DENTAL TRIBUNE

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

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Inside this week

Welcome to Cosmetic Tribune and Hygiene Tribune!

Dental Tribune America has some big news to share with you this month. Earlier this year we gave you a little taste of Cosmetic Tribune during the AACD event and Hygiene Tribune during the ADHA event, but now these two new editions are making their permanent debuts as a part of the Dental Tribune weekly. Once a month you'll benefit from entirely new content that will feature information from experts in the areas of cosmetic and hygiene.

We welcome your feedback, so please do not hesitate to share it with us!

Check out these new editions inside!

The critical missing element to complete care: where dentistry and orofacial myofunctional therapy meet (*Part 1 of 2*)

By Joy L. Moeller, RDH, BS, COM

I. Problems that can be addressed

- Does your patient complain about chronic headaches?
- Does your patient have an open-mouth rest posture?
- Have your patient's teeth moved after orthodontic treatment?
- Does your patient exhibit an open bite?
- Does your patient complain of temporal mandibular joint dysfunction (TMD) or neck pain?
- Is the patient's tongue always "in the way" when you are drilling, scaling or examining the teeth?
- Does your patient exhibit a scalloped tongue from pressing against the teeth?
- Have you noticed oral habits such as thumb or finger sucking, nail biting, lip licking or hair twirling or chewing?
- Does your patient lisp when saying the "s" sounds?
- Do you see the tongue come forward against the teeth when swallowing?
- Is your patient a mouth breather contributing to anterior gingivitis or open-mouth rest posture?

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NCOHF and ADHA urge all dental hygienists to become tooth fairies

The National Children's Oral Health Foundation (NCOHF) and the American Dental Hygienists' Association (ADHA) urge all dental hygienists to participate in the *Dental Hygienist Toothfairy Campaign* to help eliminate pediatric dental disease. The national program invites all hygienists to "earn your wings" and with a minimum contribution of $25, they can also enter a raffle to win up to 12 pairs of Sybron Orascoptic Loupes, (valued at $1,425 each).

"NCOHF and ADHA are moving aggressively to raise awareness of the widespread nature of pediatric dental disease and most importantly, provide practical solutions," said Margaret Lappan Green, RDH, MS, past president of the ADHA, and founding chair, Dental Hygienist Toothfairy Campaign. "I hope all dental hygienists and students enthusiastically support the Dental Hygienist Toothfairy Campaign, a fabulous initiative that will bring health and well being to millions of our nation's at-risk children."

Pediatric dental disease is the No. 1 chronic illness among our nation's children and is completely preventable. The potential health-related, societal and economic-side effects are alarming. The U.S. Surgeon General calls it a "silent epidemic" because most Americans have no idea that it is so widespread.

"As most hygienists know, millions of children experience sleepless nights, have trouble eating, and are unable to concentrate and learn in school due to mouth pain," states Fern K. Ingber, NCOHF's president and CEO. "We are so grateful to the ADHA for helping to mobilize hygienists who are on the frontline of defense – where care begins."

For more information on how to be part of the solution, call (704) 350-1600 or visit *www.ncohf.org/RDH Toothfairy.php* or *www.adha.org*.

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Complete care

From Page 1

- Does your patient grind or clench his/her teeth?
- Does your patient have chronic stomachaches, burping, drooling, hiccups or acid reflex?
- Does your patient have a forward head posture?
- Does your patient have a short lingual frenum or a tight labial frenum?
- When you check for oral cancer on the sides of the tongue, have you found lesions from tongue thrusting causing chronic irritation?

These are all signs and symptoms of an orofacial muscle asymmetry that can be addressed by an orofacial myofunctional therapist.

History of orofacial myofunctional therapy (OMT)

OMT is an area of specialization arising out of orthodontics. The field of OMT is unique because the therapist helps the patient to make major life-enhancing changes, which affect the entire body.

Many dentists during the 1800s and early 1900s recognized that tongue rest posture, mouth breathing and oral habits influenced occlusion. Edward H. Angle — justly termed by some as the grandfather of orthodontics — wrote "Malocclusion of the Teeth," appearing in Dental Cosmos in 1907, in which he recognized the influence of the facial muscles on dental occlusion. In his research he concluded that mouth breathing was the chief etiological factor in malocclusion.

The first program of OMT began in 1918 with an article written by an orthodontist, Dr. Alfred P. Rogers, titled "Living Orthodontic Appliances." He was one of the first doctors in the United States who suggested that corrective exercises would develop tonicity and proper muscle function and thereby influence proper occlusion.

In the 1970s and '80s there were two different organizations representing therapists. Daniel Garliner and Dr. Roy Langer founded the Myofunctional Therapy Association, and Dr. Marvin Hanson, Richard Barrett, William Zickefoose, and Galen Peachey founded the International Association of Orofacial Myology (IAOM). Currently the IAOM is the main professional organization in the world promoting and developing orofacial myofunctional therapy.

The team approach

Today the field is expanding to include many professions. Through a team approach the patient can experience the best of all worlds and achieve remarkable results. The interdisciplinary approach to patient wellness includes but is not limited to:

- orthodontics
- general dentistry
- speech-language pathology
- dental hygiene
- periodontics
- oral surgery
- ear, nose and throat specialty
- cranial osteopathy
- allergology
- pediatric dentistry
- pediatrics
- physical therapy
- chiropractics
- gastroenterology
- plastic surgery

Failure to help many patients

Through 30 years of practicing orofacial myofunctional therapy, some questions patients or their parents asked me include:

- Why didn't someone tell me about this earlier?
- I knew I had a tongue thrust, I didn't know there was a special person to help me.
- Why didn't someone tell me my habit of tongue thrusting, thumb sucking or nail biting could be easily eliminated in therapy?
- I have tried multiple splints, functional appliances, medications and occlusal adjustments for my TMD problem. I was even referred to a psychologist for counseling because they told me it was stress related. Why didn't someone recognize my facial muscle dysfunction and refer me for orofacial muscle therapy sooner?
- This is the third time my orthognathic surgical result has relapsed. Why hasn't anyone referred me to an orofacial myofunctional therapist?
- My child was traumatized by wearing a "rake" in his mouth to stop his tongue thrust. His speech has gotten worse and he has withdrawn. After the rake was removed, the tongue thrust returned. Why wasn't I given the option of seeing a therapist who specialized in treating this disorder with exercises?
- My child wore a palatal expander for a high narrow palate. After the expander was removed, the palate collapsed because the tongue was resting down. Why wasn't I referred to an orofacial myofunctional therapist immediately following the expander being removed?
- I was told I was tongue-tied and needed a lingual frenectomy. After surgery, my tongue reattached and

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Complete care

From Page 3

scar tissue formed and was worse than before we started! Why wasn't I told to see a therapist immediately following surgery to prevent re-attachment?

Patients can learn to develop healthy muscle patterns. Healthy muscle patterns, when permanently habituated, can be proactive in preventing or treating:

- orthodontic relapses,
- articulation disorders,
- breathing disorders due to allergies or mouth breathing habits,
- TMD when it is a muscle or habit-related issue,
- digestive disorders from not chewing properly or swallowing air,
- postural problems,
- faster normalization of the facial muscles and neuro-muscular facilitation post orthognathic surgery.

How can orofacial myofunctional therapy help the general dentist?

Orofacial myologists can assist the dentist in many aspects of his or her practice to:

- Re-educate muscle patterns that promote a stable orthodontic result.
- Reduce the time spent in fixed appliances.

Fig. 1a Fig. 1b Fig. 1c

Figs. 1a-c: Before therapy. Patient presented with a lateral tongue thrust, mouth breathing, stomach sleeping, orthodontic relapse, difficulty chewing and swallowing, and forward head posture.

Fig. 1d Fig. 1e Fig. 1f

Figs. 1d–f: After 14 months of myofunctional therapy.

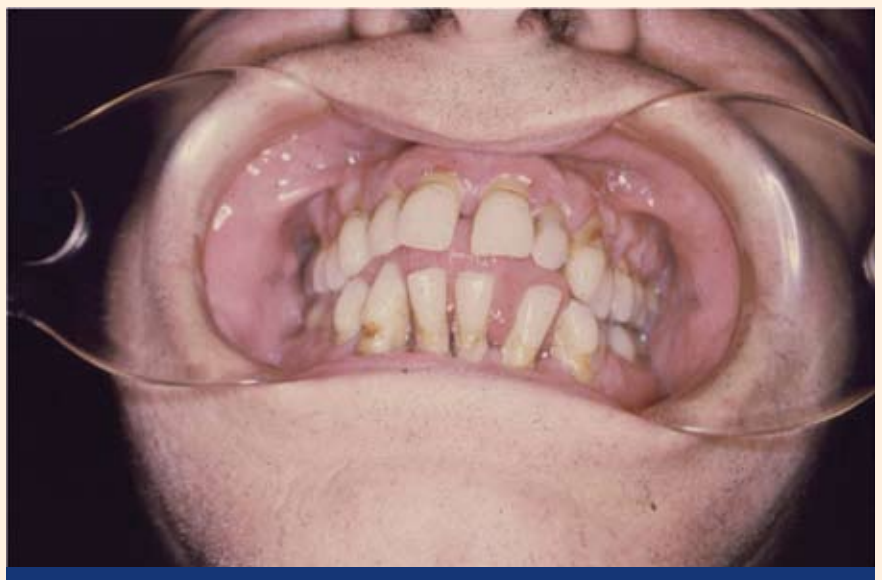

Fig. 2 Periodontal disease or orofacial myofunctional disorder?

- Normalize the inter-dental arch vertical rest posture dimension, the freeway space, also called the oral volume.
- Identify and eliminate orofacial noxious habits that interfere with stable occlusal results.
- Teach nasal breathing and remodel the airway through nasal cleansing and behavior modification.
- Reinforce compliance with wearing rubber bands, functional appliances and retainers.
- Develop a healthy muscle matrix and eliminate habits that contribute to TMD.
- Correct head and neck posture problems.
- Stabilize the periodontal condition by reducing tongue thrusting pressures and mouth breathing habits.

Since most of our patients are in need of orthodontic treatment or treatment by a functional dentist, if the patient was referred by a source outside of dentistry, we are certainly a great potential referral

Study OMT!

Joy Moeller will teach a five-day IAOM-approved course on orofacial myofunctional therapy Oct. 19–23, 2008, and a seven-day course (which includes two days of internship) on February 11–17 and June 24–30, 2009 in Los Angeles with Barbara J. Greene, COM, and Licia Coceani-Paskay, MS, CCC-SLP, COM. For more information contact Greene at bgreene@tonguethrust.com or call (805) 985-6779.

source for dentists.

The best time for the dentist to refer the patient to an orofacial myofunctional therapist is before intervention by appliance therapy. It is always best to do the least invasive treatment first and eliminate habits that are interfering with treatment. This will ensure that the muscles are working with the forces of the appliances. Also, another good time to refer would be before the braces come off, depending on the patient's facial structure and motivation. We can work together to help the motivated patient achieve amazing results.

To elaborate on the importance of the working relationship between OMTs and the dental community, I have reached out to some of my esteemed colleagues for commentary.

According to Dr. John Kishibay, an orthodontist from Santa Monica, Calif., who is a professor at USC School of Dentistry, "Orofacial myofunctional therapy must be part of the treatment plan from the beginning. This way the patient understands from day one that the muscle adaptation is important for long-term stability. Especially important would be the orthognathic patient. The patient must learn to use the new space in an ergonomic manner, in both a functional patterning and habit elimination awareness."

Dr. William Hang, an orthodontist practicing in Westlake Village, Calif., believes that OMT problems are one cause of poor facial development. He says, "Stability will continue to be an elusive, unachievable goal with poor facial balance frequently being the norm of the post orthodontic result. Myofunctional therapy must become the first line of defense in the quest for proper facial development rather than the rescue squad when the orthodontic result is going up in flames. When orthodontists embrace myofunctional therapy, they stop treating symptoms and begin to focus on treating the cause of poor facial development [altered oral rest posture]."

Dr. Jerry Zimring, a practicing orthodontist for 44 years in Los Angeles, believes that attaining proper occlusion is a state of balance between the teeth, the muscles and the bones. He states, "Both my daughter and my grandson were treated with myofunctional therapy with excellent results that would not have been possible without this valuable treatment. I feel strongly that myofunctional therapy should be part of every orthodontic practice."

Dr. Richard L. Jacobson, a Diplomate of the American Board of Orthodontics who has been in the exclusive practice of orthodontics in Pacific Palisades, Calif., for the past 28 years, stated, "We know that form follows function and function can follow form. Therefore, it is vital to identify those patients that need myofunctional therapy. In these patients myofunctional therapy by a specialist is essential. Treatment is effective and orthodontic stability is enhanced."

The author would like to thank Karen Macedonio, a Certified Life Coach (and patient), Barbara J. Greene, COM, and Licia Coceani-Paskay, MS, CCC-SLP, COM for their assistance with writing this article. A complete list of references is available from the publisher.

To find a therapist near you, go to *www.iaom.com* and look at the directory.

Contact info

Joy Moeller, BS, RDH, COM, is a certified orofacial myofunctional therapist and a licensed registered dental hygienist. She is in the exclusive private practice of OMT in Pacific Palisades and Beverly Hills, Calif. She is currently an elected member of the Board of Directors of the IAOM and is the hygiene liaison. Joy is also a former associate professor at Indiana University School of Dentistry and an on-going guest lecturer at USC and UCLA to ortho, perio and pedo dental residents, and at Cerritos College to hygiene students.

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Webinar schedule

Cone Beams: a new dimension of dentistry, by Dr. Daniel McEowen

October 21 — 7:00 pm E.S.T. — Free

PreXion 3-D Dental Scanners are addressing the rapid shift in dentistry from analog-based 2-D film radiography to digital 2-D and 3-D volumetric rendering. This Webinar will introduce attendees to cone beam technology in general and make comparisons between all current available CBCT units. It will include a live scan, from scanning to processing, until images are available to work with. The objective is to learn to use the PreXion 3-D for general dentistry, endodontics, implantology, oral surgery, oral-maxillofacial surgery and periodontics, and show the ease of use of this unit.

Register at *www.dtiinstitute.com/webinar/cone-beam*

Be THE exceptional practice!, by Dr. Ron Schefdore

October 30 — 7:00 pm E.S.T. — $95 fee

Learn how to improve patients' oral and overall health; grow a quality practice; why, when and how to screen periodontal patients for diabetes; obtain a professional blood lab report to use as a cross referral tool with physicians; remove the liability of blood screening from your office; treat periodontal disease from a bacterial, nutritional and underlying medical point of view for long-term periodontal health, overall wellness, and increased profits; establish the ideal practice.

Register at *www.dtiinstitute.com/webinar/diabetes*

Increase net revenue, foster employee confidence: the five keys to effective employment relations for the dental office, by Juris Doctor Michael Garth Moore

November 11 — 7:00 pm E.S.T. — $95 fee

Gain familiarity with legal concepts underlying employee claims; learn the processes and practices that reduce turnover of good employees; learn how to reduce anxiety in dealing with employee relations issues; learn the documentation that reduces the risk of unemployment compensation and wrongful termination claims.

Register at *www.dtiinstitute.com/webinar/HR*

CEREC 3-D CAD/CAM: The power of technology in clinical restorative dentistry

Join your colleagues for Dr. Antenucci's lecture at the Dental Tribune Symposia during the Greater N.Y. Dental Meeting on November 30, 10:00 a.m.–1:00 p.m.

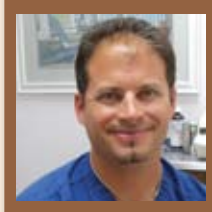
CAD/CAM technology has revolutionized the practice of dentistry with enormous implications for the delivery of patient care that is timely, comfortable, long lasting, beautiful and economical. This presentation is designed to provide not only an overview of the role of CAD/CAM and CEREC 3-D in clinical dentistry today, but also provide attendees with practical clinical information on how CEREC 3-D literally transforms the practice of restorative dentistry. Numerous clinical cases will be provided along with a thorough discussion of case selection, fabrication and design, delivery and finish. Attendees will leave with a thorough understanding of the clinical application and use of CEREC 3D CAD CAM technology in achieving outstanding results.

Earn C.E. credits! Attendance is free for all GNYDM visitors!

For more info and registration, please contact Julia Wehkamp: j.wehkamp@dtamerica.com.

Successful treatment strategies for anterior total tooth replacement in the thin scalloped periodontal architecture: the ankylos tissue care concept for long-term success

Catch Dr. DiGiallorenzo's lecture at the Dental Tribune Symposia during the Greater N.Y. Dental Meeting on December 1, 1:30–2:30 p.m.



This lecture will provide a systemic, biologic and evidence-based approach to ensure success in the class 1 to class 4 case utilizing the "Tissue Care Concept by Ankylos," PRGF, lasers and piezo surgery. Learn about:

- Diagnosis of patient biotypes and its affect on treatment decisions.
- Immediate or staged?
- Surgical management: incisions, atraumatic extraction, periodontal plastics, bone grafting (PRGF), overcorrection, site preparation, and 3-D implant placement.
- Prosthetic management: abutment selection, provisionalization, restorative materials and methods.

Earn C.E. credits! Attendance is free for all GNYDM visitors!

For more info and registration, please contact Julia Wehkamp: j.wehkamp@dtamerica.com

Endodontic irrigation via EndoVac: safety, efficacy and clinical techniques

Don't miss Dr. Schoeffel's lecture at the Dental Tribune Symposia during the Greater N.Y. Dental Meeting on November 30, 1:30–2:30 p.m.

Although seemingly simple, endodontic irrigation is a highly complex problem that begins with patient safety and ends with clinically efficient and effective results. However, as complex as the problem is, the answer is equally simple. Attendees will learn the answer, while becoming familiar with:

- Identifying flaws in current endodontic irrigation studies.
- Listing the principles and ancillary benefits of apical negative pressure.
- Describing the critical importance of safely using full-strength sodium hypochlorite during endodontic irrigation.

Earn C.E. credits! Attendance is free for all GNYDM visitors!

For more info and registration, please contact Julia Wehkamp: j.wehkamp@dtamerica.com.

New cameras from Canon and Nikon

The newest cameras to enter our line of clinical systems are the Canon Rebel XS and the Nikon D60.

These two cameras represent the least expensive models from each manufacturer.

The new Rebel XS can be thought of as the Rebel XSi's little brother. The camera dimensions and weights are almost identical. The main differences are the LCD screen (2.5-inch vs. 3.0-inch) and resolution (10MP vs. 12MP). If you don't mind a slightly smaller screen, you can save a few bucks and still get great photos.

We first talked about the Nikon D60 in our April newsletter and at that time the camera was only available in "kit" form (with the 18–55 mm zoom lens). Nikon is now shipping the D60 as a body only.

Canon is offering rebates on popular camera/lens combinations through Oct. 13, 2008. Purchase a Canon 40D camera and a Canon EF 70-300 f/4-5.6 IS USM lens (together on the same invoice) and save $150 instantly. Purchase a Canon Rebel XSi camera and a Canon EF 75-300 f/4-5.6 III lens (together on the same invoice) and save $100 instantly.

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www.photomed.net

Zenith Dental makes an impression at University of Washington

Zenith Dental, the exclusive distributor of DMG-manufactured products, recently supplied the University of Washington (UW) School of Dentistry and athletics program with its MixStar™-eMotion multifunctional materials mixer and hundreds of StatusBlue® automix cartridges. The donation provided over 130 mouth guard fittings for UW's student athletes.

The University of Washington School of Dentistry and the UW Athletic Department held the mouth guard event in July at the university's dental clinic. Over 130 student athletes visited the clinic to be fitted for the mouth guards. Sixty dental students took impressions of the athletes' teeth, as faculty members and staff supervised the process and offered tips on the best fit.

For more information on the University of Washington's mouth guard event, please visit *www.uwnews.org*.

For more information on Zenith Dental's full line of products, including StatusBlue and MixStar-eMotion, log onto *www.zenithdental.com* or call (800) 662-6383.

(Source: Zenith Dental)

Meisinger's Black Cobra one-piece carbides

Meisinger USA is proud to introduce their revolutionary Black Cobra operative carbide. The one-piece carbide construction virtually eliminates breakage; coupled with an extremely aggressive crosscut design this allows for the rapid reduction of all intra-oral dental materials.

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Tooth augmentation

By Sarah Kong and Lorin Berland

This attractive and fashionable woman came to us seeking our assistance to improve the appearance of her smile (Fig. 1). She said, "It's just not me!" Teeth #5 and #6 were part of a double abutment cantilever bridge for the pontic on tooth #7. Teeth #8 and #10 were implant crowns, and #9 was a porcelain crown (Fig. 2). All the restorative work was done less than two years ago in China. Although it was functional and healthy, the patient felt like her teeth looked old and unhealthy, as they were short, dark, uneven and intruded.

The patient had seen other "cosmetic" dentists who wanted to re-do all her restorations, but she remembered the experience, although necessary, was not pleasant, and more important, she did not want to jeopardize these teeth, crowns and implants. At her initial consultation appointment, we did a mock-up of teeth #8 and #9 to see what her smile could look like if she decided to improve their look by building them out facially and increasing their length.

Then we showed her what her smile might look like with a mock-up to include her lateral incisors as well (Figs. 3a, 3b). We knew that her low lip line was on our side, as even her fullest smile did not show her gum line. This was an ideal case for a tooth augmentation procedure. She loved the way her teeth looked in the mock-up, but she loved even more the fact that we offered a way for her to preview her options! We also discussed the wear on her lower teeth and recommended veneers or composite, but she wanted to focus on her upper front teeth at this time.

Fig. 1: Before full face

After

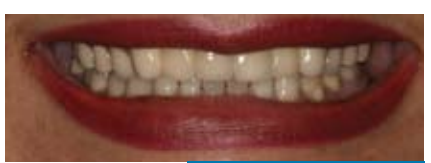

Fig. 2: Before close-up smile

We presented our patient with her treatment options, and because neither of us was looking forward to re-doing these restorations, we suggested laboratory-fabricated, no-prep resin veneers. The resin was chosen over porcelain due to its more flexible properties. The brittle nature of porcelain would have been more likely to cause fractures due

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Is he a dentist? Is he the mayor? He is both!

An interview with the mayor of Ormond Beach, Dr. Fred Costello

By Robin Goodman
Group Editor

How long have you been a dentist and when did you become mayor of Ormond Beach?

I graduated from University of Iowa in 1974. After serving in the U.S. Air Force for three years, I moved to Ormond Beach in 1977 and entered private practice. I am blessed to have always enjoyed my chosen profession. I am 58 and still practice full time and expect to continue for another 10 years or so. After being interested in and involved in giving back to my community for many years — including serving as president of civic groups and of both the Volusia County Dental Association and Florida Academy of Cosmetic Dentistry and serving on and being chairman of both the Ormond Beach Planning Board and Development Review Board — I first ran for Ormond Beach city commissioner in 1999 because the candidate I supported had health issues and was unable to serve. I did not support the vision of the other candidates. I had absolutely no intention to run for office. After serving as a city commissioner for three years, our mayor resigned to run for Volusia County Council and I was faced with the choice to run for mayor in 2002 or serve as a commissioner under the leadership of a mayor with whom I had significant disagreements. I am now in my fourth term and still enjoy the opportunity to shape the future of my chosen community!

Likability or capability, which is more important? Or are they both equally important?

Great question! I believe capability is by far more important … but you can't get elected without likability. Bottom line, I believe likability gets you elected and capability — perceived or real — keeps you in office. I am of the opinion that professionals should be more involved in community public service. I still prefer the public service description as opposed to the term politics for folks who are interested in serving and not in establishing a new political career. We professionals benefit from the credibility we have worked so hard to establish and the public knows we are in it for the right reasons and not for enhanced status or additional income … so voters already believe we are capable and hopefully they decide we are likable and they will elect us. It is a tough balance to promote capability without morphing into self-promotion. I have never referred to myself as "Dr. Costello" and I think most folks appreciate that I don't think being a dentist should automatically give me an edge because I am a professional.

How does managing a city compare with managing a dental practice?

Ormond Beach has a population of about 40,000. Most Florida communities of our size have a city manager who runs the day-to-day operations of the government. Ormond Beach's annual budget is about $100 million.

Dr. Costello with Ms. Florida USA 2008 Jennifer Rafalowski after he enhanced her smile.

As the mayor and City Commission, we are in essence the chairman and board of directors who set the policy for the city manager — who functions as the president of the company and follows the directives of the board — and who is directly responsible to the elected officials. So there really is a great deal of similarity. As mayor I work with the commission to set policy and direct the city manager of Ormond Beach, and as a dentist I work with my partner and associates to set policy and direct my dental practice office manager to carry out our directives. The main difference is that the bureaucracy of government means that we don't do things very efficiently and government rewards longevity as opposed to merit, which can be very frustrating.

Any pearls of wisdom you can share with us from your work in dentistry and politics?

Whether in politics or dentistry, it's all about making sure they are smiling when you're done. Do the right thing for the right reason no matter what the consequences. Build on your strengths and staff your weaknesses. In other words, don't try to do things others can do better; work to improve on what you already do well as that will energize you instead of frustrate you. Your team is an extension, and a reflection, of you … continually improve, elevate, refine and reward your team. My dental team of 12 and our Ormond Beach city employees of about 360 are considered to be outstanding! And we are always striving to get better!

Dentistry and public service both demand high integrity and commitment to excellence and a willingness to give more than expected in order to accomplish a defined objective. And both are rewarding to those who care more about improving the quality of life for others than about using every spare minute in a financially productive fashion. I am a believer that "to whom much is given, much is expected" and I have been given much so I try to give back more than is reasonably expected. I encourage all dentists to get involved in your local community public service arena, including elected offices. As you give, you will grow and get more out of it than you give to it.

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