

DENTAL TRIBUNE

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Dentistry's biggest single day

North America's largest one-day convention sees attendance increase. ▶ [page 8](#)

Oral health lags in long-term care

Issue gets more attention as population ages

By Robert Selleck, Managing Editor

After discovering a gap in oral health care available to residents of long-term care facilities, dental professionals, educators, and extended-care providers in Nova Scotia are pursuing creative, low-cost strategies to reverse the situation.

Nova Scotia, of course, isn't alone in looking at what changes in awareness and policy may be needed as the population ages. Canada is quickly getting older, and dental professionals are paying attention. Projections released by Statistics Canada last year show that in 2036 there will more than twice as many seniors as there were in 2009. As early as 2015, for the first time ever, there will be more seniors than children 14 and under.

The Nova Scotia study on oral health in the aging population was released in late October by the Faculty of Dentistry at Dalhousie University in Halifax. Among the conclusions presented in a summary of the report: "Residents of long-term care facilities in Nova Scotia have high rates of edentulism, tooth decay and periodontal disease. Access to professional oral care is limited and a significant proportion of residents do not perform/receive personal oral care at the recommended frequency."

The overall study wasn't limited to long-term-care residents.

It looked at residents across the province, age 45 and older, in the general community as well as in continuing-care facilities. But it was the long-term-care findings that struck many as the most alarming.

In a Nov. 9 CBC radio interview, one of the study's principal investigators, Debora Matthews, DDS, explained that a big part of the challenge is that historically oral health hasn't been part of the overall health assessment and maintenance strategies such facilities typically employ. "As people enter long-term-care facilities ... they have an overall health assessment, but it doesn't include their oral health. We look at their feet, their hips, at how they walk, at their social interactions, their blood pressure, their level of diabetes, but we don't look in their mouths," Matthews said.

Mathews said that incorporating such an assessment into continuing-care-facility protocols would help families and care providers address problems that might otherwise remain undiagnosed. Guided by ongoing research by another team member on the study, Mary McNally, DDS, instructional tools have been created to incorporate into the training of continuing-care workers. Also, a comprehensive website with detailed tools and guidance is available to continuing care staff, families and

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Alberta dentist Michael Zuk describes John Lennon's tooth as likely being a lower third molar, with decay possibly from acid reflux. (Tooth photo/Provided by Omega Auctions. Inset photo/Provided by Dr. Michael Zuk)

Celebrity tooth bid puts dentist in global spotlight

Late Beatle's bottom molar could go on tour

It's not much to look at, but a fragile, yellowed, heavily decayed molar bought at auction has turned into a worldwide publicity jackpot for Alberta dentist Michael Zuk, DDS.

The tooth once belonged to the late Beatle John Lennon's housekeeper. Before that, of course, it belonged to Lennon — thus the

chart-breaking attention Zuk's recent acquisition has generated.

Zuk's winning bid, placed by phone Nov. 5 in a Britain-based auction, was \$31,200. "It's a fair chunk of change for a tooth, but it's a piece of memorabilia that likely won't be duplicated any time

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Education's role: Add new, keep proven

Oral and dental diseases have not changed for the past century. But our approaches to treating these diseases have changed dramatically.

This decade is critical for dental education to ensure a correct mix of traditionally accepted information with new information and techniques. The new must be incorporated into any program that focuses on the needs of a modern, preventive-oriented, minimally invasive clinical practice.

Many variables affect treatment planning, and it is important for us to consider why we choose certain procedures for patient care. New materials, technologies and products are con-

stantly being introduced and affect decision making in dentistry. In addition, patients are well informed and have higher esthetic demands.

Dentists' treatment plans need to reflect the many influences on the final treatment outcome. With the introduction of implants to oral rehabilitation, we occasionally need to be reminded of the conventional treatment modalities — with the goal of providing the general dentist the key elements for successful treatment outcome. Good communication and advanced planning are two keys used in any field.

— Eli Raviv, DMD,
Editor in Chief

Write to Dr. Raviv

Have a dental industry issue or question on your mind? Know of a great new dental service or product? Have a high-value tip or two you know would benefit your peers?

Write Dental Tribune Canada Editor in Chief Eli Raviv, DDS, at feedback@dental-tribune.com or raviv.eli@gmail.com.

Submissions will be considered for publication in a special section of Dental Tribune Canada.

About the Editor in Chief



As editor in chief of Dental Tribune Canada, Eli Raviv, DMD, cert. prosthodontist, will help guide the publication's editorial mission and promote engagement with readers throughout the dental community.

Raviv received his dental degree from the University of Tel Aviv, Israel, and his certificate in prosthodontics from the Hebrew University in Jerusalem. He is an associate professor in the Faculty of Dentistry, McGill University, Montreal, and director of prosthodontics and associate director of the Department of Dentistry, Sir Mortimer B. Davis Jewish General Hospital, Montreal.

Raviv has earned numerous awards, including the Julius Michman Prize, London, and first prize for best presentation by the American Academy of Osseointegration, Ordre des Dentistes du Québec, Montreal.

For the past 28 years Raviv has been involved in teaching and research in implant dentistry. He is frequently published in local and international peer-reviewed journals.

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soon," Zuk, a big Beatles fan, told the Toronto Star after learning of his winning bid.

Other prominent media covering Zuk and the tooth included Rolling Stone, the BBC, CNN, the Associated Press and numerous Canadian radio stations. The tooth even got a mention in Jay Leno's Nov. 9 monologue on NBC's The Tonight Show with Jay Leno: "A tooth once belonging to John Lennon has sold at auction in England for \$31,200," Leno said. "I'm no expert, but have you ever been to England? I mean shouldn't people over there be spending money on their own teeth first?"

Leno's quip may well have applied to Lennon, according to Zuk, who told Dental Tribune, "I'm guessing the tooth is a lower third molar, with decay possibly from acid reflux, as he was a smoker,

late night player and dabbled in recreational drugs."

Zuk, who has done research on acid reflux, acknowledged his thinking on decay runs counter to the mainstream. "I'm a big believer of the non-bacteria decay model" he said, "meaning whopper cavities are likely due to acid reflux and not just bad brushing."

Several previous owners

According to Omega Auctions, the auction house that conducted the sale, Lennon gave the tooth to his longtime housekeeper Dorothy Jarlett sometime around 1964 after he returned home from having it extracted at a dentist office. The tooth comes with a legal affidavit confirming authenticity.

Jarlett, 90, has sold many other memorabilia items connected to Lennon, who was killed in New York City at age 40 in 1980. "He was very generous to my mother,"

Jarlett's son, Barry Jarlett, told the BBC. "He treated her like family."

The BBC reported that the tooth most recently was owned by music industry executive Alan McGee. Numerous other celebrity memorabilia items of McGee's were in the auction, but none generated as much attention as Lennon's tooth.

"This is the most wonderful and weird item that we have ever had for sale," the BBC quoted Karen Fairweather of Omega Auctions as saying. "It is a truly unique item, and it is really difficult to put a value on it."

Zuk's winning bid ended up being right near the high-end of estimates.

Charity to benefit

The publicity surrounding the tooth's purchase prompted Zuk to realize he could do more than he first imagined with the attention-getting piece of Beatles history.

Zuk included a reference to the tooth on the home page of a website for his Red Deer dental practice, www.site.reddeerhighspeedbraces.ca. During the publicity surge, the site linked to the tooth's own website, www.johnlennontooth.com, which displayed this message from Zuk: "Exactly one week after selling at auction, 'The John Lennon Tooth' is excited to announce a proposed partnership with www.smiletrain.org

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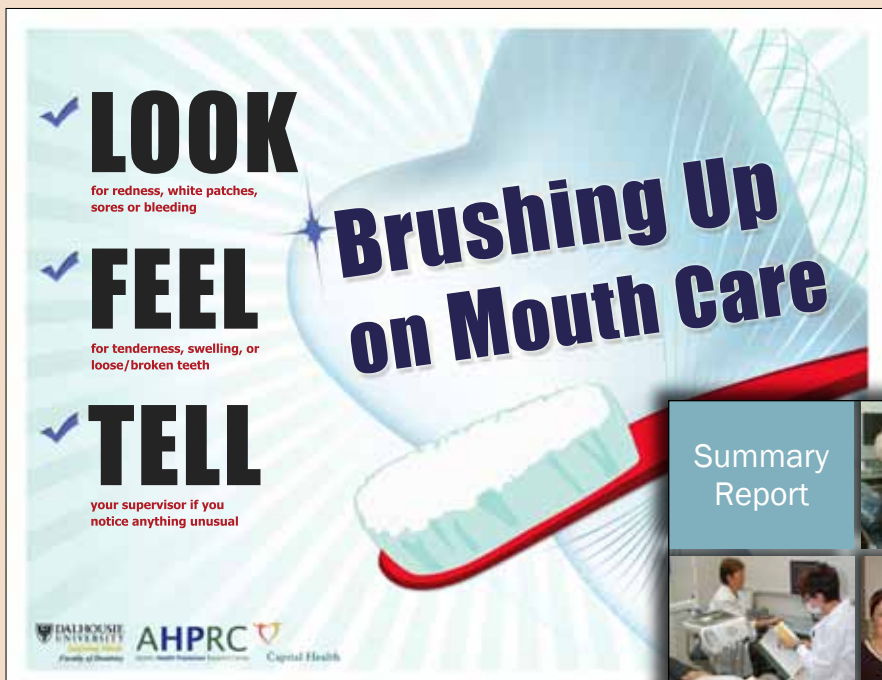
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Above, the “Brushing Up on Mouth Care” toolkit includes posters such as this one, which can be posted to help staff in continuing-care facilities monitor residents’ oral health. Right, a summary report of the oral health study is available at www.tohap.dentistry.dal.ca. (Photos/ Provided by Dalhousie University Faculty of Dentistry and Atlantic Health Promotion Research Centre)



← **DT** page 1, LONG-TERM CARE

seniors to help improve oral health care. The “Brushing Up on Mouth Care” toolkit, which contains practical tools and resources, including educational videos for providing oral care in continuing care, is available at www.ahprc.dal.ca/projects/oral-care. The components of the toolkit are provided free on the website to view or print out. On Oct. 27, McNally and Matthews hosted “Closing the Gap Between Oral Health Research and Practice” a workshop highlighting the results of their recent projects and celebrating 10 years of oral-health research on older adults. McNally noted that the efforts started with a group of independent researchers who joined forces to begin a research program focused on improving the oral

health of vulnerable populations. The group started with a \$20,000 grant, which has evolved into nearly \$1.5 million in cumulative research funding. Matthews presented highlights from the provincial survey, titled, “The Oral Health of our Aging Population Study.” McNally and project coordinator Karen McNeil presented the outcomes of the “Oral Care in Continuing Care Settings” study and introduced the “Brushing up on Mouth Care” toolkit. The study was supported by funding from the Canadian Institutes of Health Research, Institute of Musculoskeletal Health and Arthritis; the Nova Scotia Health Research Foundation; and Health Canada, Office of Chief Dental Officer. **DT**

(Sources: Dalhousie University Faculty of Dentistry, CBC/Radio-Canada)

← **DT** page 2, LENNON’S TOOTH

to help raise money for the treatment of cleft lip and palates for underprivileged children.” The site also included a recording of a Beatles song with a revised title and lyrics: “Love Me Tooth,” written by Zuk and performed by Curtis Pahgoo. To raise funds, the site is selling T-shirts with zany messages and puns involving teeth and the Beatles. This isn’t Zuk’s first foray into celebrity dentistry. He is the author of the book “Confessions of a Former Cosmetic Dentist.” The recent publicity prompted orders to spike, which made Zuk a little uncomfortable. “The fame made me re-think my extreme anti-cosmetic stance, ... so I’m pulling [the book] and ‘cooling’ the choice of words,” he said. “When in the spotlight you need to be more moderate. Or at least I am going to give peace a chance.” Several media outlets quoted Zuk as saying he planned to display the tooth in his office and possibly lend it to other dental offices. In a radio interview on CKOM News Talk 650 in Saskatoon, Zuk said he has received higher

offers for the tooth — as well as offers of other teeth for sale. But he said, “I don’t want to buy any more body parts.”

Tooth may go on the road

Zuk told Dental Tribune he was in discussions with a potential sponsor of a tooth tour. It all fits well with his plan to reduce practice hours and devote more time to sharing his marketing expertise with other practices. He has created a number of brands, including “High Speed Braces™,” “3 Month Braces” and www.killertoothache.com (with the cartoon toothache guy). “I’m actually working on slowing down and doing more consulting,” Zuk said, “so I guess the tooth helps to get me noticed.” The next wave of media attention might come courtesy of one of the companies approaching Zuk about running a DNA analysis on the tooth. Zuk said there’s potential for it to be a huge story, adding, “Details later.” **DT**

Written by Robert Selleck, Managing Editor

(Sources: Toronto Star, BBC, CKOM News Talk 650, The Tonight Show with Jay Leno)

Oral cancer: Risk management issues

By Stuart J. Oberman, Esq.

Due to the increasing public concern regarding oral cancer, it is important for dentists to be aware of proper patient assessment and documentation procedures so that they may provide timely and proper treatment to their patients. This article will present some insight into potential claims and provide risk management advice to help avoid these problems.

Oral cancer statistics

In its most recent statistical analysis, the Canadian Cancer Society estimates that oral pharyngeal cancers affect about 3,400 people per year in Canada, with about 1,150 cases resulting in death. Other research indicates that most cases that result in death occur in people over 50 years of age and in those with a history of smoking, regular alcohol use or both. Men are more likely than women to develop oral cancer. Failure to diagnose oral cancer is often listed among major legal claims faced by dental practices. Another potential claim involves improper post-treatment dental care.

Correct patient assessment

When assessing a patient and planning a treatment strategy, dentists should first carefully review the patient's medical history to note any predisposing oral cancer factors. Next, a comprehensive oral evaluation should be completed. This includes careful intraoral and extraoral examinations, including all parts of the tongue, floor of the mouth, the hard and soft palates and palpitation of the nodes. This full examination should be followed with a review of oral radiographic images in order to note any potential abnormalities in the patient's bones and dentition.

The dentist should be sure to carefully and clearly document the patient's permanent record with each area examined. All abnormalities should be noted along with notation of all normal areas, as well. Recording all normal areas in the patient's record eliminates the possibility of a plaintiff's attorney using as evidence the failure to record or failure to perform an examination at all.

If an abnormality or suspicious lesion is found during the examination, the dentist should either properly refer the patient to a specialist for further examination and diagnosis or schedule the patient for a re-evaluation. Failure to do one of these two procedures in a timely manner can result in more severe medical or dental consequences for the patient. This, in turn, could lead to arduous legal consequences for the dentist. This outcome is even more likely in oral cancer cases.

Proper documentation

In order to satisfy the basic standard of care, all dentists are required to perform these evaluations and note in the patient's permanent record all results from the examination. The dentist's responsibility does not end with a patient diagnosis, treatment recommendations and a treatment sequence, however.

The dentist should further understand the need to take special precautions throughout treatment for certain medical conditions, including oral cancer. This includes before, during and after treatment of the patient. When dealing with oral malignancies, these precautions may relate to the surgery, chemotherapy or radiation therapy that a patient might be undergoing.

In cancer cases, it is crucial that a treating dentist contact the patient's oncologist to determine if any special precautions should be taken for the patient before and after undergoing medical treatment, such as chemotherapy. It is also essential that the medical history dictated in the patient's record include information regarding whether or not the patient has undergone such medical treatment. This record should also note any necessary precautions that should be taken in regard to the patient's dental care.

Failure to take into account the patient's medical condition and the necessary precautions due to the patient's medical condition when providing treatment can result in complications involving both the dental and the medical care of the patient. This could provide a basis for a valid and major legal claim against the dentist.

As a real-world example, it has long been noted that a necessary

Potential oral-cavity tumours

Benign

- fibroma
- granular cell tumour
- squamous papilloma
- benign odontogenic

Malignant

- squamous cell carcinoma
- verrucous carcinoma

Rare malignant

- salivary gland cancer
- melanoma
- Kaposi's sarcoma
- osteosarcoma

Precancerous conditions

- leukoplakia
- erythroplakia

(Source: Canadian Cancer Society, www.cancer.ca)

tooth extraction should be performed before radiation therapy for oral cancer. This is because, after the radiation therapy is complete, there is an increased risk for the patient of developing post-radiation osteonecrosis. This potential necrosis has also been cited after certain chemotherapy treatments.

Dentists must carefully follow all procedures in the practice in order to help them avoid legal pitfalls.

Properly assessing and examining the patient and documenting the patient's record will not only keep the dentist out of legal trouble, but it will also provide the patient with positive dental care service.

In the case of oral cancer, following the proper procedures may enable a dentist to observe the abnormality in a timely manner, thus creating a better prognosis for the patient. [□](#)

AD

About the author



Stuart J. Oberman, Esq., represents and consults with members of the dental profession in the U.S. and Canada on dental practice sales and transitions, partnership agreements, partnership buy-in and buy-outs, employee embezzlement, governmental compliance, entity formation, real estate transactions, employment law, and other practice related matters that dentists face during their career. For questions or comments regarding this article, visit www.canadadentallaw.com or call toll free (888) 632-7626.



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Snoring and sleep apnea

Many sufferers turning to oral appliances as alternative to masks

By Brock Rondeau, DDS, IBO, DABCP

It has been estimated that approximately 90 million people in North America suffer from sleep disorders including insomnia, snoring and sleep apnea.

Snoring is extremely common in our society, as it has been estimated that 60 percent of men snore and 40 percent of women over age 50 snore. Snoring occurs when there is a partial obstruction of the airway that

causes the palatal tissues to vibrate.

Snoring is a serious social problem for the bed partner and adversely affects many relationships. I treat many patients where snoring is a significant negative factor in their lives.

Some studies report that the bed partner's sleep is seriously affected by as much as one hour per night, which can have a negative affect on the partner's health as well, due to the lack of adequate sleep (this is similar to the negative health issues

associated with secondhand smoke).

USA Today reported that 27 percent of couples over age 40 sleep in separate bedrooms. I think there is a direct correlation between this and the incidence of snoring. As the incidence of obesity continues to increase in our society, these numbers are going to continue to increase.

Sleep apnea is a medical disorder that can only be diagnosed by a sleep specialist in a sleep clinic. The patient must have an overnight sleep

study called a polysomnogram that is evaluated by the sleep specialist.

Many sleep specialists prefer to prescribe the CPAP (continuous positive air pressure) device to treat obstructive sleep apnea and do not appreciate the effective role that oral appliances can provide for patients who have mild or moderate OSA (obstructive sleep apnea) or patients who cannot tolerate the CPAP device.

A significant breakthrough occurred for the dental profession in 2006. In the January issue of the medical journal Sleep, the American Academy of Sleep Medicine (medical sleep specialists) issued guidelines stating that for patients with mild to moderate obstructive sleep apnea, the oral appliance was the No. 1 treatment option.

The guidelines also stated that oral appliances were a viable option for treatment for patients who do not respond to weight loss or have tried the CPAP device and were unable to tolerate it.

The diagnosis for OSA is made using an apnea-hypopnea index (AHI). The diagnosis is made during an overnight sleep study in a hospital or private sleep clinic. This sleep study is known as a PSG (polysomnogram). The number of apneic and hypopneic events are recorded as follows:

Sleep apnea: tongue completely blocks airway

- apnea: a cessation of breath for 10 seconds or more
- hypopnea: the blood oxygen level decreases 4 percent or more cessation of breath for less than 10 seconds
- mild sleep apnea (osa): 5–15 events per hour
- moderate sleep apnea (osa): 16–30 events per hour
- severe sleep apnea (osa): more than 30 events per hour

There are three treatment options for obstructive sleep apnea:

- oral appliances
- CPAP device (continuous positive air pressure)
- surgical removal of structures causing the obstruction

The diagnosis of obstructive sleep apnea can only be made by a medical professional, and it is usually a sleep specialist. Therefore, dentists must send their patients to a hospital or private sleep clinic for a polysomnogram (16-channel overnight sleep study).

Only when the written report is received from the sleep center can the dentist proceed with the fabrication of oral appliances.

The dentist should review the sleep study with the patient once the

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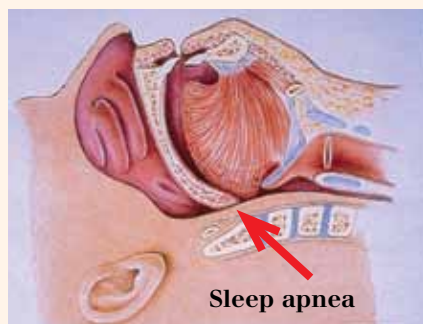


Fig. 1: This is what happens to those who suffer from sleep apnea: The tongue completely blocks the airway. (Photos/Provided by Dr. Rondeau, unless noted otherwise)

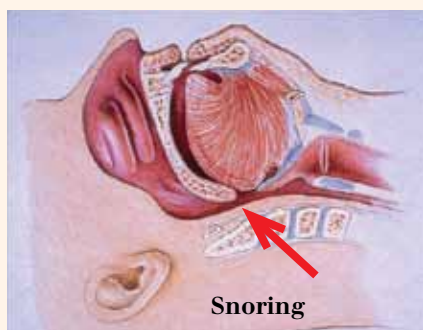


Fig. 2: This is what happens to those who snore: The tongue partially blocks the airway and causes the palatal tissues to vibrate.



Fig. 3: A pharyngometer. (Photo/Provided by Sleep Group Solutions)



Fig. 5: This is a dorsal type appliance composed of two pieces (www.respiremedical.com).



Fig. 6: One of three appliances used to prevent snoring and OSA: the elastic mandibular advancement.

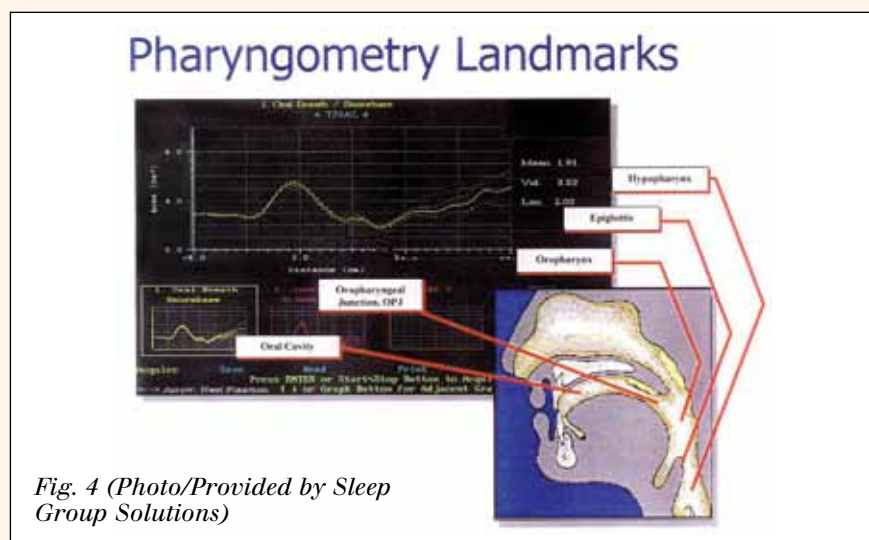


Fig. 4 (Photo/Provided by Sleep Group Solutions)

AHI has been determined. Patients that are diagnosed with severe OSA should be encouraged by the dentist and sleep specialist to wear the CPAP device. This device consists of an air compressor that blows air up the patient's nose and forces air into the lungs.

It is extremely effective when it is worn faithfully every night, however, the problem is that approximately 60 to 70 percent of patients cannot tolerate the CPAP device after one year. If the patient has mild to moderate OSA or cannot tolerate the CPAP device, then dentists are encouraged to treat these patients with oral appliances.

There is also a high correlation between patients who have GERD (gastroesophageal reflux)¹ and OSA. With regard to diabetes, excessive apneic events affect the production of insulin, which encourages the onset of type 2 diabetes.² These apneic events also affect the permeability of the endothelial lining of the arteries.

This increases the buildup of plaque in the arteries and the chance of cardiovascular complications such as a heart attack. The weakening of the walls of the arteries increases the susceptibility of rupturing of these vessels, which occurs during strokes.³

Nasal obstruction

Before treatment, clinicians must determine whether or not there are any nasal obstructions that would interfere with the patient's ability to breathe through his/her nose. If the patient is a chronic mouth breather, the patient should be referred to an ENT specialist to check for a deviated septum, enlarged turbinates, polyps or other nasal obstructions.

A determination must be made whether or not the nasal mucosa is swollen due to allergies, which might cause a nasal obstruction.⁴

In our office, we have a diagnostic device known as a rhinometer⁵ that is an initial screening device to determine if there is a nasal obstruction in either nostril. The rhinometer is an accurate, non-invasive device that evaluates the potential obstruction by sending sound waves up the nose and any obstructions are recorded on a computer.⁶

Hypopharyngeal obstructions

Our office uses a pharyngometer to diagnose the size of the airway during the daytime as well as nighttime.⁷ It is used at the initial appointment to check the patient's normal airway (daytime) and the collapsed airway (nighttime). To assess the size of the collapsed airway at night, the patient is instructed to exhale all the air from his/her lungs and a measurement of the airway is taken.

The normal size of a collapsed airway is 2.0 cm. Patients with OSA usually have a much smaller collapsed airway. Bite registrations in different positions are taken to see how much the airway may be increased.

By moving the mandible forward at different vertical heights, we determine if the oral appliance will open the airway in that position significantly. In most cases, when a bite registration reveals that the airway opens significantly when the oral appliance is fabricated in that position, the treatment is usually successful.

Oral appliances

Oral appliances are extremely effective in eliminating snoring and OSA, particularly in patients with mild to moderate OSA.⁸

They function by moving the lower jaw and, consequently the tongue, forward to open up the airway.⁹ They hold the lower jaw forward when the patient sleeps on

his/her back, which keeps the airway open all night.

The literature is replete with articles regarding the effectiveness of different oral appliances.¹⁰ Patients find that oral appliances are extremely comfortable to wear.

Three different oral appliances that are used to prevent snoring and OSA include Respire, EMA and the Suad appliance. The appliances all work essentially the same way by gradually moving the lower jaw forward in small increments and increasing the vertical dimension, which ultimately increases the size of the pharyngeal airway.

It is imperative that dentists learn to treat patients with mild to moderate OSA and those who cannot tolerate the CPAP device.¹¹ There are thousands of patients who have been diagnosed with OSA and cannot wear the CPAP. The health of these patients is continuing to deteriorate and their life expectancy shortened while the dental profession holds the key to their treatment.

I have treated many patients with severe OSA who could not wear the CPAP device and successfully reduced their apneic events below five times per hour, which is normal. This treatment certainly improves their health and prolongs their life by reducing their blood pressure and their susceptibility to heart attack, stroke and type 2 diabetes.¹²

Conclusion

The prevalence of OSA is exceedingly high in first-world countries mainly due to the increase in the rate of obesity. An estimated 25 percent of males and 9 percent of females will develop obstructive sleep apnea in their lifetime.¹⁵

It is important for the dental profession to educate their staff and themselves so they can learn to diag-

nose and treat the large number of appropriate patients with oral appliances.

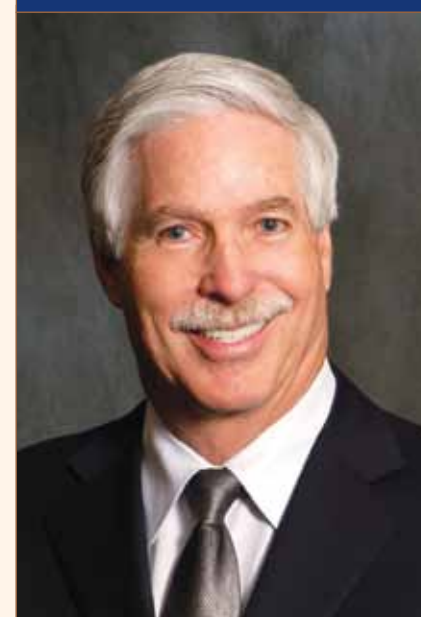
The failure rate with CPAP is close to 70 percent, which means a large number of patients will seek alternative treatment.

The medical and dental profession has not done an adequate job in educating the CPAP failure patients about the existence of oral appliances as an alternative.

Dentists can significantly improve the health of these patients and the profession must get involved now when the need is so critical. **DT**

A complete list of references is available from the publisher.

About the author



Brock Rondeau, DDS, IBO, DABCP, is one of North America's most sought after clinicians and lectures more than 100 days per year. He is a master senior certified instructor for the International Association for Orthodontics and its past president.

More than 19,000 dentists have attended his courses and study clubs in the United States, Canada, China, Australia, England and Poland.

He has a busy practice limited to the treatment of patients with orthodontic, snoring and sleep apnea and TMJ problems. Rondeau is a diplomate of the International Board of Orthodontics and a diplomate of the American Academy of Craniofacial Pain.

For more information about his seminars and to contact him, please visit www.rondeau-seminars.com.



Cutting the opening ribbon: Winter Clinic President Dr. Robert Greenbaum, center, Chair Dr. Paul Okorojsky and fellow members of the Winter Clinic Committee. (Photo/Provided by Toronto Academy of Dentistry)

Single-day clinic attracts 3,000

The largest one-day dental convention in North America came off without a hitch at the Metro Toronto Convention Centre on Nov. 4. Toronto Academy of Dentistry Executive Director Billy said attendance at the 74th Annual Winter Clinic, which was more than 3,000, was up compared with last year for all sectors of attendees, but most notably among dentists.

The Toronto Academy of Dentistry event brings together dental professionals and top industry speakers from across the globe to explore industry trends, clinical advancements and new products and services.

The Toronto Academy of Dentistry

is a respected leader and resource to the dental profession in the metropolitan Toronto area.

The organization is dedicated to enhancing the professional lives of its members through guidance, education and service. Its membership comprises four component societies: North Toronto Dental Society, Toronto East Dental Society, Toronto Central Dental Society and the West Toronto Dental Society, each of which is supported by a strong community of dental suppliers. [TD](#)

(Source: Toronto Academy of Dentistry)

Live dentistry stage returns to Pacific Dental Conference

The Pacific Dental Conference (PDC) online registration is open at www.pdconf.com, with early-bird prices until Jan. 15.

The 2012 conference, March 8-10 (Thursday, Friday, Saturday) in Vancouver, British Columbia, features timely C.E. programming, open sessions, hands-on courses and other educational opportunities for the entire dental team. Attendees can earn up to 15 C.E. credits.

Some of the top speakers in the line-up include: Marcus Abboud, Scott Benjamin, Jeff Brucia, Teresa Gonzales, Derek Hein, Jim Grisdale, David Clark, Jeff Coil, Shirley Gutkowski, David Hornbrook, Sam Kratchman, John Olmstead, Kate O'Hanlan, Ray Padilla, Mark Piper, Rob Roda, Stewart Rosenberg, Geza Terezhalmay, Neil Warshawsky and Daniel Haas. You can browse through the speaker biographies and presentation descriptions at www.pdconf.com.

The Live Dentistry Stage is back on the exhibit hall floor, with demonstrations on Thursday and Friday. The conference's ever-expanding exhibit hall will keep you as busy as ever this year, with more than 250



View of the Vancouver Convention Centre from the Fairmont Waterfront Hotel, one of the PDC special-rate hotels. (Photo/Provided by Fairmont Hotels and Resorts)

companies occupying 540 booths. Exhibit hall hours are: Thursday, March 8, 8:30 a.m. to 6 p.m. and Friday, March 9, 8:30 a.m. to 5:30 p.m.

Dentists and their staffs can take advantage of special hotel rates available to PDC attendees. Book early to avoid disappointment. Reservations can be made directly with conference hotels by following the links at www.pdconf.com. [TD](#)

(Source: Pacific Dental Conference)

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Oct. 21	Vancouver, BC	Georgian Court Hotel	English
Oct. 28	Ottawa, ON	Cosmo Dental Laboratory	English
Nov. 4	Saskatoon, SK	Delta Bessborough	English
Nov. 11	Milton, ON	3M Canada - Toronto Sales Office	English
Nov. 18	St. John's, NL	Delta St. John's	English
Nov. 25	Richmond Hill, ON	Baluke Dental Studios	English
Nov. 25*	Québec City, QC	Delta Québec	French
Dec. 2	Victoria, BC	Victoria Marriott Inner Harbour	English
Dec. 9	Toronto, ON	Hilton Garden Inn Toronto City Centre	English

*French seminar will be run by Dr. Felipe Toro. All others will be run by Dr. Ian Erwood.

These one-day workshops offer 7 hours of AGD credits.

Québec event adds C.E. symposia to exhibit floor

The Ordre des dentistes du Québec (ODQ) will hold its 42nd Annual Meeting, the Journées dentaires internationales du Québec (JDIQ), from May 25 to May 29 at the Palais des congrès in Montréal, Québec.

Last year's meeting attracted 12,514 participants from around the world, ranking it among the top 10 dental conferences in North America.

The event features Canada's largest exhibition floor and ample opportunity for all dental professionals to earn C.E. credits. Members of the entire dental team are well represented through their professional dental organizations, including hygienists, assistants, office personnel and dental technicians.

For the first time, JDIQ and Dental Tribune International will host a Dental Tribune Study Club (DTSC) C.E. Symposia right in the center of the exhibit floor. On both days of the meeting, a leading panel of special-

ists will offer ADA CERP-accredited C.E. lectures covering various dental specialties. Lectures will be offered in either English or French. Visit the exhibit floor to earn credits. There also will be a chance to win prizes.

ODQ's mission

The mission of the Ordre des dentistes du Québec is to serve and support the highest quality of oral care being provided to residents of Québec. Since 1974, it has worked with professionals to ensure the quality of dental services, the high standards of practice and ethics — and to promote oral health among the population of Québec. [D](#)

(Source: Ordre des dentistes du Québec)

The JDIQ features Canada's largest exhibit floor and an opportunity for all dental professionals to earn C.E. credits. (Photo/Provided by ODQ)



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