

oralhygiene

February 2017

A person wearing blue medical scrubs is holding a white rectangular sign in front of their face. The sign features a large, bold, black question mark. The person's hands are visible at the top corners of the sign. The background is a solid blue wall with a white baseboard at the bottom. The floor is dark with a wood-grain pattern.

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CONTENTS

ORAL HYGIENE

**Wipe Away Your Worries:
How To Choose The Right Wipe** 10

Barbara Albom, RDH

**Protected by a Safe RDA:
Setting The Record Straight About
Toothpaste Abrasivity** 14

Pamela Maragliano-Muniz, DMD

Steam Sterilization: It's In The Bag! 22

Leann Keefer, RDH, MSM

PATIENT MANAGEMENT

The Right Question 18

Debra Englehardt Nash

OFFICE MANAGEMENT

**Top Three Reasons For Choosing
Cloud-Based Dental Software** 29

Feda Bashbishi

DEPARTMENTS

Editorial 5

Doctor, Doctor... Teach Me, Teach Me

News 6

Taxing Dental Benefits
Focus on Oral Health in 2017

2017 Calendar of Events 33

New Products 36

Dental Marketplace 44

Please Note

OralHygiene's regular column on **infection control** by Leann Keefer (Page 22) welcomes your questions/input. Please contact Leann Keefer at leannk@crossstex.com for timely feedback!



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Doctor, Doctor... Teach Me, Teach Me

US-based The Pew Research Group has a special unit following oral healthcare. Recently, it released a blog on three issues facing Americans (yes, it translates to us) oral healthcare: *affordability, affordability, affordability.*

Dental care is one of the most unmet healthcare needs in the United States. Lack of insurance coverage and access to providers, even for the insured, drives this problem. These are the three issues:

1. Use of dental therapy gains momentum

There is growing interest in dental therapists—mid-level providers who work under the supervision of dentists to provide preventive and routine restorative care. A growing body of research has found that dental therapists provide high-quality, cost-effective treatment and improve access to care for underserved population.

2. School-based sealant programs: The pros and barriers

Recent research by the Centers for Disease Control and Prevention shows significant progress in increasing sealant rates. CDC analysts found that if the seven million low-income children without sealants were to get them, it could prevent 3.4 million cavities over four years and save up to \$300 million in treatment costs.

3. Changes to the Affordable Care Act will affect dental coverage

Although the future of the Affordable Care Act (ACA) is uncertain, majorities in the Senate and House voted in January on a budget bill that would strip away major provisions of the 2010 health reform law, including Medicaid expansions under which more than five million adults have gained dental coverage and subsidies to purchase insurance in the individual marketplaces for which more than 10 million enrollees qualify.¹

And in other news...

Two-Thirds of Packaged Foods & Drinks in Canada Contain Added Sugars

An analysis of more than 40,000 commonly available packaged foods and beverages in Canada has found that 66 percent of these products—including some infant formulas and baby food products and many so-called “healthier” foods such as yogurt, juice, breakfast cereals, and snack bars—have at least one added sugar in their ingredients list, according to research from Public Health Ontario (PHO) and the University of Waterloo.

In this study, “added sugars” are defined as all sugars added to foods by the manufacturer plus the sugars naturally present in honey, syrups and fruit juices. These naturally-occurring sugars are considered “added sugars” in this study because fiber slows down the absorption of sugar, and the fiber is removed during processing (e.g., fruit juices) or is never present in these types of foods (e.g., honey). Added sugars are particularly concerning as they tend to be consumed in much larger quantities than naturally-occurring sugars found in foods such as bananas or a glass of milk. Added sugars can also be added to foods and beverages that normally contain little, if any, sugars, said the researchers.

Eating and drinking excess amounts of sugars are associated with a variety of health problems. However, there is limited research detailing the amount of added sugars in Canada’s food supply. This study provides a baseline snapshot of the added sugars in packaged products commonly found in grocery stores.²

1. The Pew Charitable Trusts Research & Analysis
2. www.nutraceuticalsworld.com/contents/view_breaking-news/2017-01-16/two-thirds-of-packaged-foods-drinks-in-canada-contain-added-sugars/#sthash.5poghxCD.dpuf



Catherine Wilson
Editor

Health Care Providers Send Warning of Taxing Dental Benefits

A coalition of health care service providers, including the Canadian Dental Hygienists Association has warned of the potential negative implications of taxing the premiums paid on employer-provided health and dental benefits.

These benefits provide preventative care in services such as mental health, vision care, hearing and speech-language services, occupational therapy, prescription drug, dental care and musculoskeletal care (physiotherapy, chiropractic therapy and massage therapy). The \$2.9 Billion that government currently does not collect by not taxing health and dental plans helps to incent more than \$32.2 Billion in health care being delivered to Canadians.

“Taxation of these benefits will have huge impacts on access to care,” said Ondina Love, CEO of the Canadian Dental Hygienists Association, and co-chair of HEAL, an organization representing 650,000 health-care providers. “When benefits were subject to provincial income tax in Quebec in 1993, almost 20% of employers dropped their coverage, including up to 50% of small employers. This loss of coverage can significantly impact the lowest paid employees who will have trouble paying for drugs, dental and needed health care out of pocket.”

According to a recent IPSOS poll:

- 70% of Canadians are opposed to this plan.
- 48% said they would prefer to take cash over health benefits if they were taxed at the same rate, and;
- 84% would end up delaying or forgoing treatment or medication if they didn't have coverage.

“The current public policy approach is working as intended,” continued Love. “75% of Canadians and a total of 24 million Canadians have access to care through these benefits. The health professions standing here today are concerned about access to care for Canadians. Taking care away from millions of Canadians is certainly not the way to address fairness and equity.”

The groups represented included:

Canadian Association of Occupational Therapists
Canadian Association of Optometrists
Canadian Chiropractic Association
Canadian Dental Association
Canadian Dentist Hygienists Association
Canadian Physiotherapy Association
Canadian Psychological Association
Dietitians of Canada
Speech-Language & Audiology Canada

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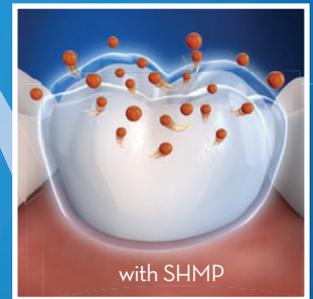
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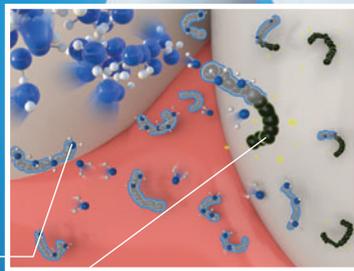
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Dental Hygienists Advise You and Your Patients to Focus on Oral Health in 2017

The beginning of a new year is a perfect opportunity to make a fresh start and set new personal and professional goals. While many people focus on self-improvement initiatives, dental hygienists remind Canadians not to overlook oral health when making choices about improving overall physical and mental well-being.

“Good oral health is essential to total health and the key to a happy and productive life,” says Gerry Cool, president of the Canadian Dental Hygienists Association (CDHA). Research suggests that gum disease is a risk factor for serious life-threatening illnesses such as diabetes, lung and heart disease, and stroke. “Resolving to make oral health a priority in your daily life is an investment in your future,” adds Cool, noting that everyone can set oral health goals and develop new habits in 2017. Here are some helpful dental hygiene tips for all ages:

Infants and Toddlers up to age 3: Parents or guardians should wipe their baby’s mouth and gums with a clean, wet cloth after feeding. Brush your toddler’s teeth twice a day using water (no toothpaste is necessary) once their first teeth appear.

Children ages 3-5: Help your children to brush their teeth for two minutes twice a day, using a pea-sized amount of fluoride toothpaste. Show them how to brush every tooth surface and their tongue, and make sure that they spit out the toothpaste when they are done.

Children ages 6-12: Children should brush their teeth for two minutes twice a day with fluoride toothpaste and try to clean in be-

tween their teeth daily. Help them to make healthy food choices, and have them fitted for a sports mouthguard to be worn during athletic activity.

Teenagers and Adults: Brush teeth with fluoride toothpaste for two minutes at least twice a day (Remember: four minutes is less than 0.3% of your day!). Rinse with an antibacterial mouthwash and clean in between the teeth at least once a day. Eliminate tobacco use and eat nutritious foods that are low in sugar. Wear a sports mouthguard during athletic activity.

Seniors: Brush natural teeth with fluoride toothpaste for two minutes twice a day and clean in between the teeth at least once a day. Clean and soak dentures (full or partial) daily. Brush and massage the gums, either with a soft toothbrush or with a warm, damp cloth.

And of course, everyone should visit a dental hygienist regularly to develop an oral care routine that will help you to look and feel better, not just in 2017 but for a lifetime.

Serving the profession since 1963, CDHA is the collective national voice of more than 28,495 registered dental hygienists working in Canada, directly representing 18,000 individual members including dental hygienists and students. Dental hygiene is the 6th largest registered health profession in Canada with professionals working in a variety of settings, including independent dental hygiene practice, with people of all ages, addressing issues related to oral health. For more information on oral health, visit: www.dentalhygienecanada.ca.



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* Dry mouth can disrupt the oral health environment and lead to halitosis, demineralization, and increased caries.^{4,5}
† Mouthwash, Gel and Spray.
‡ As measured in a 28-day clinical study.⁶

1. GSK data on file. Biotène dry mouth growth opportunity (with Canadian U&A data). July 16, 2014. 2. Dawes C. How much saliva is enough for avoidance of xerostomia? *Caries Res*. 2004;38:236-240. 3. Sreebny LM, Schwartz SS. A reference guide to drugs and dry mouth, 2nd edition. *Gerodontology*. 1997;14:33-47. 4. Turner MD, Ship JA. Dry mouth and its effects on the oral health of elderly people. *J Am Dent Assoc*. 2007;138:15S-20S. 5. Fox PC. *J Clin Dent*. 2006;17(Spec Iss):27-28. 6. GSK data on file 2014, RH01986.



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WIPE AWAY YOUR WORRIES

How to Choose the *Right* Wipe

Regardless of where your office is located or what type of practice you work in, a common factor is Infection Control. Everyone needs a surface disinfectant to keep the workplace clean and safe. Not all surface disinfectants are created equally. Understanding the differences will ensure you make an informed decision. With so many products flooding the market, a little insight will quickly allow you to make the right selection.

Is my disinfectant best for my practice? What is the toxicity level? Can I really use this product with my bare hands? How do I know I made the best decision? These are common questions I hear on a daily basis as a sales representative. Additional important attributes for consideration include: *Does my disinfectant clean and disinfect? Does it have a Drug Identification Number (DIN)? Can it be used on both hard and soft surfaces? What does it protect me from?* The answers are easily found in one simple place – the product label. Let's take a closer look.

How are drugs reviewed in Canada? Drugs are authorized for sale in Canada once they have successfully gone through the drug review process. This process is the means by which a drug application is reviewed by scientists in the Health Products and Food Branch (HPFB) of Health Canada, and on occasion, outside experts, to assess the safety, efficacy and quality of a drug. Throughout

the process, the safety and well-being of Canadians is the paramount concern.¹

Once a drug has been authorized, Health Canada issues a Drug Identification Number (DIN), a computer-generated eight digit number which uniquely identifies the following product characteristics: manufacturer; product name; active ingredient(s); strength(s) of active ingredient(s); pharmaceutical form; route of administration. A DIN lets the user know that the product has undergone and passed a review of its formulation, labeling and instructions for use.²

The best advice I can give is, "Read the label". We are lucky in Canada that claims made on product labels must be true. If the product is not labeled with Fungicidal or Tuberculocidal for example, it did not meet the testing criteria and could not be included on the product label.

Ask yourself what disinfecting claims are important to you, then check the label to see if it has what you need. When discussing broad spectrum, there are four key categories: Bactericidal, Virucidal, Fungicidal and Tuberculocidal. Ideally the wipe you are using should have all four claims. Health Canada offers the following definition regarding the Virucidal claim: Broad-spectrum virucide: A substance, or mixture of substances, capable of destroying or irreversibly inactivating at a minimum one representative hard to kill non-enveloped virus, and which is ex-



Examples of broad spectrum label claims on surface disinfection products currently being sold in Canada.

- TUBERCULOCIDAL
- BACTERICIDAL
- FUNGICIDAL
- VIRUCIDAL*

**Tuberculocide,
Virucide, Bactéricide**

Bactericidal · Virucidal · Fungicidal · Tuberculocidal

Bactericidal · Fungicidal · Virucidal · Tuberculocidal

pected to inactivate other enveloped and non-enveloped viruses present on environmental surfaces and inanimate objects³.

Be aware of “Virucidal*” – a Virucidal claim with an asterisk – this is not a broad spectrum virucide. In order to be a broad spectrum virucide, the product must be tested against difficult to kill non-enveloped viruses. Difficult to kill non-enveloped viruses include rhinovirus (the common cold) and Norwalk virus. If the product has limited Virucidal efficacy, you have to read the small print to determine what viruses are killed. Product labels will indicate which virus was used to obtain the Virucidal claim.

What about green products and toxicity levels? Remember the purpose of a disinfectant – it is designed to kill potentially dangerous pathogens. Do not believe sales tactics that tell you that it is acceptable to use products with your bare hands. Always wear your personal protective equipment regardless of

what you may have been told. It is your health and safety, so take the necessary precautions to protect yourself. Full toxicity evaluations can be found on the product’s Safety Data Sheet (SDS). Look for SDS documents that are complete, with no missing information. Remember to check the products’ expiry date – yes, they do have a shelf life. Most products state that they are non-toxic when used according to label directions. That being said, you wouldn’t want to drink or bathe in them – even with a non toxic claim.

At work and as at home, with the rush of each day, we constantly have to make decisions that affect us, and those around us. The quickest, cheapest or easiest solution is not always the best one. When it comes to surface disinfection, always compare label to label, not what you have heard or seen in marketing and advertisements. Safe and accurate information comes from reading your product labels. Labels list: Product name, intended use



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(don't use a product for hard surfaces on your soft surfaces, like your dental chairs), disinfection level, contact time, dilution rate (if applicable), active ingredients, compatibility, DIN, safety, storage and expiration.

There are so many surface disinfection choices on the market and so little time to sort through them all. Be sure to purchase your products through a reliable and trustworthy company – steer clear of unknown companies who sell through your fax machine. Choose products that come from com-

panies with knowledge and experience.

Your job of choosing the best one is difficult and comes with a great deal of responsibility. Start simple with a wish list and the label. With so many other things to worry about today, at least you can rest assured your product of choice is doing what it says it does. Leave your worries behind and know that when you leave your operatory after disinfection, the dangerous pathogens are gone. Read the labels, wear your PPE and feel good that you made the right decision.

1. Health Canada, Drug and Health Products, How Drugs are Reviewed in Canada. Available at: http://www.hc-sc.gc.ca/dhp-mps/prodpharma/activit/fs-fi/reviewfs_examenfd-eng.php. Accessed January 2017.
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PROTECTED BY A SAFE RDA

Setting the record straight about toothpaste abrasivity

Dental professionals hear a lot of opinions about toothpaste abrasivity. There are misunderstandings about the meaning of relative dentin abrasion (RDA) values and what they convey about the safety of a toothpaste. It can be difficult to distinguish fact from fiction. For example, a common misperception is that a toothpaste with an RDA below 100 is safer than one with an RDA of 200. This just isn't true. The fact is that a toothpaste with an RDA of 250 is just as safe as a toothpaste with an RDA of 0-249. Any toothpaste with an RDA of ≤ 250 , the recognized threshold for safety, is safe for a lifetime of use. The concern about toothpaste abrasivity is related to tooth wear, an important issue that has gotten quite a bit of attention lately. Tooth wear is multifactorial, and toothpaste abrasives play only a small role in the process compared to other contributing factors. The purpose of this article is to explore the role of abrasives in dentifrice, describe the test that measures tooth-paste abrasivity and how these results should be interpreted, and outline implications for clinical practice.

PLAQUE/STAIN REMOVAL

Abrasives have been included in toothpaste formulations for generations to serve an important purpose—to remove dental plaque and surface stains during toothbrushing. As such, they're an important tool for delivering overall oral health and tooth appearance. Their major cleaning effects are due to the mechanical action of the abrasives on the surface of the teeth.¹ Examples of common abrasives include hydrated silica, calcium carbonate, sodium metaphosphate, alumina and dicalcium phosphate dihydrate.

Removal of dental plaque is important to help prevent the progression of various plaque-related diseases. Dental plaque is an organized community of many different microorganisms that forms itself into an almost colorless, sticky biofilm and is found on the surface of the tongue and all hard surfaces in the oral cavity. It can vary from being comprised of totally healthy microorganisms (commensals) to being very harmful (pathogenic), predisposing the patient to dental caries, gingivitis, or periodontal diseases. If not mechanically removed on a regular basis, such as with the use of abrasive-containing toothpaste, dental plaque can calcify and form calculus deposits.

In addition to removing plaque build-up more efficiently, proper tooth brushing with an abrasive-containing toothpaste is effective at removing tooth stain related to various foods, beverages, and tobacco products. It's suggested to brush regularly, preferably on a twice-daily basis, for two minutes to minimize the build-up of stain. If not removed on a regular basis, extrinsic tooth stain can attach more firmly to the tooth surface, to the point that a prophylaxis may be required for its removal.

MEASURING ABRASIVITY

In the early 1900s, there were no standards for the content of tooth-cleaning powders, some of which contained sand or ground cuttlefish bones as abrasives. These compounds, which would measure abrasivity in the 1,000s of RDA units by contemporary standards, were extremely damaging to tooth enamel and dentin.

In the decades that followed, methods were developed to evaluate the abrasivity of tooth-

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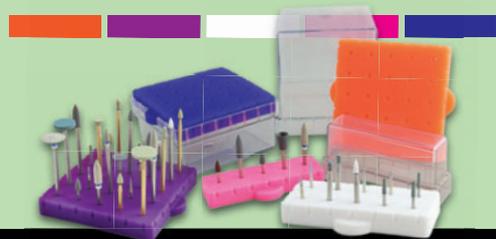
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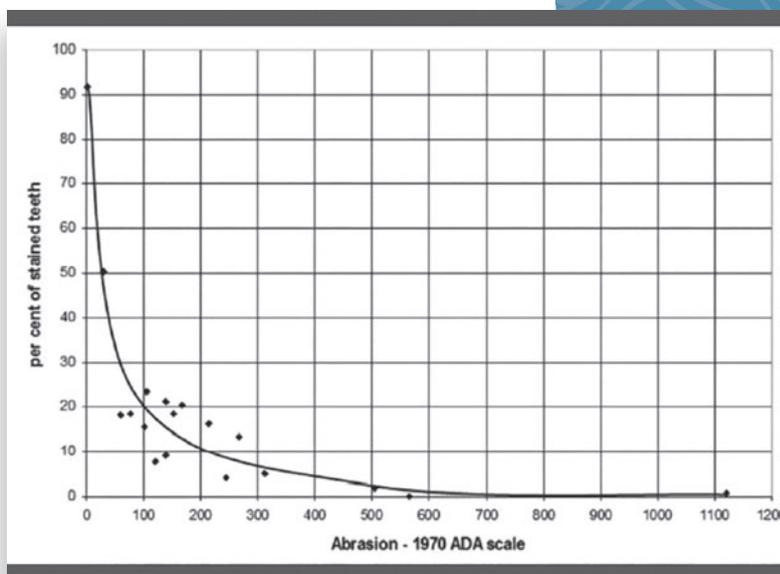
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FIGURE 1: Cleaning efficacy as a function of RDA.



paste formulations in the laboratory. A landmark study in 1948 assessed the abrasivity of toothpaste formulations relative to cleaning performance.^{2,3} Kitchin & Robinson⁴ found that over 90% of stain removal could be achieved with toothpaste abrasivity that produced less than 1 mm of dentin wear per 100,000 brush strokes, as assessed using an automated simulation of brushing. The use of dentin as the test substrate was also established during this era. Dentin is much softer than enamel, which makes it considerably easier to use for testing the relative abrasivity of different toothpaste formulations.

In 1976, the American Dental Association published the RDA method, which became the standard for laboratory measurement of tooth-paste abrasiveness that is still used today.⁵ RDA values are obtained in the laboratory by comparing the amount of dentin tooth structure worn away by a standardized tooth brushing protocol using any given toothpaste compared to a standard reference abrasive assigned an RDA value of 100. By 1995, the International Standards Organization (ISO) had adopted this method as an international standard for measuring toothpaste abrasivity. The standard brushing protocol prescribes factors such as pressure, time, temperature, and humidity. The ISO specification states that a toothpaste should not exceed an RDA of 250, which is considered the safe limit for hard tissues, and that toothpaste with an RDA value below 250 is safe for daily use. This upper limit of “250” is 2.5 times the abrasiveness of the reference standard. Since the ISO and ADA standards were established, the industry has largely self-regulated and tooth-pastes with an RDA value over 250 have been removed from the market. The ISO standards ensure that all products for sale meet the standards for safety.

What do RDA values mean?

Stain removal—There is typically a much lower stain removal benefit for toothpastes with RDA values less than 100 compared to those with values greater than 100. Once you

exceed an RDA value of 250, there is little incremental stain removal benefit (see Figure 1).

Dentin wear—A prevailing belief is that a lower RDA value is safer and there have been claims that an RDA value over 150 is considered unsafe. There is no clinical basis for this assertion and this “information,” most commonly accessible on the internet, is incorrect and misleading. Clinical studies looking at the difference in dentin wear between toothpastes with various RDA levels below 250 have not shown a significant difference in wear.^{6,7} Toothpastes should be considered as either “less than” or “more than” the RDA upper limit of 250—like a “pass/fail” test. There are no degrees of safety below 250.

Abrasive potential under extreme laboratory conditions—It’s important to note the RDA method was not originally developed to compare toothpastes, but rather to compare products to a *reference standard* of 100.⁸ The test is an indication of the abrasive potential of a toothpaste as tested under laboratory conditions, which are much more extreme than typical everyday brushing.

For example, the RDA test does not include pellicle, which plays a major role in protecting the teeth from wear processes in real life. Furthermore, the RDA method generally includes 1,500 continuous, horizontal manual toothbrush strokes, which is equivalent to approximately two months of brushing all at once. Most patients only spend about 5 seconds brushing each tooth surface and under these conditions the protective pellicle is not removed.

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FACTORS BEHIND TOOTH WEAR

Tooth wear is a process resulting from three primary factors—abrasion (from the interaction of teeth with other materials); attrition (from tooth-to-tooth contact); and erosion (wear after teeth come into contact with environmental or dietary acids) (see Figures 2-5). In addition, numerous behaviors and health factors contribute to the process of tooth wear, including, but not limited to: a diet high in acidic beverages and foods, bruxism, aggressive or improper tooth brushing, low pH of the oral cavity (acid reflux, GI disorders, bulimia nervosa) and oral hygiene habits.

Relative to these factors, tooth brushing with abrasive-containing toothpaste by itself causes minimal wear.

In one published survey of 100 consecutive cases of problematic tooth wear referrals, detailed histories were taken of each case to determine the etiology of tooth wear. Fifty-eight percent of cases were attributed to erosion alone or erosion combined with another etiology.

No cases could be attributed to abrasion alone.⁹

In a recent paper that discussed clinical and experimental findings regarding the interactions between attrition, abrasion and erosion in tooth wear, the authors stated, “It has been concluded that normal toothbrushing habits with toothpastes that conform with the ISO standard will, in a lifetime’s use, cause virtually no wear of enamel and clinically insignificant abrasion of dentine.”¹⁰

IMPLICATIONS FOR PATIENTS

So what’s the bottom line for patient care? Toothpastes with an RDA of 250 or less are

safe for a lifetime of use, and virtually all modern toothpastes meet this standard. Patients can mitigate their risk for tooth wear with proper oral hygiene and technique. Power toothbrushes, particularly those with a pressure sensor, can reduce aggressive brushing, and the use of Bluetooth technology in combination with certain power brushes has given patients even more tools for monitoring and getting feedback on their brushing techniques.

Another important step to help patients reduce tooth wear is evaluating dietary habits, overall health, and lifestyle behaviors. Factors that increase the risk of tooth wear include a diet rich in acidic foods and beverages (citrus fruits and red wine, for example), gastroesophageal reflux disorder, and/or bruxism. Tooth-paste containing stabilized stannous fluoride (Crest Pro-Health, for example) has been shown to be significantly more protective than other types of fluoride dentifrices against dental erosion, a factor in tooth wear.^{11,12}

CURRENT ADA STANCE

A recent statement was released by the American Dental Association on the issue of abrasivity.¹³

“Although tooth enamel is the hardest substance in the body, the dentin that lies beneath it can become exposed—through, for example, wear of the enamel or gingival recession. Because of concern about abrasion of these tissues, scientists have spent decades researching and monitoring the effect of dentifrice abrasives on these tooth structures.

“To help quantify the abrasivity of dentifrices, the ADA along with various academic, industry and government agencies estab-



FIGURE 2: Non-carious cervical lesion commonly associated with abrasion, excessive occlusal forces, and a low pH.



FIGURE 3: Attrition indicative of bruxism.



FIGURE 4: Erosion suggestive of untreated acid reflux or bulimia.



FIGURE 5: Erosion pattern suggests lemon sucking.

lished a standardized scale called Relative Dentin Abrasivity (RDA). This scale assigns dentifrices a value from 0 to 250, relative to a standard reference abrasive that is arbitrarily given an RDA value of 100. All dentifrices at or below 250 RDA are considered safe and effective. In fact, clinical evidence supports that lifetime use of proper brushing technique with a toothbrush and toothpaste at an RDA of 250 or less produces limited wear to dentin and virtually no wear to enamel.

“Relative dentin abrasivity can be used by industry, researchers, or standards organizations to develop new products or to conduct quality control. It should not be used to rank the safety of dentifrices with RDA values below 250. These values do not correspond to potential clinical effects, like abrasion.

“The RDA testing method and the upper limit of 250 has been adopted by the International Standards Organization (ISO) and is included in the manufacturing standards, ISO Toothpaste Specification 11609. All dentifrices with the ADA Seal of Acceptance have an RDA of 250 or less.”

Here are the three key takeaways about toothpaste abrasivity:

1) Abrasive compounds are important to remove stain and to efficiently remove plaque during toothbrushing.

2) The RDA test is an indication of the abrasive potential of a dentifrice as tested under laboratory conditions, which are more extreme than typical everyday brushing. A toothpaste with an RDA equal to or under 250 is safe for a lifetime of use.

3) It's important to assess patients for all tooth wear risk factors; relative to erosion and attrition, toothpaste abrasivity plays a small role in tooth wear.

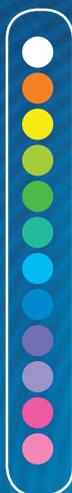
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STEAM STERILIZATION: It's in the Bag!

The question, “paper or plastic” takes on an entirely new meaning when related to instrument sterilization in the dental office. Classified as a medical device, there are stringent criteria for manufacturing of sterilization packaging. Quality sterilization pouches, usually constructed of paper and plastic, are a key component of any sterility assurance protocol.

The goal of a dental infection control program is to reduce the risk of disease transmission and to provide a safe environment for everyone who works in or visits a dental office.

ISO standards for performance make it clear – the only way to be sure an item has been effectively steam sterilized is to expose it to all three sterilization variables – time, temperature, and the presence of steam. Yet many traditional sterilization pouches simply have an external Type 1 process indicator validating only exposure to heat (temperature). Advanced technology is now available with one pouch design having both internal and external multi-variable (Type 4) indicators which confirms all three criteria for sterilization have been achieved and the contents have been exposed to the critical variables. Remember that chemical indicators do not contain microbial spores, therefore, they cannot prove that the contents of the pouch are sterile.¹ The use of this multi-variable pouch, in combination with weekly biological monitoring, provides a high level of sterility assurance.

There are a number of factors to consider when selecting packaging materials such as pouches or wraps. Packaging materials must

be compatible with the type of sterilizer used (i.e. steam, dry heat, unsaturated chemical vapor).² It should be noted, all packaging types and materials are not compatible with all sterilization methods. The use of incorrect materials may prevent or reduce penetration of the sterilizing agent.

Maintaining the sterility of the instruments after sterilization is a critical component of any sterilization program, therefore, the quality and durability of the sterilization packaging is vital. The use of medical-grade surgical Kraft paper and a transparent polypropylene/polyester laminate film are recommended; caution should be exercised as some manufacturers use recycled paper. Surgical kraft paper used in sterilization pouches has a basic weight of 40-60 pounds and contains only approved additives, having controlled porosity, and having no pinholes greater than 0.5mm.³ The sterilant enters through the paper side of the pouch and the pores must effectively close during the drying process to maintain sterility of the contents. Selection of the appropriate size of the pouch prevents overloading of instruments and helps to ensure penetration of the sterilant with less chance of tearing; there should be a minimum of 1 inch of space between the top of the instruments or cassette and the seal of the pouch.⁴ Most dental practices would benefit from having a variety of sizes to meet their procedural needs.

Due to the expansion and contraction of the pouch material during the sterilization process, the preferred pouch design should be of multiple side and end seals with a self-sealing

ISO standards for performance make it clear – the only way to be sure an item has been effectively steam sterilized is to expose it to all three sterilization variables – time, temperature, and the presence of steam

adhesive strip to protect the sterility of the internal environment of the pouch. The plastic or laminate side provides strength, sealability, and thermal stability. A properly sealed pouch is indicated when the adhesive covers 50% on the paper and 50% on the laminate. If the adhesive seal is 100% on the laminate, the opening at the top of the pouch is not protected thereby compromising the sterility of the contents. It can be helpful to pre-fold the bag on the perforated line before loading the instruments as the crease will act as a guide after the protective tape is removed for sealing. Any misalignment of the seal can create gaps and compromise the sterility of the package. Before adhering the self-seal to the laminate, expel as much air as possible from the pouch; this action will help to prevent bursting of the seals during sterilization. The pressure sensitive adhesive is special in that it becomes stronger during sterilization and becomes a permanent seal for this single use device.³

After sterilization and storage, a clean separation of the film from the paper is important to the sterility of the contents. The outer layer of the film has been exposed during transfer and storage and if any portion of the plastic remains attached to the paper, should the instruments contact the plastic surface, they will be considered contaminated and must be reprocessed.

While some controversy exists regarding paper or plastic side up. Best practice dictates placing items on their edges in a rack, like books on a shelf. This configuration allows for efficient circulation and penetration of steam while also being conducive to the drying process. Pouches should not be touched until they are dry to reduce the chance of wicking and tearing of the paper.

Armed with the knowledge of the criteria for selection and correct use of sterilization pouches will assist with safe and successful reprocessing and sterilization of instruments.

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**Debra
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THE RIGHT QUESTION



“How’s your dog?” “What’s new with the kids?” “Are there any changes in your health history?”

These are typical and appropriate questions to ask patients during their recare visit.

But there is one question that sometimes isn’t asked that should be the first review when the patient sits in the hygiene chair, and it can have a profound affect on practice productivity. “Tell me what has prevented you from having your treatment completed?” This inquiry should be presented to those patients who have previous treatment that has been indicated but not accomplished.

And timing is everything. This question should be one of the first questions asked when the patient is seated in the operator. If it is placed at the end, or delayed until the doctor comes in for the examination, previous conversation time is lost. At the end of the visit, the patient is ready to go – especially if they have had to wait for the doctor.

Be careful assuming that the patient doesn’t want to talk about their outstanding care, or that their answer will be the same as how they previously replied during past visits. Situations may have changed; finances may be better, and priorities may be different. If the practice doesn’t place importance on the recommended treatment, how do we help the patient understand and appreciate our intended care?

Avoid throwing the conversation away by being too casual; “You know Mrs. White,

we’ve talked about this treatment before”, and then proceed with the recare visit without asking the question. Prevent perceived apathy about incomplete treatment by making assumptions based on familiarity or history.

FAMILIARITY MAY GENERATE APATHY

Sometimes the strength of having a long-term relationship with the patient can become a weakness. Although having a social discourse with the patient is important, too much of it can hurt the patient experience. Here is a case in point:

A friend called me and asked me to help him understand why he was charged a recall exam fee when he didn’t feel as though he received one. I asked him if the doctor came in to see him and did he look into his mouth with instruments. He replied that the doctor had done this but the conversation he had with my friend was not about his dental health.

“He talked about my work, my wife and my family, but he never talked to me about my teeth. I don’t think it was a dental exam. I think it was a social visit”.

What may appear to the dental practice as building and retaining strong relationships with patients by friendly conversation may be taken to an extreme that minimizes the importance of the dental health review and the conversation about their dental care and their dental future and reduces the worth of the dental exam. (Have you ever heard a patient say “I just want my teeth cleaned, I

The hygienist should feel responsible in helping the patients understand and accept treatment that has been recommended and make it a part of their hygiene appointment regime

don't want an exam"? Or "It's just a cleaning"? These comments may be indicative that the patient does not perceive value in the doctor exam. The doctor and the hygienist need to re-focus on demonstrating the value of the visit.

Reviewing daily hygiene productivity is a gauge for effectiveness. In addition to this measurement, additional treatment being diagnosed from hygiene patients is a critical statistic and vital emphasis in every dental office.

LET'S DO THE MATH

Let's create a scenario that would be typical in many dental offices:

Two (2) hygienists working four (4) days per week = eight (8) days per week x fifty (50) weeks provides four hundred (400) hygiene days annually.

If each hygienist treats eight (8) patients per day x four hundred (400) days there are thirty two hundred (3200) available appointments annually.

If there are 3200 appointments available annually and patients are seen an average of twice per year (2.0), there is capacity for sixteen hundred (1600) patients seen per year.

If sixteen hundred (1600) patients appointed and only ten percent (10%) appointed for additional dentistry averaging \$800.00, an additional \$128,000.00 additional treatment

production would be generated from hygiene.

This is a very conservative projection. Other experts suggest the average is closer to sixty to seventy percent of patients in hygiene could benefit from something beyond today.¹ If the office sees eight patients per day and if six patients have potential treatment needs, it translates to \$3200.00 per day. If there are four hundred hygiene days, that totals over 1.2 million dollars in treatment revenue per year!

TRAINING TIME

The continuing care appointment the ideal time to let existing patients know about new treatment modalities in our office introducing new treatment options. Hygienists are able to interact with patients and build a trusting relationship. This relationship will enable them to recommend procedures, and teach patients preventative measures to guarantee their dental health. As patients trust the hygienists, they are more likely to feel that trust when previously diagnosed treatment is being discussed. The hygienist should feel responsible in helping the patients understand and accept treatment that has been recommended and make it a part of their hygiene appointment regime.

Ongoing training to learn new techniques, technology and communication will boost confidence in talking to patients. A well-in-

¹ The hygienist's role in promoting dentistry

Cathy Jameson, PhD <http://www.dentaleconomics.com/articles/print/volume-94/issue-10/features/the-hygienists-role-in-promoting-dentistry.html>



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It is critical to appropriate the correct amount of time to ask the right question – and give the time for the patient to answer



formed auxiliary can help patients better understand treatment recommendations. The more knowledgeable in materials, and treatment processes, the more information they are able to share with the patient. Confirming the doctor's diagnosis and helping define the treatment plan aids in patient understanding and promotes treatment acceptance.

Providing in office training programs, sharing journals and manufacturer's materials for review helps the Team stay current in dentistry.

SCHEDULING

Pay attention to how much is being spent with each hygiene patient. Focusing on the quantity of patients seen per day more than what is happening with patients during their visits may impede the effectiveness of moving patients to their restorative care. Packing fifteen patients into one hygienists schedule in a typical eight hour day will prevent him or her asking the right questions and waiting for the patients' answer.

Here is an example from one of my consulting client's offices: the doctor was frustrated because he had a large established practice with a very busy (and full!) hygiene department. But outstanding treatment previously diagnosed and presented but not completed was not being converted from hygiene visits.

His two hygienists had worked for this doctor for a long time, and they believed in his dentistry. They worked four days per week and were scheduled nine hours for patient care. Each hygienist was scheduled with an

average of twelve patients per day, without the aid of a hygiene assistant.

Once we scaled the number of patients down to eight patients per day and trained the hygienists in communicating treatment to patients, and asking the right question at the right time, additional treatment being accepted from the hygiene department dramatically increased.

It is critical to appropriate the correct amount of time to ask the right question – and give the time for the patient to answer.

CONCLUSION

Ask the right question at the right time.

Review practice statistics.

Train the Team.

Schedule Right.

Review your patient recare visit protocols. Evaluate your current treatment acceptance rate from hygiene, and use it as a guidepost for measuring progress. If you haven't been using this statistic to guide you, now is a good time to start.

Establish an environment in hygiene that is inviting to patients and creates a positive atmosphere that encourages treatment acceptance. This includes scheduling the proper amount of time.

Be excited about the prospect of serving others and they will seek your help. Give yourself the proper amount of time to discuss incomplete treatment with hygiene patients. Your practice and patients will benefit from the exceptional dentistry you provide.



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Top Three Reasons for Choosing Cloud-based Dental Software

In the past few years, the cloud-based dental software was introduced to the dental industry. Many articles and blogs were written to explain this new technology and why dental professionals should consider it for their business. However, most of those articles and blogs were too complex to understand or too vague.

This article is written in simple terms for a dentist, an office manager, or a dental hygienist who is considering a cloud-based dental software for her/his practice(s).

It is important to understand the cost and benefits when you choose to use cloud-based dental software and why traditional dental software have failed dentist expectation.

1. Moving your data to the cloud will relieve you of heavy reliance on physical storage you are solely responsible for.

Research shows that human errors account for 52% of data breaches, the most common of which is 'general carelessness.' The risk of human error can be particularly high when dealing with patient data.

For example, many practices who still use the traditional desktop dental software do

manual data backup improperly. Most offices transfer data daily to a USB memory stick, and any mistake during this process such as data corruption or the stick ending up in the wrong

hand can and will jeopardize your practice.

PHIPA, Ontario's Personal Health Information Protection Act, requires access control to data storage facilities by a locking door or the use of access cards. So any Ontario dental office that fails to implement such physical protection upon their local server can be held legally responsible in case of data loss.

A cloud-based dental software, without requiring a server in your office, does not need dentists to shoulder all the legal obligation and high costs of protecting it. Data backup and data protection are done automatically.

2. The cost of using a cloud-based dental software is likely to be lower than a desktop version.

The cost of a traditional desktop dental software over five years can add-up to \$47,000



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that includes initial setup fee, monthly maintenance, training, and separately purchased features such as appointment email reminders and remote access.

All manual updates and data backups take administration time that could have been spent on treating more patients. Some offices also have to hire an IT specialist to deal with such complicated software-related issues.

On the other hand, for a reasonable monthly subscription fee, the cloud-based dental software is up to date 24/7/365, requiring no upgrades or data backup, therefore, reducing the need for technical expertise in the office.

3. The right cloud service provider adds competitive advantage to you practice.

Most cloud service providers host their servers in-house and in most cases without the appropriate monitoring system, disaster recovery, or business continuity plans. It is critical for the cloud service provider to partner with a credible cloud host organization such as Microsoft Azure. Azure stores data on redundant servers in multiple locations, which means even if one server goes down, your data is still safe and your dental software never goes down.

Microsoft Azure hosts sensitive data for corporations such as eBay, Boeing, and Apple iCloud. So you know your data is always

being monitored for attacks and corruption.

An IT giant like Microsoft also provides economies of scale at minimal cost. Rather than relying on an IT staff member to solve your IT problems, with Microsoft Azure, you have arguably the best expert team to ensure your patient data is safe and always accessible. From ensuring physical security of data centres to pre-empt loopholes through ethical hacking, Microsoft Azure has employed many layers of protective measures.

Making the move from the traditional desktop dental software to the cloud-based dental software is not a trivial decision by any means. Data migration, training, and the desire not to change are some of the concerns you will have to deal with, however, data security and data protection outweigh those concerns. A cloud-based dental software could mean the difference between prosperity and confinement.

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This symposium will consist of 2 full days of didactic and hands-on programs. On day 1, two concurrent simultaneous sessions will take place with didactic presentations from distinguished speakers and dental specialists. The "Clinicians Session" has been structured with various speakers from the specialties of Prosthodontists, Oral Surgeons and Periodontists. The "Team Session" has been structured with various expert speakers with the respective topics and dental specialists.

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- 5 | Immediate anterior and posterior implant dentistry with anterior provisionalization
- 6 | Teeth In a Day treatment concept, treatment planning, surgical parameters and prosthetics
- 7 | Implant overdentures and digital dentures
- 8 | Botox applications in implant dentistry
- 9 | Surgical implant precision utilizing Dynamic Guided concept
- 10 | Soft tissue augmentation in implant dentistry
- 11 | Dental photography hands-on workshop

DAY 1

\$ 895^{+HST} | per doctor

\$ 195^{+HST} | per team member
(please enquire for group rate)



Toronto Institute for Dental Excellence 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. Approval does not imply acceptance by a state or provincial board of dentistry or AGD endorsement. The current term of approval extends from 5/1/2016 to 4/30/2019. Provider ID# 217983

AGD members get \$50 discount

Early Bird Discount 50 for Registration before March 31, 2017

CE Credit 7 per day

Cancellation must be received 21 days prior to the course for refund

DAY 2

Please call for exact workshop rates
WORKSHOP ATTENDANCE IS LIMITED

LOCATION BMO, 3550 Pharmacy Ave

SIGN-IN 8:00am to 8:30 am

LECTURE 8:30am to 5:30pm

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To register contact Gina Mazza
at 416.825.3500/gina@tideinc.ca

www.tideinc.ca/implant-symposium

TORONTO INSTITUTE
FOR DENTAL EXCELLENCE



CALENDAR OF EVENTS



To list YOUR Canadian or International dental event, send information to:
Catherine Wilson, Fax: (416) 510-5140 or via-email at cwilson@oralhealthjournal.com

FEBRUARY 2017

FEBRUARY 16-18, 2017

ICOI Winter Implant Symposium
Marriott Hotel on Canal Street
New Orleans, LA
973-783-6300
www.icoi.org

FEBRUARY 23-24, 2017

89 APS Annual Scientific Meeting
Swissotel Chicago
Chicago, IL
312-981-6780
www.prostho.org

FEBRUARY 23-25, 2017

**The 152 Chicago Dental Society
Midwinter Meeting**
McCormick Place West
Chicago, IL
312-836-7300
www.cds.org

MARCH 2017

MARCH 9-11, 2017

Pacific Dental Conference
Vancouver Convention Centre
Vancouver, BC
604-736-781
www.pdconf.com

MARCH 21-25, 2017

37th International Dental Show
Koelnmesse GmbH
Cologne, Germany
+49-1806-773577
www.english.ids-cologne.de

APRIL 2017

APRIL 6-8, 2017

**3rd Annual Solea User Group
Meeting 2017**
Hilton Tucson El Conquistador
Golf & Tennis Resort
Tucson, AZ
508-500-4750
www.laserdentistry.org

APRIL 18-APRIL 21, 2017

**33 Annual AACD Scientific
Session**
The Venetian Resort Hotel
& Casino
Las Vegas, NV
800-543-9220
www.aacdconference.com

APRIL 26-29, 2017

**American Academy of
Endodontics Annual Meeting**
Ernest N. Morial Convention
Center
New Orleans, LA
800-872-3636
www.aae.org

MAY 2017

MAY 4-6, 2017

**Ontario Dental Association's
150th Annual Spring Meeting**
Metro Toronto Convention Centre
Toronto, ON
416-585-3840
www.asm.oda.ca

JUNE 2017

JUNE 14-20, 2017

ADHA CLL 94th Annual Session
Prime Osborn Convention Center
Jacksonville, FL
312-440-8900
www.adha.org

JULY 2017

JULY 13-15, 2017

**Academy of General Dentistry's
Premier Meeting**
Las Vegas, NV
888-243-3368
www.agd2017.org

AUGUST 2017

AUGUST 3-5, 2017

**American Academy of Esthetic
Dentistry Annual Meeting**
Hotel Del Coronado
San Diego, CA
312-981-6770
www.estheticacademy.org

oral hygiene

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AUTHORS

Biographical information regarding the author(s) should be included with the manuscript. The author's name and degrees, as well as any association the author may have with any institution should be included. The author's address, including city and province/state should also be included.

These requests for standardized submission of material are necessary for correctness of publication.

The Editorial Board looks forward to your submission. Please mail original manuscripts to:

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www.philips.ca



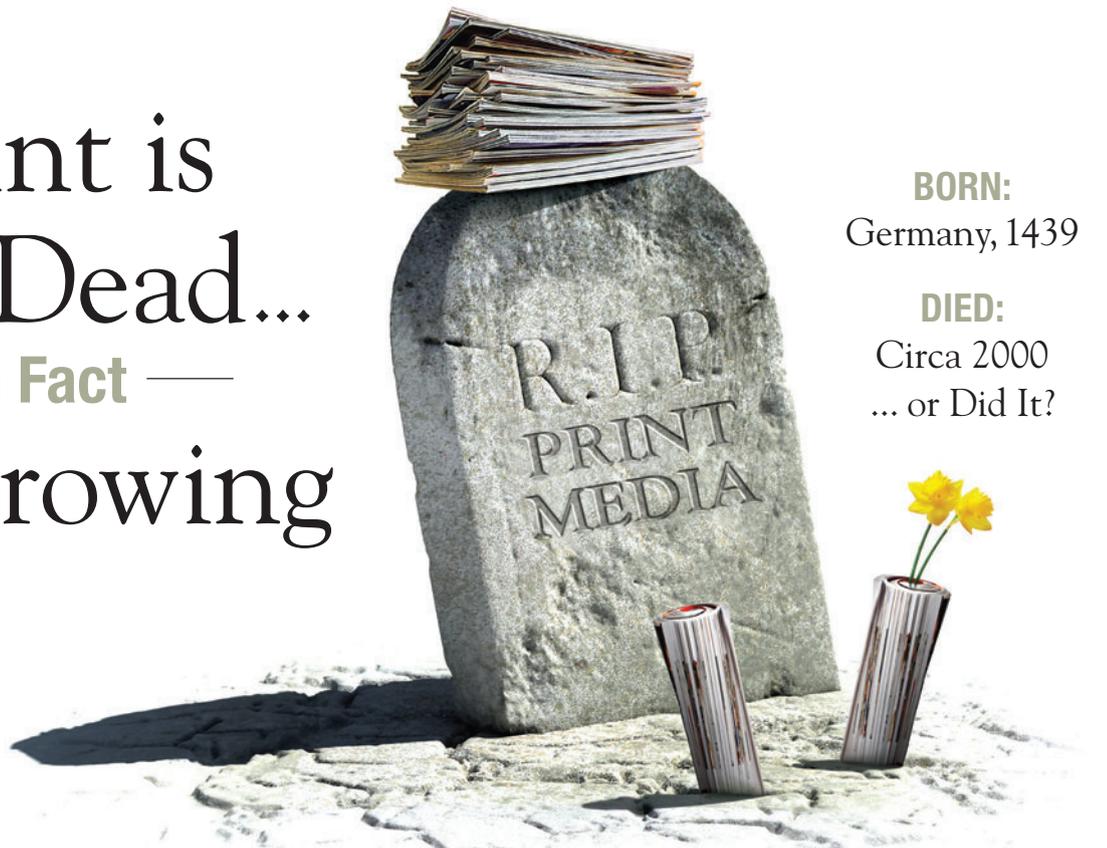
Epic Pro (by BIOLASE)

Epic Pro is the first premium diode laser release from BIOLASE and their Epic collection of products. Precision and consistency are the key factors of this product that will make it your go-to during a procedure. Smart technology helps to power and control the laser while giving you the freedom to efficiently help patients. Patients will love the quick healing time and you'll love helping them with the predictable control of Epic Pro.

www.biolase.com



Print is Not Dead... — In Fact — It's Growing



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Germany, 1439

DIED:
Circa 2000
... or Did It?

Consider The Following...

“ Print is not hanging on by its fingernails, IT'S GROWING.

FIPP World Magazine Trends
2014-2015 Report

- 2015 reversed a decade of decline, with a projected 0.2% YOY growth. *(FIPP Trends Report)*
- Printed UK magazine advertising delivered the highest ROI of all media channels, 11% higher than TV and 22% higher than online. *(PPA Magonomics)*
- In the US alone, 234 new titles made their debut, up 21% from 2013. *(Guide to New Magazines, USA)*
- FOLIO Magazine's annual survey of US city and regional magazines said 2015 featured more new launches than any year since 2009.

Publications Serving Niche Markets (like B2B) Provide Unique Content Readers Cannot Get Anywhere Else.*

*Skip Zimballist, chairman and CEO of Active Interest Media (AIM), which publishes titles like *Backpacker*, *Black Belt*, *Arts & Crafts Homes*, *Better Nutrition*, *Ski Magazine*, *Vegetarian Times*, *Power & Motor Yacht*, and *Yoga Journal*, told FOLIO's recent Growth Summit that AIM is investing in circulation marketing including direct mail. "We have not found declining yields in mail over the last 10-15 years," he said.



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Mark Geissberger,
DDS, MA, BS, CPT, FNS
Making Sense of the Whitening
Craze- Materials and Methods
A to Z

Trisha O'Hehir,
RDH, RDH, MS
The Impact of Mouth Breathing on Oral
and General Health

Keynote Speakers Who Are Entertaining and Inspirational



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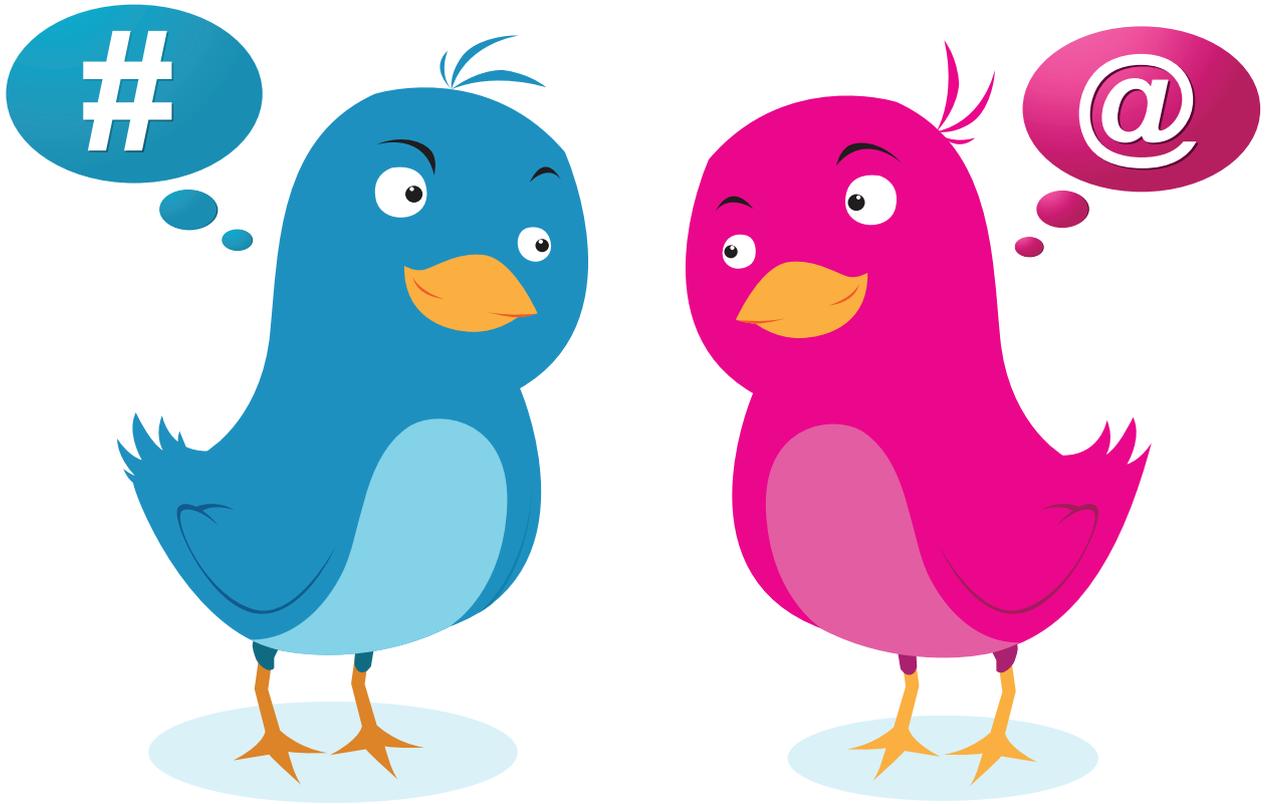
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Please email Nicole at nip105@mail.usask.ca for more information.

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 If interested send resume to oksania@bellnet.ca

ORILLIA, ON

Part time associate required Saturdays for busy general family practice.
 Please forward resume to dental_2010@live.ca

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Full time dental associate needed immediately for busy group practice in downtown Toronto. Seeking dentist who is comfortable with a fast paced environment. Excellent earning potential.
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Part time associate position available for Mondays, Wednesdays and Saturdays at a family general dental practice located in Whitby.
 We are looking for a compassionate and skilled associate with excellent patient rapport to complement our dynamic team.
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Associate required for an office in Whitby. Must be available to work evenings and some Saturdays.
 Resumes can be emailed to zidental12@gmail.com

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St. Joseph Orleans Dental Centre is looking for a fully bilingual Associate Dentist to join our well-established practice in Ottawa, ON. This enticing opportunity has the potential for the right associate to become the lead dentist of the practice. Excellent incentives are being offered!
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MUSKOKA, ON

A multi-location, established, and busy dental network in Muskoka, ON, is looking for TWO full-time associates. No evenings or weekends. Experience is an asset but not a must.
 If you are interested, please send your resume to: muskokadentalhiring@gmail.com

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Full time Dentist needed for busy office located in Barrie, Ontario.
 Email resume to: officemanager@mapleviewfamilydentistry.com

EASTERN GTA PERIODONTIST WANTED

Certified Periodontist needed to provide full service from grafts to implants in our busy office.
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Associate required for a successful practice in beautiful Salmon Arm, B.C. Salmon Arm services a community of 18000+, located between Kamloops and Kelowna. Salmon Arm offers a great 4 season life style with skiing, golfing, hiking and a fantastic lake for all your water activities.

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Please forward enquires to: office@alexanderdental.ca

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LLOYDMINSTER FAMILY PRACTICE**

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E-mail: recruitment@teethfirstdental.com

KELOWNA, BC

Associate Position – Full Time
Ideal for Recent Graduate – 1 – 2 years. Looking for enthusiastic individual to keep building existing patient base. Prime location, high exposure, great new patient flow. This is a long term position with an option to buy-in.
Email: smileatsteve@shaw.ca or
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SOUTH CALGARY, AB

South Calgary dental office is seeking a motivated associate for a fast paced, patient focused practice. Our associate dentist is responsible for providing personalized care to all dental patients that visit our family practice. We are a well-established office with a long-term patient base. This position will be for 3-4 days per week. At least one year of clinical practice experience beyond dental school/residency required. Must have great communication skills.

Please send resumes to
yycdentaljobs@gmail.com

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Seeking Full Time General Dentists and Dental Specialists seeking **work/life balance** for locations in Calgary, Medicine Hat, Edmonton, Alberta.

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Email resume to
dentaldocs051@gmail.com

ORILLIA, ON

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Please reply to
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**EASTERN GTA
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Part time associate for Brooklyn Dental, all areas of dental experience welcome.

Email lisajaneTurnbull@gmail.com or call LJ 902-240-3832 in confidence.

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We are looking for a **Periodontist** to work in our Welland practice once a month.

We are looking for an **Orthodontist** to work in our Hamilton office once a month. Both offices are well established family dental practices with long time support staff.

E-mail: recruitment@teethfirstdental.com

**SCARBOROUGH & BRAMPTON, ON
Dental Associate Wanted.**

Looking for a part/full-time associate with good experience in Scarborough & Brampton. Should have strong communication skills.

Reply to: dentalsmilestontoronto@gmail.com

ASSOCIATESHIPS

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smiledentalassociate@gmail.com

OSHAWA, ON

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We are looking for a motivated experienced dentist with minimum 2 years experience.

The Mondays and Wednesdays are requiring one dentist and the Tuesday, Fridays, Saturdays are another dentist. We require a team player who works well with others and is motivated.

Applicants please email CV to:
ocdental@rogers.com

PICKERING, ON

Periodontist needed one Friday a month eventually to alternate Fridays at a busy hygiene family practice.

Email your resume to:
ashkevari.drhaleh@gmail.com

DRUMHELLER, AB

Well established general family practice is currently accepting resumes for a part time associate with opportunity for full time employment. The position is 2-3 days per week, you will have the option to choose the days that work with your schedule. We offer a modern, digital practice which is located in beautiful Drumheller, AB.

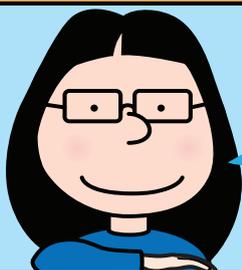
New grads are welcome if you possess the following: a positive attitude and willingness to learn in a busy fast paced environment.

Please email your resume to:
bigcountrydental@gmail.com, Attention Jolene.

AD INDEX

AMD Medicom Inc.	4, 18, 31
Clinical Research Dental	12
Crest Oral-B, P&G	7, 21, 29
GSK – GlaxoSmithKline	9, IBC
ODA – Ontario Dental Association	40
Philips Oral Healthcare	IFC
Premier Dental Products Company	41
SciCan	15, 26
Shofu Dental Corporation	16
T.I.D.E. - Toronto Institute for Dental Excellence	32
U of T – University of Toronto Faculty of Dentistry	37
VOCO Canada	OBC
Waterpik	43
Xclear.	35

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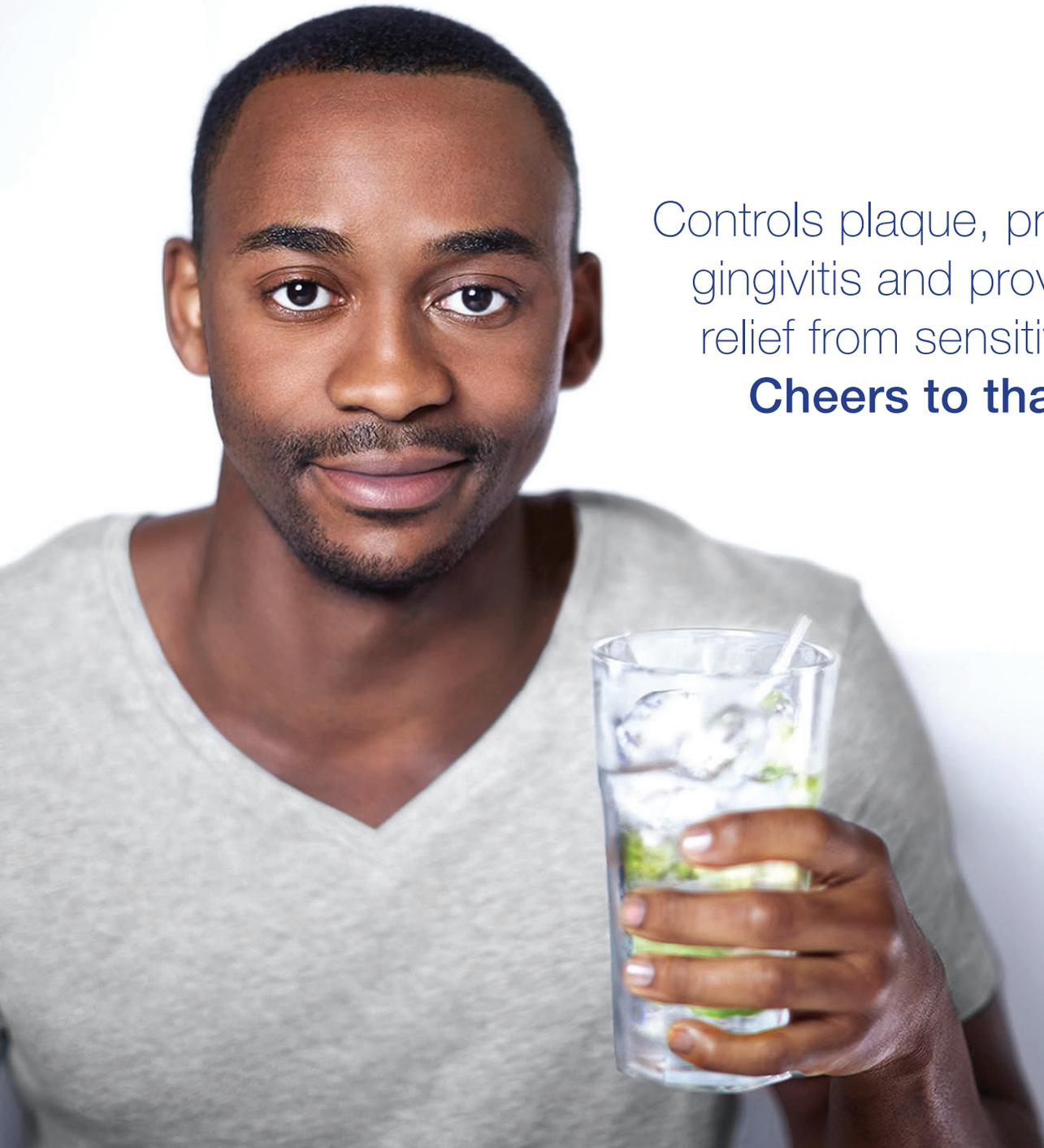
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relief from sensitivity?
Cheers to that!



When you recommend Sensodyne® Complete Protection to your patients, you'll take comfort knowing you're helping them with dentin hypersensitivity relief, while providing other gum health benefits, such as plaque removal and reduced gingivitis.



What reaction do you want?



Caramel,
Mint, Cherry
and Melon

Learn more
and order your
FREE SAMPLE
www.vocoamerica.com

voco **Profluorid**



5% NaF

Varnish

SingleDose



The thin transparent 5% Sodium Fluoride Varnish
in a non-messy new delivery system



- Easy non-messy Single Dose delivery system
- Transparent color without yellow discoloration of the teeth
- Great tasting flavors without an unpleasant aftertaste
- Contains no Saccharin, Aspartame or Gluten
- Available in both adult and child dose
- Contains Xylitol



Call 1-888-658-2584



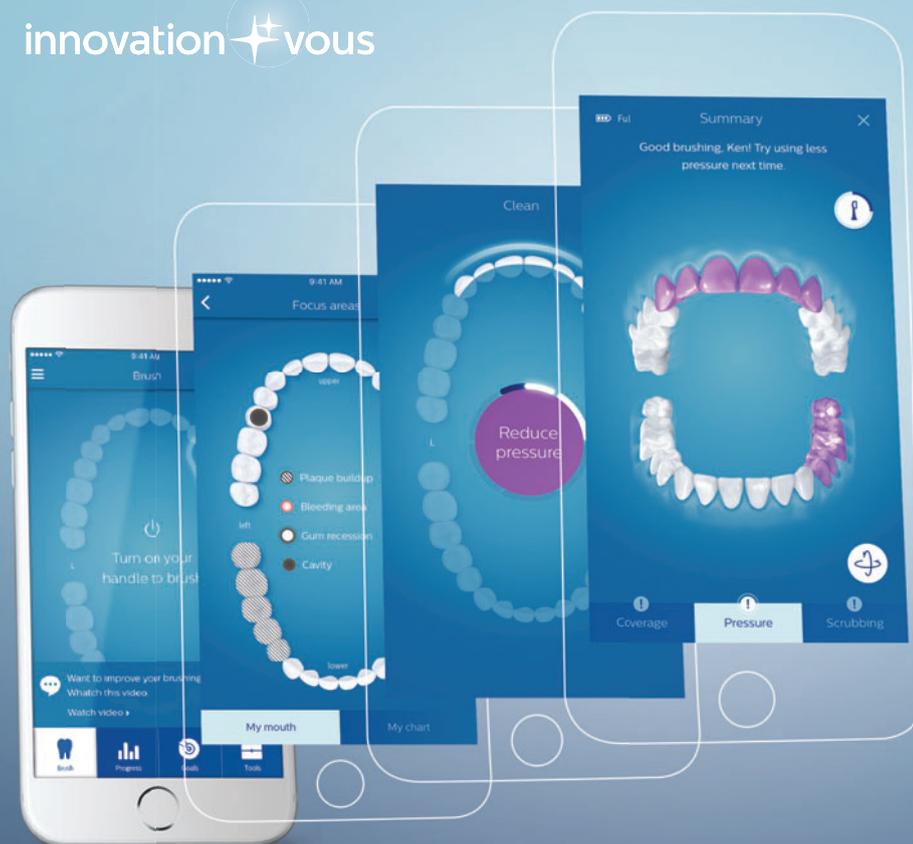
Révélez tout

Enfin, vos patients peuvent voir une image claire de leurs habitudes de brossage. **Philips Sonicare FlexCare Platinum Connected** à utilisation facile révèle les habitudes de vos patients et les aide à établir une meilleure routine d'hygiène buccale.

- **Technologie de capteur intelligent:** Des capteurs de position, de frottement et de pression assurent le suivi de brossage du patient en temps réel pour améliorer la technique et la couverture de nettoyage
- La technologie **3D de carte de la bouche** permet l'analyse post-brossage pour aider les patients à se concentrer sur les zones présentant des problèmes
- La fonction **Personalized TouchUp** encourage les patients à retourner aux endroits qu'ils ont manqués pour obtenir un nettoyage plus complet



innovation  vous



N°1
Sonique

Brosse à dents
sonique la plus
recommandée
au monde

Composez le **1-800-278-8282**
ou contactez votre représentant
commercial pour plus d'informations.

PHILIPS
sonicare

 Medicom®

Duraflor® Halo

Vernis blanc à 5 % fluorure de sodium

Votre rendez-vous de 16h...



Le vernis de l'heure



THE DENTAL
ADVISOR

2014 PREFERRED
PRODUCTS

Vous avez besoin d'un vernis blanc efficace qui s'applique sans effort. Duraflor Halo simplifie les matinées et les après-midis depuis des années. Sa consistance lisse et soyeuse ne forme pas de grumeaux, de sorte que son application est toujours sans effort. Édulcoré avec Xylitol, ce vernis prend une couleur blanche naturelle à l'état sec. À la fin de votre journée, Duraflor Halo est si lisse, qu'il surpasse toute concurrence... un sourire blanc à la fois !

Visitez medicom.com dès aujourd'hui pour votre échantillon gratuit !

Un sourire à la fois

L'ADVERSAIRE DE L'ACIDE.

Crest® Pro-Santé Avancé contient du fluorure stanneux pour des dents plus saines et plus fortes.

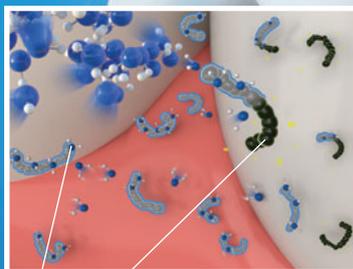
1. Le fluorure stanneux reminéralise l'émail affaibli.



2. Le fluorure stanneux forme une micro pellicule de protection pour prévenir l'érosion causée par l'acidité et soigner la sensibilité dentaire.



3. Le fluorure stanneux freine de façon importante la production d'acides liés aux bactéries responsables de la plaque.



Fluorure stanneux stabilisé

Non traité

SANS BILLES DE POLYÉTHYLÈNE





Une personne sur quatre en souffre¹.

Plusieurs l'ignorent².

Elles peuvent aussi en ignorer les conséquences sur leur santé buccodentaire*.

Elles attendent vos conseils.



La bouche sèche est un problème de santé buccodentaire qui affecte surtout les personnes prenant plusieurs médicaments³. Pourtant, certaines personnes qui souffrent de bouche sèche ne savent pas qu'il s'agit d'un problème courant². Parlez à vos patients de la bouche sèche et du soulagement que Biotène® peut aider à procurer¹.

www.biotene.ca
biotène®

GlaxoSmithKline Soins de santé aux consommateurs Inc. Mississauga, Ontario L5N 6L4
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* La bouche sèche peut perturber l'environnement de santé buccodentaire et causer la mauvaise haleine, la déminéralisation et l'augmentation de la carie^{4,5}.

† Rince-bouche, gel et vaporisateur.

‡ Tel que mesuré dans le cadre d'une étude clinique de 28 jours⁶.

1. Données internes de GSK. Occasion de croissance de Biotène pour la bouche sèche (incluant les données U&A canadiennes). 16 juillet 2014. 2. Dawes C. How much saliva is enough for avoidance of xerostomia? *Caries Res.* 2004;38:236-240. 3. Sreebny LM, Schwartz SS. A reference guide to drugs and dry mouth, 2^e édition. *Gerodontology.* 1997;14:33-47. 4. Turner MD, Ship JA. Dry mouth and its effects on the oral health of elderly people. *J Am Dent Assoc.* 2007;138:15S-20S. 5. Fox PC. *J Clin Dent.* 2006;17 (numéro spécial):27-28. 6. Données internes de GSK 2014, RH01986.



**PLUS RAPIDE, PLUS FACILE,
PLUS DOUX...**

BeutiSealant

Libération de fluor et système d'étanchéité pour fissures

**Dites adieu aux étapes
de mordançage et
rinçage pour toujours!**

- Relâche et recharge du fluor biodisponible
- Force de liaison supérieure en seulement en 30 secondes
- Matériel de remplissage radio-opaque cariostatique
- Lisse, sans formation de bulles
- Propriétés préventives anti-bactériennes
- Sans BPA et HEMA

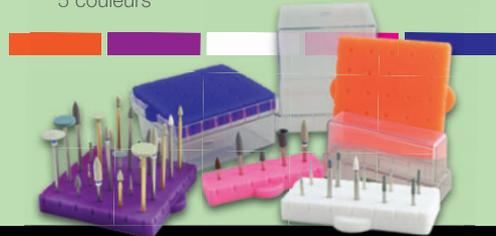


BurButler™

Bloc de silicone universel
Saisit toutes les fraises

Pas de renversement!

- Idéal pour tous les manches, y compris FG, CA, HP, et tige courte - mélangées ou assorties
- Facile à insérer et à retirer
- Longévité et durabilité, pas de pièces mobiles ou de bouchons de remplacement
- Entièrement autoclavable - refroidit rapidement
- Résistant à des températures élevées, base de silicone
- Couvercle retirable d'une main
- Bloc de 5, 10 ou 25 trous disponibles en 5 couleurs



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OFFRE EXCLUSIVE POUR LES PROFESSIONNELLS

Oral-B® PRO 8000

Une brosse à dents électrique si ingénieuse,
qu'elle ne peut que s'appeler **GENIUS™**



Choix de couleurs
pour anneau
intelligent 360°



FAITES-EN L'ESSAI
PAR VOUS-MÊME ET
RECOMMANDEZ-LA
À VOS PATIENTS EN
TOUTE CONFIANCE.

La brosse à dents Oral-B® GENIUS™ voit ce que nulle autre brosse ne voit grâce à la technologie innovante de DÉTECTION DE LA POSITION. En combinant le suivi du mouvement de la poignée de la brosse à dents à travers un système de reconnaissance par vidéo relié à la caméra de votre téléphone intelligent, la brosse GENIUS™ détecte précisément les zones de la bouche qui ont été brossées afin de vous aider à n'oublier aucune zone.

PRIX RÉDUIT POUR LES PROFESSIONNELLS OFFERT POUR UNE DURÉE LIMITÉE

79,99 \$*

COMMANDEZ VOTRE TROUSSE
D'ESSAI EN LIGNE EN VISITANT

DENTALCARE.CA



EN PRIME! Tube de dentifrice
Crest® Pro-Santé Avancé Protection
des gencives de 70 mL

Téléphone intelligent non compris.

Remarque : Les commandes peuvent être expédiées à une adresse personnelle OU à une adresse professionnelle. Toutes les commandes nécessiteront une carte de crédit. Veuillez prévoir jusqu'à 4 semaines pour la livraison après réception de la commande. Les commandes sans signature autorisée ne seront pas acceptées. Les taxes de vente s'appliquent. Toutes les commandes doivent être approuvées par Procter & Gamble Inc. Les prix peuvent être modifiés sans préavis. Cette offre ne peut être jumelée à aucune autre offre. Limite de 15 commandes par cabinet dentaire. Procter & Gamble n'est pas responsable des erreurs typographiques.

* Limite d'une (1) trousse d'essai Oral-B® GENIUS™ Pro 8000 Black à 79,99 \$ chacune (plus 7 \$ de frais de livraison et de manutention) par dentiste, hygiéniste dentaire, assistant/personnel dentaire et étudiant en médecine dentaire par année civile. Le prix comprend (1) tube de dentifrice Crest® Pro-Santé Avancé Protection des gencives de 70 mL EN PRIME. Vous devez être un membre inscrit pour commander. Remarque : Cette transaction figurera en tant que Archway Marketing sur votre relevé de carte de crédit.

AUCUNE DENT NÉGLIGÉE

Brossette ronde CrossAction unique

Contrairement aux brossettes rectangulaires, la brosette ronde ORAL-B® inspirée des outils prophylactiques enveloppe chaque dent pour un meilleur contact avec les soies.

La brosse à dents Oral-B® GENIUS™ CrossAction nettoie mieux que la brosse à dents Sonicare DiamondClean*



L'action de pulsation oscillo-rotative de Oral-B® Pro CrossAction



Mouvements latéraux de Sonicare DiamondClean

Système de suivi de la pression du brossage

Seul Oral-B® offre un système de contrôle de la pression triple afin de détecter un brossage excessif et procure au patient une alerte visuelle de l'anneau intelligent 360°.

Innovation : Détection de la position

L'application pour téléphone intelligent aide le patient à améliorer sa technique de brossage en lui montrant les surfaces qu'il néglige.



Bluetooth®

Parlez de Oral-B® GENIUS™ à vos patients afin qu'ils ne négligent aucune surface.

* Selon des études cliniques portant sur plusieurs semaines. Sonicare est une marque déposée de Koninklijke Philips N.V.



Contrôle la plaque,
prévient la gingivite et
procure un soulagement
de la sensibilité?
À votre santé!



Lorsque vous recommandez Sensodyne® Protection complète à vos patients, vous serez rassuré de savoir que vous les aidez à soulager l'hypersensibilité dentinaire, et que vous recommandez un produit procurant d'autres bienfaits pour la santé des gencives, comme l'élimination de la plaque et la réduction de la gingivite.



Quelle réaction voulez-vous?



Caramel,
Menthe,
Cerise,
et Melon

Découvrez en plus
et commandez votre
ÉCHANTILLON
à www.vocoamerica.com

voco **Profluorid**



Varnish

SingleDose



Le vernis transparent et mince au Fluorure de Sodium à 5% dans un système de livraison propre et sans gâchis



- Système de livraison "Single Dose" sans
- Transparent sans décoloration jaunâtre des dents
- Agréable saveurs sans arrière goût
- Ne contient aucune Saccharine, Aspartame ou Gluten
- Disponible en dose adulte ou enfant
- Contient du Xylitol

Contactez 1-888-658-2584

