SPECIAL PNDC EDITION

DENTAL TRIBUNE

The World's Dental Newspaper · U.S. Edition

MAY 2010 www.dental-tribune.com VOL. 5, NO. 14

IMPLANT TRIBUNE
The World's Implant Newspaper · U.S. Edition

What's to come?
Restorative-driven implant dentistry: the future is now. ▶ *page 1B*

COSMETIC TRIBUNE
The World's Cosmetic Dentistry Newspaper · U.S. Edition

Esthetic rehabilitation
A multi-disciplinary approach to correct a patient's compromised dentition. ▶ *page 1C*

HYGIENE TRIBUNE
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The many sides of xylitol
The perfect primer on xylitol answers all your questions and concerns. ▶ *page 1D*

Dental team from Boston University serves up smiles in Mexico

By Fred Michmershuizen, Online Editor

A team of volunteers from Boston University Henry M. Goldman School of Dental Medicine (GSDM) recently conducted an outreach trip to Teacapan, Mexico, in which more than 250 underprivileged children were screened and treated.

The outreach program is called Project Stretch.

"This was my fifth mission and my third time in Teacapan," said Kathy Held, assistant director of extramural programs at GSDM and longtime Project Stretch volunteer. "Each year I say, 'It can't get any better than this, so I will quit while I'm ahead,' but each year has proven to be as unique and wonderful of an experience as the last one."

Other GSDM team members included Clinical Assistant Professor Dr. Frank Schiano, Robin Yamaguma and Ismael Montane. According to Held, the team worked both effectively and efficiently.

"Dr. Schiano was a machine, providing more treatment with his partner, RN and Dental Assistant Cree Bruins, than anyone of us could fathom," Held said. "While Dr. Schiano was reading the child's records, Cree was preparing the child for treatment — they were a great chair-side team."

"Robin and Ish took turns working outside, where they primarily concentrated on performing exams and atraumatic restorative treatment on deciduous teeth using hand instruments and glass ionomer filling material," Held said. "They also took turns working inside, where they had a fully operational dental unit to complete procedures, including extractions, amalgams and composites on permanent teeth."

"Ish worked like a real trooper through the day and Robin was always so gentle with the children," Held said. "After an extraction one child turned to her and gave her a big hug. I was so proud of them."

"I was so impressed with the organization of Project Stretch in Teacapan," Schiano said. "They have made tremendous progress over the last six years, growing from a small mission providing preventive services to a near-fully equipped dental clinic offering more involved and comprehensive restorative care. Perhaps the biggest reward was seeing the successful efforts of previous teams, which helped me realize the difference we were making in the lives of these children and their families."

(Photo/Boston University GSDM)

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Head west for the PNDC

Some 9,000 dental professionals from around the globe will convene in Seattle for the 123rd annual Pacific Northwest Dental Conference (PNDC), to be held June 17 and 18.

→ *See page 7A*

(Photo/Faberphoto, Dreamstime.com)

Readers replied

We garnered a lot of feedback from an article that ran in the No. 12 edition and which also apppeared online. Take a peek to see what readers had to say about 'Where have all the periodontists gone?' by Louis Malcmacher, DDS, MAGD.

→ *See pages 3A–6A*

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Associations seek health care provider exemption from financial reform legislation

By Fred Michmershuizen, Online Editor

Financial services reform legislation being debated in Washington could hurt dental practices, according to the ADA and other dental associations. (Photo/Jake McGuire)

As lawmakers in the nation's capital debate proposed financial services reform legislation, the nation's leading dental associations are asking Congress to exempt health care providers from oversight by a proposed new federal agency.

According to the American Dental Association (ADA), the Academy of General Dentistry (AGD) and other groups, the proposed Consumer Financial Protection Agency, which is part of the financial regulatory reform legislation currently under consideration in the Senate, would lead to unnecessary costs and increased administrative burdens for practitioners without any benefit to their patients.

The ADA, AGD and about 20 other associations recently sent a joint letter to key lawmakers who are working on the proposed legislation asking that they exclude their professions from the bill.

As currently written, the Restoring American Financial Stability Act of 2010 would subject health care providers who regularly charge interest on outstanding bills or allow patients to pay in installments to federal scrutiny.

The letter, which was sent to Sen. Christopher Dodd and Reps. Barney Frank, Spencer Bachus and Richard Shelby, reads: "Though the provisions are intended to clarify the limitations and exclusions of the bill, we believe they actually raise more questions as they may be interpreted as applying to health care practitioners who regularly charge interest and allow patients to pay in installments (subparagraph B). In addition, we remain concerned that the term 'engaged significantly' in subparagraph (C) is not defined and could lead rulemakers to include those providers who utilize those payment options for the benefit of their patients."

The letter also states, "Given the scope and reach of the bill's language, health care practitioners would, we believe, be covered by the legislation leading to unnecessary costs and increased administrative burdens for practitioners without any benefit for our patients."

"While we recognize and thank you for including committee report language that speaks to this issue, specifically mentioning a health care provider group (dentists) as not intended to be covered; ultimately the report language falls short of ensuring that all health care providers will be exempt from the law," the letter continues.

In addition to representatives from the ADA and AGD, also signing the letter were representatives from the American Academy of Oral & Maxillofacial Pathology, the American Academy of Pediatric Dentistry, the American Academy of Periodontology, the American Association of Endodontists, the American Association of Oral & Maxillofacial Surgeons, the American Association of Orthodontists, the American College of Prosthodontists, the American Medical Association and the Hispanic Dental Association. DT

Tell us what you think!

Do you have general comments or criticism you would like to share? Is there a particular topic you would like to see more articles about? Let us know by e-mailing us at *feedback@dental-tribune.com.* If you would like to make any change to your subscription (name, address or to opt out) please send us an e-mail at *database@dental-tribune.com* and be sure to include which publication you are referring to. Also, please note that subscription changes can take up to 6 weeks to process.

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"This experience has left a lasting impression in my mind and heart," Schiano said.

"It is awesome to see what a few committed individuals can do for the children of Teacapan," Yamaguma said. The trip took place March 20 to 27. DT

Dental Tribune
The World's Dental Newspaper · US Edition

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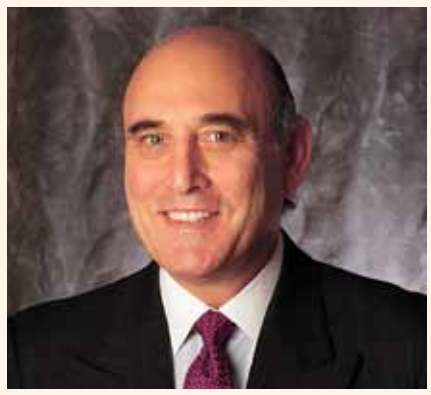
Published by Dental Tribune America

Dear Reader,



I am happy to report that Dental Tribune has received many provocative responses (some of which appear below) to the opinion piece by Louis Malcmacher, DDS, MAGD, "Where did all the periodontists go?" in the Vol. 5, No. 12 edition.

Personally, I am still here and I didn't know that the rest of us had gone anywhere, but I guess that, too, can be a topic of provocative discussion.

First off, let me acknowledge that the piece was supposed to be labeled as our new Opinion section, but due to a production error, the article retained the Practice Matters section label. However, even without the correct section label, the piece achieved our goals for it: it got people writing us with their responses.

The goal of the new Opinion section is to give dentists a forum in which to agree, disagree, discuss and inform, and given the response to the first article, it has certainly achieved this goal.

Thankfully, we live in a country where our Constitution guarantees us the right to free speech. You should feel privileged to exercise that right and send in a response to future Opinion section articles should you be moved to do so.

That being said, Malcmacher's article is especially provocative because he discusses an approach that allows patients to determine the dental treatment that they will receive based on the patients' own habits, rather than depending on evidence-based facts, proven knowledge and objective clinical results.

The goal is to encourage health with proven minimally invasive treatments, and this can only be done with evidence-based facts, proven knowledge and objective clinical results. Malcmacher clearly stated that he bases his opinion on no authoritative evidence except discussions with dentists he has had during his travels.

Malcmacher makes an analogy of being a quarterback, so allow me to build on that analogy and leave you with this to think on: a quarterback who doesn't play with an effective, cohesive team gets sacked every time. DT

Best Regards,
David L. Hoexter
Editor in Chief

Dear Dr. Hoexter,

We are writing this letter in response to Dr. Louis Malcmacher's article, which appeared in the May issue of Dental Tribune, titled "Where did all the periodontists go?"

First of all, let us assure you that, as a specialty, periodontology is alive and well, and the increasing number of research studies supporting the perio-systemic link demonstrates that the role of the periodontist is more relevant than ever. While we agree with Dr. Malcmacher that general dentists are the "quarterbacks" of the dental team, we also view the periodontist as the specialty team member who is uniquely qualified in providing an accurate prognosis of all viable treatment options, whether it is non-invasive periodontal therapy, periodontal surgery or extraction followed by replacement with dental implants.

Dr. Malcmacher mentions that he has spoken to many periodontists but this, in our view, is anecdotal and does not accurately represent the entire periodontal profession. We believe that the majority of periodontal specialists make ethical decisions every day regarding retention of the dentition versus extraction and placement

of implants. Periodontists typically strive to base treatment planning on scientific and clinical evidence, not on what is easier for the patient or profitable for the dentist.

General dentists and periodontists live and practice in a society that craves immediate gratification, where patients often demand quick fixes with minimal effort or change in behavior. Both general dentists and specialists are undermining their clinical expertise and professional authority when they succumb to patient-dictated treatment options.

That is why the entire dental team of GP, hygienist and specialist must provide a united front in explaining to patients why oral hygiene is important, why they should make every effort to save their natural teeth (if appropriate), and why they should accept the recommended course of treatment, maintenance and the at-home regimen.

We would welcome the opportunity to address this topic in greater detail in a Practice Matters rebuttal article.

Regards,
Samuel B. Low, DDS, MS, MEd
President, American Academy of Periodontology

Donald S. Clem, III, DDS
President Elect, American Academy of Periodontology

From: Dr. Eric Hamrick
Sent: Tuesday, May 11, 2010
To: Louis Malcmacher
Subject: Where have all the periodontist gone

Good afternoon, Dr.Yowza. I wanted to briefly comment on your article. I am a practicing, board-certified periodontist who has been in private practice for 26 years. I teach one day a month with the residents at the Medical University of South Carolina School of Dentistry, and also lecture on the topics of periodontics and implant therapy to study clubs both locally and nationally.

I enjoyed your article, as I thought the title was very appropriate for our current time in dentistry. What I stress to periodontists, especially the youger ones, is the need for practice diversification. In my practice, here are some of the procedures I provide for my referring doctor's patients:

- Basic periodontal therapy, including the LANAP proceedure, where it is appropriate.
- Mucogingival surgery, including a number of different procedures on both teeth and implants.
- Implant therapy for both edentulous and partially edentulous patients. This includes multiple types of bone grafting procedures, except for extra-oral grating (from hip or tibia).
- PAOO, OR Wilkodontic surgery.
- Uncovery of impacted teeth as part of orthodontic therapy.

Where I think our profession has failed our patients the most in regard to providing good, comprehensive care, especially periodontal care, is that dentists for the most part have lowered the standard in regard to how they define periodontal health. Just because someone has been through scaling and root planning doesn't mean they are automatically stable. My experience is that very few dentists do a good re-evaluation to determine what has happened, and they just assume the patient is OK.

As you mentioned in your article, some patients are better served by having the guarded teeth extracted and replaced with implants to reach the goal of periodontal health and stability: however, economics often dictates treating some questionable teeth in an effort to keep the dentition intact, which often requires surgery of some form, including the LANAP procedure.

I think there will always be the need for periodontists, as I don't think too many general dentists are going to tackle the entire list above. Although there is some overlap with us and oral surgeons, I simply say let the general dentist in any given area use the specialist he or she thinks is best for patients and their needs.

Thank you for taking the time to read my comments.

Sincerely,
Eric Hamrick
Periodontics of Greenville
One Charis Drive
Greenville, SC 29615
(864) 271-4330
info@periogreenville.com

From: Louis Malcmacher
Sent: Tuesday, May 11, 2010
To: Dr. Eric Hamrick
Subject: RE: Where have all the periodontist gone

Hi, Eric, thanks so much for your comments.

I have gotten a lot of responses to this article, many periodontists ranging from "periodontists should only do evidenced-based periodontal therapy and the rest is bogus," that I was "crazy and lasers don't work at all" and "LANAP is a bunch of hooey" to e-mails like yours.

Either way, my mission is to get a discussion going and this article certainly did that.

All the best! Thanks and have a great day!

Louis Malcmacher DDS, MAGD
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Subject: Re: Where did all the periodontists go? | Dental Tribune International
From: Dr. Stuart J. Froum
Sent: Monday, May 10, 2010
To: dryowza@mail.com
Cc: r.goodman@dental-tribune.com

Dear Dr. Malcmacher,

I am writing in response to your commentary in the Dental Tribune posted [online] on May 7, 2010, titled "Where did all the periodontists go?" In answer to this question, I would say "We're still here." Your observation that there have been changes in all specialties (you cite orthodontics, endodontics and periodontics in your article) is of course accurate. Any specialty that has not undergone change in light of all of the new emerging information, technologies and materials would certainly be failing our patients and profession.

One of the most significant changes in the periodontal specialty has been that clinical diagnoses, treatment planning and treatment procedures are now decided, wherever possible, on evidenced-based data and controlled clinical studies as reported in peer-reviewed scientific literature. As such, your reporting that you are being told by many periodontists whom you "spoke to over the last couple of years" that "they would rather remove teeth and place implants than actually treat patients through traditional periodontal surgery and try having them maintain their dentition" is quite disconcerting.

As a periodontist who treats patients in private practice, and as a clinical professor in the department of periodontology and implant dentistry at New York University Dental Center who teaches periodontics and implant dentistry to periodontal residents in training, I feel that the periodontists you are quoting are, at the very least, misguided and should be made aware of a number of facts that may change their opinions.

First, by and large, most of the periodontists I meet in my lectures and travels around the country realize the value of attempting to save a tooth or teeth that can be retained in a healthy functional and an esthetic state.

In fact, traditional periodontal treatment including both non-surgical and surgical techniques, have very high success rates in accomplishing this goal as shown in longitudinal studies (see Hirshfeld and Wasserman, J Perio 1978; Oliver J, West Society Perio 1969; Goldman MJ et al., J Perio 1986, etc.) over 20–50 years. It has been known for over three decades that periodontal surgery, when not followed by good professional and personal care, will in many cases fail (Nyman et al. J Clin Perio 1977).

That is why successful surgical treatment designed to save teeth requires meticulous and regular professional maintenance. Becker et al. (J Perio 1984) and others have shown that when this maintenance is provided, a surgical approach to treatment of moderate and advanced periodontitis is highly successful. Patient compliance, even when not optimal, must be reinforced by frequent maintenance and recall. This requires a team effort by the referring dentists, hygienist and periodontist, which will result in tooth retention and successful treatment in most cases.

To extract teeth and place implants is not the panacea that you and those periodontists that you spoke to believe it is. First, the 94 percent implant success rates you quote should be qualified. You mean a 94 percent implant survival rate because success implies implants that lose no more then 0.2 mm of bone per year following final restoration and remain esthetically pleasing to the patient.

By the way, these long-term survival rates that are often quoted are based on use of implants with surfaces that are no longer available (i.e., machined surface implants) and no longer being placed. Therefore, to compare long-term success of implants versus treated teeth is not possible because long-term data on currently used implants is lacking.

However, as I stated above, there are many long-term studies show-

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ing natural teeth, when treated with traditional periodontal surgery, have excellent long-term prognoses (Lindhe and Nyman, J Clin Perio 1984). The fact that implant surfaces and designs are changing so rapidly makes it difficult to find any comparable long-term statistics for implants currently being placed.

Moreover, currently used implants, like natural teeth, can and do develop bone loss (peri-implantitis), which has been documented to be more prevalent than formerly believed.

In fact, in a recent consensus report and literature review authored by Lindhe and Meyle and published in the Journal of Clinical Periodontology 2008, they cite two cross-sectional studies documenting that peri-implant mucositis occurred in 80 percent of the subjects and in 50 percent of the implant sites. Peri-implantitis was identified in 28 percent and greater than 56 percent of subjects and in 12 percent and 43 percent of implant sites, respectively.

This was corroborated by a more recent study (Koldstand, J Perio 2010) that documented a prevalence of peri-implantitis of 11.3 to 47.1 percent. This, combined with the results of two long-term studies — Pjetursson (2004), who reported that 38.7 percent of patients had complications in the first five years after implantation; and Lang (2004), who reported that biological and technical complications with implant-supported restorations occurred in about 50 percent of the cases after 10 years in function — should dispel any beliefs that implants are a trouble-free panacea when compared to retention of teeth that require periodontal treatment.

As for your contention that new procedures, i.e., wavelength optimized periodontal therapy (WPT) and the LANAP procedure using a Nd:YAG (neodymium: yttrium aluminum garnet) laser present minimally invasive alternatives for patients who want to keep their teeth without "heavily invasive periodontal surgery," I again refer to the dental profession's reliance on evidence-based data before recommending new treatment modalities. I ask you: Where's the proof that these modalities are as or more effective than what has been proven through evidence?

Before using any new modality, any dentist should have histological, clinical and long-term proof that these procedures are effective. Many therapies are "minimally invasive" but useless for effective periodontal treatment.

Dr. Malcmacher, I've been performing and teaching periodontal therapy for over 35 years and have seen trendy, minimally invasive and "easy" therapies fall by the wayside when clinically tested in randomized controlled studies. The Keyes technique, many time released local antibiotics (i.e., chlorhexidine in a gelatin chip, tetracycline fibers, doxycycline hyclate in a polymer carrier or minocycline microspheres) and even lasers were tested scientifically and found to yield little, if any, improvement over traditional scaling and root planning (without surgical therapy).

Utilizing ineffective therapies to avoid traditionally effective ones oftentimes results in progression of the disease around teeth that, when finally referred to a periodontist, are truly hopeless and have no other option but extraction.

However, the proper use of surgical regenerative procedures, with a variety of grafts and membrane barriers, have shown that bone and soft tissue that had been lost due to periodontal disease can be regenerated and questionable teeth saved. This has been well documented over the last 30 years.

New products, i.e., tissue healing modulators, growth factors (BMP-2) and even stem cells, are promising additions to currently proven materials and techniques but require evidence-based research, which in many cases is currently being performed before being recommended as replacement materials.

I feel that general practitioners and periodontal specialists should be co-therapists in patient treatment. The decision to extract or attempt to save a tooth should be made by the dental team, not by one quarterback. I feel the periodontal specialist is in the best position to advise the referring dentist of the risks, options and treatment required to save a tooth or teeth. I don't see many patients who come to my office or the New York University Dental Center clinic who would rather have an implant than a healthy functioning tooth. That's why I advocate saving teeth, and periodontists are trained to save teeth.

There certainly are circumstances where extraction and implant placement is indicated and, here too, periodontists should be part of the team involved in these decisions and procedures. Periodontists have always been involved with soft- and hard-tissue esthetics around teeth and implants, and certainly have the experience and expertise in both areas. It would be best for the patient and treating team to be on the same page when it comes to knowing the options, risks, benefits, anticipated results and potential complications before any implant treatment option is considered.

You concluded with the statement: "You are the dental clinician, so it is for you, the periodontist and the patient to decide." I couldn't agree more, but the decision should be based on sound evidence-based data that is currently available rather than promises or hype from any company with minimal scientific long-term data to back up their claims.

So again, to answer your question, "Where did all the periodontists go?" "We're here and available for a team approach to predictable dentistry."

I urge you and your readers to attend the Joint Periodontal-Restorative Dentist Conference that will be held in Chicago in April 2011 to see first hand how this collaboration can work. I also direct you to a book I edited, "Dental Implant Complications — Etiology, Prevention and Treatment," that will be published by Wiley-Blackwell within the next two months (*www.wiley.com/WileyCDA/WileyTitle/productCd-0813808413.html*).

The latter is a comprehensive textbook discussing potential implant complications and how to avoid them. This should be of interest to all dental practitioners be they general dentists or specialists. The book emphasizes the team approach to avoiding unwanted complications and results. If you have any questions or comments, please do not hesitate to contact me.

Best Regards,
Stuart J. Froum, DDS, PC
• Diplomate of the American Board of Periodontology
• Diplomate of the International Congress of Oral Implantology, Periodontics and Implant Dentistry
• Clinical Professor and Director of Clinical Research Dept. of Periodontology and Implant Dentistry at New York University College of Dentistry
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Subject: RE: Where did all the periodontists go? | Dental Tribune International
Date: Mon, 10 May 2010
From: Louis Malcmacher
To: Dr. Stuart J. Froum
CC: r.goodman@dental-tribune.com

Hi Dr. Froum,

Thanks for your detailed response. I agree with most of what you say. My article was clearly just an observation, I did not make any judgments or arguments whether the periodontists who prefer implants over natural teeth or vice versa were correct or incorrect, that was not the issue and indeed it is up to every dental and periodontal clinician to decide for themselves.

My objective was to get the conversation going about critically thinking through these clinical decisions, offering options to patients based on their needs and desires, and cause the dental community to realize that there is a change going on and to be proactive rather than reactive to treatment decision making.

Based on your excellent response and the many others I received from dentists and periodontists on both sides of the "implant vs. teeth" controversy, I feel that the article has succeeded in bringing the discussion to the forefront.

Thanks and have a great day!

Louis Malcmacher DDS, MAGD

Tell us what you think!

Do you have general comments or criticism you would like to share? Is there a particular topic you would like to see more articles about? Let us know by e-mailing us at *feedback@dental-tribune.com*. If you would like to make any change to your subscription (name, address or to opt out) please send us an e-mail at *database@dental-tribune.com* and be sure to include which publication you are referring to. Also, please note that subscription changes can take up to 6 weeks to process.

All-inclusive badge, no 'per lecture' fees

(Photos/Bev Sparks)

It is that time again for nearly 9,000 dental professionals from around the globe to unite in Seattle for the 123rd annual Pacific Northwest Dental Conference (PNDC), to be held June 17 and 18.

Brought to you by the Washington State Dental Association (WSDA) and recognized as one of the premier dental conferences in the country, the PNDC offers two days of continuing education in the beautiful Pacific Northwest.

ADA members can acquire up to 14 C.E. credits and attend any lecture they want by purchasing a full conference badge for $265–$305 and staff may register for $175.

While other dental meetings throughout the nation charge per lecture, PNDC attendees have access to more than 50 speakers and 60 lectures at no additional cost.

The PNDC offers affordable, quality education for the entire office. Check out some of this year's highlighted speakers (see image).

However, for a complete listing of speakers and course descriptions, please visit *www.wsda.org/pndc-schedule.*

In addition to top notch C.E., the PNDC offers an array of other activities to keep attendees busy. With a robust exhibit hall that features more than 300 exhibiting companies, attendees will have the opportunity to shop the latest and greatest in dental products as well as try their luck at huge prize giveaway drawings throughout the conference.

To register or for more information, please visit *www.wsda.org/pndc* or call (800) 448-3368.

The PNDC looks forward to seeing you in Seattle! DT

Speaker list

- *Dr. Pascal Magne & Michele Magne: Operatory-Laboratory Endeavor in Esthetic Adhesive Restorations*
- *Dr. David Clark: Composites and Restorative*
- *Dr. Gerard Kugel: Esthetics, Laminate Veneers and Whitening*
- *Dr. Brian Mealey: Periodontics, The Oral-Systemic Connection*
- *Dr. M. Nader Sharifi: Removable Prosthodontics*
- *Dr. John West: Rotary Endodontics*
- *Dr. Brad McPhee: Implants*
- *Dr. James Grisdale: Soft-Tissue Grafting and Implants*
- *Dr. Norman Sperber: Forensic Dentistry*
- *Dr. John Molinari: Infectious Disease, OHSA and Infection Control*
- *Cynthia Fong: Air Polishing and Ultrasonic Debridement*
- *Dr. Gregory Psaltis: Pediatric Dentistry and Stainless Steel Crowns (with Dayna Dayton)*
- *Jill Taylor: Esthetic and Restorative Dental Hygiene*
- *Shannon Pace: Esthetic Dental Assisting and Temporaries*
- *Mary Govoni: Dental Assisting and Dental Materials for Hygienists and Assistants*
- *Dr. Linda Niessen: Geriatrics and Women's Health*
- *Dr. Rhonda Savage: Communication, Front Office and Practice Management*
- *Susan Gunn: QuickBooks and Embezzlement*
- *Katherine Eitel: Leadership and Front Office Communication*
- *Debbie Castagna & Virginia Moore: Payment Arrangements and Practice Management*
- *Dr. Bart Johnson: Pharmacology and Sedation*
- *Bob Gray: Memory Retention*
- *Dr. Marc Cooper: Practice Management*

Florida sends you on a flight to success

2010 FNDC, to be held June 10-12 in Orlando, offers three days of education, new technology — and fun!

(Photo/Florida Dental Association)

By Fred Michmershuizen, Online Editor

The 2010 Florida National Dental Convention (FNDC) will be held June 10 to 12 at the Gaylord Palms Resort and Convention Center in Orlando. The theme of the meeting is "Approach to Success: Piloting Your Way to Dental Excellence."

Organized by the Florida Dental Association, the meeting offers three days of education not only for dentists, but for administrative staff and hygienists as well.

"The FNDC Committee plans years in advance for each FNDC, and I think we have a great slate for 2010," said Neil E. Torgerson, DMD, general chair of the Committee on the Florida National Dental Convention.

New at this years's FNDC is a Dental Assistant Roundtable, a course in which dental assistants will be introduced to new products and techniques.

And for practitioners who have always wanted intensive training but haven't been able to commit to a weeklong residency, the FNDC has established mini-residencies in the most sought-after areas.

The FNDC is offering three-day mini-residencies in implants and endodontics. The FNDC is also offering a two-day anatomy and dissection course.

Educational highlights

The meeting will offer 115 continuing education courses, including 81 lectures, 25 workshops, three mini-residencies and two master series.

"This year's meeting has everything you and your team need to sharpen and hone your skills," said Charles Llano, DDS, program chairman of the meeting.

"As I planned this program, I kept in mind the need for all us to continue to grow and educate ourselves in order to be the best in our profession. Getting a dental degree is just the beginning — the learning continues throughout our career."

Some of the educational highlights include the following courses:

• *Facial Aesthetics for the Dental Practitioner*

Friday, 8 to 10 a.m.

This course, led by Richard Joseph, DMD, is a presentation on concepts of facial esthetics, proportion, balance, "hallmarks of beauty" and the terminology of aging.

Current facial cosmetic procedures for rejuvenation will be reviewed. Special emphasis will be given to the areas of lip and peri-oral procedures that will be of interest to dentists.

This will serve as an introduction to neurotoxins and dermal fillers and a primer for attending a hands-on workshop.

The cost of this course is $60.

• *Neurotoxins and Dermal Fillers for Facial Rejuvenation*

Friday 10:30 a.m. to 5 p.m.

This hands-on workshop led by Richard Joseph, DMD, will include a two-hour didactic lecture and three and a half hours of hands-on instruction in administering neurotoxins and dermal fillers.

Participants will need to have a volunteer present for the hands-on portion of the workshop.

The cost of this workshop is $2,495.

• *Successful Implants*

Thursday, Friday and Saturday from 8:30 a.m. to 4 p.m.

This mini-residency, led by Dennis Thompson, DDS, MS, will prepare participants to implement the use of a system that prevents bone and tissue loss around anterior implants.

In addition, it will allow participants to utilize a single implant to attach to natural teeth (an implant/tooth bridge).

The cost of this course is $1,895.

• *Hi-Tech Endodontics in the 21st Century*

Thursday and Friday, 8:30 a.m. to 4 p.m., and Saturday from 8:30 to 11:30 a.m.

In this course, led by Samuel O. Dorn, DDS, PA, and Kenneth J. Zucker, DDS, MS, participants will be introduced to the usage of many new endodontic techniques and instruments from a variety of manufacturers.

Participants will have exposure to many of the most popular nickel titanium instrument systems as well as several different apex locators, ultrasonic, irrigation and obturation devices.

In addition, attendees will have the opportunity to complete endodontic procedures on extracted teeth, plastic blocks and anatomically accurate acrylic teeth models using the dental operating microscope, and visualize the final results using digital radiography.

The cost of this course is $1,895.

• *The TEAM Approach to Implant Dentistry*

Thursday, Friday and Saturday, 8:30 a.m. to 4 p.m.

This mini-residency, led by Will Martin, DMD, MS, and James D. Ruskin, DMD, MD, is intended for dentists who desire to increase their knowledge of the restorative and surgical phases of implant treatment for their patients.

The clinical management of the patient from consultation, treatment planning, surgical placement of implants in the mandible and maxilla, peri-operative and postoperative care and complications will be reviewed.

The cost of this course is $1,895.

Other edutcational tracks

In addition to the course highlights mentioned above, the meeting will also offer educational tracks for administrative assistants and dental hygienists.

"Whether you come for one day, or all three, the courses are there to help you master your profession," Llano said.

FNDC Exhibit Marketplace

According to meeting organizers, nearly 450 exhibitors will share their knowledge and expertise, as well as the latest and most innovative products, services and dental technologies, in the FNDC Exhibit Marketplace.

"Our exhibit hall is filled with exhibitors waiting to show you all the latest in technology and materials for your practice," said Torgerson. "It is a one-stop shopping experience for all that dentistry has to offer."

Meeting attendees are encouraged to take advantage of convention specials, learn about the latest products and place on-site orders.

In addition to hundreds of presentations, demonstrations and products, the FNDC exhibit hall will also feature table clinics, C.E. verification stations and a variety of fun activities.

The exhibit hall hours are as follows:

• *Thursday, June 10: 9 a.m. to 5:30 p.m.*
• *Friday, June 11: 9 a.m. to 5:30 p.m.*
• *Saturday, June 12: 9 a.m. to 3 p.m.*

Friday in Paradise

The FNDC will also offer plenty of fun. A "Friday in Paradise" event will be held in the Gaylord Palms atrium on Friday afternoon and evening.

There will be live music, dancing and entertainment for kids — including stilt walkers and balloon artists. Everyone is invited, and the tickets are free.

More information about the meeting is available online, at *www.floridadentalconvention.com.* DT

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CONTACT: Dr. Jim Cole @ 404-513-1573

ARIZONA

Arizona—Doctor seeking to purchase general dental practice. #12110
Phoenix—General Dentist seeking Practice Purchase Opportunity #12108
Phoenix—4 Ops - 3 Equipped, GR $515K+, 3 Working Days #12113
North Scottsdale—General Dentist Seeking practice purchase opportunity #12109
Urban Tucson—6 Ops - 4 Equipped, 1 Hygiene, GR $900K #12112
Tuscon—1,800 active patients, GR $850K, Asking $650K #12116
CONTACT: Mark Haslip @ 480-231-5838

CALIFORNIA

Citrus Heights—6 Ops, 1500 Sq. Ft., 2-3 days hygiene #14311
Fresno—5 Ops, 1,500 sq ft, GR $$1,064,500 #14250
Madera—7 Ops, GR $1,921,467 #14283
Murrieta—4 Ops, GR648K, 1500 Sq. Ft., 4 1/2 days hygiene #14313
Northern CA–Pedo Practice, 1160 Sq. Ft., GR $713K - #14322
N California Wine Country–4 Ops, 1,500 sq ft, GR $958K. #14296
Porterville—6 Ops, 2,000 sq ft, GR $2,289000 #14291
Red Bluff—8 ops, 2008 GR $1,006,096, Hygiene 10 days a wk. #14252
San Diego/City Heights—3 Chair office, Pan X-ray, Intra Oral Camera #14321
San Francisco—Patient Base for Sale - Owner Deceased #14312
Torrance—GR$434K, 1080 Sq Ft, 2 Equipped Ops-3 Avail Chair Office #14320
CONTACT: Dr. Dennis Hoover @ 800-519-3458

Dixon—4 Ops, 1,100 sq ft, GR $122K. #14265
Grass Valley—3 Ops, 1,500 sq ft, GR $714K #14272
Plumas County—3 Ops space for 4th Op, 1245 Sq Ft, GR $475K - #14318
Redding—5 Ops, 2,200 sq ft, GR $1 Million #14293
CONTACT: Dr. Thomas Wagner @ 916-812-3255

Laguna Beach—GR $898K 2008 4 Ops, 2000 sq ft. #14314
Laguna Hills—GR868K 2008, 6 Ops, Remodeled Office 2004 #14317
Los Angeles—6 Ops, Laser, Intra Oral Cam., Pan & Ceph, GR$709K, #14319
San Diego—GR $185K 2009, 3 Ops, PPO and Fee for Service #14315
CONTACT: Thinh Tran @ 949-533-8308

CONNECTICUT

Fairfield Area-General practice doing $800K #16106
CONTACT: Dr. Peter Goldberg @ 617-680-2930

GEORGIA

Atlanta Suburb—3 Ops, 2 Hygiene Rms, GR $863K #19125
Atlanta Suburb—2 Ops, 2 Hygiene Rms, GR $633K #19128
Atlanta Suburb—3 Ops, 1,270 sq ft, GR $438,563 #19131
Atlanta Suburb—Pediatric Office, 1 Op, GR $426K #19134
Dublin—GR $1 Mill+, Asking $825K #19107
Macon—3 Ops, 1,625K sq ft, State-of-the-art equipment #19103
North Atlanta—3 Ops, 3 Hygiene, GR $678K+ #19132
Northern Georgia—4 Ops, 1 Hygiene, Est. for 43 years #19110
South Georgia—2 Ops, 3 Hygiene Rms, GR $722K+ #19133
CONTACT: Dr. Jim Cole @ 404-513-1573

ILLINOIS

Chicago—4 Ops, GR $709K, Sale Price $461K #22126
Chicago—Multi Specialty Practice 14 ops, Tremendous Growth #22121
1 Hr SW of Chicago—5 Ops, 2007 GR $440K, 28 years old #22123
Chicago—3 Ops, GR $600K, 3-day work week #22119
Galena—GR180K, located in Historic Bed & Breakfast Community #22129
Western Suburbs—5 Ops, 2-2,000 sq ft, GR Approx $1.5MM #22120
CONTACT: Al Brown @ 630-781-2176

INDIANA

Southern—General Dentist seeking practice purchase opportunity #29102
CONTACT: Joe Paul @ 856-297-0198

MAINE

Waterville—High End Practice GR $900K —Bldg also for sale #28112
CONTACT: Peter Goldberg @ 617-680-2930

MASSACHUSETTS

Boston—2 Ops, GR $252K, Sale $197K #30122
Western Massachusetts—5 Ops, GR $1 Mill, Sale $514K #30116
CONTACT: Dr. Peter Goldberg @ 617-680-2930

Boston—2 Ops, 1 Hygiene, GR $302K #30125
Middlesex County—7 Ops, GR Mid $500K #30120
New Bedford Area—8 Ops, $628K #30119
CONTACT: Alex Litvak @ 617-240-2582

MICHIGAN

Suburban Detroit—2 Ops, 1 Hygiene, GR $213K #31105
Ann Arbor Area—Low Overhead - Well Run Practice GR 600K #31108
CONTACT: Dr. Jim David @ 586-530-0800

MINNESOTA

Crow Wing County—4 Ops, Sale Price $412K #32104
Fargo/Moorhead Area—1 Op, GR $185K #32107
Central Minnesota—Mobile Practice. GR $730K+ #32108
Twin Cities—Move in & Practice Immediately GR $800K #32110
CONTACT: Mike Minor @ 612-961-2132

MISSISSIPPI

Eastern Central Mississippi—10 Ops, 4,685 sq ft, GR $1.9 Mill #33101
CONTACT: Deanna Wright @ 800-730-8883

NEVADA

Reno—Free Standing Bldg.,1500 Sq Ft, 4 Ops, GR 763K #37106
CONTACT: Dr. Dennis Hoover @ 800-519-3458

NEW HAMPSHIRE

Lakes Region—Nice Fee for Service Prac. Plus Real Estate, GR$700K #38104
CONTACT: Peter Goldberg @ 617-680-2930

NEW JERSEY

Marlboro—Associate positions available #39102
Mercer Cty—3 Ops, Good Location, Turn Key, GR $191K - #39112
CONTACT: Sharon Mascetti @ 484-788-4071

NEW YORK

Woodstock—2 Ops, Building also available for sale, GR $600K #41112
CONTACT: Dr. Don Cohen @ 845-460-3034

Syracuse—4 Ops, 1,800 sq ft, GR over $700K #41107
CONTACT: Marty Hare @ 315-263-1313

New York City—Specialty Practice, 3 Ops, GR $502K #41109
CONTACT: Richard Zalkin @ 631-831-6924

Suburb of Syracuse—Great Practice, Growing Community, GR $462K #41117
CONTACT: Donna Bambrick @ 315-430-0643

NORTH CAROLINA

New Hanover County—A practice on the coast, Growing Area #42145
Lake Norman Area—Highly Productive Practice, Desireable Location #42162
Pittsboro—Small Community Practice, Stand alone bldg downtown, 3 ops #42158
Raleigh, Cary, Durham—Doctor looking to purchase #42127
CONTACT: Barbara Hardee Parker @ 919-848-1555

OHIO

Medina—Associate to buy 1/3, rest of practice in future. #44150
North Central—GR 619K, 4 Ops, Well Established #44159
North Central—GR 700K, 5 Ops, Well Established #44157
CONTACT: Dr. Don Moorhead @ 440-823-8037

PENNSYLVANIA

Chester County-High End Office, 4 Ops, Digital, FFS - a few PPOs #47141
Lackawanna County—4 Ops, 1 Hygiene, GR $515K #47138
Lancaster County—Very Established Practice, Newly redecorated #47145
Montgomery County—Spectacular Office, 2000 sq. ft., 4 ops - #47146
Philadelphia County (NE)—4 Ops, GR $500K+, Est 25 years #47142
CONTACT: Sharon Mascetti @ 484-788-4071

SOUTH CAROLINA

HHI—Dentist seeking to purchase a practice producing $500K a year #49103
CONTACT: Scott Carringer @ 704-814-4796

Columbia—7 Ops, 2200 sq ft, GR $678K #49102
CONTACT: Jim Cole @ 404-513-1573

TENNESSEE

Elizabethon—GR $385K #51107
Memphis—Large profitable practice GR $2 Million+ #51112
Suburban Memphis—Leading Practice in Area GR $946K #51113
CONTACT: George Lane @ 865-414-1527

TEXAS

Houston Area—GR $1.1 Million w/adj. net income over $500K #52103
CONTACT: Deanna Wright @ 800-730-8883

VERMONT

Wilder (near Hanover, NH)—GR$600K, w/Condo #54104
CONTACT: Peter Goldberg @ 617-680-2930

VIRGINIA

Greater Roanoke Valley—2500 sq. ft., GR $942K updated equip. #55111
Tappahannock—Very Nice Practice, GR $428K, 1500 sq. ft. #55110
CONTACT: Bob Andersen @ 804-640-2373

WISCONSIN

Milwaukee County—3100 Sq. Ft., 5 Ops, Digital X-ray, Laser #58119
CONTACT: Deanna Wright @ 800-730-8883

For a complete listing, visit www.henryschein.com/ppt or call 1-800-730-8883