

IMPLANT TRIBUNE

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

Autologous bone grafting

The body's own bone cells have the greatest potency for rebuilding.

▶ page 1B

ENDO TRIBUNE

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

Choosing the right instruments

Getting the nomenclature of endodontic mechanics right.

▶ page 1C

CAD/CAM TRIBUNE

The World's Dental CAD/CAM Newspaper · U.S. Edition

Safety-first implant therapy

Using CBCT offers clinicians an opportunity to simplify diagnostic procedures.

▶ page 1D

Anti-smoking concert held

It's been an exciting few weeks for the Russian American Dental Association (RADA) since the non-profit officially kicked off its annual Oral Cancer/Tobacco Cessation Project. Since 2008, the group has held free oral cancer screenings as well as a Kids 4 Kids Anti-Smoking Drawing Contest for children in kindergarten through eighth grade in New York City.

This year, the organization expanded its programs, setting up extra oral cancer screenings in Queens and New Jersey as well as a fundraising concert that was held on April 27. Piano students from YM Studio performed at Young Musicians for a Smoke Free Planet at Jazz in the Lincoln Center to a packed room of proud parents and other attendees.

Playing at Jazz is an honor, as it is a well-known performance space that features prominent jazz and blues musicians such as Eric Clapton, Herbie Hancock and Lynda Carter. The Edward John Noble Foundation Studio consisted of talented pianists in elementary, middle and high school that wanted to display their hard work while playing for a charitable cause. The goal of the event was to inform children of the dangers of cigarette use and encourage conversation between kids and their peers.

The concert was a fundraiser,



YM Studio students hold their certificates of recognition for participating in the Young Musicians for a Smoke Free Planet benefit concert in New York on April 27. (Photo/Provided by RADA)

with more than \$1,000 in proceeds going toward RADA's many initiatives that seek to prevent children from smoking and support dental wellness. RADA President Dr. Rada Sumareva spearheaded the event and was happy with the results. "RADA is glad to reach out to kids and families and make them aware of how to maintain their health," she said.

Pieces from Beethoven, Mozart, Rachmaninoff and Bach were played, just to name a few. Throughout the afternoon, the room was filled with flawlessly executed tunes that portrayed a mix of moods, from upbeat to sad and everything in between. There were different levels of expertise; with the younger kids playing

→ DT page 2A, CONCERT

'Gateway to Good Health'



The theme of the Florida Dental Association's annual meeting is intended to place a focus upon all the opportunities that dentists have to influence a patient's overall health. Read on for a taste of what awaits you in the Sunshine State. (Photo/FLDA)

→ See page 6A

Regenerative dentistry

Behind the therapeutic promise of the stem cells found in teeth is the work of scientists such as Paul Sharpe, PhD, a pioneer in research that promises to expand regenerative dentistry.

Sharpe is the Dickinson Professor of Craniofacial Biology and head of the Department of Craniofacial Development at the Dental Institute, King's College London. He also serves as an advisor to Provia Laboratories, which provides Store-

A-Tooth dental stem cell banking. This service enables families to collect and preserve the stem cells from their children's teeth for future use.

Sharpe has earned an international reputation for his research into using stem cells to grow new teeth. He has demonstrated in animal studies that a natural tooth, together with its associated bone, root and nerves, will grow from a

→ DT page 2A, STEM CELLS

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← DT page 1A, STEM CELLS

tooth “bud” or “primordium” of stem cells placed into an incision in the gum.

He was among the invited speakers at the first International Conference on Dental and Craniofacial Stem Cells, held in April in New York City. There he discussed his most recent research into the niches in tooth pulp where stem cells reside.¹

“In the future we envision,” explained Sharpe, “a patient who loses a tooth and wants a replacement will be able to choose between current methods and a biological-based implant — a new natural tooth — derived from the patient’s own dental stem cells.”

Notwithstanding steady progress in the prevention and treatment of dental disease, the toothless and those lacking some or most of their teeth still make up a huge population. According to dental health surveys, about 70 percent of adults in the United States have lost at least one tooth; about 58 percent of those aged 50 and older have fewer than the 21 teeth considered “functional dentition;” and about 18 percent aged 65 or older have no natural teeth at all.²

To be sure, it will be some years before there is no one removing a mouthful of dentures at night to place them in a cup on the bedside table. Yet the work of Sharpe and other investigators has brought another option into view.

In 2004, for example, he and his colleagues reported in the Journal

of Dental Research (JDR) that they had used stem cells to grow teeth in mice.³ The stem cells used in that work were not human dental stem cells but rather mouse embryonic stem cells and bone-marrow-derived stem cells. Even so, as the editor of JDR said in a commentary, “Clearly, the future for regenerative and tissue-engineering application to dentistry is one with immense potential, capable of bringing quantum advances in treatment for our patients.”⁴ Later Dr. Sharpe and his team received the William J. Gies Award for best paper published in JDR that year in the category of biomaterials and bioengineering.

Sharpe has noted the particular advantages that human dental stem cells offer in taking this research further: Unlike human embryonic stem cells, they are plentiful and raise no ethical issues — a potential source becomes available every time a dentist or dental surgeon pulls a loose baby tooth or a molar; unlike bone-marrow stem cells, dental stem cells do not require an additional invasive procedure to obtain; and dental stem cells can be preserved for the donor’s own use, eliminating the chance of rejection if used later for the donor.

Although experiments in growing new teeth remain early-stage research, other applications of dental stem cells have already been demonstrated in human studies. These cells have been successfully used to regrow jawbone and treat periodontal disease.

Moreover, leading-edge research

in regenerative dentistry fosters progress in regenerative medicine as well. Teeth, unlike, say, the pancreas or the heart, are readily accessible, making it relatively easy to do procedures that demonstrate general principles in organ restoration.

As Sharpe once quipped, “Patients just have to come in and open their mouths.” DT

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(Source: PRWEB)

← DT page 1A, CONCERT

shorter compositions and the middle and high school aged musicians performing longer and more complicated pieces.

It was clear that all the students, no matter what their level of proficiency, had worked hard and diligently studied their craft in order to perform pieces by some of the greatest composers of all time. Even though the audience was filled with a large amount of young children, everyone sat quietly and listened attentively throughout the show. Each pianist received enthusiastic applause and accolades.

In addition to hearing some fantastic music, the audience received last year’s Kids 4 Kids Anti-Smoking Drawing Contest booklet, which included artwork from the 2010 win-

ners. One student, Anushka Pillay, showed the crowd her drawing for this year’s contest before performing her number.

Yelena Masotti, who owns YM Studios and teaches all of the students, was very pleased with the event. “It went quite well. Kids enjoy playing for a good cause,” she said. “The practice of and love for music can bring good to the planet.” Her students have played for Kids Against Cancer and participate in numerous competitions, but this was the first time they had collaborated with RADA.

Masotti has been giving lessons to children in the New York area for 25 years and teaches music history and musical theater. Although many of the songs performed were classical, the teacher said she “bases the music [the kids learn] on their

personality.” Her goal, as an instructor, is “to try and help the kids be well-rounded.”

The event ended with an awards ceremony, and Masotti along with all of the performers, were given flowers and a certificate of achievement for their efforts. RADA set out to show the kids that they were special and wanted to award them for helping to make a difference in their community. They hope to have similar shows in the future to improve upon their already highly successful Oral Cancer/Tobacco Cessation Project.

The day before the concert on the other side of the river in New Jersey, Dr. Gwen Brown led the free screenings, where she performed tests for HPV, oral cancer and the full-range of oral pathology services for 35 patients. She worked through the day until nightfall, filling out medical records.

Brown gave her greatest efforts, just as the kids who played; the parents and families who came out and showed their support; Masotti, who trained the talented pianists; and RADA President Sumareva and the rest of her staff, who continue to make a wonderful contribution to the community. DT

(Source: Russian American Dental Association)

DENTAL TRIBUNE

The World's Dental Newspaper • US Edition

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Are you running with the 'in' crowd?

By Sally McKenzie, CEO

As the saying goes, birds of a feather flock together. Understandably, it's common for those with like interests, backgrounds and experiences to form friendships and alliances. Yet, what may seem like staff camaraderie on the surface can be the root of practice factions, otherwise known as cliques.

It's not uncommon to see divisions between clinical and business staff, between a group of the "favored" employees and the rest of the workers or between the longtime personnel and the new recruits. Regardless

of the makeup, staff cliques can be a powerful undertow in your practice manifesting in poor morale, ongoing conflict and increased staff turnover, all of which compromise practice productivity and profitability.

Take the case of Liz, Ellen and Tom. They've been with the clinician since day one. They feel that because of their seniority in the practice they run the show, and that would be how the rest of the team sees it as well. The dentist doesn't make a change unless those three are on board.

Liz, Ellen and Tom lunch together, have coffee together, socialize

together and think nothing of the message of exclusion they send to the other employees, who, by the way, turn over regularly. They justify their failure to include new employees because the chances that the latest recruit will stick around for more than a year are slim to none. Gee, I wonder why.

In staff meetings, which are few because Liz, Ellen and Tom pull the dentist aside whenever they feel something needs to be addressed and new employees are seldom asked for input. The new employees tend to fall into the role of spectators, merely watching the dentist

and the trio banter the issues about. If they do speak up, their ideas are greeted coolly. Unless the threesome comes up with the concept, it's likely someone else's slightly different approach will interfere with the way they like to do things, which, they argue, seems to be working just fine. And it is, at least for the three of them.

The dentist, well she's a really nice person and although she acknowledges that Liz, Ellen and Tom "aren't perfect," she doesn't want to confront the issue. She prefers to just look the other way; telling herself there is really nothing she can do about it anyway.

Certainly, strong relationships among longtime employees can be tremendously beneficial for practices that rely on small cohesive teams. Moreover, naturally, where there is commonality among employees, alliances and friendships are likely to result. You may have assistants who form strong bonds because of their professional backgrounds or team members who form social connections because a group of them enjoys watching a particular television show or others who like certain activities or hobbies. However, where ties form among those with common interests, so too can divisions between the group on the "inside" and everyone else on the "outside."

Cliques can be extremely counterproductive, and consequently, expensive. These non-productive units of exclusion reject key players, making it impossible to establish a true team that works effectively together. The problem becomes particularly serious if critical practice decisions are being made without input from those who are not part of the clique or if essential information is not shared with those who need that information to effectively carry out their job responsibilities and duties or if the treatment of some staff is noticeably different than the treatment of other staff. Teams, not cliques, make the dental practice successful. While personalities, work styles and interests may differ, each member of the staff needs to be given the opportunity to contribute fully.

As leaders, dentists set the example for the team and can unwittingly strengthen cliques. For example, allowing a few to monopolize the conversation in staff meetings rather than insisting on input from every team member can send the message to those who keep quiet that their input either isn't welcome or has a lower value than the "chosen" participants. Sharing personal information with a select few members of the team conveys to the rest that only the favored few have the ear of the dentist. Socializing with certain members of the staff outside of

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A sunny 'Gateway to Good Health'

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The 2011 theme, Dentistry – Gateway to Good Health, highlights the many opportunities dentists have to influence a patient's overall health. The dental office with its established recall and check-up systems is perfectly poised to monitor a patient's overall wellbeing.

This year's speakers and course offerings will challenge you as you build your expertise in standard dental procedures as well as the latest techniques.

At FNDC2011 you will find the traditional half-day lecture courses as well as hands-on workshops and the highly sought after mini-residencies. This year is offering mini-residencies in endodontics and implants.

Drs. Sam Dorn and Ken Zucker return with their intensive endodontic session focusing on the latest advances in the field. Dr. Duke Aldridge will lead a two-day intensive in implants for general dentists who want to surgically place and restore implants.

In addition, this year there will

be a special, two-day hygiene mastery, Finding the Key to a Successful Hygiene Career. Popular clinicians, Angie Stone and Shirley Gutkowski, are leading this entertaining and empowering seminar.

Moreover, for the front office staff, Suzanne Blank, Dr. Stephen Blank and Eric Vickery join forces to present The Business Manager's Tool Kit. This fast-paced, informative, three-day course will revolutionize your office the Monday your office staff returns.

As always, the scientific program at FNDC2011 is filled with renowned clinicians offering the latest in dentistry. Visit www.floridadentalconvention.com for the full listing of speakers and courses.

In addition to the scientific program, FNDC2011 boasts one of the largest exhibit halls filled with companies displaying the latest, most innovative products, services and dental technologies. Nearly 350 industry-leading exhibitors will share their knowledge and expertise with attendees. The exhibit hall will be open all three days of the meeting.

Another benefit of attending FNDC2011 is the networking opportunities. Throughout the meeting, there are many opportunities to reconnect with old friends and



The Gaylord Palms Resort and Convention Center. (Photos/FLDA)

make new ones. From the Welcome Reception to the Party in Paradise, networking opportunities abound.

FNDC2011 will be held at the beautiful Gaylord Palms Resort and Convention Center in Orlando. The hotel's signature atriums recreate three Florida environments, immersing you in the sights and sounds that make the Sunshine State a top vacation destination.

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There is no better place to get your C.E credits and network with your peers than at FNDC2011. Visit www.floridadentalconvention.com to see the full schedule of events and to register to attend. DT

← DT page 4A

work also conveys the message of favoritism and encourages a sense of exclusivity among those who see themselves as part of the dentist's social circle.

Cliques often materialize from a basic lack of understanding and system breakdowns. They can be particularly problematic in practices lacking job descriptions and systems of employee accountability. Consider your practice, do you have a team that clicks or a staff that cliques?

Pay attention to the clique clues:

- Critical decisions are being made or pushed by a select few and without input from others.
- Team members are complaining that their views don't matter or they are shutting down and refusing to offer input.
- Information is not readily shared unless employees are directed to do so.
- Certain staff members are openly cool to others.
- Whisper campaigns seem to be more prevalent than direct methods.
- Some employees openly exclude others in social or professional activities.

An appreciation of diverse personalities, clearly defined job descriptions and maintaining basic office systems can all significantly reduce tensions among staff and fuel an environment of cohesion rather than

division.

Take these steps to break down staff cliques and build a team that clicks.

Recognize that individual personalities can and do make a significant difference in how individuals react to one another. Invest a small amount of time and resources in personality testing. Staff members who understand the personalities of their colleagues, including the dentist, are much better prepared to work with them effectively. The Keirsey Temperament Sorter Test found in the book, Please Understand Me, by David Keirsey is an excellent tool to use.

Clearly define job responsibilities. With job descriptions, team members understand their role on the team. Moreover, they recognize who is responsible and accountable for which systems.

Hold regular staff meetings to address issues that arise in the practice. Dynamic teams are going to have disagreements; it's fundamental to growth and the pursuit of excellence. Encourage staff to work together to resolve issues and address matters that they feel should be addressed.

Create an environment that encourages teamwork. For example, if appointment failures are wreaking havoc on your day, discuss the matter in a staff meeting and urge input and ideas from across the staff.

Then assign two or three employees to develop a strategy to address the problem. Be sure that the "task force" crosses "clique lines."

Insist that clear information be shared among the team — specifically between "the front" and "the back" office. For example, hold a brief staff huddle daily to make sure that the front desk staff know exactly where to place emergency patients and ensure there are no surprises. Give front desk staff necessary details on the time required for procedures and charges associated with those procedures so that they can dismiss patients efficiently.

Establish clear standards for office behavior and policies and spell them out in an employee handbook or policy manual. Then follow those policies. If you routinely make exceptions, you send the message that the policies are irrelevant and everyone can simply do their own thing without regard for how it will affect patients, the team or the practice.

Don't look the other way. If an employee is engaging in negative behaviors that are potentially damaging, don't ignore it. Reward teamwork and make an effort to acknowledge the success and positive contribution of every employee. Doing so will promote a team that clicks rather than a staff divided by cliques.

Pay attention to the lines of demarcation that may be drawn in

your office and take steps to erase them promptly. Those quietly warring factions are chiseling away at your practice infrastructure and subtly undermining your every effort to establish a practice that is built on excellence. DT

About the author



Sally McKenzie is CEO of McKenzie Management, which provides success-proven management solutions to dental practitioners nationwide. She is also editor of The Dentist's Network Newsletter at www.thedentistsnetwork.net; the e-Management Newsletter from www.mckenziemgmt.com; and The New Dentist™ magazine, www.thenewdentist.net. She can be reached at (877) 777-6151 or sallymck@mckenziemgmt.com.

AAIP annual meeting in Montego Bay

The American Academy of Implant Prosthodontics (AAIP) will hold its 29th annual meeting on Nov. 6 in Montego Bay, Jamaica, in association with Midwestern University College of Dental Medicine and the Jamaica School of Oral Health Science.

The theme of the meeting will be "Back to Implant Basics," and feature outstanding dental clinicians. Podium speakers at the meeting are Drs. Robert J. Braun, Clement Guarlotti, Richard Hughes, Leonard I. Linkow, Raul R. Mena, Harold F. Morris, Peter A. Neff and Robert Weiner. Dr. M. Joe Mehranfar is general chairperson of the meeting and Dr. Mahmoud F. Nasr will serve as moderator. Alternate speakers are Drs. Mike Shulman and Sheldon Winkler.

Dr. Leonard I. Linkow, considered by many of his colleagues as the "father of oral implantology," will speak on "Five Decades of Dental Implants." In 1992, New York University College of Dentistry created the first and only endowed chair in implantology in perpetuity with Dr. Linkow as the recipient.

Dr. Peter A. Neff, formerly professor and chairperson of the department of occlusion at Georgetown University School of Dentistry and author of the popular textbook, TMJ Occlusion and Function, will speak on "Occlusal Considerations in Implant Prosthodontics."

Dr. Harold F. Morris, co-director of the Dental Implant Clinical Research Group and clinical professor of restorative dentistry at Temple University School of Dentistry, Philadelphia, Pa., will speak on "Recent Advances in Implant Research."

Dr. Robert J. Braun, professor of oral and maxillofacial pathology, medicine and surgery at Temple University School of Dentistry, Philadelphia, Pa., will speak on "Systemic Implications of Oral Disease and its Relation to Oral Implantology."

Dr. Clement Guarlotti, past president of the American Academy of Implant Prosthodontics, will discuss "New Implants for Old Fixed Prostheses."

Dr. Robert Weiner, who has lectured extensively throughout North and South America and Europe, will speak on "Achieving Esthetic Results with Dental Implants in the Anterior Maxilla."

Dr. Richard Hughes, a national and international lecturer on restorative and surgical implant dentistry, will speak on "Progressive and Immediate Loading."

Dr. Raul R. Mena, director of the Quantum Implant Institute, secretary of the American Academy of Implant Prosthodontics and a national and international speaker

on oral implantology and occlusion, will speak on "Do Not Accept Bone Loss: Beyond Osseointegration."

Founded by Dr. Maurice J. Fagan, Jr., in 1982 at the School of Dentistry, Medical College of Georgia, the objective of the academy 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, Jordan, Kazakhstan, Israel, Italy, Jamaica, Paraguay, South Korea 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.

The academy holds an annual convention, international meetings in cooperation with its affiliate and component societies, offers continuing education courses and sponsors a network of study clubs in the United States.

The academy, in cooperation with Atlantic Dental Implant Seminars and the Linkow Implant Institute and in conjunction with the School of Oral Health Science and the Ministry of Health, Jamaica, will sponsor two five-day implant courses in Montego Bay in 2011. The courses will be held in a dental school setting July 4-8 and Nov. 7-11. Patients will be provided and each participant will place two to six implants under individual instructor supervision.

The course faculty will present comprehensive lectures, including an in-depth review of surgical and restorative protocols with coverage of a wide spectrum of implant types and systems. Each participant will receive 35 C.E. credits.

Jamaica C.E. course participants can attend the 2011 AAIP annual meeting in Montego Bay on Nov. 6 without payment of the registration fee.

The AAIP course faculty includes Drs. Robert J. Braun, Ira Eisenstein, Clement Guarlotti, Richard Hughes, Shankar Iyer, Leonard I. Linkow, Irving Fitzgoffrey McKenzie, Charles S. Mandell, Raul R. Mena, Harold F. Morris, Peter A. Neff, Jack Piermatti, Roberto Russo, Mike Shulman, Robert Weiner and Sheldon Winkler. The number of participating faculty at each C.E. course offering is dependent upon the number of registrants.

Complete information on the Jamaica five-day implant courses can be found at www.adi-seminars.com or obtained by calling (551) 655-1909. Information

can also be seen on the American Academy of Implant Prosthodontics website at www.aaipusa.com.

The American Academy of Implant Prosthodontics is designated as 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. 15, 2013.

Officers of the academy are President Dr. Sheldon Winkler (Scottsdale, Ariz.), President-Elect Dr. Harold F. Morris (Canton, Mich.), Vice President Dr. Peter A. Neff, N. (Palm Beach, Fla.), Secretary Dr. Raul R. Mena (Plantation, Fla.), Treasurer Dr. James Fagan, III (Atlanta, Ga.) and Dr. M. Joe Mehranfar (Scottsdale, Ariz.) is general chairperson of the 2011 annual meeting.

Meeting information can be obtained from the AAIP headquarters at 8672 East Eagle Claw Drive, Scottsdale, Ariz. 85266-1058; tele-



Dr. Mike Shulman demonstrates surgical implant procedure at Cornwall Regional Hospital, Montego Bay, Jamaica, during AAIP continuing education course in January. (Photo/Provided by AAIP)

phone (480) 588-8062; fax (480) 588-8296; e-mail, swinkdent@cox.net. The AAIP website is www.aaipusa.com. **DT**

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Mydent supports ‘Autism Speaks’

In April, Mydent International announced its ongoing support of Autism Speaks, the nation’s largest and most effective autism science and advocacy organization. Autism Speaks is dedicated to funding global biomedical research into the causes, prevention, treatments and cure for autism.

With autism rates estimated as high as one in 91 children, Mydent feels compelled to take action. As a result, a portion of the profits from every DEFEND product sold will go to Autism Speaks, with a \$10,000 minimum annual commitment.

Mydent’s Director of Operations Gary Mahr said, “As the parent of an autistic child, it is particularly gratifying to me that Mydent has chosen to support an outstanding organization such as Autism Speaks. It’s nice to know that a percentage of what we do every day is going to help improve the lives of people like my daughter.”

Mydent is proud to play a small part in helping Autism Speaks to change the future for all who struggle with autism spectrum disorders. You can learn more at www.autismspeaks.org.

About Mydent

Mydent International is dedicated to fully maintaining its brand promise: “To provide the health-care professional with the highest quality infection control products, disposables, preventatives and impression material systems at affordable prices, supported by superior service and 100 percent customer satisfaction.”

“DEFEND. Works Better. Lasts Longer. Costs Less.”

For more information on Mydent International and the DEFEND brand of products, call (800) 275-0020, or visit www.defend.com. 

Heraeus, Spear Education collaborate

Heraeus, a worldwide leader in advancing dental esthetics and overall dental wellbeing, and Spear Education, a provider of dental continuing education, announced that they have established an agreement to work together. Through the collaboration, Heraeus will support Spear Education’s comprehensive hands-on workshops with its synergistic brand of products including Venus® low-stress composites, Gluma® desensitizers, Flexitime® Impressions Systems and iBond® bonding solutions. Spear Education’s students will be the main beneficiaries of the collaboration.

“The integration of Heraeus’ products into our hands-on workshops provides our students with an opportunity to work with best-in-class restorative and esthetic products,” said Kaleim Manji, Spear Education president.

Spear Education’s comprehensive course offerings run the gamut from seminars to workshops to live patient experiences. Courses are held at the Scottsdale Center for Dentistry, which offers dental professionals the latest in advanced dental education in an exciting, state-of-the-art learning environment. The 65,000 square foot facility is a world-class continuing education venue, hosting renowned faculty who provide the latest in programs, seminars and hands-on training for dentists from all disciplines.

“We’re proud to be associated with Spear Education,” said Christopher Holden, president of Heraeus Kulzer North America. “They have a masterful curriculum, gifted instructors and an environment that is ideal for advanced learning,” he adds.

Heraeus and Spear Education each have a deep commitment to esthetic and restorative dentistry. For more than 150 years, Heraeus’ colleagues have worked across established and emerging markets to advance the field of oral esthetics as well as develop treatment solutions to problems that impair everyday good oral health. Spear Education is the pinnacle of advanced clinical education, providing dental professionals with the ability to think critically and creatively; to work cooperatively with colleagues and dental technicians; and to adapt to the evolving use of new products and materials in restorative and esthetic dentistry.

For more information on Heraeus, visit www.heraeusdentalusa.com or call (877) 431-1785. For more information on Spear Education or its course offerings, visit www.speareducation.com or call (866) 781-0072. 

Suni Medical Imaging, Midwest Dental form partnership

Suni Medical Imaging, a pioneer in the manufacture of digital radiography products for dental professionals, announced on April 20 an agreement with Midwest Dental Equipment Supply whereby Midwest will be the exclusive seller of Suni Digital Imaging products to dental professionals in the states of Texas and Oklahoma.

“For nearly 25 years, Midwest Dental has provided customers with the best products and services that the dental market has to offer. And we are very proud to add Suni’s portfolio of innovative digital products to their catalogue,” states Paul Tucker, CEO of Suni Medical Imaging.

Among the products that Midwest Dental will represent are Suni’s intraoral sensors, Dr SuniPlus and SuniRay, as well as their three-in-one extraoral imaging system popularly known as the Suni3D, which provides panoramic, cephalometric and 3-D cone-beam imaging.

“Suni has always been a market-driven company, providing easy-to-use digital solutions to dentists worldwide,” said Joel Richie, senior equipment executive. “Midwest is proud to add the string of innovations that Suni has provided to the dental industry to their array of product offerings.”

Midwest was founded in 1988 and has grown considerably since its beginning and now has equipment showrooms in Grand Prairie, Houston and Waco, Texas, and Oklahoma City. Midwest offers the latest in dental technology, including cone-beam and digital X-ray systems, office design and consultation, information technology support and managed services. 

www.dental-tribune.com

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Implant dentistry seminars teach the basics and then some

As population demographics are changing, so too are the skills of the general dentist. Placing dental implants requires a finely honed, well-practiced approach with thorough understanding of the anatomy, physiology, mechanics and esthetics of the process.

Despite the downtrend in other dental procedures, patients are seeking dental implants in record numbers.

According to a 2010 study released in the Journal of the American Dental Association, the number of endodontic, prosthodontic and restorative procedures, as well as extractions, are declining, while the use of dental implants is actually increasing.

In fact, implant dentistry is the only prosthodontic procedure that increased in per-capita frequency between the years 1992 and 2007.*

With this in mind, practitioners are seeking out a means to obtain the skill-set necessary to offer patients the latest in dental implant technology.

In 2011 and 2012, Implant Seminars is offering its Implant Dentistry Continuum courses in a number of cities across the country, including Seattle, Atlanta, Boston, Dallas,

Miami, San Francisco and Washington, D.C.

Weekend courses include a wide range of topics relevant to established implant practitioners and those new to the field. A sampling of topics covered includes: advances in diagnostic imaging, optimizing esthetic outcomes, bone grafting techniques, growth factors used in implant dentistry, pretreatment

planning and an overview of the patient evaluation.

In addition, hands-on surgical model and prosthetic workshops are also part of the 100 credit-hours curriculum.

Beyond the procedural aspect of placing and restoring dental implants, the seminar also teaches practitioners the basics of implant practice management, a must-have

skill in today's changing dental climate.

More information on Implant Seminars' unique educational curricula can be found at www.implantseminars.com. **DT**

* Eklund, SA. Trends in dental treatment, 1992–1997. *Journal of the American Dental Association*. 2010;141:391–399.

Fight oral cancer!

Prove to your patients just how committed you are to fighting this disease by signing up to be listed at www.oralcancerselfexam.com. This website was developed for consumers in order to show them how to do self-examinations for oral cancer.

Self-examination can help your patients to detect abnormalities or incipient oral cancer lesions early. Early detection in the fight against cancer is crucial and a primary benefit in encouraging your patients to engage in self-examinations.

Secondly, as dental patients become more familiar with their oral cavity, it will stimulate them to receive treatment much faster.

If dental professionals do not take the lead in the fight against oral cancer, who will? And in the eyes of our patients, they likely would not expect anyone else to do so — would you?

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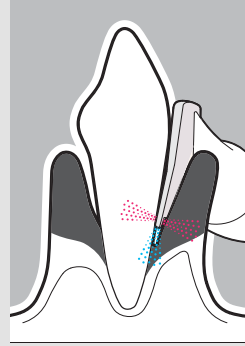
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