"As they should be, radiological devices are subject to significant regulation," Kaufman said. "Safety is our No. 1 priority, and we're proud that more than 30 independent studies and evaluations have validated our position by attesting to the safety and efficacy of our products."

"While these evaluations have made it possible for us to gain additional regulatory approvals worldwide, we call on reluctant regulators to consider the overwhelming evidence that our handheld X-ray is safe."

Kaufman said that the company continues to work with government health officials on a state-by-state basis to clear regulatory hurdles.

He says dentists from Illinois, Michigan and Minnesota who are interested in using handheld X-ray technology in the future are especially welcome to stop by the Aribex booth to discuss outreach initiatives that would make the handheld X-ray technology even more widely available.

As one dentist recently asked: Why should a child in Cambodia receive better care than one in Michigan?

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