

DENTIST AMONG FIRST IN DALLAS ER TO TREAT KENNEDY

Fifty years later, Dr. Don T. Curtis answers questions about his connection to that infamous day.

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PACIFIC DENTAL CONFERENCE EXPECTS 300-PLUS EXHIBITORS

The 2014 Pacific Dental Conference will be from March 6–8 in Vancouver, British Columbia.

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IMPLANT TRIBUNE ICOI SYMPOSIUM IS NEW ORLEANS BOUND

International Congress of Oral Implantologists to meet from Jan. 16–18.

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Maxillofacial surgery airs via Google Glass

First time the device is used to stream a dental procedure

By Javier de Pison
Dental Tribune Latin America

The medical applications of Google Glass — eyeglasses that can access the Internet, take pictures and record and stream audio and video in real time — were crystal clear when surgeons used them late this year for the first live streaming of a dental procedure.

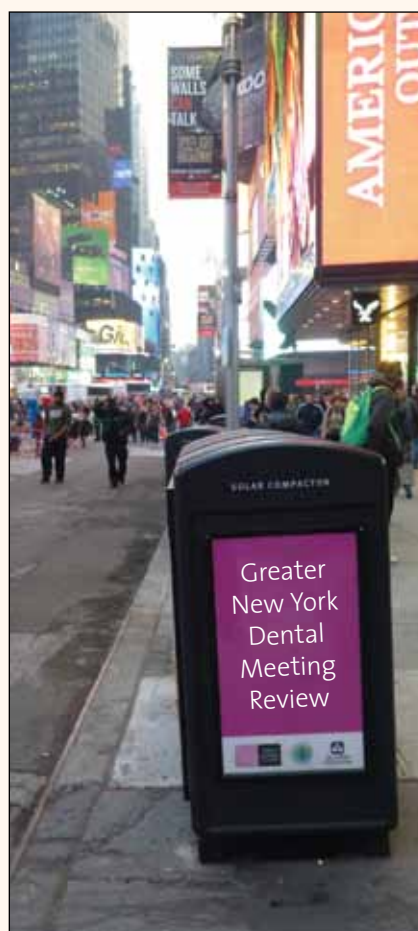
Three dental surgeons at the Hospital de Molina in Murcia, Spain, conducted the historic maxillofacial procedure as part of a master class they were presenting. The team shared real-time perspective on the procedure live from the surgeon's point of view using Google Glass, the wearable minicomputer that is currently available to a limited number of users on a trial basis through Google's "Glass Explorer Program." The glasses display Internet-accessed information within the wearer's vision field in response to

voice commands from the wearer. The technology was developed in Google's X Lab, a research and development initiative investigating a range of futuristic technologies, such as the widely publicized driverless-car prototype.

The complex clinical procedure performed by Drs. Pedro Peña Martínez, Juan Francisco Piqueras Gómez and Alejandro López Gómez was part of the "3D Diagnostics and Treatment Surgery" course at the Dental Clinic of the Hospital de Molina, which provides advanced training to dentists from across Spain.

The surgery was performed on a 70-year-old patient with total edentulous maxilla using a computer-guided implant technique that Peña pioneered in Spain. The computer-guided surgery system helps surgeons plan and perform clinical procedures. A 3-D model of the patient's upper jaw was made, which showed the position in which the im-

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The 2013 Greater New York Dental Meeting, held just a few blocks from Times Square, above, was filled with innovative products, services and procedures.

Photo/Robert Selleck Dental Tribune

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plants were to be placed. Simultaneously, a surgical guide was used to place the implants. In an hour, the patient had a complete prosthesis on dental implants.

According to Peña, the advantages of this implant system include accurate diagnostics, reliable information on bone quality, predictable treatment, less recovery time and reduced surgery time because there is no need for incisions and bone exposure.

Using Google Glass to demonstrate such a procedure enables direct communication between the surgeon and the audience, who for this procedure was in a separate room from the operatory. The surgeons in the master class interacted with and answered questions from attendees, all of whom viewed the procedure in real-time as it was delivered online by the live Google Glass stream. Also making the advanced technology for

the course possible was Droiders, a Spanish software company that develops applications for mobile devices and whose Glassters Streamer was the streaming system used for Google Glass.

A representative from the Hospital de Molina said that the broadcast of the maxillofacial procedure through Google Glass was an example of the hospital's commitment to providing high-quality training to professionals by using the most advanced technologies.

The dental book publisher Ripano, which works with Drs. López and Piqueras, promoted the event and had representatives present for the procedure.

The streamed surgery garnered widespread media attention because the technology opens doors for clinical and educational applications in dentistry with its ability to share real-time interaction and perspective "through the eyes of the surgeon" with collaborators or students anywhere across the globe.



In foreground, Spanish maxillofacial surgeons Alejandro López, from left, Juan Francisco Piqueras and Pedro Peña (wearing the Glass), the first dentists to use Google Glass to stream a surgery live. Photo/Provided by the Dental Clinic of the Hospital de Molina

Dentist in Dallas emergency room among first to treat JFK

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By Daniel Zimmerman
Dental Tribune International

Few people are granted the opportunity to become an active part of historical events. Dr. Don T. Curtis, 76, a former dentist and oral surgeon from Amarillo, Texas, is one of them. On Nov. 22, 1963, as a 26-year-old resident in oral and maxillofacial surgery at Parkland Memorial Hospital in Dallas, Curtis was one of the first doctors to assist with emergency treatment efforts on President John F. Kennedy after Kennedy was shot. Dental Tribune International recently had the opportunity to speak with Curtis about that day and his perspective from 50 years later.

A film about the events at Parkland Memorial Hospital, produced by Tom Hanks and starring Billy Bob Thornton, was released near the 50th anniversary of the assassination. Do you think it stays true to the events?

I have not seen it, but I have heard criticism that it paints a rather sensationalized picture of the events. I guess I would go see it if it were shown here in Amarillo.

You began working at Parkland Memorial Hospital in 1963. What was your position?

At that time, I was halfway through my first year of residency in oral and maxillofacial surgery. Before I took a residency there, I also completed an internship. I became interested in the field while working as a surgical technician in a general hospital during my time in dental school at the Texas A&M University Baylor College of Dentistry in Waco.

Were you aware of the president being in Dallas on Nov. 22, 1963?

I was not aware of that and was surprised

when they brought him to the hospital. I had a surgery scheduled for later that day and was on my way to have lunch. The way to the lunchroom, however, required me to leave the building and walk across the receiving area of the emergency room, where I noticed police cars and the presidential limousine, which had blood on it and roses that were given to the first lady, Jacqueline Kennedy, when she arrived at the airport. When a policeman asked me whether I was a doctor, I said yes. He then replied that the president was hurt and escorted me to the trauma room where President Kennedy was.

In what condition was Kennedy when you arrived?

When I got there, it was obvious that the president was in extremis. He tried to breathe but was unable to do so. Dr. Charles James Carrico, a Parkland resident surgeon, had placed an endotracheal tube in an attempt at ventilation. However, that did not work because there was a blockage of the president's airway, so (Carrico) decided to do a tracheostomy. I helped the nurse to undo the president's tie and remove his shirt to prepare him for the procedure. Then Dr. Malcolm Perry, a senior surgeon, came into the room, and it was decided that he should do the tracheostomy. Dr. Carrico assisted Dr. Perry, and I performed a cut-down on the left leg to provide for intravenous replacement of blood. When I looked up later, the room was filled with the senior chiefs of all surgical departments at Parkland. There were also some people I did not know.

Where you aware there had been an assassination attempt?

I was unaware of the nature of the injury

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... because his head was on a pillow and I could not see a wound. I remember the chief of neurosurgery, Dr. William Kemp Clark, rotating Kennedy's head to the left, revealing that the posterior part of his skull had been radically fractured. He then said, "Stop. This injury is incompatible with life."

What was the atmosphere in the room?
It became very quiet. Nobody said anything.

Was there any chance that the president's life could have been saved?
Nothing that we did made a difference. Kennedy's wound was clearly incompatible with life.

According to eyewitnesses, discussions broke out about who was authorized to do the autopsy. Did you notice any of that?
I did not, because I left the trauma room soon after the president had been pronounced dead and went back to the clinic to see my patient in the operating room. However, I found that all scheduled surgeries for that day had been canceled, and all patients had been sent back to the ward. Only a few surgeries were underway at that time, including that of Governor John Bowden Connally, who had also been injured during the shooting.

Because there was nothing else for me to do, I then cleared my business in the clinic and went home. There, we spent the weekend watching television and listening to the news on the radio. We were relieved that President Lyndon B. Johnson had made it safely back to Washington and that the government was uninterrupted. Finally on Sunday, we learned that the suspect, Lee Harvey Oswald, had been shot, which indicated (to me) that there was something going on in addition to just a lone shooter.

Many Americans do not believe Oswald acted alone, as concluded by the Warren Commission investigation. Did you see any irregularities in the official report in comparison to the events you witnessed directly?

The Warren Commission's report reflected what the people wanted to hear, which was that Oswald acted alone and that there was no conspiracy.

The doctors of Parkland, however, when wiping the blood from Kennedy's neck for the tracheostomy found a single bullet hole that was apparently an entrance wound, which meant (there) must have been a projectile that entered the president from the front. Because of its nature, the wound on the back of Kennedy's head was an exit wound, so there must have been at least two bullets that came through the front.

While all the doctors' testimonies, including mine, were included in the report, their knowledge of the wounds did not have much influence on the commission's overall conclusion. Why it was interpreted that way has remained a mystery for the past 50 years.

What do you believe actually happened that day?
My personal belief is that there were, of course, multiple shooters and that Oswald did not do it alone. This would indicate, however, that there was in fact a conspiracy.

You stayed at Parkland Memorial Hospital for another two years. Were the events still discussed by the staff in the aftermath?

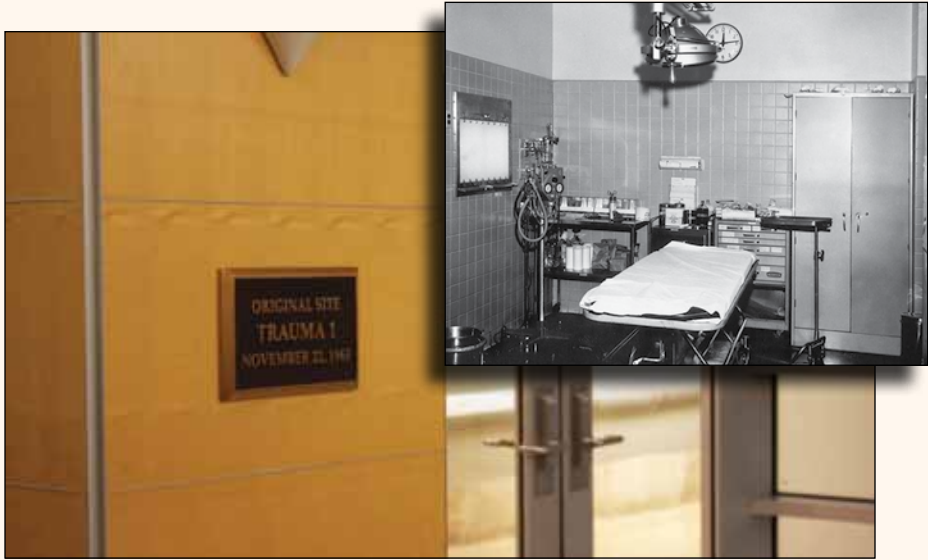
We actually never talked about it. This was something we just did not want to discuss. However, I left Parkland in 1965 for an exchange residency in London and Zurich, where I often discussed the events with my colleagues abroad. Particularly in England, there was much interest in U.S. politics and the assassination.

You recently went public with your knowledge after 50 years. Why?
Everything that I would say is already in

the literature about the assassination, but I think there needs to be general knowledge (from) people who were actually involved.

More than six million pages of classified evidence on the Kennedy assassination will be released by 2017. Are you interested in this knowledge?

There is a great deal of speculation of what information these documents actually contain. I do not look forward to it but would be interested to know what could be learned from them.



This plaque marks the exact 1963 location of the Trauma Room No. 1 operating table — now the Radiology Department — at Parkland Memorial Hospital in Dallas. Inset shows Trauma Room No. 1 as it looked in 1963 when Parkland doctors tried to save the life of the president. Photos/Provided by Parkland Memorial Hospital

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Speakers, exhibitors fill Greater New York Dental Meeting with innovation

By Dental Tribune Staff

The 89th Greater New York Dental Meeting was held Nov. 29 to Dec. 4 at the Jacob K. Javits Center in Manhattan, offering meeting attendees the opportunity to expand their professional knowledge and expertise and visit with hundreds of exhibiting companies to learn about new products and services.

Among the many educational highlights: In the Live Dentistry Arena, Dr. Jack Griffin Jr. demonstrated dependable, efficient preparations for monolithic lithium disilicate or zirconia crowns, digital impressions, cementation and finishing — featuring some of the most dependable materials available today; Dr. Aeklavya Panjali surgically placed and restored a complex immediate placement implant case; and Dr. Charles Braga performed a Laser Assisted New Attachment Procedure (LANAP) using Millennium Dental Technologies' PerioLase MVP-7 laser system.

Orasoptic's Vanessa Velasco and Tom Lindsey brought the best in human engineering to the Dental Tribune Media Lounge with a presentation on two of the

company's most recent additions: the XVI all-in-one dental loupe and headlight and the Body Guard PRO saddle chair.

At the Laser Pavilion Lecture Series, Dr. William R. Gianni of Twain Harte, Calif., helped attendees "See and Compare the Newest Lasers in Dentistry." Gianni is the CEO of Kainos Dental Technologies and the cofounder of Zap Laser. Dr. Robert W. Carter, past president of the Second District Dental Society, presided over the lecture series.

A discussion of applied laser physics was used to explain how to safely and efficiently use a laser for the benefit of the patients. Both hard- and soft-tissue procedures, many of which can be used by general dentists, were discussed and illustrated. The seminar concluded with a brief discussion of current laser research and the criteria for the "ideal laser."

An all-day "Botox and Facial Fillers: A Clinical Workshop and Demonstration" seminar/workshop was conducted. Dr. Steven Clark of Miramar, Fla., led the full-day course, which focused on the art of esthetic use of Botox and facial fillers. The morning session provided an introduction to neuromodulators (Botox, disport and xeomin) and various facial fillers, while the

afternoon provided a live demonstration. Clark offered "clinical pearls," which he developed during the last 20 years, to assure proper technique and safety while also achieving excellent cosmetic results.

Manhattan dentist Simon W. Rosenberg led the CAD/CAM Pavilion Lecture Series mini-discussion on CAD/CAM's revolutionary technology, integration into dentistry (specifically with dentures) and its benefits to the industry.

Referenced frequently throughout Rosenberg's presentation, Dentca and Invisalign (denture and aligner manufacturers) founded their products through CAD/CAM technology analysis and research. Both companies boast a two- to three-visit schedule per patient to fully complete the design and manufacturing of their products, eliminating chairside time and increasing profitability. The two to three visits incorporate impression creation, a second patient visit less than a week later and an optional patient follow-up.

Speakers Dr. Cristina Teixeira and Dr. David R. Musich spoke on orthodontic topics, including "Misconceptions in Orthodontic Early Treatment" and "Early Class II Treatment: A Minimally Invasive Treatment Approach."

The International Congress of Oral Implantologists' seminars featured Dr. Michael Tischler, Dr. Alvaro Ordonez, Dr. Gordon Christensen and Xana Winans. Topics ranged from "The Zirconia Screw-Retained Implant Bridge" to digital dentistry to social media marketing.

In the Dental Assistants Pavilion, Shannon Pace Brinker, CDA, spoke on "Becoming a Whitening Specialist in Your Practice," which focused on practical techniques for in-office and take-home whitening.

More highlights in exhibit hall

The exhibit hall's miles of aisles beckoned with fliers and signs announcing advancements in virtually every sector of dentistry — and new deals on the proven state-of-the-art products.

Jerry Herman, DDS, introduced for the first time at the GNYDM the MouthWatch, an intraoral camera system for patients to use at home. It enables patients to send high-resolution images of their mouth directly to their dentists via a HIPPA-compliant online platform. The idea is to tighten the connection between patient and practice, boost recall rates for cleanings and improve overall patient compliance — in part by enabling them to examine their own mouths in privacy and see just how bad their teeth and gums might be looking.

Herman's goal was a system for the same price as a powered toothbrush, which, at \$130, he hit. Consumers can buy the scanner and then find a MouthWatch dentist through an online referral site — or ask their dentist to use the system. Or dentists can provide the wand to their patients.

Biolase used the GNYDM to introduce its GALAXY BioMill, which the company developed and designed in conjunction with the German company imes-icore. It's an open-architecture CAD/CAM system for scanning, designing, milling and finishing crowns, inlays and veneers in the dental



Jerry Herman, DDS, with his MouthWatch, which, for the price of a powered toothbrush, lets patients scan their mouths at home and securely send images to their dentist.

Photo/Robert Selleck Dental Tribune

office in a single appointment. It uses the 3Shape Trios intraoral scanner to capture high-resolution 3-D digital images of the teeth and crown-preparation site, all of which are then processed through a CAD/CAM software program to design the restoration. The design is then transferred to the GALAXY BioMill to mill the crown using the latest in esthetically pleasing, biologically compatible and durable tooth-colored materials.

Isolate was demonstrating its new Isovac Dental Isolation Adapter, the latest addition to its dental isolation product line. The Isovac uses dual vacuum controls so you can focus continuous hands-free suction in either the upper or lower quadrants and improve control of moisture and oral humidity.

In the DEXIS booth, attendees could test out the DEXIS photo app, which the company unveiled at the GNYDM. The app enables practitioners to wirelessly send photos directly into the DEXIS Imaging Suite via newer-model iPhones or iPod touches. DEXIS also announced expansion of its imaging products to natively support Apple hardware and the OS X operating system — coming in the second quarter of 2014.

In the IQ Dental Services booth, attendees could see some of the newest imaging technology by checking out the Soredex Cranex 3D dental imaging system with panoramic, optional cephalometric and cone-beam 3-D imaging programs.

New customers who visited CareCredit and signed up for the patient-payment-plan credit service — or requested an evaluation to see how CareCredit might best serve their practice — got to leave with a highly coveted Penguin Pillow Pal.

The experts at HealthFirst were staffing "Compliance Help" information stands, where attendees could find out about environmental recovery, infection control, practice quality, emergency preparedness and radiation minimization.

For dental hygienists, Denticator had all sorts of tricks up its sleeves to help make treating patients easier and more fun. Of particular interest was Zooby fluoride foams and varnish, which are gluten-free and sweetened with sucralose and xylitol. The PropylPal, also available from Denticator, is a low-speed hygiene handpiece with an extended nose cone designed to provide extra stability.

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Meeting commentary

AAP meeting shows profession's evolution

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

The annual meeting of the American Academy of Periodontology (AAP) was held from Sept. 28 to Oct. 1 in Philadelphia, a wonderful city in which to enjoy a conference. The convention center is accessible, has a friendly environment and informative personnel — and accommodates a tremendous number of attendees.

Birth of periodontics

In 1965, periodontics was officially titled a specialty by the American Dental Association. This year, the AAP celebrated its 99th anniversary, with members looking forward to the 100th-anniversary celebration next year in San Francisco.

A big differences at the meeting this year compared with past years was the casual attire of attendees: no ties and jackets. Sweaters and jeans are yesterday's suits and ties. The expensive room setups were first class. The large screens to accommodate the computer images were impressive, as was the commercial support afforded the presenters, eager to catch the attention of the attendees.

The implants inundation

The AAP is one of the most sophisticated groups of detailed practitioners there is. Its exposure to dental literature, recent and past, is unsurpassed. However, the inundation of the implant field into its life, as seen, too, in the maxillofacial, prosthetic and general practice sectors — and even recently, endodontics — has changed the direction of our profession.

Periodontics started out as a specialty that focused on preserving, saving or regenerating the supporting periodontia. Now, it seems that this field is changing its focus toward more commercial objectives. This is not to say that saving osseous structures to allow more predictability for implant success by extracting the teeth earlier is not valid. However, the AAP might be better off *reinventing* itself and re-establishing its direction to avoid being swallowed up by all of this commercial enticement.

The AAP should once again promote the lofty goals of periodontics and lead the field with its knowledge banner held high.

The dental field might consider letting the specialty implant organiza-

tions promote and improve the field of oral implantology. The major organizations, such as AAID, ICOI and AO, should shoulder the responsibility of letting all the companies sponsor the most recent improvements in the oral implant field. I am sure a huge number of periodontists, oral surgeons, prosthodontists, etc., would still be involved. But right now, every meeting of our dental specialty groups is being dominated by the subject of implants.

With this in mind, I am confident that, in future meetings, the AAP will continue to include presentations on crucial systemic involvements such as diabetes, heart-related diseases, medications and their effects. Implant presentations should be intertwined but should not dominate.

Crisp, orderly, informative

Getting back to this meeting, Dr. Ray Williams was outstanding as a moderator. Drs. Joseph Fiorellini, Jon Suzuki and Hom-Lay Wang were crisp, orderly and informative. There was even a well-presented and participative hands-on course of temporization of implants, because "all of the specialties are overlapping, and there is no reason not to be prepared to fabricate temporaries and be part of the implant team."

The influence of implants in periodontics was well-established with such fine speakers as Drs. D. Tarnow S. Chu and N. Caplanis. It was also most stimulating to hear Drs. Steven Offenbacher and David Paquette discuss periodontal systemic relationships, emphasizing the leadership role of the periodontist in the present as well as the future.

The staff of the AAP was well-organized as they greeted attendees with warmth, while at the same time directing the traffic and allowing the meeting's well-planned flow to proceed without major interruptions.

The meeting rooms were comfortable, acoustically and visually superior, and were arranged with the attendees' comfort in mind.

This year the meeting was appropriately dedicated to Dr. D. Walter Cohen. In a recent Dental Tribune article, I referred to Dr. Cohen deservedly as an "Iconic Icon." I hope and applaud the AAP if it can once again lead our profession and re-establish the goals of periodontics. In doing so, it will benefit itself, the profession and the public.



AAP attendees Drs. David L. Hoexter, left, and Dean Ray Williams.
Photos/Provided by Dr. David L. Hoexter



Diplomates of perio of the AAP (future and present) Drs. Kevin (son) and Jon Suzuki (father).

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'The AAP is one of the most sophisticated groups of detailed practitioners there is.'

YDC fills agenda with top speakers, programs

Organizers of the 2014 Yankee Dental Congress invite you to join 28,000 fellow dental professionals from Jan. 29–Feb. 2 at the Boston Convention and Exhibition Center for "It All Starts Here," the theme of this year's meeting.

You and your dental team can enjoy top speakers and experts in dental technology — and explore best practices and resources to improve your practice, increase your knowledge and better serve your patients.

Continuing education

Continuing education program highlights include:

- *"Ninth Annual Conference for Women in Dentistry"* — Discuss personal branding, optimal aging, exercises to protect your neck and nutritious "sexy" eating.
- *"Diagnosis and Treatment of Oral and Facial Lesions Fast Track"* — In these six

one-hour sessions, learn more about conditions that can affect the oral cavity as well as oral and facial lesion treatment options.

- *"Master the Skills of Marketing Your Practice in One Day"* — Discover how to market your dental practice with conventional and web-based strategies to help expand practice visibility and excellence.

The speaker lineup features many distinguished experts in dentistry:

- *Charles Gerba, PhD* — Learn about controlling the spread of pathogens in "Hygiene in the 21st-Century" (205TL).
- *John Sorensen, DMD, PhD* — Restorative dentists can benefit from "Materials and Systems Selection for Posterior Indirect Restorations" (425RL) and "Clinical Mastery of Anterior Restorations: Treatment Planning" (481RL).
- *Sam Simos, DDS* — "Taking Your Cosmetic Dentistry from Acceptable to Ex-

ceptional" (616SL) will reveal precise steps to take to help ensure a high level of success with your cosmetic practice.

- *William Wilson, DDS* — Understand what's necessary in the care and restoration of head-and-neck injuries of wounded soldiers, sailors, marines, and airmen in "Combat Related Injuries and Maxillo-facial Prosthetics" (483RL, 624SL).

- *John West, DDS* — This endodontic specialist will discuss ways you can practice more endodontics and restorative dentistry in your practice in "Building Your Practice Through Endodontics" (138TL).

On Thursday evening, share your passion for health, fitness and fun with col-



leagues, friends and family at "Going for the Gold at Yankee," free for everyone.

On Friday evening, join the Massachusetts Dental Society for its 150th anniversary. Celebrate the legacy of the Massachusetts Dental Society at this free anniversary celebration with hors d'oeuvres, music and a cash bar.

You can register online today for the biggest dental meeting in New England at www.yankeedental.com.

(Source: Yankee Dental Congress)

300-plus exhibiting at PDC



The entrance to the Vancouver Convention Centre on a rainy day during the 2012 Pacific Dental Conference. This year's conference, with a two-day exhibit hall, anticipates more than 300 companies with dental products and services in approximately 600 booths.

Photo/Dental Tribune file photo

Pacific Dental Conference to run from March 6–8

The 2014 Pacific Dental Conference, from March 6–8 (Thursday, Friday and Saturday) in Vancouver, British Columbia, will feature a varied selection of open C.E. sessions, hands-on courses and a live dentistry stage. One registration fee gives access to all 144 open sessions, which means no pre-selection of courses is necessary.

More than 135 speakers

The variety of topics covered by more than 135 speakers means the entire dental team can access the latest information on dental technology, techniques and materials.

Speakers in the 2014 lineup include John Kois, John Cranham, Sergio Kuttler, Greg Psaltis, Ross Nash, Derek Mahony, Rob Roda, Louis Malcmacher, Bart Johnson, Jesse Miller, Rhonda Savage and Nancy Andrews.

Event includes University of British Columbia Speakers Series

With the University of British Columbia Faculty of Dentistry celebrating its 50th anniversary, the PDC will present

the "UBC Speakers Series," with UBC alumni addressing a variety of topics.

The Live Dentistry Stage is back in the exhibit hall, with demonstrations on Thursday and Friday. On Saturday, the "So You Think You Can Speak?" program features 50-minute presentations by speakers who responded to a call for presentations and were accepted by the meeting's scientific committee. A number of timely dentistry topics will be covered.

Two-day exhibit hall

The exhibit hall should be busy with more than 300 companies projected to fill approximately 600 booths. Exhibition hours are 8:30 a.m. to 6 p.m. on Thursday and 8:30 a.m. to 5:30 p.m. on Friday.

Special hotel rates are available to attendees, with early booking recommended to ensure availability.

Reservations can be made directly with conference hotels via the links on www.pdcconf.com.

(Source: Pacific Dental Conference)

JDIQ expands with national gathering of prosthodontists

Following what meeting organizers describe as a highly successful convention this past spring, planning is now in full force for the 44th edition of the Journées dentaires internationales du Québec, which will take place from May 23–27 at the Palais des congrès de Montréal.

At the 2014 meeting, JDIQ will host the Association of Prosthodontists of Canada. Among the benefits expected from this joint venture, which also involves the Association of Prosthodontists of Quebec, will be a larger number of top speakers in implant and restorative dentistry — and a presence at the meeting of a larger number of prosthodontists from across Canada.

The annual meeting of the Ordre des dentistes du Québec continues to be one of the

highest-attended dental meetings in North America. In 2014, meeting organizers expect to host more than 12,000 delegates from around the world.

The meeting will feature a scientific program with more than 100 lectures and workshops presented in English and French. The JDIQ meeting is described by organizers as being Canada's most highly attended bilingual convention.

More than 225 exhibitors will occupy

approximately 500 booths in the exhibit hall, making it one of the largest in Canada. The exhibition will be open Monday and Tuesday, May 26 and 27, and it will feature a continental breakfast on both days for the early risers as well as a wine and cheese reception to close out both afternoons.

Featured 2014 speakers already in the lineup include Drs. Dale Miles, Robert Langlais, Steven Olmos, Stephen Niemczyk, Manor Hass, Jonathan Bregman, Michael

Di Tolla, Gerry Kugel, Karl Koerner, Joe Blaes, Jason Smithson, Brian Novy, Ken Hargreaves, Thomas Dudney, Robert Gutneck, Tieraona Low-Dog and James Mah.

For more information about the meeting, you can telephone (800) 361-4887, visit www.odq.qc.ca — or you can send an email to congres@odq.qc.ca.

(Source: Ordre des dentistes du Québec)

Recapture a passion for dentistry

By LVI Staff

Feel like you're stuck in a rut? Need a change? If you want to "regain control" of your practice and recapture a passion for dentistry, consider a Las Vegas Institute for Advanced Dental Studies regional event. You'll have the opportunity to discover a path that can lead to both personal and professional satisfaction.

If you've considered taking an LVI course but couldn't justify the expense — or didn't want to take on the challenge of bringing a patient to Las Vegas — a regional event can be an easier way to see what LVI is all about.

The one- and two-day programs are designed to reveal a more professionally satisfying and profitable way to practice dentistry. You'll receive high-value information about LVI's esthetic and occlusal philosophies and learn how to create your own golden age of dentistry by turning your patients into guests and making it easier for them to accept comprehensive treatment. Also, an experienced LVI regional director will share his or her personal journey and show you how you can create your own.

A regional event — held throughout the year in locations across the United States and Canada — can provide a first step toward boundless opportunities for you and your patients.

The experience is designed to give you tools to improve income, afford better equipment, and more important: It will enable you to provide better care and a higher quality of living to your patients.

For more information, you can visit LVI online at www.LVIGlobal.com.

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Dr. Brian R. Carpenter, General Chairman
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AD

Barrier protection is critical in dental professionals' gloves

Gloves should enhance safety of both patients and users

While caring for their patients, dental and health care professionals are constantly exposed to bodily fluids that may carry viruses and other infectious agents.

It is therefore critical that the gloves these professionals use provide the

best possible barrier protection.

Many types of gloves are available today, but it is important to know that not all gloves have the same barrier capability, depending on the type of material used. For example, natural rubber latex gloves have long been ac-

knowledge for their very effective barrier properties, while non-latex gloves, such as vinyl (polyvinyl chloride), have inferior barrier capability as shown by numerous studies.

Other synthetic gloves, such as nitrile and polyisoprene, perform much

better than vinyl but are more costly, especially polyisoprene gloves. Using gloves with inferior barrier capability could expose both the patient and user to harmful infections.

Quality, safety top priorities

Malaysia is the world's largest medical gloves exporter (latex and nitrile). Both quality and users' safety are of top priority to the nation's glove industry. To this end, a quality certification program (the Standard Malaysian Gloves, or the SMG) has currently been formulated for latex examination gloves.

All SMG-certified gloves must comply with stringent technical specifications to ensure the gloves are high in barrier effectiveness, low in protein and low in allergy risks, in addition to having excellent comfort, fit and durability — qualities that manufacturers of many synthetic gloves are trying to replicate.

Natural, sustainable resource

Latex gloves are green products, derived from a natural and sustainable resource, and are environmentally friendly. (You can learn more online by visiting www.smg-gloves.com or www.latexglove.info).

The use of low-protein, powder-free gloves has been demonstrated by many independent hospital studies to vastly reduce the incidence of latex sensitization and allergic reactions in workplaces.

More importantly, latex allergic individuals donning non-latex gloves can now work alongside their coworkers wearing the improved low-protein gloves without any heightened allergy concern.

However, for latex-allergic individuals, it is still important they use appropriate non-latex gloves, such as quality nitrile and polyisoprene gloves, that provide them with effective barrier protection.

Extensive array of brands, features and prices

Selecting the right gloves should be an educated consideration to enhance safety of both patients and users. For decades, gloves made in Malaysia have been synonymous with quality and excellence, and they are widely available in an extensive array of brands, features and prices.

They can be sourced either factory direct (www.mrepc.com/trade and click "medical devices") or from established dental product distributors in the United States.

(Source: Malaysian Rubber Export Promotion Council)

AD



Pacific Dental Conference

March 6-8, 2014
Vancouver, BC Canada

**Inspiring program
Fantastic networking
Unforgettable location!**

- One registration fee gives access to all 144 open sessions, no course pre-selection is necessary!
- Three days of varied and contemporary continuing education sessions
- Over 130 speakers and 150 open sessions and hands-on courses to choose from, as well as the Live Dentistry Stage
- Over 300 exhibiting companies at over 600 booths in the spacious PDC Exhibit Hall
- Fantastic shopping, beautiful seawall access within blocks of your hotel, and great spring skiing on the local mountains

Pacific Dental Conference
Registration and program information at...
www.pdconf.com

Featured Speakers

| | | |
|---|---|---|
|  John Kois Aesthetics & Occlusion |  Sonia Leziy Periodontics |  Samson Ng Oral Pathology |
| Nancy Andrews Dani Botbyl John Cranham John Flucke Theresa Gonzales Bart Johnson Jo-Anne Jones Sergio Kuttler Hardy Limeback Tieraona Low Dog Robert Lowe | Derek Mahony Louis Malcmacher Elliot Mechanic Kristie Menage Bernie Ross Nash Uche Odiatu Shannon Pace Brinker Greg Psaltis Rob Roda Richard Young | |

To celebrate 50 years of Dentistry at UBC we are presenting the 'UBC Speaker Series'. Alumni reception, special display booths in Exhibit Hall and tours at UBC are planned.

UBC DENTISTRY 50




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