AADOM ANNUAL MEETING

DENTAL TRIBUNE

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

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www.dental-tribune.com

UNIQUE MAXILLARY FRENECTOMY WITH A DIODE LASER

Initial incision made at the lip side and then flapped toward the incisal edge of the teeth. The first ever?

▸ page A4

ENDO TRIBUNE

THOMAS LEVY, DDS, HONORED

CDA Foundation names latest to earn its Dr. Arthur A. Dugoni Faculty Award.

▸ page B1

IMPLANT TRIBUNE

COUNTDOWN TO ICOI 40TH ANNIVERSARY

International Congress of Oral Implantologists in Orlando, Fla., Sept. 20–22.

▸ page C1

Midlevel providers: Risky business or access-to-care cure?

ADA-sponsored reports prompt more discussion

By Robert Selleck, Managing Editor

A focus on midlevel dental providers as a core response to dental-care access challenges might be better directed elsewhere because the business models in play aren't sustainable. That's what the American Dental Association is saying based on a consulting company's examination of three midlevel workforce models under consideration in five states.

But at least two dental organizations responding to the report's conclusions show there are plenty of other opinions about the viability of a midlevel-provider workforce and the benefits such professionals can provide to underserved populations.

The American Association of Public Health Dentistry (AAPHD) and the American Dental Hygienists' Association (ADHA) issued statements that question the ADA's conclusions. Both organizations ask why the six studies by ECG Management Consultants looked only at projected scenarios in the five states considering midlevel licensing and did not include data from Minnesota and Alaska, where midlevel providers are already practicing. Various other questions about the research methodologies and underlying assumptions also were raised by the two organizations.

The ADA-commissioned report examines proposed midlevel workforce models in Connecticut, Kansas, New Hampshire, Vermont and Washington. It itemizes detailed financial projections for various business models for Dental Health Aide Therapists (DHAT), Dental Therapists (DT) and Advanced Dental Hygiene Practitioners (ADHP). Revenue and expense projections are based on different combinations of public and private payment-for-services scenarios. The midlevel provider's education debt also is factored into the analysis.

The ADA has consistently fought the midlevel provider concept, arguing that it is not in the best interest of patients to permit irreversible dental procedures, such as tooth extractions and major restorative work, to be performed by non-dentists. It also has argued that because there is no shortage of dentists in the aggregate, and because dental-school-graduate numbers are expected to increase, workforce expansion is the wrong strategy to use to address

▸ See MIDLEVEL page A2

American Association of Dental Office Managers, Scottsdale, Ariz.

As was the case with last year's meeting, as this edition of Dental Tribune prepares to print, the AADOM annual meeting is close to selling out. The 2012 agenda is packed with educational and networking opportunities of benefit to anyone involved in the business side of running a dental practice.
Photo/Provided by AADOM

▸ See page A6

NEWS A1

- Dental organizations respond to ADA-sponsored study on financial viability of midlevel providers

PRACTICE MATTERS A2

- Dental office managers dial in on how to handle staff use of cell phones

CLINICAL A4

- Unique maxillary frenectomy with initial incision at lip side, may be a first

MEETINGS A5–A8

- IACA conference receives big praise
- AADOM event nearly sold out
- Meeting attendees invited to try microscopic dentistry
- Greater New York Dental Meeting registration opens
- Yankee Dental Congress registration opens in September

INDUSTRY A9–A13

- Implant training highly hands-on
- Industry clinical looks at transfer impression versus direct abutment
- Dentists create 24/7 online conference, tradeshow and C.E. forum
- Adaptive learning technology offered to dental learning institutions
- Lab's partnerships with implant manufacturers deliver peace of mind

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AD

‘Turn off that phone!’

How do managers deal with cell phone usage in the office?

By Heather Colicchio and Teresa Duncan, MS, FAADOM

The membership of the American Association of Dental Office Managers (AADOM) is composed of individuals who have first-hand experience dealing with situations that would make many people cringe. Some of the most common questions that emerge on our AADOM member forum deal with the rise of text messaging and personal calls in the office. We love text messaging and phone calls to our patients! But not so much among our staff.

We asked several of our AADOM members to answer this hot-potato question.

How do you handle your team when excessive texting and phone calls are an issue? Is there an example you'd like to share?

Melanie Duncan, FAADOM *Photos/ Provided by AADOM*

Melanie Duncan: To text, or not to text that is the question? I love technology, but sometimes it can be a detriment to your team. Believe me I have seen it all! There is the hygienist who is texting while a patient watches a CAESY video or the team members have has to keep their phones on them in case of an emergency. Really? Are they trying to say that the front office team cannot handle passing on a message? The answers are simple:

1) Make sure there is a policy in your employee manual that is clear and to the point.

2) Have the employee sign an agreement to leave his or her phone in the break room.

3) Expect 100 percent compliance!

4) Each infraction should be a handled immediately with no exceptions allowed.

There will be a list of excuses, but as long as you are consistent with your actions, technology will once again be your friend.

Lisa M. Spradley

Lisa Spradley: Our office allows cell phones and text messaging as long it does not interfere with our patient flow. However, when cell phones were first brought into the practice there were problems with rampant usage. We would have employees coming into the office with the cellphone to their ear and clocking in, and they would stay on the phone until they were ready to seat the patient. This was unacceptable.

After a discussion with the doctor, we decided that while we did not want to completely ban cell phones, we did need some basic guidelines. When employees come into the office and clock in, they should not be on their phones. Also - while texting in between patients is OK — it must not delay patients being seated or rooms being cleaned.

No one is allowed to be on their cell phone or texting if they have a patient in the room. These guidelines helped to keep our patients as the No. 1 focus in our practice.

Deanna Alexander, FAADOM

Deanna Alexander: Simply put, it is stated in our office manual. No cell phones are allowed in our work area. Each staff member has his or her own personal cubby space in the staff lounge area, this is where the cell phones belong. Everyone respects this policy.

▸ See PHONE page A3

◂ MIDLEVEL, page A1

access-to-care problems. Acknowledging that the recently released reports are simply a “first step,” ADA representatives said that the detailed economic analysis was a new way of analyzing the viability of various midlevel provider models as a possible solution to access-to-care challenges for underserved populations. The work was described as the most comprehensive economic analysis to date.

The Academy of General Dentistry issued a statement that “applauds” the ADA-backed studies. AGD President Jeffrey M. Cole, DDS, MBA, FAGD, said, “The AGD believes that the more important part of the issue lies in moving the focus away from workforce models and instead to focus on the more important goal — knocking down the barriers to access to care.” AGD’s position has mirrored the ADA’s take: that increasing the number of providers may not be the best way to address access-to-care challenges because of a more critical need to address Medicare reimbursement shortfalls, transportation issues and inadequate prevention education.

Supporters of midlevel-provider licensing appear to agree with the ADA and AGD positions regarding many of the access-to-care challenges that will continue to exist despite success or failure of efforts to create a midlevel workforce.

In April the W.K. Kellogg Foundation released findings from a review of clinical outcomes experienced by dental therapists practicing in 54 countries using such providers to address access-to-care challenges. The report’s principal author, David Nash, DMD, MS, EdD, who is the William R. Willard professor of dental education and a professor of pediatric dentistry at the College of Dentistry at the University of Kentucky, said, “None of the 1,100 documents reviewed found any evidence of compromises to children’s safety or quality of care. Given these findings, the profession of dentistry should support adding dental therapists to the oral health care team.”

In December 2010 the Pew Center on the States released a report that was favorable toward the concept of using dental therapists to improve access to dental care, especially for Medicaid patients.

The ADA and AGD both questioned a number of underlying assumptions and data on dental practice operations and demand for services and other aspects of the research methodology in both organizations’ reports.

The Comprehensive Dental Reform Act of 2012, introduced in June by Sen. Bernard Sanders, I-Vt., and Rep. Elijah Cummings, D-Md., proposes a variety of programs to enable dental professionals to deliver care to people outside of current care-delivery models — including the use of midlevel dental care providers. While supportive of the act's intent, the ADA and AGD have challenged its midlevel provider provisions.

(Sources: AAPHD, ADA, ADHA, AGD, W.K. Kellogg Foundation, Pew Center on the States)

The ADA and AGD agree that gathering more information is a first step in assessing the viability of midlevel dental professionals. *Photo/Provided by www.dreamstime.com*

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◂ PHONE, page A2

Tina Brown, FAADOM/

Tina Brown: Excessive phone calls and texting can be quite a problem. With new employees, we are very upfront with policies and guidelines. They tend to follow them for a while until the "newness" wears off. Our more seasoned team members, on occasion, can get caught up as well but gentle reminders in the very beginning of the occurrence with any team member usually helps.

Upon the second time I remind them again and let them know they are disrupting the flow of the day. I also ask if there is anything I can help them with so they can stay on task and suggest they save their calls and texts for their lunch hour or break.

If a third occurrence dares to happen they relinquish their phone for the rest of the day. It's sad that sometimes it comes to that but I didn't come up with the idea, they did!

When it became apparent there was an issue, I rallied the troops together and asked them to come up with a fair and reasonable penance.

They decided to give up their phones in lieu of documentation going into their employee file.

Julie McKee

Julie McKee: Team morale is my top priority when implementing new policies and procedures. I do not enforce a policy that I have not researched and thought long and hard about. That being said, I have addressed this policy in a group/open-forum type setting so that I could share the reasoning behind the policy, and give them time to share how they feel as well. I maintain an open-door policy all the time and I want to know if and why they do not support a decision. This way I may be able to help them to understand the reasoning instead of having a 'just do it' attitude. That's no fun.

Our policy — in a condensed version — states that any type of mobile device is not to be on your person in the clinical and business area. You may have your mobile in the break area or in your locker. The ringer must be set to vibrate if not turned off. All personal phone calls are not to be made during work hours, only on breaks and lunchtimes, unless of course it is an emergency. The staff is responsible for creating awareness of this policy to friends and family members.

I make sure the team knows that they are respected and this in no way implies that they would abuse company time, this is simply to prevent distractions for themselves and other co-workers, as well as to prevent the possible misconception that could arise from another person or patient viewing a team member on their cellphone for any reason. Why? The patients don't know it's your son telling you he will be going to his friend's house after school, or that maybe a friend just told you a quick joke at which you giggle. In the minds of patients (or even co-workers), all they know is "She is not giving my time and care the attention and respect I deserve, how do I trust her in my mouth" or, "Is she laughing at me? My teeth? Is she filming this?" You name it, the patient will think of it.

Conclusion

As you can see, our members all have different techniques but are equally effective. It all boils down to a policy issue that must be stated ahead of time and communicated effectively to the team.

Take a look around your office and if you see someone texting or wasting time on the phone, begin to draw up your policy and plan its implementation. Remember — the patient's perception is your reality!

MELANIE DUNCAN, FAADOM, is owner/president of Results Unlimited Dental Consulting and director of clinics for Heritage Creek Dental. The AADOM 2008 Office Manager of the Year and a subject-matter expert for the Dale Foundation, she has been in practice management more than 22 years. Her affiliation with AADOM has given her many opportunities to seek guidance and give from her own experience to others. She is dedicated to making dental care accessible and affordable for everyone. Contact her at *melanieduncan@rudentalconsulting.com*.

LISA M. SPRADLEY has been in the dental field for more than 15 years. She is an office manager for a general dentist and has her own dental consulting business, TCB Dental Consulting. She helps train front-office staff in effective time management techniques. She is an active, lifetime member with AADOM and plans to receive her Fellowship this fall. She can be reached at l*isamarie@tcbdentalconsulting.com*.

DEANNA ALEXANDER, FAADOM, has been in dentistry for more than 30 years. She attends many continuing education courses to keep up with the fast pace of the ever-changing dental world. She loves the everyday variety of her responsibilities and being in touch with the patients.

TINA BROWN, FAADOM, has more than 30 years of experience in the dental field and is the president of Applied Dental Practice Enhancement — a training, consulting and speaking firm. She attended San Diego State University and Pacific College of Dental Assistants in San Diego. She is a retired RDA and has spent the last 20 years as an administrator. She is a lifetime member of AADOM and writes articles for the administrative team.

JULIE MCKEE, dental director at Gordon Dental, considers the practice and its patients a huge part of her family. She thrives on the camaraderie and pride of working in a state-of-the art dental practice. She uses the AADOM network to share resources and ideas to keep the practice on the leading edge of patient satisfaction. She considers herself a lifelong learner and encourages those around her to be in a constant state of study, growth and action.

HEATHER COLICCHIO is the president and founder of the American Association of Dental Office Managers.

TERESA DUNCAN is its educational content adviser. For more information please visit *www.dentalmanagers.com*.

AD

Unique maxillary frenectomy with a diode laser

DR. DAVID L. HOEXTER is director of the International Academy for Dental Facial Esthetics, and a clinical professor in periodontics at Temple University, Philadelphia. He is a diplomate of implantology in the International Congress of Oral Implantologists as well as the American Society of Osseointegration, and a diplomate of the American Board of Aesthetic Dentistry. Hoexter lectures throughout the world and has published nationally and internationally. He has been awarded 11 fellowships, including FACD, FICD and Pierre Fauchard. He maintains a practice at 654 Madison Ave., New York City, limited to periodontics, implantology and esthetic surgery. He can be reached at (212) 355-0004 or *drdavidlh@gmail.com*.

By David L. Hoexter, DMD, FICD, FACD
Editor in Chief

There are many opinions, both in favor of and against, the utilization of lasers in periodontal therapy. There are also many reports of the different surgical techniques utilizing sharp metallic instruments for exacting predictable and desired results. The use of a laser to achieve these results does not mean that there are not other efficient, "classical" procedures that would accomplish the goal. Yet, a laser might be a more direct and efficacious path to achieve the same goal, with easier healing and less side effects.

This case presentation allows me to demonstrate the utilization of a diode laser to allow ease of technique, avoid unnecessary bleeding, avoid the use of sutures (and their removal), and provide a comfortable transition for the patient without swelling or need for a periodontal dressing after the surgery.

In this presentation, a young female patient presented in my office, complaining about her frenum in the maxillary anteriors. She related that it hurt whenever she bit into a firm substance, such as corn on the cob. Her tongue constantly reached to this uncomfortable area, affecting her speech, and she felt pain in her lip when she tried to smile.

A few years prior, she had a lot of dentistry done in her maxillary anteriors for esthetic purposes. She had been aware of and bothered by a natural, large diastima between her maxillary centrals. The previous dentist had closed the diastemic space between the crowns by overbonding the area, leaving overhanging margins on the mesial of both centrals (Fig 1). The area now appeared clinically closed, but the constant irritation and bleeding in the area, especially due to the frenum pull, made this teenage patient feel very uncomfortable.

X-rays taken by my office revealed an obvious space, seen as a large radiolucent dark area between both central incisor roots, covered with tissue (Fig 2).

In this case, I made a decision to use a laser to do the frenectomy because of the possibility that a classical approach might result in leaving a large void between the centrals. Moreover, use of a laser allows complete control in this technique to avoid what might otherwise be a devastating disaster. If the natural, large void between the centrals submarginally was to have been exposed, it would have left a vast undesirable, unesthetic, dark-appearing hole. Because this was a surgery that involved only soft tissue, our choice of lasers is the CO_2, Nd:YAG and diode lasers. Other lasers may be used for both soft and hard tissue. I chose to utilize just a tissue laser, and chose a diode laser. This AMD diode laser also offered the use of a disposable tip containing a thin fiber that would transmit the therapeutic treatment. The tip, being disposable, will aid in the consistency of maintenance and hygienic cleansing in and during our treatment.

Fig. 1: Pretreatment labial view shows the large maxillary frenum and its large attachment.

Photos/ Provided by Dr. David L. Hoexter

Fig. 2: X-Ray of same area. Notice the large dark-appearing space between the centrals' roots. Note the large restorations' mesial overhanging margins.

Fig. 3: Another pretreatment view.

Fig. 4: Initial use of AMD diode laser from releasing the frenum attachment from the lip mucosa side.

Fig. 5: Completed extention using the laser and removal of the rest of the frenum.

Fig. 6: Final completion of healed area, labial view. Notice the healed labial area, minus the large frenum , yet avoiding the exposure of the large void between the incisors, as seen in the x-ray (Fig. 2) initially.

A standard frenectomy, where we might remove the frenum with a sharp stainless steel instrument, might lead to further complications by exposing the large void pointed out in Figure 2 that is covered by tissue. If the frenum is just incised and removed, the area will have an obvious, huge, dark-appearing void. Yet the frenum should be removed. The obvious restorative necessities and options were discussed first. This young patient wished to do a little at a time, starting with the frenum removal.

After local anesthesia with xylocaine, the frenum was infiltrated, incised from the attachment of the tissue and lip-side of tissue first, rather than incising in the center of the frenum or separating and detaching the tissue from the side attached to the alveolus. Using the AMD diode laser, the tissue was incised, keeping the field of vision intact and accessible.

Continuing movement of the laser tip toward the alveolar-covered tissue allows the trough to be made wider until the desired length is acquired. All of this is accomplished painlessly, without a pool of blood blocking the view. This laser automatically enhances a clot, allowing not only a view but also a comfortable working environment for the operator as well as a painless one for the patient.

The assistant retracts the lip, with the laser allowing complete vision and aiding in curtailing the bleeding. After the tissue is dissected to the desired level, the remaining loose tissue of the frenum is removed using the diode laser, as well. These results leave a slight charring when we wish to control bleeding (Figs. 4, 5).

Healing proceeds uneventfully until it is completed and is maintainable (Fig 6). Once the frenum is removed and healed, the patient is no longer uncomfortable when eating. Nor is her lip restricted when she desires to smile.

The healed area allows the patient to keep the area clean. She is able to reach and floss the mesial aspects, which she couldn't do previously. After completion, she is reminded of the need to correct the restorations of her maxillary anterior teeth and get rid of the obvious overhanging margins.

This particular patient desired a little correction at a time, but, in the meantime, the positive results of the laser treatment made her positive about correcting and improving the esthetics of her anterior maxillary teeth in the near future.

With the use of this AMD diode laser, we are able to remove the frenum attachment from the lip side initially, allowing a predictable approach that helps avoid exposing a large hole in the very front and center of her smile. This laser treatment and its positive results for her, allowed her to consider future restorative corrections with a positive attitude. In this case, use of the AMD diode laser allowed her smile to be corrected, and changed her discomfort into a comfortable glow.

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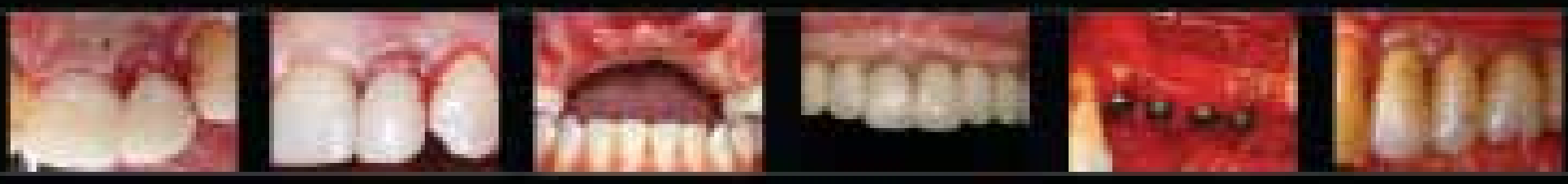

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Attendees enthusiastic about IACA 2012 annual meeting

More than 800 dental professionals from around the world attended the International Association of Comprehensive Dentistry (IACA) annual meeting. The event was July 26–28 at the Westin Diplomat Resort and Spa in Hollywood, Fla. Most of the attendees were returning members, and many reported that this was the best meeting yet in the IACA's eight-year history.

One first-time attendee said, "As my first IACA, the whole atmosphere and caliber of people was much more than I anticipated, [while] I'd heard a lot from people who have attended nearly all, if not all of them, I still didn't expect it to be as good as it was. I got so much good and benefited from not only the lecture series, but from talking to other people who shared a little piece of themselves, which helped me change the way I do things. I just had the best time. It was well run and [included] lots of fun. This was the best dental meeting in the world!"

Next year's meeting is in Calgary, Alberta, Aug. 1–3. For more information, visit *www.theiaca.com*, or call (866) NOW-IACA.

(Source: International Association of Comprehensive Aesthetics)

The annual IACA conferences present a variety of lectures and hands-on workshops by world-renowned professionals. The 2012 meeting pictured here, in Hollywood, Fla., earns high praise from firt-time and returning attendees alike. Photos/Provided by IACA

Host site for the American Association of Dental Office Managers conference is the Westin Kierland Resort in Scottsdale, Ariz. Photo/Provided by AADOM

Courses fill quickly at dental office managers conference

Education, networking highlight Sept. 6–8 AADOM event

Many courses have already hit their maximum-registration limits for the American Association of Dental Office Managers (AADOM) annual conference in Scottsdale, Ariz., Sept. 6–8 (Thursday through Saturday).

Held at the Westin Kierland Resort, the conference has a lineup offering up to nine continuing education hours toward AADOM's Fellowship Program.

The conference is for dental office managers, practice administrators and anyone involved in the business end of the practice. Attendees can choose from a variety of courses and sessions specific to the efficient and successful management of a dental practice. Topics include marketing, communication, technology and insurance coding updates. Special focus will also be given to leadership and

▸ See AADOM page A7

AD

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◂ AADOM, page A6

human resources. AADOM is especially pleased to welcome motivational management expert Judy Kay Mausolf as the keynote speaker. Other notable presenters include Fred Joyal, Gary Kadi, Gary Takacs, Terri Bradley, Ginny Hegarty, Bob Spiel, Teresa Duncan and Janice Hurley-Trailor.

AADOM President Heather Colicchio is looking forward to seeing returning and new members. "This meeting is the highlight of the year for our members — we have so much planned for the attendee," she said.

The conference is known for its educational and networking offerings. Colicchio said, "We listened to our members and have several social events planned as well as face-to-face access to dental consultants and speakers."

AADOM will co-host a half-day day trip to the Scottsdale Center for Dentistry for an in-depth session on "How to Market Technology in Your Practice." AADOM will launch its first annual Speaker Showcase for office managers. Selected managers will be given a chance to share their best management tips with their colleagues.

AADOM will also induct the 2012 class of Fellows at this conference.

Dental Spouse Business Network

In addition to the conference offerings, the Dental Spouse Business Network (DSBN) will meet on Sept. 5, the day before the conference starts. The DSBN was created by AADOM to address the specific needs and challenges of office managers whose spouses are the dentist in the practice. Dental spouses registered for the AADOM conference are invited to attend.

Lifetime AADOM member Pat Lutz, the office manager of her husband's practice in Madera, Calif., said, "AADOM provides a way to network and to provide support, ideas and tools to help us become more effective dental office managers. We have an important role in our office and it's important that we walk the walk and not just talk it."

Topics for DSBN include increasing and maintaining the value of a practice as well as a workshop on best practices for working with your spouse. "Once the dental spouses realize that they have a network of other spouses to turn to, they feel a sense of relief that their situations are not unique and can be solved," Colicchio said.

Conference registration

To see if there is still opportunity to register, visit *www.dentalmanagers.com* or call (732) 842-9977.

About AADOM

AADOM is an organization of professional office managers, practice administrators, patient coordinators, insurance and financial coordinators and treatment coordinators of general and specialized dental practices.

The association's mission is to provide members with networking, resources and education to help members achieve the highest level of professional development.

For more information contact (732) 842-9977 or *info@dentalmanagers.com*.

(Source: AADOM)

Try microscopic dentistry

Whether you're a microscope user or not, the Academy of Microscope Enhanced Dentistry 11th Annual Meeting and Scientific Session promises to open your eyes to new possibilities. Early-bird registration at *www.microscopedentistry.com* ends Sept. 15.

Non-members and those who haven't worked with a microscope are encouraged to attend to learn why microscopic dentistry is gaining so many advocates.

"Micro Vision: On the Cusp of Science & Precision," is Friday and Saturday, Nov. 16–17, at the Hotel Del Coronado in San Diego. This year's meeting represents a return to a live, onsite format, following the academy's virtual-only meeting last year. However, the virtual option continues, too, with live online streaming video available as an alternative strategy to access the meeting. Some of the sessions will air live online from California. And sessions will be recorded for archived availability online. This enables onsite attendees to view or review sessions later. Access to the recorded sessions is included in as part of registration. Copyright law restricts some of the sessions from be available online.

The scientific session features general sessions, vignettes, panel discussions/Q&As and hands-on courses with top clinicians and leaders sharing the latest science and techniques. All major sectors of dentistry are represented: restorative, endodontics, periodontics and implants.

The hands-on courses give attendees the opportunity to test-drive different microscopes while learning new procedures. Among the hands-on offerings: "Microsurgery I: The Principles of Suturing," with David Cross, DDS; "Implant Microsurgery II: Sinus Elevation," with Adriana McGregor, DDS; "Micro-Aesthetics II: The Art of Microlaminates — How to Master Ideal Preparation," with Claudia Cia Worschech, DDS, PhD; and "Auxiliary Course: Maximizing the use of Magnification for All: Assistants & Hygienist," with Arvie Malik, RDH, and Karen Nester, DA.

The Hotel Del Coronado, in San Diego, hosts 'Micro Vision: On the Cusp of Science & Precision' Nov. 16-17. Photo/Provided by AMED

Contact AMED at (260) 249-1028 (ET) or at *admin@microscopedentistry.com*. You can register for the meeting or get more details at *www.microscopedentistry.com*.

(Source: AMED)

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Register now: Greater New York Dental Meeting

Scientific Meeting: Nov. 23–28; Exhibit Floor: Nov. 25–28

New York City attractions such as Times Square set the backdrop for the Greater New York Dental Meeting in November. Photo/Provided by GNYDM

Registration is open for the 2012 Greater New York Dental Meeting (GNYDM), the largest dental congress and healthcare meeting in the united States, with 53,789 attendees from all 50 states and 127 countries in 2011.

A significantly expanded international program accommodated 6,656 international visitors in 2011, with sessions in French, Spanish, Portuguese, Italian and Russian.

The 2012 meeting runs Friday through Wednesday, Nov. 23–28.

The high-energy event, which never has a pre-registration fee, draws top dental professionals with an expansive exhibit hall and more than 300 educational courses, including full-day and half-day seminars, essays, hands-on workshops and a live, 430-seat, high-tech patient demonstration area.

New York City is full of cultural enclaves that give attendees the opportunity to experience foods, festivals, arts and more from all over the globe. Few cities offer a wider variety of iconic attractions, historic buildings and cultural sites.

Three major international airports, Newark Liberty (EWR), Kennedy (JFK) and La Guardia (LGA) and discounted hotel rates for registrants, make it easy for any dental professional to visit New York City and attend the meeting.

The GNYDM staff encourages you to see all New York City has to offer during one of its most beautiful times of year.

(Source: Greater New York Dental Meeting)

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Laugh, learn, reconnect and grow at the 2013 Yankee Dental Congress, billed as 'Building bridges through innovation, technology, wellness, & inspiration.' Photo/Provided by YDC

Yankee Dental Congress 2013

Jan. 30–Feb. 3 in Boston

Connect with some of the brightest minds in dentistry, and discover the latest trends, techniques, products and services at the 38th Yankee Dental Congress. You'll find 450-plus exhibitors and a 300-plus speaker lineup that includes crowd favorites Gordon Christensen, the Madow Brothers, Loretta LaRoche, Laney Kay and Roger Levin. Other highlights include:

Dentaltown: Discover new and exciting ways to implement technology in your office from your fellow dental professionals.

RDH @ YDC: For the first time, the experts at RDH Magazine and RDH Under One Roof bring their quality continuing education and action-packed events to Yankee.

Essentials of Management: A "Mini-MBA" for dentists is offered by Bentley University.

Dentist as the CEO: Learn the tools to improve the business side of your practice, such as controlling expenses, setting goals and hiring effectively.

Healthy Living Pavilion: Have lunch with a registered dietitian and learn how to eat healthfully — while earning C.E. credit; plus there are many other valuable courses.

Dental Management of Sleep Apnea Fast Track: In one-hour sessions throughout the day, learn to work with sleep apnea patients.

Yankee Boardwalk: Kick back with your favorite beverage, light fare, and upbeat music at a free, family-friendly event open to everyone, Thursday, Jan. 31.

Friday Night Laughs: Share some giggles with colleagues, friends, and family when Kathleen Madigan takes the stage Feb. 1.

Register at *www.yankeedental.com*.

(Source: Yankee Dental Congress)

5 days of training, 9 dentists, 56 implants

Comprehensive, hands-on implant-training course in Jamaica graduates latest class

The American Academy of Implant Prosthodontics (AAIP) joined with its affiliates, Atlantic Dental Implant Seminars (ADIS) and the Linkow Implant Institute, to present a five-day comprehensive implant training course in Ocho Rios, Jamaica, in early July.

The course included lectures, hands-on participation, surgical and prosthodontic demonstrations, diagnosis and treatment planning of implant cases, construction of surgical templates, diagnostic wax-ups, insertion of two to six implants by each participant and sinus lifts under supervision of course faculty.

The nine participating dentists inserted 56 implants, performed three sinus lifts and restored seven implants placed in a previous course. Patients were provided by the Ministry of Health and the University of Technology, School of Dental Sciences, Jamaica. Course participants were from Arizona, Illinois, New Jersey, New York, Jamaica and St. Kitts.

Upon completion of the one-week comprehensive implant-training program, participating clinicians are able to accomplish the following tasks: identify cases suitable for dental implants; diagnose and treatment plan for preservation and restoration of edentulous and partially edentulous arches; demonstrate competency in the placement of single-tooth implants, soft-tissue management and bone augmentation; obtain an ideal implant occlusion; work as part of an implant team with other professionals; and incorporate implant treatment into private practice with quality results, cost effectiveness and profitability.

A dental degree was required for all participants. The course was tax deductible and 35 hours of dental continuing education credits were awarded on course completion. Patient treatment was provided in a Jamaican dental school, with personalized training in small-group settings. The course is a cooperative effort of the Jamaican Ministry of Health, the University of Technology, School of Dental Sciences, Jamaica, and the American Academy of Implant Prosthodontics.

Dr. Mike Shulman is course coordinator; Dr. Leonard I. Linkow is course director; and Dr. Sheldon Winkler is course advisor. Course faculty, in addition to Shulman, Linkow and Winkler, included Drs. Robert Braun, Ira L. Eisenstein, E. Richard Hughes, Charles S. Mandell, Harold F. Morris, Peter A. Neff, Robert Russo and Robert E. Weiner. Shulman and Winkler taught the July seminar.

Implants and components for AAIP/ADIS implant seminars were provided by HIOSSEN Dental Implants. Dental laboratory support was provided by: DCA Laboratory, Citrus Heights, Calif.; Dani Dental Studio, Tempe, Ariz.; and Dutton Dental Concepts Inc., Bolivar, Ohio.

The objective of the Academy of Implant Prosthodontics — founded by Dr. Maurice J. Fagan Jr. in 1982 at the School of Dentistry, Medical College of Georgia — is to support and foster the practice of implant prosthodontics as an integral component of dentistry.

The academy supports component and affiliate implant associations around the world, including organizations in Egypt, France, Italy, Israel, Jamaica, Jordan, Kazakhstan, Paraguay and Thailand.

The academy has published two textbooks: "The Dental Implant" in 1985 and "Implant Prosthodontics" in 1990. The Journal of Oral Implantology is the official publication of the academy. The academy also publishes a newsletter.

American Academy of Implant Prosthodontics is an approved PACE program provider by the Academy of General Dentistry. The formal continuing education programs of this program provider are accepted by AGD for fellowship, mastership and membership maintenance credit. The current term of approval extends from Jan. 1, 2010 to Dec. 31, 2013.

Complete information on the AAIP/ADIS Jamaica implant continuing education programs, including tuition, faculty lectures, transportation and hotel accommodations, can be obtained through *www.adiseminars.com* or by calling (551) 655-1909.

AAIP membership information can be obtained from the AAIP headquarters at 8672 E. Eagle Claw Drive, Scottsdale, Ariz., 85266-1058; telephone (480) 588-8062; fax (480) 588-8296; or via e-mail at *swinkdent@cox.net*. The AAIP website is *www.aaipusa.com*.

(Sources: AAIP and ADIS)

Participants at AAIP/ADIS implant seminar, Ocho Rios, Jamaica, July 3–7. Dr. Sheldon Winkler is center left and Dr. Mike Shulman is center right. Photo/Provided by AAIP & ADIS

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