

## DENTISTRY: PROFESSION OR TRADE?

Dr. David L. Hoexter reviews a number of merging trends in dentistry that ultimately will likely redefine the profession.

► page A2



## ULTRALIGHT AND ULTRA-BRIGHT

High-def wireLess headlights free you from cumbersome battery packs and specific frames or pairs of loupes.

► page A4



## IMPLANT TRIBUNE AAP HEADS TO B.C.

American Academy of Periodontology to host 104th annual meeting in Vancouver.

► page B1



# GNYDM bundles C.E.

*New option opens up unlimited courses at big savings*

A new bundling option for earning C.E. credit at the Greater New York Dental Meeting promises to make it easier for attendees to maximize the amount of credits earned while reducing their overall per-credit costs.

The new C.E. Passport Bundle enables an attendee to register for as many C.E. seminars and essay courses as wanted for the entire meeting, which runs from Nov. 23-28. Registration is required for each course to earn C.E. credits. For \$495 an individual can register for unlimited seminars and essays as available (excluding workshops, "Botox and Fillers" and "Invisalign"). For \$795, a dentist and his or her entire staff can register for any number of seminars and essays (staff must register with the dentist and, again, workshops, "Botox and Fillers" and "Invisalign" are excluded).

The GNYDM is an ADA CERP- and AGD PACE-recognized provider. And there's plenty of C.E. to choose from even if your time available for the meeting precludes the Passport Bundle option. The meeting offers C.E. opportunities covering almost every dental subject, and many offerings are available for a minimal cost. In fact, on each day of the meeting it's possible to earn up to six credits of C.E. at no cost.

Scientific sessions comprise more than 350 seminars, hands-on workshops, essays and poster sessions. Hundreds of the world's most respected dental educators present full- and half-day courses.

As always, preregistration for the meeting is free. After Nov. 23, a \$30 administrative fee will be assessed for each registration whether onsite or on the web.

The exhibit hall at the Jacob K. Javits Convention Center will run from Sunday, Nov. 25, through Wednesday, Nov. 28. The exposition will feature more than 700 dental manufacturers, service providers and other dental organizations in more than 1,600 booths. The exhibition is recognized globally as one of the biggest and most influential showcases for the dental industry's latest products, services, technologies and equipment.

The meeting has multilingual personnel available to assist and encourage interactions between exhibitors and international guests.

It all takes place in the "World Capital of Excitement" with its nonstop cultural, sporting and social events during the peak holiday season that many view as New York City's most enchanting time of the year. You can register and get all of the details at [www.gnydm.com](http://www.gnydm.com).



The 'World Capital of Excitement,' New York City — during its most enchanting time of the year — serves as the backdrop to the Greater New York Dental Meeting.  
Photo/Fred Michmershuizen, DTA

## FROM THE EIC A2

- Is dentistry becoming a trade?
- International Academy for Dental-Facial Esthetics to award fellowships Nov. 26 in NYC.

## INDUSTRY NEWS A4-A10

- Ultra-bright light is ultralight in weight: Designs for Vision headlight delivers high-definition, uniform light at maximum intensity.
- 'Uni-Verse-All' positioner from Flow Dental holds any size sensor.
- Relationship goals: The benefits of partnering with a Sonendo GentleWave provider.
- Disposable application system from Sulzer Mixpac mixes two-component materials.

## IMPLANT TRIBUNE B1-B2

- American Academy of Periodontology to host its 104th annual meeting in Vancouver, B.C.
- Submissions for 2019-2020 Osseointegration Foundation Research Grant applications are being accepted now.
- Meisinger to host 9th annual High Altitude Comprehensive Implant Symposium.

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# Dentistry as a trade?

By David L. Hoexter, DMD, FACD, FICD  
Dental Tribune U.S. Editor in Chief

Today's average dental student graduates with massive debt, closing in on \$300,000 for dental school alone — not even including additional borrowing to cover basics such as rent and food. New dentists start careers under tremendous professional and financial pressure. They must find a way to practice what they've trained for — while also retiring the debt.

Postgraduate studies in a specialty can add \$300,000 more in debt, again without even including living expenses. Many new specialists are starting careers with more than \$700,000 in debt. Against this backdrop, new schools are opening and entrance standards are toughening, all while tuition, total admissions and students per classroom keep increasing.

The trends look great for the schools, but what about for everybody else, especially when viewed with other changes?

Answering that question requires some historical perspective — stretching back

to 1905 and what could be viewed as the dawn of modern dentistry: synthesis of the anesthetic procaine (later marketed as Novocain), which ushered in a new era in patient comfort. Around the same time, William H. Taggart patented his lost-wax casting machine, enabling dentists to fabricate fillings and crowns with precision. Another leap came with standardization in amalgams and operatory procedures pioneered by G. V. Black, author of the ground-breaking "Operative Dentistry."

In 1948, the National Institute of Dental Research (renamed in 1998 as the National Institute of Dental and Craniofacial Research) formed in the U.S. as the third National Institutes of Health. In this post-World-War-II era, dental schools attracted a generation of students helped by the GI bill. Participants felt proud, and the public benefited from more dentists and improved oral health. New dentists earned respectable incomes and respect as valued leaders in growing communities.

Parallel to advancements in materials and professionalism, dental chairs and operatory equipment were improving,



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The American Dental Association became an organizing voice, standardizing professionalism and products while building on dominance it achieved over competitor societies though its early support of amalgam. Dental equipment of the era was durable but not friendly. Dentists stood for hours with one leg and foot bearing most of their weight, all while subjected to high-decibel whirring from belt-driven machines — conditions that deterred many from the profession.

Still, dentistry, like most work then, was stable. Most dentists were male, solo practitioners treating patients on their own. It wasn't until the 1960s that dental auxiliaries and dental hygienists began gaining greater acceptance. The first hygiene school had opened in Connecticut in 1913. But it was later, with schools such as Forsyth and leaders such as Drs. R. Lobene and J. Hein, that dental hygiene emerged as a true profession, dominated by women. Dental assistants, through specialized education and certification, also were gaining recognition for their value.

Dental schools grew in number and class sizes, parallel to expansion of the U.S. and global economies — and dental equipment became ever easier to use. The G. V. Black foot pedal had given way to belt-driven equipment, which in turn was replaced by air-driven, high-speed equipment. The profession was becoming less strenuous. The spittoon disappeared, and practitioners no longer had to stand fixed on one side of the chair. Why did we have a spittoon by the chair anyway? Studies showed patients used it mainly just to take a break from the procedure.

As the profession advanced throughout the world, so did an international market for dental products and the exchange of ideas across borders. But it was the com-

puter and internet age that fully opened global distribution channels and borderless educational opportunities. The Seiker brothers and, later, the Henry Schein company, created networks that today are making dentistry at its highest level available to all.

In the 1960s, dental implants gained momentum. But materials, sizes and shapes lacked consistency and predictability. Acceptance by the public and academic community was tentative. Successful outcomes with endosseous implants (including root forms), subperiosteal implants and blades were extremely technique-sensitive and not easily transferable. Subperiosteal implants required specifically trained laboratory technicians and special casting techniques with a titanium alloy. Less-than-precise work could easily result in contaminated castings prone to fracture. Before titanium, some metals in use weren't well accepted by the body. Rejection and unpredictable outcomes weren't unusual.

Helping the profession through these early days were dedicated implantologists such as Drs. Leonard Linkow and Isaiah Lew. The first national organization in implantology, pioneering the exchange of knowledge, was the American Academy of Oral Implantology.

By the 1970s, patients were reclining in highly adjustable ergonomic comfort, and practitioners were sitting at chairside instead of standing. The plumbing and power lines previously snaking to instruments were wrangled and wrapped. Operatories were more welcoming and comfortable. Dental companies developed innovative and ever-improving instruments and products. Gradually, the pub-

► See TRADE, page A10

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## IADFE to award fellowships

Members of the International Academy for Dental-Facial Esthetics will gather in New York City on Nov. 26 for an educational meeting and to award fellowships. Held annually in conjunction with the Greater New York Dental Meeting, the meeting will be the organization's 23rd. Fellowship in the academy is by invitation to dentists, physicians and members of the dental-facial cosmetic industry who have distinguished themselves in their respective professions.

This year's fellowships will be awarded at the iconic Sanford-White-designed Harmonie Club at 4 East 60th St. (between Madison and Park avenues). Beginning at 6 p.m., fellowships will be presented to new members from across the globe, including Australia, New Zealand, France,

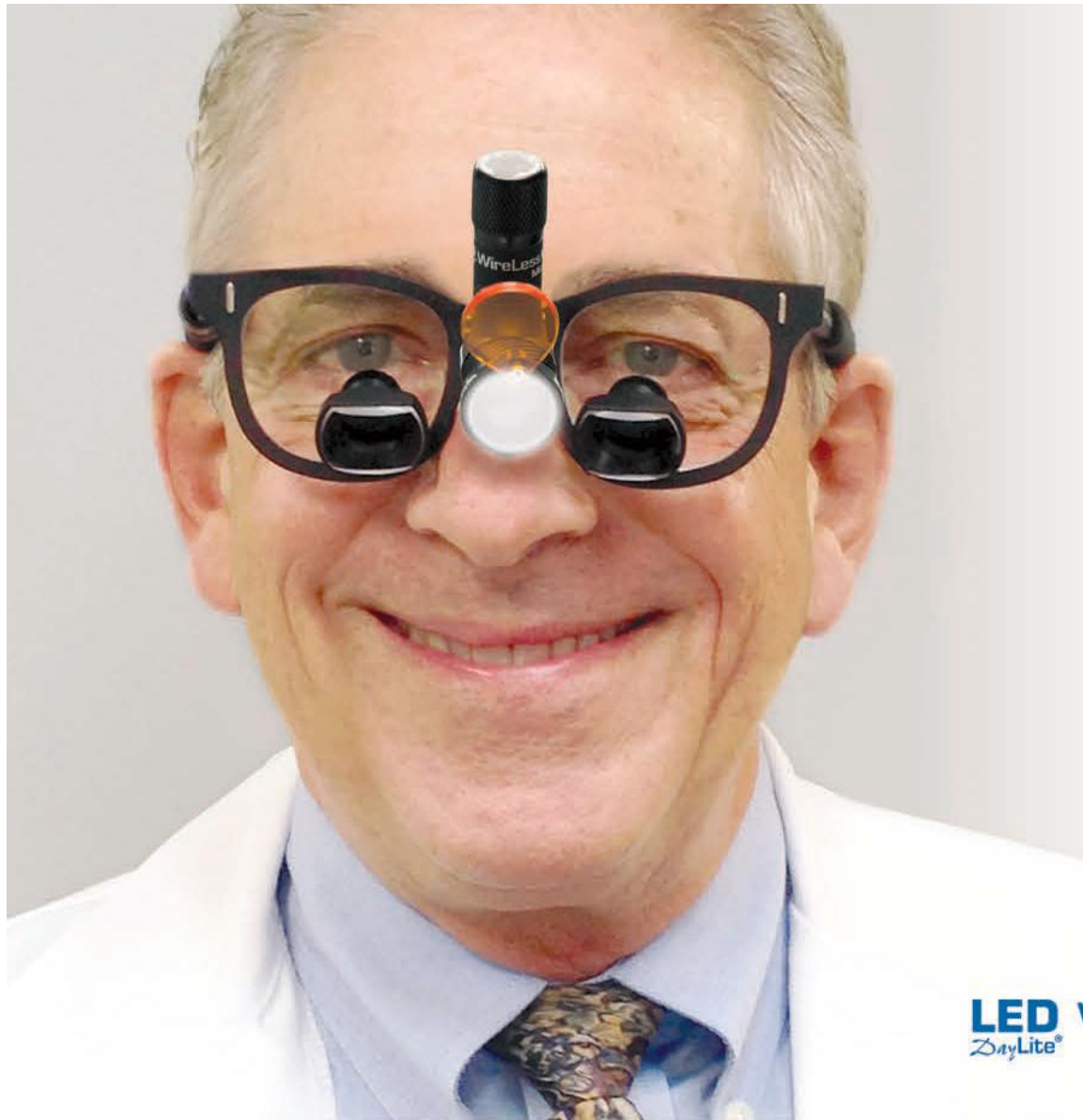


The traditional tossing of mortar boards celebrates newly conferred IADFE fellowships. Photo/Provided by Dr. David L. Hoexter

Italy, Peru, Argentina, Canada, Mexico, China, England, Japan and the U.S.

For more details, you can contact [info@IADFE.com](mailto:info@IADFE.com) or [drdavidlh@gmail.com](mailto:drdavidlh@gmail.com).

(Source: IADFE)



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# Ultra-bright light is ultralight in weight

*High-definition, uniform light at maximum intensity*

By Designs for Vision Staff

Designs for Vision is introducing an advanced photonic design that provides uniform light distribution with maximum intensity. The patent-pending headlight optically focus the light from the LED to provide 45 percent more light with uniform distribution.

The new LED DayLite® Micro HDi™ uses the new high-definition imaging in an ultra-lightweight headlight in combination with the new Micro power pack. According to the company, the Micro is the market's lightest and smallest power pack. The complete unit includes two power packs, and each power pack can run up to 10 hours.

Designs for Vision also has added high-definition imaging to the LED DayLite WireLess Mini HDi, providing a lightweight cordless solution with light inten-

sity comparable to many corded headlight.

You can choose high-definition imaging with either a wired or wireless design to meet your preference, and either HDi headlight will illuminate the entire oral cavity.

Designs for Vision's WireLess headlight free you from being tethered to a battery pack. The simple modular designs uncouple the headlight from a specific frame or single pair of loupes.

Prior technology married a cordless light to one pair of loupes via a cumbersome integration of the batteries and electronics into the frame.

The compact design of the LED DayLite WireLess headlight are independent of any frame/loupes.

Designs for Vision is also featuring the "REALITY five-star-rated" Micro 3.5EF Scopes, which use an innovative optical design that reduces the size of the prismatic telescope by 50 percent and reduces the weight by 40 percent — while providing an expanded-field, full-oral-cavity view at 3.5x magnification.

AAP BOOTH  
NO. 527

GNYDM  
BOOTHS  
1813, 2012,  
4026



High-definition headlight optically focus the light from the LED to provide 45 percent more light with uniform distribution. Photo/ Provided by Designs for Vision

Building on an established award-winning design, the newest addition to the Micro Series line is the Micro 4.5EF Scopes, which reduce both the size and weight of the telescopes by 44 percent.

Designs for Vision has expanded into a new 67,500-square-foot location at 4000 Veterans Memorial Highway in Bohemia, N.Y. To see photos of the facility you can visit [www.DesignsForVision.com/move.htm](http://www.DesignsForVision.com/move.htm).

You can see the Visible Difference® yourself by visiting the Designs for Vision's booth (No. 527) at the American Academy of Periodontology meeting in Vancouver, British Columbia, Canada, Oct. 28-30, and/or its booths (Nos. 1813, 2012 and 4026) at the Greater New York Dental Meeting, Nov. 25-28.

You also can arrange a visit in your office by contacting the company at (800) 345-4009 or via [info@dvimail.com](mailto:info@dvimail.com).

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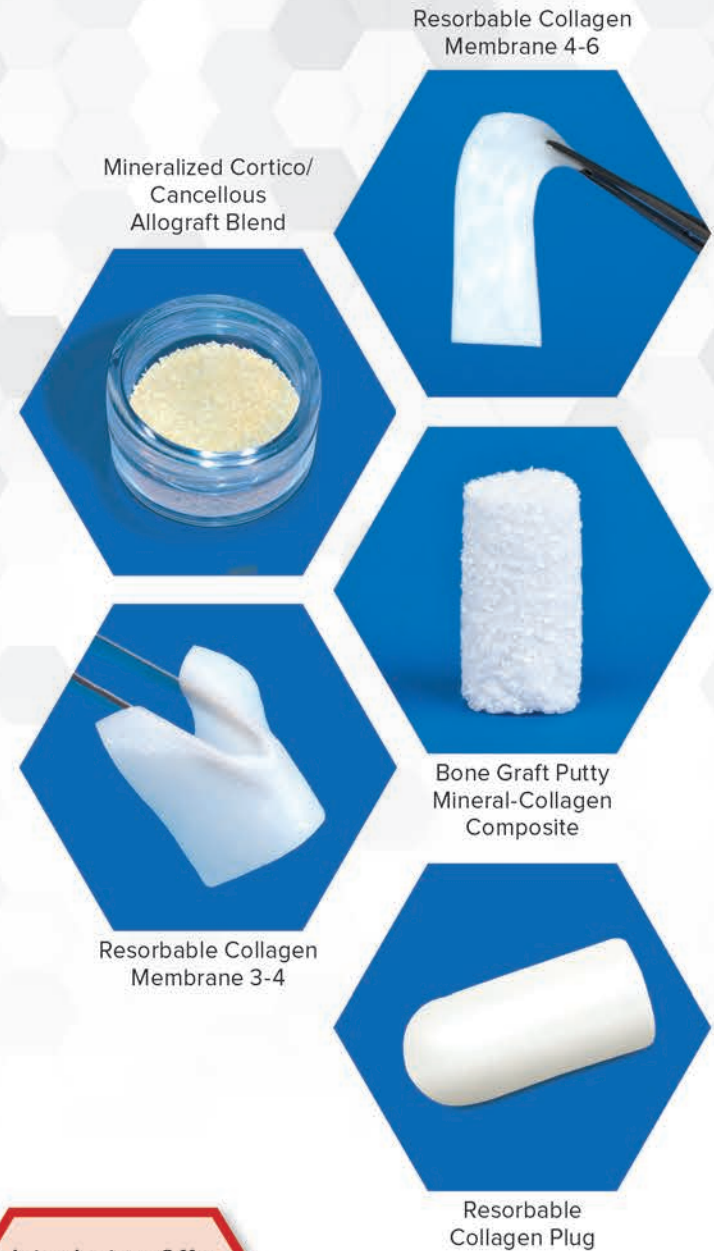
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## 'Uni-Verse-All' positioner holds any size sensor

Digital X-rays are changing how you manage patient diagnostics. But while digital is faster and easier to use, it poses some unique challenges too. Sensor positioning is one such challenge. Unlike film, sensors are rigid and thick. And unlike film, there is no standard size to a "size-2" sensor. All this makes finding a quick and easy way to position your sensor somewhat more difficult than when you were using film.

With Flow Dental's new Uni-Verse-All positioner, you could take every imaginable X-ray while using only one positioner and one aiming ring. Sounds impossible, yet Flow's Uni-Verse-All sensor positioner does just that. It will hold just about any size sensor. The Uni-Verse-All sensor holder lets you reposition the sensor along the bite plane so you can go from a periapical to a bite wing in seconds, and without changing parts.

The Uni-Verse-All is easy to use and set up is fast. You choose from two sizes of sensor holders (both included in Flow's starter kit). You then snap the sensor holder into the Uni-Verse-All positioner and slide on the aim-

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With Flow Dental's new Uni-Verse-All positioner, you could take every imaginable X-ray while using only one positioner and one aiming ring. Photo/Provided by Flow Dental

ing ring. Just like that you're ready. Move the holder down for anteriors or periapicals, up for bite wings. Lightweight for added patient comfort, Uni-Verse-Alls are re-useable and autoclavable. A starter kit with everything you need retails for less than \$57.

For more information, or to order, you can contact your local dealer or visit [www.FlowDental.com](http://www.FlowDental.com).

(Source: Flow Dental)

## Relationship goals: Partner with a GentleWave provider

By Sonendo Staff

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1. BISCO has, on file, the calcium release data for TheraCal LC.
2. Gandolfi MG, Siboni F, Prati C. Chemical-physical properties of TheraCal, a novel light-curable MTA-like material for pulp capping. International Endodontic Journal. 2012 Jun;45(6):571-9.
3. BISCO, Inc. data on file.

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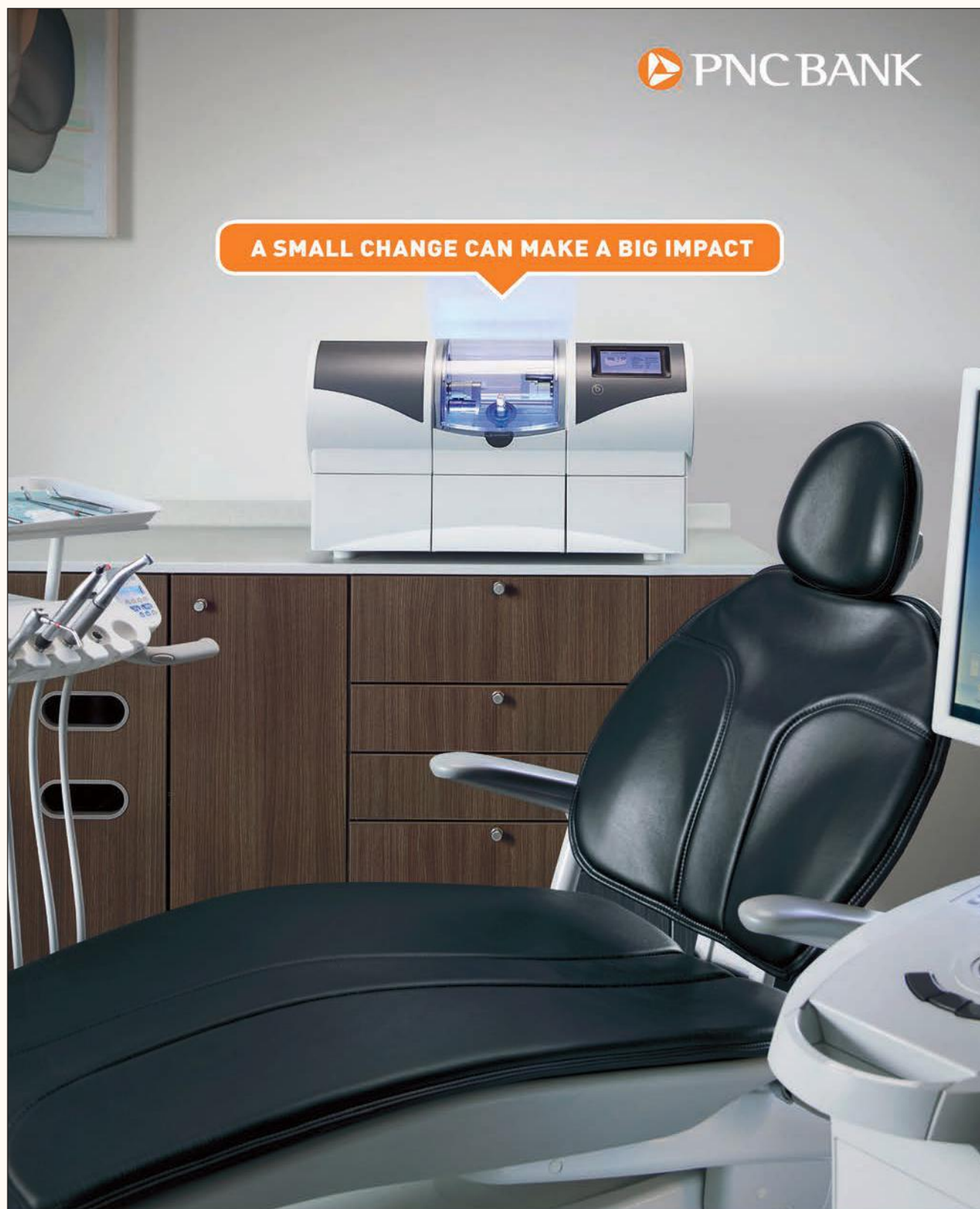
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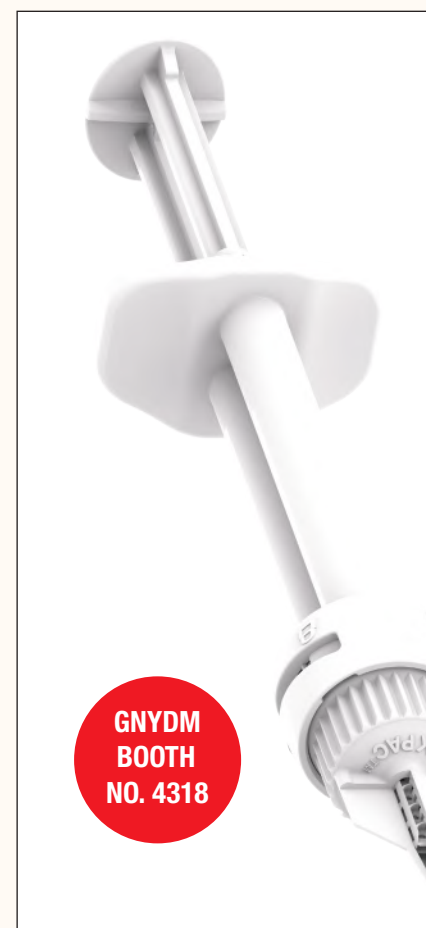


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The Unit Dose 0.5 ml from Sulzer Mixpac has clear visual indicators to ensure that the user can see at a glance whether the system has been activated and is ready to use. Photo/ Provided by Sulzer Mixpac

## Disposable application system mixes 2-component materials

The time-saving Unit Dose 0.5 ml from Sulzer Mixpac is a single-use hygienic application system for two-component dental materials such as cements and bleaching materials.

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The 850-employee Sulzer Mixpac is part of the Sulzer group international network based in Switzerland with subsidiaries in the U.S., U.K. and China. Learn more at [www.sulzer.com](http://www.sulzer.com)

(Source: Sulzer Mixpac)





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<sup>1</sup> Sigurdsson A et al. (2016) J Endod. 42:1040-48 <sup>2</sup> Molina B et al. (2015) J Endod. 41:1701-5

<sup>3</sup> Vandurangi P et al. (2015) Oral Health 72-86

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