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Dental
Specialist**

MDA Awards CDI College Preventive Dentistry Scaling Module Pilot Program

The MDA Board of Directors at their January 2006 meeting awarded the first ever scaling module for Level II Dental Assistants in Canada to CDI College. CDI College was one of three Manitoba education institutions that submitted tenders to deliver the Preventive Dentistry Scaling Module as a pilot program for the Manitoba Dental Association.

CDI College is the largest private health care college in Canada offering courses in Level II Dental Assisting in the provinces of British Columbia, Alberta, Nova Scotia, and Ontario. They will be launching their Level II Dental Assisting program separate from the scaling module in Manitoba in the Spring of 2006.

The road to the development and delivery of the Preventive Dentistry Scaling Module has been a long and winding one. There have been a number of issues that has led us to this point. Firstly, at the turn of the new millennium, Manitoba dentists started experiencing shortages of dental hygienists. As a result, the MDA Board decided to develop a task force to look at the issue of dental human resources in Manitoba. Studies by the Dental Human Resources Task Force (2002) and subsequent studies and surveys by the Oral Health Team Working Group on Dental Shortages (2004) and Winnipeg Dental Society (2003) confirmed that the existence of a shortage of dental hygienists in Manitoba.

The Faculty of Dentistry look at two possible scenarios to address this dental human resource shortage issue: 1) expand the dental hygiene program at the School of Dental Hygiene to 40 students from the present 24; and 2) in conjunction with University College of the North start another dental hygiene program in Manitoba. However, both of these initiatives were not realized due to funding and spatial constraints.

At the same time, other provinces were experiences more severe dental hygienist shortages. The provinces of Alberta and New Brunswick look at other alternatives to address this

issue. One such alternative was the development of a scaling module for Level II Dental Assistants. Both of these provinces were able to pass legislation, amend existing legislation, or enact by-laws to allow Level II Dental Assistants to scale provided they have completed an approved course. The Alberta Dental Association and College actually develop a scaling module for Level II dental assistants but have been only recently able to contract an education institution to deliver the module.

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MDA Elects new President

Dr. Lori Stephen-James was elected President of the Manitoba Dental Association for 2006 at the MDA's Annual Meeting held in Winnipeg on January 26, 2006.

Dr. Stephen-James is a 1982 graduate of the University of Manitoba, Faculty of Dentistry. She has been in private practice in Winnipeg since graduation. She has been an active member of MDA committees – including the Oral Health Committee which reviews and makes recommendations to the MDA Board about the education, training, scope of duties, supervision and credentials for dental assistants, dental hygienists and dental therapists in Manitoba.

She was first elected to the MDA Board in January, 2002 and served as Vice President in 2005.

When not involved in organized dentistry, Dr. Stephen-James co-ordinates events for her son and two daughters, plays golf and enjoys travelling with her husband.

Others who join her on the MDA Board are:

Dr. Marcel Van Woensel	Vice President
Dr. Lee McFadden	Past President
Dr. Betty Dunsmore	Dauphin, Manitoba
Dr. Pat Kmet	Winnipeg, Manitoba
Dr. Jack Lipkin	Winnipeg, Manitoba
Ms. Maryanne Marks	Auxiliaries
	Representative
Dr. Sandy Mutchmor	Winnipeg, Manitoba
Mr. Wayne Novak	Appointee, Minister of Health

President's Message



Dr. Lori Stephen-James

Spring always seems to bring a sense of renewal and optimism as we look forward to warmer weather, but it is still business as usual at the MDA office. There is a steady stream of new issues evolving as others are resolved.

The bylaw for Licensing and Registration was passed at the AGM. This document was deliberated extensively at the committee level, taking into account the needs of the Faculty, MDA and the public. This was a much needed document to accommodate changes at the national level. With the government's plans to increase immigration, we will be more prepared for the future.

It also became apparent at the AGM, that the proposal to forward funds to the Faculty through registration fees, was a controversial subject. The feedback that we received, both during and after the meeting, indicated there are differing camps on this matter. The board will decide whether this suggestion should be revisited at our next meeting.

The report on First Nations and Inuit Health sounds like a broken record. FNIHB is determined to "audit" dentists in Manitoba even when we feel we have a comprehensive review practice in place. Our thanks to Phil Poon who continues to keep up the challenge.

A meeting between The Manitoba Denturists and the MDA has initiated our concerns regarding the treatments they are offering. The "Denturists Act" appears to be quite specific as to their scope of practice. We are currently waiting for a reply as we feel there is a discrepancy between what the act allows and what is actually being performed.

The Level II Scaling Module is nearing completion. The contract for a pilot project was awarded to CDI College, they are now accepting applications. The intent is to complete the pilot project by June and have a permanent program in place for the fall. If anyone knows of an assistant that is interested in this program, they are asked to contact CDI College directly for an application. This project was completed in a minimal amount of time thanks to the determination and dedication of this committee.

Also relating to the registration of the Dental Assistants, we are caught up in government channels. As soon as there is progress, we will let the membership know.

It would appear that the Dental Hygienists will be self regulating by the end of the year. The protocol established involves a transitional council and Mike Lasko will be our representative on this committee. As much as we may feel this is unnecessary it is inevitable.

As well as these highlights, there are other committees that are working diligently on our behalf. I would like to thank everyone who makes our association a priority. On June 10th, we will again be hosting Tooth Fairy Saturday. Another initiative is "Open Wide", that event will take place Saturday October 21st. Both of these events allow us to give back to the community and shed a positive image. To do this we will need volunteers, especially dentists and hygienists. Let's make this the best ever.

It is evident that there is always work to be done at the association. The expectations and level of commitment of the people, both at the board or committee level, and in the office is exceptional. It is an honour to be named President and to have the support of such an extensive group of people. Our responsibility is to the membership and the public, if anyone has a contribution, feel free to contact myself, any Board Member or the office.

Let's hope it dries up quickly so we can get outside.

Lori Stephen-James, D.M.D.
President, Manitoba Dental Association

Scaling Module continued from page 2

The MDA Board looked at this initiative by other provinces as a one of the possible solutions to address the shortage of dental hygienists within Manitoba. The MDA there upon, directed the Oral Health Committee to look at whether the MDA Board should pursue the development of a scaling module for Level II dental assistants. The Oral Health Team Committee as part of its fact finding mission surveyed Manitoba dentists (Sept 2003) to obtain feedback on whether they would support the development of a scaling module and how dental assistants with the module would be utilized in private practice offices. The results indicated the 83.3% of Manitoba dentists supported the development of a scaling module. Based on this result and other relevant feedback from Manitoba dentists the Oral Health Team Committee recommended to the MDA Board that a scaling module be developed for

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Jasper Dental Congress 2006

Presented by the Alberta
Dental Association and College
May 25 - 28
Jasper, Alberta Canada

Speakers

Dr. Ron Ettinger

- Geriatric Dentistry
- Solving Prosthodontic Complaints
- Evidence Based Dental Care

Dr. Dorothy McComb

- Operative Dentistry: Current Materials and Techniques for Success

Dr. Debora Mathews

- Crown Lengthening: What the General Dentist needs to know
- What's new in Periodontics: Separating Fact from Fallacy
- Periodontal Plastic Surgery

Ms. Valerie Cade Lee

- Upgrading From First Class to World Class: Your Contribution Counts
- Dentists and the Dental Office: Making it Work
- Moments of Truth: Creating World-Class Patient Loyalty

Dr. Ernest Lam & Dr. Manjinder Lahl

- Interpretation and Diagnosis of Periradicular Radiolucencies and Radiopacities.

Dr. Brian Kucey

- Current Treatment Planning

Ms. Dora Newcombe

- A Strategic Approach to Stress Management

Ms. Sharon Ryan

- Philosophy of Practice: How can I Care?

Ms. Linda Sasaki

- Privacy Legislation and You

Ms. Marilyn Goulding

- Therapeutic Antimicrobials

Dr. Frank Stechey

- Forensic Dentistry as a Multi-Disciplinary Partner in the Recognition and Reporting of Child Abuse/Neglect

Experience four days of professional development sessions and social events at the **2006 Jasper Dental Congress** in beautiful Jasper Alberta. The Congress features a world-class program of speakers targeted at the entire dental community. Make the Congress a family affair! The **Peak Experience Series** for spouses and partners offers activities that include something for everyone. There's also the **Adventure Kids Camp** – two action-packed days of fun for kids – and after the day's scientific sessions are over, the **Congress After Hours** offers a different social activity every night!

Social Events

- Technology Fair with over 90 exhibitors
- Thursday's Golf Tournament at the award winning Fairmont Jasper Park Lodge Golf Course
- ADA&C Welcome Event
- An Evening in Black and White with Bonk! The Interactive Game Show
- Saturday Finale: Dentistry through the Ages

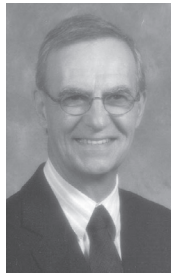
Please watch the ADA&C's website at www.abda.ab.ca for regular updates on hotel and registration information or contact the ADA&C offices at (780) 432-1012. To avoid disappointment, please register early! Registration will begin in February 2006.

Additional Activities for delegates, spouses, partners and family include:

- Golf Clinic
- Journaling Workshop
- White Water Rafting Trip
- Belly Dancing
- Texas Hold'em Poker Tournament
- Cooking Demonstration
- Shotgun Golf Tournament
- Youth Day Camp
- Fun Run/Walk
- War Canoe Races



1906-2006 CELEBRATING 100 YEARS OF DEDICATED SERVICE TO ALBERTANS
The 2006 Jasper Dental Congress is presented in conjunction with the College of Alberta Dental Assistants, and the Alberta Society of Dental Specialists. This year's generous sponsors include: Aurum Ceramic, Scotiabank, CDSPI, Dentsply Canada, Alberta Blue Cross and Quikcard.



Dr. Michael Lasko

By-law 17-05

The Registration and Licensing By-law 17-05 was discussed and passed at the Annual General Meeting of the Manitoba Dental Association on January 26, 2006.

The membership provided the Board with numerous concerns regarding the implementation of a number of clauses that redefined Life Members, Academic Affiliates, Malpractice Insurance and pro-rating license fees. These concerns are noted and will be reviewed as the new process rolls out.

Human Rights Commission Complaint

The Commission has yet to hear the complaint as it is researching information and reviewing our By-law 17-05 prior to considering the Investigator's Report.

Dental Assisting

A working group is currently in the process of developing a system to identify and regulate Level II Dental Assistants pursuant to an amendment to *The Dental Association Act* that provides for that process. It is expected that will occur throughout the spring and summer of this year.

A scaling module pilot project has been awarded to CDI College and we expect the first 12 Dental Assistants to be enrolled in the course in April, 2006.

CDI College has commenced a new Level II Dental Assisting Program and has already contacted the Commission on Dental Accreditation of Canada (CDAC) for accreditation.

Dental Hygiene

Dental Hygiene will receive Royal Assent to become self-regulated on February 15, 2006 creating the College of Dental Hygienists.

Two MDA dentists have been appointed to a Transitional Council that will meet this spring to develop the Regulations respecting that College. The MDA appointee is Dr. Michael Lasko. The other dentist appointed is Dr. Robert Schroth.

The MDA continues to license and regulate Dental Hygienists in the meantime until those Regulations are approved by the Government.

Denturist's Scope of Practice

The MDA has met with representatives from the Manitoba Denturist's Association to discuss concerns that dentistry has with the apparent expansion of denturists into delivering services that we think are not permitted by their Statute. We have informed them of our concerns and are awaiting their response before we consider further potential action.

Infection Control Manual Update

By now, you would have had a chance to review our new up-to-date Manual. The Committee has done an admirable job and has provided us with what is the most recent document of this kind. Please take time to review it and ensure that your staff does so as well.

Anaesthesia By-law

The Anaesthesia Committee will be asked to review and revise the MDA By-law as it relates to licensed dentists providing, in particular, sedation services. The last review occurred in 2000 and resulted in minor revisions to our existing By-law. It is expected that the review will be complete in scope and will consider an area that is currently not fully covered by the existing By-law – Oral Sedation.

Any comments/opinions that you may have will be appreciated by the Committee.

Michael A. Lasko, D.M.D.
Registrar, Manitoba Dental Association

Scaling Module continued from page 2

Level II Dental Assistants. The MDA Board accepted their recommendation and subsequently developed the Preventive Dentistry Scaling Module Task Force (January 2004) whose mandate was the development of a scaling module for Level II Dental Assistants in Manitoba.

The Preventive Dentistry Scaling Module Task Force whose members represented the Faculty of Dentistry, Manitoba Association of Periodontists, University College of the North, School of Dental Hygiene, General Practice Dentist, and the Manitoba Dental Assistants Association submitted the principles of a scaling module to the MDA Board for approval. The MDA Board approved the Preventive Dentistry Scaling Module principles with amendments (Oct 2005) that would allow Level II Dental Assistants to scale to a level of 2mm subgingival.

A Selection Committee (Oct 2005) was then developed by the MDA Board to select an education institution to deliver the Preventive Dentistry Scaling Module. The Selection Committee through a tender process recommended that CDI College be given the contract to deliver the pilot program.

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Manitoba Dental Association

Board Meeting

Synopsis of the Meeting held January 25, 2006

Registration and Licensure By-Law:

The MDA received 10 letters from dentists asking that the Registration and Licensing By-law be discussed at the General Meeting of the MDA and ratified by the members present before it comes into effect. It was ratified at the General Meeting on January 26, 2006.

2006 Licensing Fee By-Law:

The MDA received 10 letters from dentists asking that the 2006 Licensing Fee By-Law be discussed at the General Meeting of the MDA and ratified by the members present before it comes into effect. It was defeated by the members at the General Meeting on January 26, 2006.

Preventive Dentistry Scaling Module:

The Preventive Dentistry Scaling Module Selection Committee recommended to the MDA Board that CDI College be awarded the tender to host the pilot program. The MDA Board accepted the Selection Committee's recommendation. The pilot project is to be completed by June 30, 2006. The Selection Committee was directed by the MDA Board to monitor the progress and delivery of the pilot project. The pilot project will be evaluated once completed. Starting October 1, 2006 Red River College and University College of the North will be able to deliver the Preventive Dentistry Scaling Module.

The Dental Act Amendments:

Royal Assent for the amendments to The Dental Act to initiate the regulation of Level II Dental Assistants would be received by February 15, 2006. In anticipation of this, the MDA Board developed a Dental Assistants Committee. The role of this committee will be to develop and present by-Laws relating to the registration and certification of Level II Dental Assistants to the MDA Board, at the June 1, 2006 Board Meeting.

Dental Hygiene Legislation:

Royal Assent for the dental hygiene legislation would be received by February 15, 2006. In essence, this could mean that as of January 1, 2007 dental hygienists will no longer be regulated and licensed by the Manitoba Dental Association. An independent dental hygiene self-regulating college will be set up to license and regulate them.

Board Survey:

The topic of this year's board survey was senior's dentistry as it relates to personal care homes. About 50 dentists were randomly chosen. Dentists were asked a series of questions relating to seniors dentistry. Questions topics included continuing education, funding, role of the MDA, and prioritizing needs. For the most part, members were positive that the MDA should be involved, but the financing should not be part of the license fee.

FNIHB:

The MDA is still pursuing a resolution to the outstanding claims many dentists have after treating AMA patients. A

series of correspondence has been exchanged with the FNIHB Regional Director over this matter. A strategy is being developed to deal with this issue and once completed dentists whom are owed money will be contacted.

Communications Committee:

The MDA Communications Committee is initiating a Committee Chairs meeting for the spring of 2006 with the purpose of providing interaction that will allow the MDA to be well aligned and more than just a sum of its parts. In addition, the Committee is also hosting a planning forum, again, in the April 2006. The planning forum will be used as an opportunity for members to provide feedback on the existing communication program and give direction for future programs.

Another topic of concern that was discussed by the Board relate to the advertising activities of denturists. The Communication Committee will look at how to best to address this concern from an advertising perspective. In the meantime, the MDA Registrar and Executive Director have met with representatives of the Denturist Association outlining our concerns as it relates to their scope of practice.

Board Elections and Appointments:

Dr. Marcel Van Woensel, Dr. Pat Kmet, and Dr. Sandy Mutchmor were elected by acclamation to the MDA Board for 2-year terms. The Board elected Dr. Lori Stephen-James as President and Dr. Marcel Van Woensel as Vice-President for 2006. Dr. Michael Lasko was appointed as Registrar and Mr. Ross McIntyre was appointed as Secretary-Treasurer.

The next meeting of the MDA Board is scheduled for Thursday, June 1, 2006.

Manitoba Dental Association Directory Amendments

*For changes to the MDA Directory please contact:
Diane Troubridge at the MDA office - (204) 988-5300*

District #1

Dr. Sidney Fleisher
204-83 Sherbrook Street
Winnipeg, MB R3C 2B2
Phone: (204) 786 6617

Dr. Grant Grenkow
3312 Portage Avenue
Winnipeg, MB R3K 0Z1
Phone: (204) 837 8184

Dr. Kristie Maslow
205 Brock Street
Winnipeg, MB R3N 0Y7

Dr. Wendy Stasiuk
707 Sara Avenue
Winnipeg, MB R3G 1Y8
Phone: (204) 775 0349

District #3

Dr. Vijayanjan
Arumugakadavul
100-29 Main Street
Flin Flon, MB R8A 1J5
Phone: (204) 687 4777

Dr. Michel Rossignol
100-29 Main Street
Flin Flon, MB R8A 1J5
Phone: (204) 687 4777

Dr. Daniel Spodek
Box 1260
The Pas, MB R9A 1L2
Phone: (204) 623 1465

Dr. Larry Watson
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* Restrictions may apply in certain jurisdictions.

The Dental Specialist

“The Dental Specialist” is written by Manitoba Dental Specialists. Each issue features one of the dental specialty groups (on a rotational basis). In this month’s issue, the article is submitted on behalf of the Prosthodontists.

IMMEDIATE LOADING AND “SAME DAY TEETH”

Dental implants have become a predictable approach for the replacement of missing teeth. Per Ingvar Branemark demonstrated long ago that, under carefully controlled conditions, titanium implants were capable of structural integration in human jawbones with predictable success. The original protocol for successful osseointegration, as outlined by Branemark, included the need to submerge the implant for three to six months to protect it from motion. The reason for this protection was to inhibit fibrous encapsulation and thus to encourage osseointegration of the implant. Recent clinical advances have demonstrated a potential to restore implants with a provisional prosthesis, or in select cases with the definitive prosthesis, immediately after implant placement. “Same Day Teeth” offers many advantages including the solace of fewer surgical procedures, the establishment of ideal soft tissue contour and form during healing, and the maintenance of esthetics and phonetics without a maladaptive removable prosthesis.

Primary implant stability is an absolute requirement for “Same Day Teeth” because fibrous encapsulation will prevail over osseointegration above a critical amount of motion. The critical amount of motion between implant and bone, that will still allow for osseointegration, occurs somewhere between 50 and 150 microns. The exact amount varies between implant systems and depends on factors including surface features and design characteristics. Newer implant surfaces and designs have tremendously increased the primary stability of implants, and have advanced the success of immediate implant loading.

“Micromotion” is minimized clinically by a variety of surgical and restorative interventions that maximize primary implant stability. Surgical interventions include preparing an intimate implant receptor site with standardized twist drills, and placing implants with diameters that correspond to the implant receptor site. Surgical modifications to accomplish maximum stability of implants in soft bone may include the under-preparation of implant receptor sites or the use of larger implants or both. Restorative interventions include splinting together multiple implants having a non-linear configuration, and managing the occlusion through the elimination or minimization of non-axial forces. It should be noted that more long-term studies of superior design and reporting are required to ascertain a more definitive role for each of these interventions.

Appropriate case selection is crucial to the success of “Same Day Teeth”. The same day approach may be employed for cases requiring the restoration of a single tooth, a partially edentulous space, or a completely edentulous arch as long as there is sufficient quantity and quality of bone. A single posterior tooth may not be as good a candidate as a single anterior tooth for replacement using the same day approach

as there is less of an esthetic defect with a posterior tooth, and the forces are generally three to four times greater in the posterior region.

The same day approach may be an attractive option for a patient going from natural teeth to a full arch prosthesis supported entirely by implants. Such an undertaking requires extensive planning which involves the establishment of optimal esthetics, phonetics, plane of occlusion, and vertical dimension of occlusion, as well as the distribution of functional forces. A significant deficit of osseous support may indicate an “All-On-Four” approach in the mandible or an “All-On-Five” approach in the maxilla in conjunction with “Same Day Teeth”.

State-of-the-art dental cone beam computed tomography and integrated computer software greatly facilitates treatment planning. Dental cone beam computed tomography provides cat scans of oral-facial structures, so the location of good bone can be established ahead of surgery. The integrated computer software enables the selection of implant positions on the scanned images, and enables the positioning of implant analogs on an anatomical model of the mandible or maxilla. A surgical guide and definitive provisional prosthesis can be fabricated using the anatomical model with accurately positioned implant analogs. The surgical guide transfers the implant positions from the anatomical model to the intra-oral setting by controlling the location and angulation of the implant fixtures in three axes during surgery. The result is delivery of the provisional prosthesis within hours of implant placement.

Excellent compliance is a necessity for the success of “Same Day Teeth”. Patients who have had a partially edentulous space immediately restored by an implant-supported provisional prosthesis must avoid the area during function as the force generated by a bolus of food on an implant-supported prosthesis can be large and non-axial. Patients who have had a fully edentulous arch immediately restored by an implant-supported provisional prosthesis must maintain a soft diet for approximately three months, and must wear a soft occlusal guard over all functioning teeth in the opposing arch for at least two months. It is important to note that the requirement for careful control of functional forces may preclude a patient with a moderate to severe bruxing or clenching habit even if the patient wears an occlusal guard.

“Same Day Teeth” is best accomplished with a team approach that includes the restorative dentist, the implant surgeon, and the laboratory technician. The restorative dentist must assume the role of “quarter-back” and must be thoroughly familiar with the entire scope of treatment including all clinical and laboratory aspects. A comprehensive and detailed approach to examination, diagnosis, and treatment planning is required for the successful outcome of implant treatments involving “Same Day Teeth”.

R. McIntosh, DMD
J. Lipkin, DMD
M. Hoffer, DMD

MANITOBA DENTAL ASSOCIATION
 122nd ANNUAL MIDWINTER MEETING AND CONVENTION
 Winnipeg Convention Centre
 January 26 – 28, 2006

"Out of this World"



The MDA Mission Control Team

(L-R) Ross McIntyre, Michael Lasko, Laurie Olafson, Edna Johnson, Rafi Mohammed, Ann McIntyre, George Cadigan, Diane Troubridge, Bill Kettner

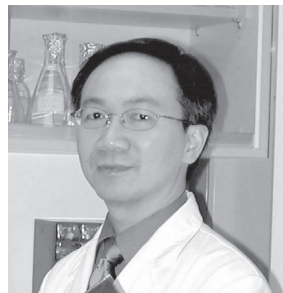
SPEAKERS



Dr. Murray Arlin
 "Periodontics, New"



Dr. David Sweet
 "Arguing for the Dead"



Dr. Chris Siow
 "When Ying meets Yang"



Dr. Robert Fazio
 "Drugs & Dentistry"
 Classifications"



Dr. Peter Jones
 "The Future Horizon for
 Functional Foods"



Dr. James Gilchrist
 "The Nutraceutical &
 Functional Food Industry"



Brian Anderson
 "Financial Considerations in
 Private Dental Practise"

EXHIBITORS



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 Space Maintainers Laboratories Canada Ltd.
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 Bolton/Buffalo Dental (BDN) Mfg. Inc.
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 Sinclair Dental Co. Ltd.
 Southern Dental Industries
 Sterling Dent-A-Prises
 Straumann Canada

Sunstar Butler
 The Doctor Company Inc.
 Travelers Financial Group
 Vident Canada
 WaterPik Canada

All aboard! MDA Space Shuttle destination “Out of this World”.

The 122nd MDA Annual Meeting and Convention proved to be another huge success. This was due in large part to a dedicated group of volunteers who are willing to share their personal time and expertise to help advance the dental profession. Thank you to: Dr. Phil Poon, Dr. Harvey Spiegel, Dr. Jean Bodnar, Dr. Keith Levin, Dr. Jack Lipkin, Ms. Edna Johnson, Ms. Shannon Kern, Dr. Sandy Mutchmor, Dr. Gary Hyman, Dr. George Cadigan and Dr. Sheldon Glow and Ms. Lori Olafson.

And, of course, we are also appreciative of the 1200 dentists, oral health team members, and exhibitors who made it a priority on their calendar.

During the Business Meeting, Dr. Lee McFadden, outgoing MDA President, thanked the MDA committee members for their continued support of the profession. He also thanked the Board for their support, dedication, and invaluable source of advice and guidance during his tenure as President.

Some highlights of his year as President were: the amendments to the requirement for dentists to use safety-engineered needles (not required at this time); the acceptance of a scaling module for Level II Dental Assistants; amendments to *The Dental Association Act* to allow the MDA to regulate dental assistants; and the acceptance of more Manitobans as students into the Faculty of Dentistry and School of Dental Hygiene.

Convention Highlights

Clinical Program

Dr. Murray Arlin clinical program relating to periodontal diseases and implant was very well received by attending dentists. Dr. Arlin spoke on treating periodontal diseases through topical and systemic therapies along with surgical and non-surgical treatments. In terms of dental implants, he elaborated on selecting appropriate patients, surgical and restorative procedures and the keys to successful implants.

Dr. Robert Fazio focused on the principle drugs prescribed by dentists including antibiotics, analgesics, and local antibiotics. His lecture provided dentist with a framework for prescribing medications in the face of the most complicated medical problems and other medications interacting with planned prescriptions.

Oral Health Team Program

The oral health team program featured a trio of speakers: Dr. James Gilchrist, Dr. Peter Jones, and Dr. Chris Siow.

Dr. Gilchrist discussed the origins and emerging popularity of nutraceuticals and functional foods from the perspective of the consumer and the producer. Dr. Peter Jones focused on the relationship between diet and disease. He also touched upon functional foods and their use in maintaining a healthy lifestyle. Lastly, Dr. Chris Siow, spoke on the basic concepts of traditional Chinese medicine and Western conventional medicine.

Delegates were thrilled with the content of the program and its potential application in their daily lives.

Dental Hygiene Program

Are you a fan of Crime Scene Investigation shows? Well if you are then this was the lecture for you. Dr. David Sweet, forensic odontologist, presentation demonstrated how modern forensic methods can be used to develop leads, analyze clues, identify victims and solve violent crimes.

Social Program

What's the MDA Annual Meeting and Convention without a great social program? The Friday night social “Out of This World” attracted close to 300 guests. The band “That 70's Band” belled out those one hit wonders and had everyone on the dance floor till the very end.

As the finale to the meeting, the President's Ball on Saturday night brought over 130 guests together to enjoy the Ron Paley Big Band and a five star meal.

Exhibit Program

The exhibit program was again sold out. Over 60 exhibitors occupied the most of the main floor of the Convention Center. The Exhibits provided a great opportunity for vendors and delegates to meet and talk about the business aspects of dentistry.

Finally, mark your calendar for the 123rd MDA Annual Meeting and Convention, February 1-3, 2007 at the Victoria Inn, Brandon.

Bill Kettner, D.M.D.
Chair,

MDA Annual Meeting & Convention Committee

MDA Awards

Awards were presented to the following people who had contributed significantly to the public and the profession through their activities:

President's Award of Merit - Dr. John Campbell

Achievement Awards

Dr. Mark Buettner	-	Infection Control Manual
Dr. Peter Doig	-	CDA Board of Directors/MDA President
Dr. Scott Leckie	-	Sports Medicine Council
Dr. Nita Mazurat	-	Infection Control Manual
Mr. Wayne Novak	-	Appointee, Minister of Health

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faculty of dentistry, university of manitoba

RESEARCH AT THE FACULTY

Development of a new tool for early dental caries detection and monitoring

Research continues to influence the philosophy for treatment and management of dental caries in clinical practice. Detection and diagnosis of caries lesions have traditionally depended on combining information from clinical and radiographic examinations. Evidence from research studies has helped shift operative treatment strategies for dental caries towards preventive treatment approaches. With this in mind, the diagnostic threshold at which caries are detected needs to be re-evaluated and diagnostic tools developed to accurately detect caries before cavitation occurs on the tooth surface. Patients benefit when dental caries are detected early because preventive strategies can be implemented to arrest and remineralize the diseased sites. New detection tools would also be particularly useful in clinical trials that aim to measure the effectiveness of caries prevention products and methods.

The limitations for detecting incipient or white spot approximal lesions are the lack of access for direct clinical examination of the tooth surface and the low sensitivity of radiographic detection for these lesions. New diagnostic tools with high sensitivity and high specificity are needed to detect early caries, as well as to assess and monitor disease activity. The challenge lies in developing a diagnostic tool with high sensitivity while maintaining high specificity to avoid over treatment arising from false positive readings. In recent years, various methods have emerged to address this need. These include digital imaging fiber optic transillumination (DIFOTI), direct digital radiography (DDR), electro conductivity measurements (ECM), quantitative light-induced fluorescence (QLF) and laser fluorescence (basis of DIAGNOdent device). Despite the potential of these techniques, they suffer from inter- and intra-operator bias as well as false-positive results due to stains or organic deposits in the area of interest.¹⁻³

A new tool for detection of early dental caries is currently being developed by a research team consisting of individuals from the National Research Council of Canada's Institute for Biodiagnostics (NRC-IBD, namely Dr. Lin-P'ing Choo-Smith, Dr. Alex Ko, Mr. Mark Hewko, Dr. Mike Sowa, Mr. Jeff Werner) and from the Faculties of Dentistry at the University of Manitoba (Dr. Cecilia Dong) and Dalhousie University (Dr. Blaine Cleghorn). The goal is to combine two methods, i.e. optical coherence tomography (OCT) and Raman spectroscopy, into one intra-oral device for improved detection and monitoring of early dental caries.⁴⁻⁵ These techniques are based on the scattering of near-infrared light which is safe for *in vivo* use. OCT is a non-invasive technique

that provides high-resolution depth imaging of near surface tissue structures and is well suited for examining multiple layers or demarcations such as dental cracks or the DEJ. Raman spectroscopy provides information on biochemical composition, molecular structure and molecular interaction, in particular information about hydroxyapatite, the predominant component of human teeth. Through the use of fibre-optics, the combination of these techniques will provide objective diagnostic information.

The research has been approved by the Research Ethics Boards from the NRC-IBD, University of Manitoba and Dalhousie University. Initial studies have focused on extracted human teeth to develop the technology. Teeth were collected and continue to be collected from consenting patient volunteers attending the Oral Surgery clinics from both universities. Patients of the Graduate Orthodontic Program at the University of Manitoba are an ideal population for collection of tooth samples because teeth can be examined *in vivo* and *ex vivo* and subjects tend to be teenagers and young adults with non-restored/minimally restored teeth. Some of these teeth contain approximal white spot lesions. Standardized radiographs are taken of the extracted teeth. Clinical examination *ex vivo* and radiographic examination are conducted independently by two clinicians.

For the samples investigated, there were no signs of approximal lesions when examined *in vivo*. However, upon extraction, clinical examination revealed that there were incipient approximal lesions on several samples (Fig.1).

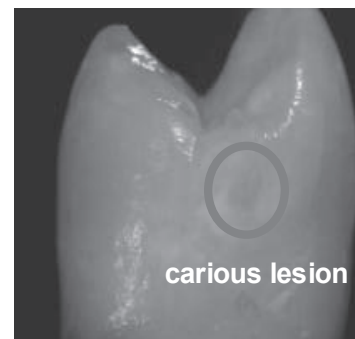


Fig 1: Photograph of an incipient lesion on the approximal surface of an extracted tooth

None of these lesions were apparent on the dental radiographs (Fig. 2) clearly indicating the limitation of this technique for detecting incipient caries.



Fig 2: Dental radiograph of an extracted tooth revealing no signs of radiolucency.

Manitoba Dental Association Annual Business Meeting

Synopsis of the Meeting held January 26, 2006

Welcome New Registrants:

There were 29 dentists who registered and licensed for the first time with the Manitoba Dental Association.

New Life Members:

Drs. Robert Baker, Brock Love, Marvin Kohn, and Marshall Peikoff were awarded life membership status. Congratulations!

Registration and Licensing By-Law:

Passed and ratified by the members present. Effective immediately.

2006 License Fee By-Law:

Defeated by the members present. The 2005 license fee will be in effect for 2006.

Installation of New Board:

The 2006 MDA Board of Directors:

President:	Dr. Lori Stephen-James
Vice President	Dr. Marcel Van Woensel
Past President	Dr. Lee McFadden
District # 3	Dr. Betty Dunsmore
District # 1	Dr. Jack Lipkin
District # 1	Dr. Sandy Mutchmor
District # 1	Dr. Pat Kmet
Appointee, Minister of Health:	Mr. Wayne Novak
Auxiliaries Representative:	Ms. Maryanne Marks

Under New Business the MDA Board was directed by the Members present to do the following:

1. To reconsider By-Law 17-05 (Registration and Licensing) with the view to determining the feasibility of enacting the Academic Affiliate Supervision Clause and to report to the membership in time for action at the 2007 Annual Meeting.
2. To consider a license fee reduction for dentists who only work part-time (less than 20 hours per week).
3. To review the MDA Act and By-Laws with a view to changing the procedure for passing by-laws and allowing amendments to take place on the floor of a business meeting.
4. To consider an MDA program that would provide access to dental care for those who have difficulty obtaining it through a system of volunteer dentists.
5. To consider the initiation of a secret ballot system for voting at MDA business meetings.
6. To consider striking a committee with Faculty of Dentistry representatives to reconsider By-Law 31-05 (Licensing Fee By-Law) and an education grant to the Faculty of Dentistry.
7. To review the amendments to *The Dental Act* to regulate dental assistants and the need for Level 11 Dental Assistants to carry their own malpractice insurance.
8. To review the current policy of the MDA not negotiating an agreement with First Nations Inuit

Health Branch about the fees and services covered under that program.

The next MDA Annual Business meeting is scheduled for Thursday, February 1, 2007 @ Victoria Inn, Brandon, MB.

Do You Have a Disability Recovery Plan?

Insurance benefits can help protect you financially in the event that disability strikes. However, it's also important that you have a wider contingency plan in place to prepare adequately for the prospect of disability.

When creating your plan, consider a variety of scenarios and then document how you, your practice and your family would cope in the face of these potential problems.

Below are some examples of issues to consider:

- If you were temporarily disabled, what would your staff tell patients who inquire about your absence?
- Have you made arrangements for someone, such as a colleague, to cover your patients if you're away due to an emergency?
- Is your insurance coverage up-to-date?
- If you were hospitalized, would members of your family or staff know where to locate documents that would make the claim process and your business and family life run smoothly?
- Have you consulted legal, tax, insurance and financial experts for their opinions?

Susan Roberts, a licensed life and health insurance agent and a licensed general insurance broker, is the service supervisor of the Insurance Services Department at Professional Guide Line Inc. — A CDSPI Affiliate.

To contact a personal insurance planning advisor at Professional Guide Line Inc. — A CDSPI Affiliate, please call 1-877-293-9455, extension 5002.

Susan Roberts, FLMI, ACS

Research at the Faculty continued from page 12

The OCT depth images shown in Fig. 3 present the lateral scan position versus the imaging depth with higher intensity correlating with greater light back-scattering. On the image of the sound enamel surface, there is significant light back-scattering at the tooth surface, but minimal light back-scattering with depth.

In contrast, the OCT image of an incipient lesion shows diffuse scattering in a triangular-shaped zone beneath the surface portraying significant light back-scattering with depth.

Continued on page 14

WINNIPEG DENTAL SOCIETY SPRING GOLF TOURNAMENT

June 2, 2006 - Carman, MB



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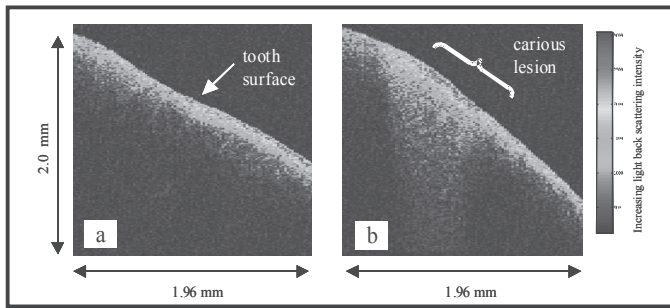
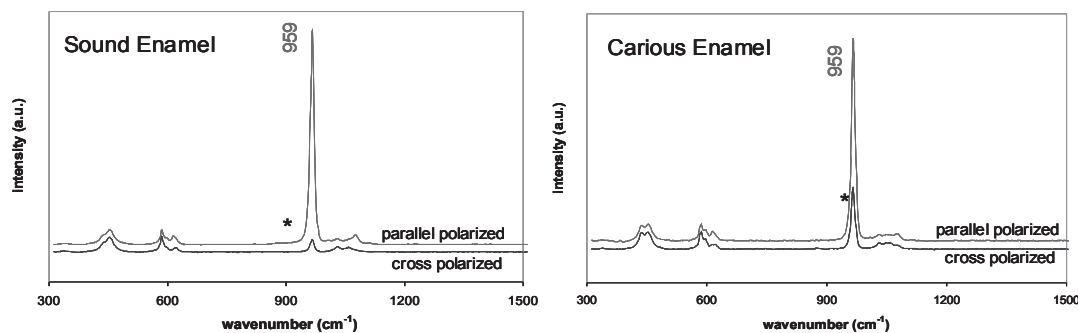


Fig. 3: Representative false-colour OCT images from a) sound enamel (minimum light back-scattering with depth) and b) incipient lesion (significant light back-scattering).

The shape of the lesion also matches that typically observed upon histological sectioning of carious lesions. The OCT image demonstrates structural changes from demineralization because of differences in penetration of the OCT signal in sound versus carious enamel. Furthermore the lesion depth can be determined which is useful for clinical decisions regarding the need for operative treatment.

Using polarized Raman spectroscopy, the main peak intensity from hydroxyapatite dramatically drops when observed with cross polarized light. The reduction is more significant for sound regions than carious lesions (Fig. 4).



Continued on page 15

Scaling Module continued from page 4

What does the Preventive Dentistry Scaling Module entail?

The Preventive Dentistry Scaling Module is divided into two components:

Theoretical Home Study Component: The home study component will include review of the existing Level II Dental Assistant's knowledge as well as new knowledge presented in the home study materials. The components of the home study section will help the dental assistant in developing the knowledge base necessary to begin the clinical section of the module.

Successful completion of each level of didactic material, pre-exam, final exam is required prior to entry into the Clinical Components. Students must achieve a minimum passing grade of 75% in order to advance to the Pre-Clinical module.

Clinical Component: This will prepare the Level II Dental Assistants in the necessary skills to completely scale teeth 2mm subgingival. The clinical section includes three components: pre-clinical, clinical patient care, and clinical assessment of the required competencies

The Preclinical module includes theoretical, demonstrations and skill development using Fletchers. The allotted time frame is 60 hours. The Clinical Patient care will consist of demonstration and mastering skills on clients in a clinical setting. Students will be required to demonstrate clinical

skills on a variety of clients. Clients required; five children and ten adults. Time allotted for this module is 45 hours.

Clinical Assessment – Final Clinical Exam- This module is completed over a 15 hour time frame. Students will be evaluated on one child and three adults.

At the completion of the pilot program, a complete evaluation will take place on the content of the program and skill set of candidates in private practice to ensure that the deliverable objectives were met. Based on positive results, starting October 1, 2006 other education institutions like Red River College and University College of the North will be able to deliver the Preventive Dentistry Scaling Module at their discretion.

The pilot program has started and will be completed by June 30, 2006. The candidates (16 in total) who were selected applied directly to CDI College.

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Marlene Jones, Linda Pharand

Thank-you to everyone who visited our booth.

Research at the Faculty continued from page

By calculating the ratio of the peak intensities when observed with cross polarized vs. parallel polarized light, carious regions can be clearly distinguished from sound enamel (Fig. 5).

Raman spectroscopy and OCT are being compared with conventional diagnostic methods such as clinical examination *in vivo*, clinical examination *ex vivo* and radiographic examination *ex vivo*. The results show that these techniques have great potential to detect early caries. Furthermore, the ability to detect caries progression and regression over time and as frequently as required, would provide insight into caries activity and inactivity. This would be an invaluable tool for patient education and motivation to comply with caries preventive regimens. As with any proposed new diagnostic tool, the methods will need to be validated against the gold standard, micro radiography. The next research phase is the development of an intra-oral probe for testing in patient volunteers. Patients will only benefit from new validated diagnostic tools if they are commercially available, cost-effective and easy for the dentist to use.

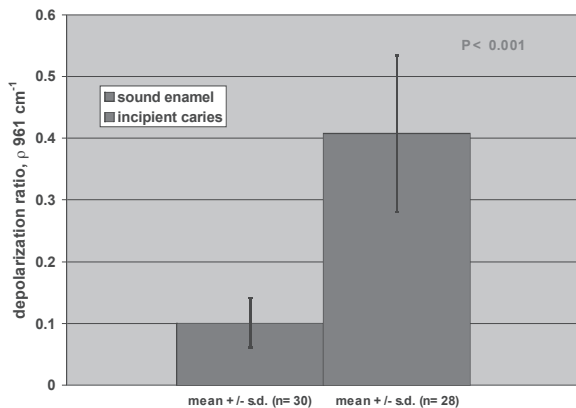


Fig. 5: Bar graph of the depolarization ratio of the main hydroxyapatite Raman peak obtained from sound enamel versus carious enamel. Mean +/- standard deviation values are shown.

In summary, our novel approach combining OCT with polarized Raman spectroscopy will provide images and biochemical information of the teeth to enable detection of early dental caries and monitor changes in demineralization and remineralization status.

More effective caries diagnostic techniques are anticipated to reduce the need for operative treatment and associated complications, thus improving oral health and general well-being of individuals.

The research team wishes to thank the patient volunteers as well as members of the Undergraduate/Graduate Oral Surgery and Graduate Orthodontic programs (University of Manitoba) for their assistance with tooth collection. In addition, we acknowledge funding support from grants from the Manitoba Medical Service Foundation and the Canadian

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Lin-P'ing Choo-Smith, Ph.D.
Blaine Cleghorn, D.M.D., MSc

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FACULTY CORNER

Over 400 Alumni, Faculty and guests attended the Faculty of Dentistry's Alumni Luncheon at the Winnipeg Convention Centre on Jan. 26, 2006. The event was held in conjunction with the Manitoba Dental Association's Annual General Meeting.

Dean Johann de Vries welcomed guests and presented the 2006 Alumni of Distinction Awards to Dr. Roy Thordarson in Dentistry and Prof. Laura MacDonald in Dental Hygiene.

This year's keynote speaker was Tim Sale, Minister of Health for the Province of Manitoba. Minister Sale brought greetings on behalf of Premier Gary Doer.

Meanwhile, Dr. Robert Kerr, Vice-President (Academic) and Provost, University of Manitoba, extended greetings from the University.

Several special guests attended the luncheon. Dean de Vries formally welcomed Mrs. Beth Neilson, wife to the late Dr. Jack Neilson, former Dean of the Faculty. Dean de Vries also gave a tribute to Dr. Neilson, saying "his leadership and determination shaped the Faculty" during his work with the University of Manitoba from 1957-1977.

The Faculty Alumni Luncheon concluded with plaque presentations to donors whose generous support has made a positive difference for the students and the community the Faculty of Dentistry serves.

Dean de Vries also recognized the Partners in Excellence. Last year, the Faculty of Dentistry launched the Partners in Excellence Program, which continues to reward students for their excellence by providing funding to assist them in their studies to become dental professionals. The Partners in Excellence receive sponsorship benefits for their support of the Faculty.

The 2006 Partners in Excellence are:

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CDA Working on Your Behalf

The Board of the Canadian Dental Association (CDA) continues to meet at regular intervals to consider developments and issues of concern to Canadian dentists. The Board last met on Feb. 17 – 18, 2006. I will highlight some of the issues dealt with at that meeting.

The Board reviewed a presentation on the costs of the Non-Insured Health Benefits (NIHB) Program made by Health Canada on February 1, 2006. The total expenditures by the NIHB program in 2004/5 were \$767.7 million. Of this total dentistry accounted for 18.6% while pharmacy accounted for 44.8% and transportation 27.5%. The total expenditures of the NIHB program grew 6.3 % over the last fiscal year.

The Board also discussed the Evaluation Report of the Dental Audit Program of the NIHB. In this report NIHB claims that the results of dental audits processes that were carried out by the Dental Regulating Authorities (DRAs) only, as in Manitoba, or by the DRA and Health Canada in a conjoint on-site audit, were unsatisfactory and that only the on-site audits carried out by HNIB without the involvement of the DRAs met their criteria for accountability of public funds. It is interesting that the inference of the evaluation process is that if no money was recovered in an audit, the audit was considered a failure. No consideration was given that if an audit did not recover any funds that no irregularities existed to be found.

The CDA received copies of letters sent by NIHB to the DRAs of Manitoba and Quebec in which NIHB announced that in future these provinces will be subject to the audit process of the NIHB independent of involvement of the DRA.

NIHB is using its evaluation report of the audit process to justify this decision. The CDA has conveyed its dissatisfaction with the audit process of NIHB and the Evaluation Report to Health Canada. The CDA will continue its efforts on behalf of the dentists of Canada to ensure that NIHB is run in a manner that provides for improved oral health for First Nations people while respecting the health professionals that deliver care to this population.

The Board discussed the issue of dental education and how the CDA should address the issues of funding the faculties of dentistry, tuition costs and academic shortages. This was one of the sixteen mega-issues identified as of strategic importance to the members of the CDA. The Working Group on Education which consisted of three Board members and numerous support staff from the CDA submitted a knowledge-based report for the approval of the Board. Based on the recommendation of the Report, the Board of the CDA approved the creation of a Working Group on the Future of Dental Education, with the Committee on Dental Academia taking the lead.

The Board received a presentation on the transition of the ITrans program to a member service. The CDA has answered many questions posed by the Corporate Members (DRAs) regarding the performance of ITrans, the cost of the service, the transition of the service from an independent corporate body to a member service and the go-forward strategy for ITrans. The CDA has committed to run the

ITrans program as a member service and will continue to support those members currently using the service, increase the number of members on ITrans and expand the capabilities of the service. In response to a request from the Corporate Members, CDA will hire an independent consultant to review the go-forward strategy for ITrans.

The British Columbia Dental Association hosted a meeting of the Corporate Member Presidents and Chief Executive Officers on February 9 – 10, 2006 in Vancouver. Agenda items included the CDA Governance Review, value of CDA services, corporization of dentistry, dental hygiene issues, education and labour mobility issues, NIHB and future Presidents and CEOs meetings. In response to the call for inclusion of additional President/CEO meetings within the CDA meeting schedule, and given that such a meeting was already scheduled at during the August 2006 Convention in St. John's, Newfoundland, CDA will schedule an extraordinary meeting of the voting members in the fall of 2007.

In December 2005, the Board consulted CDA Corporate Member Presidents & CEOs, asking to their feedback on the strengths and weaknesses of the Governance Framework, and the optimal timing for the review. This issue was also on the agenda of the recent meeting of the Corporate Member Presidents and CEOs in Vancouver. In response to this input, the Board resolved to recommend to the Annual General Meeting that the CDA initiate a review of the CDA Governance Framework Policy (governance structure), with milestones and timelines to be set that any proposed by-law changes are presented for consideration by the 2008 General Assembly.

The Board typically deals with many issues at the Board meetings. This is merely an overview of those issues which I feel may give you a sense of the activities of the CDA.

Peter Doig, D.M.D.
CDA Board Member

IN MEMORIAM

Jack H. Cohen, BA, DDS

Dr. Jack Cohen passed away in Winnipeg on February 18, 2006 at the age of 94. Born and raised in Winnipeg, Dr. Cohen received his Bachelor of Arts degree from the University of Manitoba in 1934 and his Doctor of Dental Surgery degree from the University of Alberta in 1943.

Following service with the Royal Canadian Dental Corps he returned to Winnipeg in 1945 and established a practice in Transcona where he practised until his retirement.

A man of his community, Dr. Cohen was a founding member of the former Rosh Pina Synagogue, a Freemason, a Kiwanian and board member of the Chesed Shel Emes Chapel. He enjoyed curling, bowling, baseball, gardening, the theatre and opera.

Donations in Dr. Cohen's memory may be made to a charity of choice. 

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The Bulletin, Spring - 2006
Published regularly as a service by the Manitoba Dental Association.

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