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MANITOBA DENTAL ASSOCIATION Bulletin

this issue

MDA Bulletin has a new look

Spring and Summer in Manitoba has as one of its characteristics re-landscaping or redesigning of one's home and yard. Similarly, this past spring and summer the MDA has been busy redesigning the Manitoba Bulletin to better meet the needs of our readers and advertisers.

When re-landscaping your garden, the flower beds may be similar but the type and colors of the flowers maybe different. Likewise, the editorial content in the new look Bulletin are in the same approximate spots, they just have a different look.

Perhaps the most notable change in the Bulletin is the change from black and white to colour. For the graphic design, we wanted to give you a new updated look, improve readability with new type styles and present more options to present content.

The new masthead for the Bulletin reflects a decision to include a more professional look. Piecing together the editorial content is not much different. The dental industry is characterized by advances in dental materials, clinical techniques, and research and as such we will continue to ensure articles in these areas are included.

Thanks to the creative talents of April Delaney, the Manitoba Bulletin has a new look.

We welcome comments from our readers about the new design and look. Just email them to: office@manitobadentist.ca

Rafi Mohammed, CAE
Membership Services Director

FREE FIRST VISIT PROGRAM

The Communications Committee of the Manitoba Dental Association is pleased to reintroduce the "Free First Visit Program". This program originally launched in 1993 was developed to encourage dental visits for young children.

The first dental visit should occur no later than by the age of one year. However, in order to encourage participation of all dentists the program is geared towards children three years (36 months) of age and younger. Participating dental offices will offer a free check-up, regardless of the family's dental insurance status.

The main benefit of an early visit to the dentist is that it allows behaviours that are potentially damaging to children's oral health to be caught at an early age, and provides valuable information to parents.

This program will allow the dentist and the oral health team in the dental office to:

1. Inform parents about factors that lead to dental decay
    a. Discuss with parents the effect that feeding habits may have on dental health,
    b. Assist parents in establishing snacking and dietary patterns that are favourable for dental health
2. Educate parents regarding their role in tooth cleaning for their infants/toddlers
3. Review with the parents the sources of fluoride and its role in cavity prevention
4. Introduce dentistry to the child in a pleasant and non-threatening manner that will provide the beginning for a lifetime of good dental health
5. Establish a dental home.

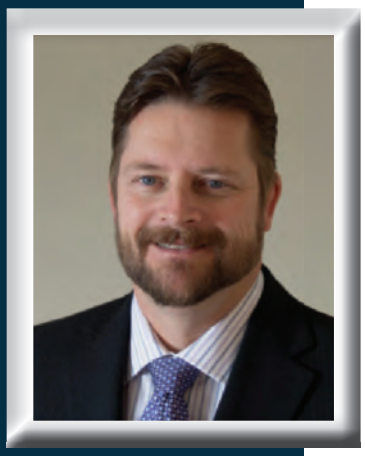
The program will be announced to the public at a news conference on Friday, January 29, 2010 @ The MDA Annual Meeting and Convention Luncheon. Media releases will be distributed throughout the province. Concurrent with this, the Manitoba Dental Association will run an advertising campaign using print and electronic media. The program will be effect from April 1, 2010 to March 31, 2013.

Participating dental offices will be provided with in office advertising materials and promotion through the MDA website.

In the coming weeks and months more information will be forwarded to all dental offices including a registration form and a question and answer sheet about the program.

Program Co-Chairs
Dr. Charles Lekic
Dr. Robert Diamond

Your Manitoba Dentist



Sandy Mutchmor
President, MDA

President's Message...

Here it is September already! Everybody has been complaining about what a lousy summer it has been but really, the only difference is that this summer it usually rained on Monday too! However, like with the postman, a little bad weather can't stop things from continuing on at the MDA office.

Our registrar continues to be very busy. As I mentioned in the last Bulletin, work continues to develop guidelines for an alternative dispute resolution mechanism for the public to use to address the personal, primarily financial, issues between them and members of the dental profession.

There are also ongoing meetings with the Canadian Dental Regulatory Authorities Federation discussing changes to the Agreement on Internal Trade (AIT). The changes in this agreement are to promote the freedom of mobility for licenced dentists and dental assistants from province to province. Currently, there is fairly good consistency among the provinces, but there are still a few areas of difference under negotiation.

Another thing on Dr. Van Woensel's plate involves our concern over the use of the term "Denture Specialists" by Denturists in their advertising. A letter expressing our concerns has been sent to the Denturists Association of Manitoba and we are awaiting their reply.

In addition to having produced a new set of television commercials, the Communications Committee has plans underway to revive the "Free First Visit" program to encourage dental visits for young children. The plan is for an announcement early in the New Year with a spring launch. Details will follow and we are hoping for a tremendous participation rate from our members.

October 24, 2009, will see another edition of our Open Wide day of free dentistry at the Faculty. This event has always been a huge success in the past and it all relies on the tremendous support of our sponsors and volunteer dentists, assistants and hygienists. If you haven't already signed up, there is still time. It's a very worthwhile cause and a very fun and rewarding experience.

The initial composition of the Task Force on the Future of Dentistry has been established and they will begin meeting in October to start laying the groundwork for the transition from the current Manitoba Dental Association into the College of Dentists of Manitoba and a separate membership services organization. This is going to be a monumental task that will surely require the involvement of many more than the thirty members currently on the Task Force.

And finally, the day we have all feared, especially those of us who have joined the Board of Directors and therefore the line towards the Presidency, is now a known entity. Our beloved CEO, Ross McIntyre, has announced a retirement date. He will see us through at least the beginnings of our Associations' restructuring and the 2011 Annual Convention, but will retire as of March 31, 2011. We knew it couldn't last forever, but we all hoped somehow it would. Ross will definitely be missed at the helm, but as with everything else he has done, I'm sure he will be very thorough in making sure that we are in good and capable hands when he leaves.

Just as, with a year and a half to go, it's perhaps a little early to be starting to say our goodbyes to Ross, maybe it's not really time yet to say goodbye to summer yet. We know the snow will eventually come, but hopefully there are still some good days left first.

Sandy Mutchmor, D.M.D.
President
Manitoba Dental Association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08-186 07/09

Marcel Van Woensel
Registrar, MDA

Registrar's Column...

"Tempted by the fruit of another…"

Difford and Tilbrook

At the last Board meeting, a bylaw on anxiolysis, sedation and anaesthesia (Pharmacologic Behaviour Management Bylaw) was approved for distribution to the membership once Guidelines for it are completed later this fall. The bylaw describes the necessary training, equipment, documentation and emergency supplies members must have in order to provide this service to patients in their facility.

Increasing access to sedation and anaesthesia services offers benefits to the public. The Pharmacologic Behaviour Management Bylaw minimizes the associated risks by limiting the service providers to only properly skilled individuals in appropriate facilities.

I have received several enquiries about the ability of Manitoba dentists to use injectable botulinum toxin (Botox™). The opinions expressed have been both for and against the inclusion of the service. Currently, the MDA has not accepted its use as part of a dentist's scope of practice. Any change to the current restriction would be based on the same principled process used to develop the Pharmacologic Behaviour Management Bylaw – real benefits to the public combined with protocols to mitigate the risks associated with the service.

The decision to consider or include the use of Botox™ is for the MDA Board and its membership. In reviewing recent submissions, I would like to make the following comments.

- Know your audience – A significant portion of the MDA Board is composed of dentists. Many teach at the Faculty of Dentistry. They know the Faculty curriculum related to head and neck anatomy and physiology and the average retention most have of that information. Similarly, they are aware external head and neck injections are not part of the curriculum past or present.

  The Board is also knowledgeable of regulations in other provinces and the underlying basis for them. Currently, only one regulatory authority allows dentists to inject Botox™ based on that province's specific enabling legislation. *The Dental Association Act* does not include similar provisions.

  In my role as registrar, I am made aware of members not updating their knowledge on crucial patient safety issues like prophylactic antibiotics. Considering the limited - and regularly changing - research on many of the risks and uses of botulinum toxin, this knowledge causes concerns.

  A strong submission would focus on the concerns of the audience and minimize any appearance of overt advocacy.

- Avoid terms like "logically" or "obviously" – While this may be your view, it may be neither obvious nor logical to another person. Likewise, it may appear disrespectful to the ability of a others to draw their own conclusion based on the actual facts submitted.

- Do not mislead – Several requests have indicated both Botox™ and dermal fillers have been included in the scope of practice of dentists in another province. Dermal fillers are specifically excluded for dentists to prescribe or administer in that province. Whether intentional or not, incorrect information undermines the credibility of any submission.

- Focus on the relevant issue – Scope of practice is a regulatory not a membership service issue. The primary focus should be patient safety and public benefit. Botox™ has real risks. It has recently been black labeled by the FDA. Ignoring those risks - and potential solutions – does not benefit a submission.

Change happens. Our focus as professionals must be the best interests of our patients while avoiding the temptation of primarily business ventures. In due course the Board will look at the issue of botulinum toxin injections and determine if there is sufficient reason to refer it to committee for investigation. If you are interested in the issue, I would encourage you to make a submission.

Best Regards,
Marcel Van Woensel
Registrar, Manitoba Dental Association

MDA INQUIRY PANEL DECISION

Pursuant to *The Dental Association Act*, the following publication is a summary of a recent decision of an Inquiry Panel of the Manitoba Dental Association Peer Review Committee.

Dr. Ronald M. Boyar of unknown address was charged with:

1. 98 instances of professional misconduct between 1991 and 2006 for receiving remuneration from Manitoba Family Services and Housing for services not performed;
2. 7 instances of professional misconduct between 1993 and 2005 for failing to provide treatment in accordance with accepted standards of practice.

The Inquiry Panel of the Peer Review Committee made the following findings:

1. The facts as alleged in the first charge were proven and Dr. Boyar was found guilty of 98 instances of professional misconduct;
2. The facts as alleged in the second charge were proven and Dr. Boyar was found guilty of 7 instances of professional misconduct.

The Inquiry Panel of the Peer Review Committee based on the findings made the following order:

1. The cancellation of Dr. Boyar's certificate of registration;
2. Payment by Dr. Boyar of a fine in the amount of $10,000.00 to the Association;
3. Payment by Dr. Boyar of $17,765.00 as part of the costs to the Association for the investigation and hearing.

The Inquiry Panel of the Peer Review Committee circumstances relevant to the order:

1. The deliberate and lengthy period of time the misconduct occurred;
2. The vulnerable population and circumstances involved make conduct particularly reprehensible.

WINNIPEG DENTAL SOCIETY
OCTOBER CLINIC

Dr. Izchak Barzilay
"PROSTHODONTIC POTPOURRI"

Friday, October 16, 2009
8:30—5:00
Victoria Inn, 1808 Wellington Ave
Winnipeg, MB

Will you be affected by new federal requirements for dental waste?

Proposed Pollution Prevention Planning Notice for Dental Facilities

FACT SHEET

On April 18, 2009, a Proposed Pollution Prevention Planning Notice was published in Canada Gazette Part I outlining intended requirements for the owners and/or operators of certain dental facilities to prepare and implement pollution prevention plans in respect of mercury releases from dental amalgam waste. This Proposed Notice initiated a 60-day comment period.

You can read it here: http://www.canadagazette.gc.ca/rp-pr/p1/2009/2009-04-18/html/notice-avis-eng.html#d101 [provide link directly and ensure link can be activated in any online / electronic versions or e-newsletters from associations to dentists

Following the comment period and after review of the comments received, the Minister of the Environment intends to publish a final Notice requiring the preparation and implementation of pollution prevention plans in the Canada Gazette*, Part I, before the end of 2009.*

Dentists who have not already implemented the best management practices (agreed to in an MOU between Environment Canada and the Canadian Dental Association in 2002) will have to implement Pollution Prevention plans after the final Notice takes effect when it is published before the end of 2009.

Dentists, who have already adopted the best management practices or whose facilities are in compliance with provincial or municipal legislation that meet the requirements of the Notice about mercury disposal, will not be affected when the new Notice takes effect.

Q. What is this Notice about?

This Notice is about keeping the mercury found in dental amalgam waste out of the environment. It will require dental facilities who have not implemented best management practices for dental amalgam waste before the publication of the final Notice, to prepare and implement a pollution prevention plan.

Q. What are the environmental or health risks associated with mercury?

Mercury is a neurotoxin - this means it can cause damage to the brain and central nervous system. It can be converted to methylmercury, one of the most toxic forms of the substance. Methylmercury is harmful to the environment as it can build up in living organisms over time and is highly toxic to fish and wildlife. Methylmercury is known to affect learning ability and neuro-development in children.

Q. How does dental amalgam enter the environment?

When dental amalgam is washed down drains at dental facilities, it travels through municipal sewer systems to wastewater treatment plants, or directly to waterways. It is also found in sewage sludge.

Mercury can also enter the environment when amalgam waste is accidentally or intentionally disposed of with municipal solid waste or biomedical waste at dental facilities.

Q. Have dentists and Environment Canada worked on this issue already?

Yes. In 2002 Environment Canada and the Canadian Dental Association signed the *Memorandum of Understanding (MOU) Respecting the Implementation of the Canada-wide Standard on Mercury for Dental Amalgam Waste.*

The MOU contained several best management practices, including:

- Installing an ISO certified amalgam separator;
- Contacting a certified hazardous waste carrier for recycling or disposal of the amalgam waste;
- Using alternative restorative materials; and
- Avoiding the disposal of amalgam waste in the trash, down the drain, in the sharps container or with bio-medical wastes.

Q. Where can I find a copy of the best management practices?

The best management practices can be found in Appendix A of the current Proposed Notice published in the Canada Gazette on April 18th 2009: (http://www.canadagazette.gc.ca/rp-pr/p1/2009/2009-04-18/html/notice-avis-eng.html#d101)

The best management practices were also included in the MOU between the Canadian Dental Association and Environment Canada for the voluntary implementation of the *Canada-wide Standard on Mercury for Dental Amalgam Waste* and are still available on Environment Canada's web site: (http://www.ec.gc.ca/MERCURY/DA/EN/da-damou.cfm?SELECT=DA#AnnexD).

Q. Can I still implement these best practices before the final Notice takes effect?

Yes you can. Environment Canada strongly encourages owners of dental facilities to be proactive and implement the best management practices before the publication of the final Notice. By doing so they will not be subject to the Notice, which means they will not have to prepare a pollution prevention plan nor will they have to submit the mandatory declarations.

In addition, the final Notice will not target dental facilities already subject to provincial regulations or municipal by-law as long as these regulations meet the requirements specified in the Notice.

The final Pollution Prevention Planning Notice will only target dentists who have not implemented the best management practices, and will not apply to dentists who acted voluntarily.

Q. If I do not implement all the best management practices before the final Notice is published, how will I comply with the Notice?

The final Notice will set out all the requirements and deadlines.

In general, those who are subject to a Pollution Prevention Planning Notice must:

- prepare a pollution prevention plan;
- ensure that the plan meets all the requirements of the final Notice;
- file the Schedule 1 *Declaration That a Pollution Prevention Plan Has Been Prepared and is Being Implemented*;
- implement the pollution prevention plan and file the Schedule 5 *Declaration That a Pollution Prevention Plan has Been Implemented*;
- respect all the deadlines published in the final Notice;
- ensure that the information provided in the declarations is consistent with the pollution prevention plan;
- keep a copy of the pollution prevention plan on-site; and
- have the pollution prevention plan available for submission if requested.

Q. What is a Pollution Prevention Plan?

A pollution prevention plan presents how a facility will prevent or minimize the creation of pollutants and waste. It identifies cost-effective options and shows where investment in pollution prevention would lead to cost savings.

Q. What should my pollution prevention plan look like?

A pollution prevention plan may be prepared in whatever format makes the most sense for an organization (or facility), as long as the plan meets all the requirements in the final Notice and includes information required to complete the declarations.

Environment Canada has developed various support tools, including fact sheets and an online tutorial which provides information on pollution prevention planning processes and practices. These support tools and others can be found at www.ec.gc.ca/planp2-p2plan .

Q. Is a Pollution Prevention planning Notice stringent enough to prevent mercury releases from dental amalgam waste? What are the consequences if I don't comply with this new regulation?

The Pollution Prevention planning Notice is enforceable under the *Canadian Environmental Protection Act*, 1999. Persons who do not comply with the requirements of such a Notice are subject to enforcement actions under the *Canadian Environmental Protection Act*, 1999 and the principles set out in the *Compliance and Enforcement Policy for the Canadian Environmental Protection Act*, 1999.

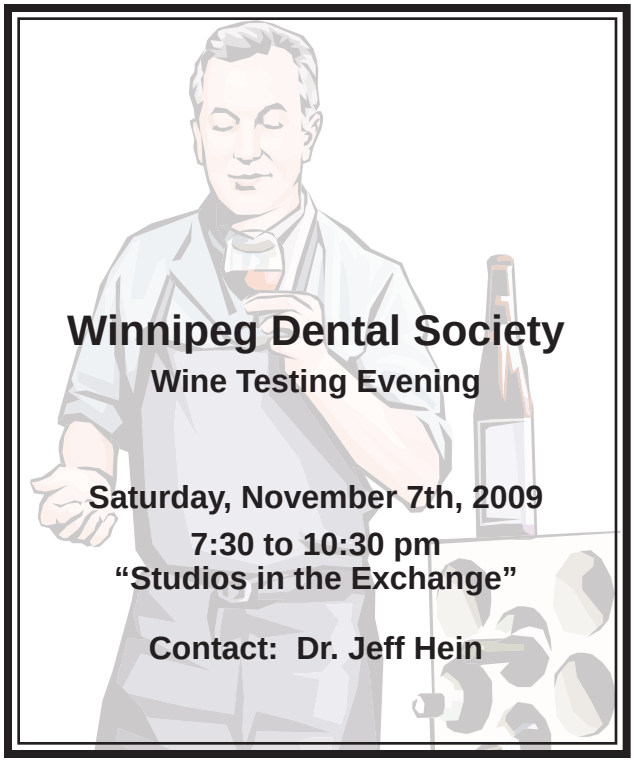
Q. How can I get more information and answers to specific questions?

For more information on the Notice and best management practices with respect to dental amalgam please contact:

Environment Canada
Waste Reduction and Management Division
mercury@ec.gc.ca
(819) 934-6059

For more general information on pollution prevention and pollution prevention plans please contact:

Environment Canada
Innovative Measures Section
cepap2@ec.gc.ca
(819) 954-0686



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Communication channel	Telephone Modem	Internet
Availability of replacement modems	Limited, shrinking	Excellent
Simultaneous Claims Supported	1 at a time	Unlimited
Modem related support calls placed to help desk	Moderate	Very Low
PHIPA Compliant Authentication and Encryption	No	Yes
Supports Dentist to Dentist Communications	No	Yes
Supports Secure Attachments (XRays, Images, etc.)	No	Yes
Transaction retention to support your office	None	90 days
Help Desk with access to your transactions and issues	No	Yes
Increased support for and by your Vendor	No	Yes
Web access to transaction status and history	No	Yes
Future-proofs your office	No	Yes
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As of June 15, 2009 number of dentists listed are based on a sampling period from May 15, 2009 to June 15, 2009.

UPCOMING CONTINUING EDUCATION PROGRAMS

Winnipeg Dental Society

Friday, October 16, 2009
8:30 a.m. - 5:00 p.m.
Victoria Inn, 1808 Wellington Avenue
Winnipeg, MB

"Prosthodontic Potpourri"

Izchak Barzilay, D.D.S., Cert. Prostho., M.S., F.R.C.D.(C)
Toronto, Ontario

This program is designed to bring together many prosthodontic topics in a very short period of time. Topics will include:

- Implant use in the daily practice of prosthodontics
- Accelerated implant restorations (including CAD/CAM based restorations)
- Impression procedures, retraction, occlusion, trouble-shooting, dental materials, etc.

At the end of the presentation, all participants will take away information that they will be able to use on their next day in practice.

The Alpha Omega Memorial Lecture

Saturday, December 5, 2009
8:30 a.m. - 4:00 p.m.
Theatre A, Basic Medical Science Building
University of Manitoba, Winnipeg, MB

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Elliot Mechanic, BSc, DDS
Montreal, QC

The ability to deliver consistent healthy esthetic results fulfilling our patient's expectations is what this lecture is all about. A satisfied patient is your biggest practice builder. Elliot will show you HOW HE DOES IT!

1. A logical and consistent treatment planning approach to predictable results
2. Patient communication techniques to relieve fears, answer questions and assure case acceptance
3. Preparation principles, lab communication and case delivery
4. Building your esthetic practice

Winnipeg Dental Society

Friday, March 12, 2010
8:30 a.m. - 5:00 p.m.
Victoria Inn, 1808 Wellington Avenue
Winnipeg, MB

"Untangling the Confusion of Today's Restorative Materials"

Edward J. Swift, Jr., DMD, MS
Chapel Hill, NC

This course will present the latest information available on current dentin/enamel adhesives, composite resins, and light-curing technology. It also will cover briefly important areas of dental materials for indirect restorations: cements and impressions. Proper use of these materials is important to the success of our routine restorations and esthetic cases. Information provided will be based on scientific evidence, but the clinical use of all materials will be emphasized.

Winnipeg Dental Society

Friday, April 16, 2010
8:30 a.m. - 5:00 p.m.
Victoria Inn, 1808 Wellington Avenue
Winnipeg, MB

"Periodontal Update" and
"Crown Lengthening for Restorative Dentistry: The Restorative Periodontal Connection"

William Becker, D.D.S., M.S.D., Odont.Dr .(h.c.)
Tucson, Arizona

Morning Session - Periodontal Update
The morning session will review the classification of periodontal diseases, treatment for different stages of disease, and discuss the role of local antibiotic delivery systems in the patient care.
Afternoon Session - Crown Lengthening for Restorative Dentistry: The Restorative-Periodontal Connection
The first part of the afternoon session we will cover the rationale and indications for surgical crown lengthening. We will review alternatives to crown lengthening and discuss the significance of obtaining adequate tooth support for cast restorations.

The Canadian Dental Association (CDA) Board of Directors (BOD) last met at its planning session in June. At that meeting the BOD added a new strategy to its "Strong Profession" strategic priority: "Explore the possibility of a national campaign to brand dentists".

The Strong Profession Priority Team met in August and approved the terms of reference for the "Branding Working Group". This group is made up of the communications staff from the Provincial Dental Associations (PDAs) as well as the CDA. It will also include dentists who may have experience in similar initiatives. The Strong Profession Priority Team also appointed Dr. Randall Croutze as a CDA BOD liaison to the working group. The representative from the Manitoba Dental Association will be Mr. Rafi Mohammed.

The Branding Working Group has been tasked to:

- Review past and current promotional materials used by dentistry and other professions
- To undertake any necessary research to obtain the public's current perception of dentists
- To organize a Consultative forum to be held at the November 2009 Interim annual meeting
- To assess options for the launch of a national branding campaign including recommended preferred media based on cost and effectiveness
- To propose a thematic approach on which the messaging of the campaign will be based
- To identify the components of a national branding campaign and propose timelines for the execution of each element of the work plan
- To outline budget requirements for a national campaign

The Manitoba Dental Association has had a public communications strategy for many years. The focus of the communications program has been to reinforce the primacy of the dentist in oral health care. This program has been very effective "branding" dentists in Manitoba. During the time I have been the MDA representative on the CDA BOD I have repeatedly reminded the CDA of the high quality communications program of the MDA. It is gratifying to see the CDA and PDAs recognise the value of a national campaign similar to the one the MDA has been running. Obviously the CDA does not have the financial ability to run a campaign similar to the MDA's on a national scale, however, the formation of the Branding Working Group may be the first step towards providing a national campaign in a cooperative fashion with the PDAs.

Peter J. Doig, DMD
CDA Board Representative

Manitoba Billboard

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Ultra Beautiful

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- **Procera®AllCeram**
- **NaturalGold™**
- **Implants/Custom Abutments**
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- **Orthodontic Appliances**
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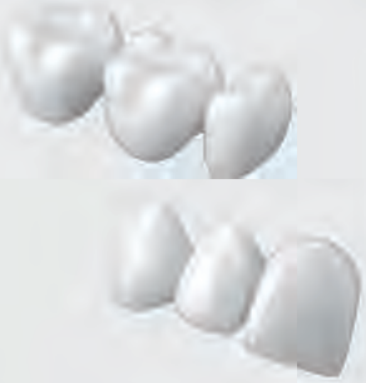

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"Pearls to Help Improve Your Prosthodontic Procedures"

Preventing or treating bone loss from extractions should be dealt with as diligently as bone loss from periodontal disease. The consequences of edentulism are serious as it pertains to oral health and by extension, general health. After tooth loss, (multiple extractions), bone width decreases by 25% and height by 4.0 mm within the first year. This bone loss continues for 25 plus years, with the mandible losing 4 times as much bone as the maxilla, and the posterior mandible losing 4 times as much bone as the anterior mandible.

Denture wearers, on average will neglect to attend the dentist for checkups, for 10 years or longer. Eighty percent of denture wearers wear their dentures day and night, thus accelerating bone loss. The maximum occlusal force of the average denture patient is 50 p.s.i.; that of the dentate patient is 150 to 250 p.s.i. A mandibular denture may move as much as 10 mm during function.

Every dental exam and/or treatment plan with every edentulous or partially edentulous patient should entail a discussion about the negative, long term effects of bone loss and the detrimental impact it has on oral health. Consider the following:

- When a patient is about to lose a tooth - if there is no pathology, - keep the tooth in the arch until a decision has been made about implants. Quite often, a tooth can be extracted and an immediate implant placed. (Most appropriate for bicuspids and anterior teeth)
- Every patient who wears a complete mandibular denture should be encouraged to have at least 2 implants placed in the anterior mandible to help maintain bone volume and to provide increased retention for the denture.
- Fabricating a unilateral or bilateral distal extension partial? Consider placing an implant(s) in the posterior area(s) for added retention and preservation of bone volume. It is important to note that the implant should be placed at an angle that is the same as or very close to the path of insertion of the partial. An implant surgical guide showing the appropriate path, is crucial to the success of this treatment.

Endodontically Treated Teeth

Restoring the endodontically treated tooth continues to be a challenge. Preserving tooth and root structure is crucial to the long-term prognosis of the restored tooth.

Posts do not strengthen teeth. Use them only if you need to retain a core. Teeth that are badly broken down as a result of caries, fracture etc. present additional challenges. The amount of remaining tooth structure is without a doubt, the most important factor in determining clinical prognosis. Studies show that 2.0 mm of remaining coronal tooth structure has more of a role in fracture resistance than post design.

Once the root canal has been finished, do not over instrument the canal space in order to accommodate a post. Rather, secure or trim a post to fit the anatomy of the canal. Removing an additional 1.0 mm of dentin from the internal aspect of the canal space, in order to accommodate a post, significantly reduces the strength of the roots.

Teeth that are extensively damaged will require the creation of a ferrule. Numerous reports discuss whether a 1.0, 1.5 or 2.0 mm ferrule is the most clinically significant with respect to long term prognosis. In general, a 1.5 mm to 2.0 mm ferrule will significantly enhance the long term prognosis of the tooth. There are two main methods for increasing crown length. The first, which is periodontal crown lengthening, creates more tooth structure for the crown, however, it is done at the expense of crown-root ratio. Orthodontic tooth extrusion also provides more clinical crown length and while it reduces root length in bone, the crown length remains unchanged. Often some minor periodontal treatment is required even if orthodontic extrusion is performed.

If, after employing periodontal crown lengthening and/or orthodontic extrusion, one is still left with a short clinical crown, then the addition of grooves in the tooth prep will significantly enhance retention. (Under no circumstances should the tooth be prepared, invading the biologic width, in order to gain increased tooth height).

Parallel grooves placed in the buccal and lingual of the tooth prep will add significant retention via the addition of the mesial and distal aspects of the actual groove. If a tapered diamond bur (example: Brasseler 6856 coarse – round end taper) is used and buried into the tooth the full depth of the bur, then, enough bulk can be created in the casting to aid in retention. It is very important that your dental lab technician does not fill the grooves on the die with die spacer.

Removing Existing Crown & Bridge

Removal of existing crowns and or bridges with a view to recement can be difficult and may result in significant damage to the abutment tooth.

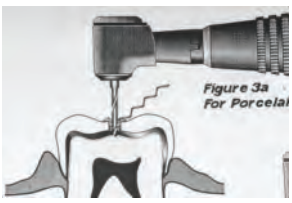
A device called Metalift (www.metalift.com) frequently can aid in successful removal of the fixed restoration.

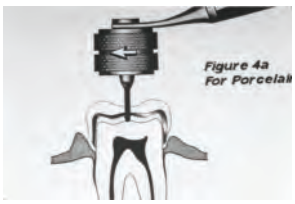
Technique:

1. if porcelain exists at the desired site, remove to expose metal
2. drill through the metal with a hi speed ½ round bur
3. carefully enlarge opening with a 1931 hi speed beaver bur
4. size the opening with a medium twist drill, supplied by Metalift
5. use threaded lifter to remove the crown

Some complications that may occur are:

- fracture of porcelain (fig. 2)
- minor fracture of underlying tooth structure





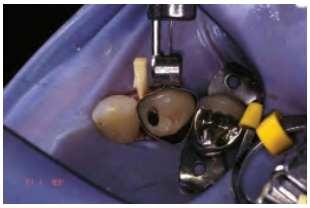
(fig. 2)

Repairing Interproximal Decay Below a Crown Margin

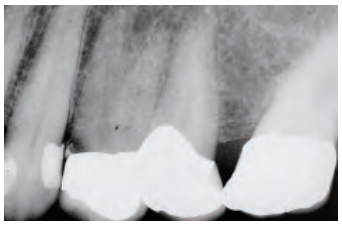
Decay occurring on the direct interproximal surface below a crown margin (1) can be difficult to access for repair without substantial damage to the existing crown.

If all other parameters would favour retaining the existing crown, the most conservative approach may be through the occlusal, tunnelling down with narrow burs inside the axial wall of the crown, to reach the decay.

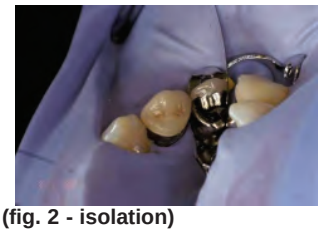
Surgical length burs may be required to complete caries removal.



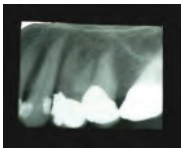
(fig. 3 - tunneling)



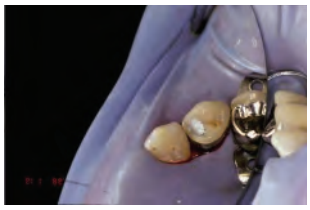
(fig. 1 - decay below crown margin)



(fig. 2 - isolation)



(fig. 5 - verification)



(fig. 4 - amalgam repair)

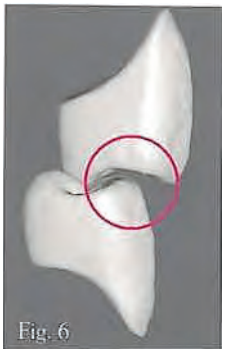
Lingualized Occlusion:

Lingualized occlusion is an occlusal scheme developed to enhance denture stability for patients with compromised ridge support.

For denture setups in a lingualized occlusal scheme, the objective is the elimination of buccal cusp contacts in order to alleviate lateral stresses or lateral dislodging forces. The lingual cusps of the upper posterior teeth make contact with the central fossae of the lower posterior teeth in centric.

In working and balancing movements the upper lingual cusps glide off the lower buccal and lingual cusp planes.

There are several, well known companies (Ivoclar & Vita) that make posterior denture teeth anatomically designed for this purpose.



This occlusal scheme is also effective for implant supported restorations.

The occlusal design for removable prosthetics is the same. For crown and bridge restorations, the balancing contacts must be eliminated. The working contacts can be minimized, greatly reducing lateral stresses on the implant fixture.

This occlusal design has the added benefit of being very easy to adjust and maintain.

For any implant restoration, the occlusion should be checked regularly and should become a routine part of a regular dental check up.

Assessment for Occlusal Equilibration – the Rule of Thirds

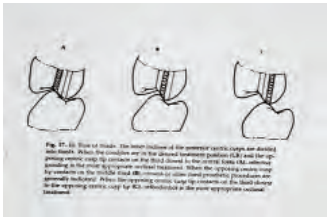
A simplified initial clinical assessment can be done to determine if a patient is a potential candidate for an occlusal adjustment.

The inner inclines of the posterior centric cusps are divided into thirds.

When the condyles are in the desired treatment position (CR) and the opposing centric cusp tip contacts on the “third” closest to the central fossa (A) selective occlusal adjustment is the most appropriate occlusal treatment.

When the opposing centric cusp contacts on the middle third (B), prosthetic procedures are generally indicated.

When the opposing centric cusp contacts on the “third” closest to opposing cusp tip (C) orthodontics is the most appropriate treatment option.



(fig. A-C)

By Dr. Jack Lipkin
Prosthodontist


Your Company, Your Choice
CDSPI truly is *your* company.
Your associations – the Manitoba Dental Association and the Canadian Dental Association – are our members. And the insurance and investment programs we administer as member benefits on their behalf are designed specifically with dentists in mind.
What's more, the licensed advisors at CDSPI Advisory Services Inc. supporting those programs serve dental professionals exclusively. So they understand your insurance and investment needs – and how to meet them – better than anyone else.
Excellent reasons to make your financial services company – CDSPI – your first and only choice.
1-800-561-9401 www.cdspi.com
CANADIAN DENTAL ASSOCIATION
CDSPI
08-183 01/09

Would An Accidental Injury Deal A Crippling Blow To Your Finances?

If you suffered a crippling accidental injury and couldn't practise dentistry, how long could you afford to cover all of your living costs before you started sliding into debt? You could be forced to seriously ponder that question — even if you're protected by disability insurance.

In that situation, monthly disability insurance benefits would help cover your everyday household expenses. But what if you had to contend with other steep expenditures resulting from the injury — like renovations to make your home and vehicle wheelchair accessible? When those costs are coupled with on-going expenses like private nursing care and medication, you could run the risk of quickly depleting your savings.

Fortunately, accidental death and dismemberment (AD&D) insurance can provide financial assistance (up to the coverage amount you purchase) to help you contend with these expenses. This insurance provides a lump-sum benefit in the event that you become paralysed or incur a loss (or loss of use) of: limb, sight, hearing, and/or speech due to an accidental injury. In addition, the coverage provides a benefit for your beneficiary if you die in an accident.

AD&D insurance is one of the easiest coverages to obtain — you don't need to undergo medical testing or answer a health questionnaire. Depending on the provider, there are AD&D plans that offer maximum coverage amounts of $5,000, while others offer up to $1-million in coverage.

Is the Coverage Really Worth It?

A number of articles published by those in the industry have questioned the value of AD&D protection. For instance, one such article* argues that AD&D coverage is unnecessary unless you work in a high-risk job, such as construction. Another** — quoting an executive from a financial planning firm who says the majority of AD&D claims are paid for accidental death — suggests that premium dollars for AD&D coverage would be better spent on obtaining additional life insurance.

However, claims statistics from the Canadian Dentists' Insurance Program suggest otherwise. Since 2000, approximately $1.5-million in AD&D benefits have been paid to claimants who obtained coverage through the Insurance Program. Of these claims, over 70 per cent were paid as the result of accidental injuries.

When you consider the financial risk you could be taking without this insurance — compared to its relatively inexpensive cost (for example, $200,000 of individual AD&D coverage through the Insurance Program costs only about $80 annually) — it's advisable to include this coverage within your portfolio.

Coverage Features to Look For

It's important to recognize that not all AD&D policies offer the same features. For dentists, it's extremely important to choose coverage that can provide a significant benefit for injuries that can affect your ability to practise.

For example, suppose you lost your thumb or index finger in an accident. In this circumstance, some AD&D policies will pay a benefit equalling100 per cent of your coverage amount. However, other policies will stipulate that only a partial benefit (such as 25 per cent of your coverage amount) is payable for this type of injury. Other policies won't pay any benefit in this situation — as they only cover the loss of an entire hand or arm.

Coverage that provides a benefit for "loss of use" is another valuable feature to consider. With some very basic AD&D plans, benefits for injuries to limbs are only payable if a limb is severed. However, you can obtain coverage with a "loss of use" provision. This means benefits are payable if a limb is injured (but not detached from the body) in an accident — if the loss of use is permanent, total and irrevocable.

In addition, many quality AD&D plans offer "living benefits" at no additional cost to those who survive a serious accident. These benefits can include financial support for matters such as in-hospital indemnity, home and vehicle alteration and occupational training.

Susan Roberts is the Service Supervisor for the Canadian Dentists' Insurance Program and has been providing insurance planning advice to dentists for over 10 years. The Insurance Program is a member benefit of the CDA and co-sponsoring provincial dental associations. The Program is administered by CDSPI.

For information about the Insurance Program's Accidental Death and Dismemberment Insurance plan, call 1-877-293-9455, extension 5002 or visit www.cdspi.com/accident-insurance. The Insurance Program's Accidental Death and Dismemberment Insurance plan is underwritten by The Manufacturers Life Insurance Company (Manulife Financial).

** Accidental Death and Dismemberment Insurance, www.insurance.com, October 17, 2008.*

*** The Basics of Accidental Death and Dismemberment Insurance, www.insure.com, November 2, 2008.*

By Susan Roberts
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CDSPI Advisory Services Inc.
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Faculty Corner

FACULTY OF DENTISTRY
SCHOOL OF DENTAL HYGIENE
Traditions of Excellence, Horizons of Change

Made In Manitoba

Mentorship program a shining example of proactive teamwork

It is a rare and wonderful occurrence in the oral health educational experience to see something like this. The University of Manitoba/Manitoba Dental Association Student Mentorship Program is something that is quite out of the ordinary in North American post-secondary institutions, or any program in any other school, for that matter.

Here we have a group of hard-working, busy professionals who are trying to carve out a living in the often hectic and unpredictable world of private practice. And in spite of a schedule that keeps them constantly occupied throughout the business day, we see so many taking time out of their already hectic day to spend large amounts of time with people they barely even know.

Conversely, we have a group of well over 100 young women and men, all from divergent backgrounds and experiences, who have congregated here in these halls of higher learning. This group is presently undergoing a life-changing experience; an educational pilgrimage that will test their intelligence, their commitment, their self-discipline and perhaps most of all, their will to persevere and ultimately succeed.

So this is it: two camps with totally different expectations and directions. And we bring them together with the notion that something good could come from this most divergent and seemingly unlikely association. Such is the premise of the Student Mentorship Program.

Well, I am here to say that, in spite of what may seem to be the least likely of outcomes, it works, and works extremely well. The relationships developed between the mentors and their protégés are almost always positive and productive for both sides, cemented by a bond of mutual respect and trust.

The students gain tremendously from their mentor's experience and wisdom, their moral support and reassurance, especially during times of difficulty and self-doubt. Our mentors earn additional respect, not only from their charges but from the community in general through a tangible display of leadership and character.

Each side gains valuable life skills and the confidence earned through first-hand experience of teamwork, cooperation and a positive attitude. Both sides realize that they are better for the experience.

The Mentorship program is indeed Made-In-Manitoba phenomenon. And it is through the efforts of all the participants that it has evolved to embody all of the attributes that we hope and believe our program strives to achieve. To our mentors in the community, you are to be commended for your effort. It is far too easy in this day and age to simply stand aside and not be bothered with outside concerns. Your willingness to come forward and assume a leadership role is a tribute to your spirit and character. It is also a most welcome show of support to the Faculty and our students - our colleagues of tomorrow.

It is my most sincere wish that you will continue on in this tradition. You have ingratiated yourself to the Faculty and are providing a valuable service to the community in addition to the oral health fraternity and I am confident that you will continue to reap the resulting benefits that will surely come your way.

Grazie
Dr. Anthony M. Iacopino
Dean of Dentistry
University of Manitoba

Student Mentors:

Deborah Adleman
Joel Antel
Christina Attallah
Jerry Baluta
Stacey Benzick
Suzanne Carriere
Dennis Carrington
Reginald Chrusch
Thomas Colina
Bill Cooke
Rick Corrin
Chris Cottick
Peter Doig
Bharat Dulat
Betty Dunsmore
Eileen Eng
Krista Engel
Craig Fedorowich
Kevin Friesen
Anita Glockner
Sasha Goocharan
Cari Gradt
Ken Hamin
Jeff Hein
Michelle Jay
Danielle Jobb
Sheryl Kapitz
Mark Karpa
Leah Kells
David Kindrat
Pat Kmet
Peter Kowal
Tony Krawat
Mathiew Ksiazkiewicz
Jim Ksionzyk
Laurence Lau
Murray Lushaw
Tricia Magsino Barnabe
Robert Malech
Julie Maniate
Kevin Mark
Kristie Maslow
Natalie Mathew-Sanche
Arun Misra
Sherri Mitani
Marc Mollot
Phil Poon
Robert Ramsay
Manuel Resendes
Amarjit Rihal
Mariajose Ruiz
Hala Salama
Don Santos
Rahul Sas
Carmine Scarpino
Heinz Scherle
Mark Scoville
Paresh Shah
Rana Shenkarow
Harvey Spiegel
Wendy Stasiuk
Lori Stephen-James
Brad Stevens
Cory Sul
Tom Swanlund
Angela Thomas
Shelley Tottle-Mollot
Brant Toy
Susan Tsang
Marcel Van Woensel
Greg Wolfram

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MANITOBA DENTAL ASSOCIATION

126TH ANNUAL MEETING AND CONVENTION

Winnipeg Convention Centre

January 28-30, 2010

Winter Games 2010

The Manitoba Dental Association Annual Meeting and Convention Committee is encouraging all members and their staff to come out to the 2010 Winter Dental Games, January 28-30, 2010 – Winnipeg Convention Center.

The Organizing Committee hope the spirit of the games will foster community spirit and shape planning and strategies to enhance and emphasize the quality of dentistry in Manitoba.

The Opening Ceremonies will be hosted by the Exhibitors on Thursday evening at their Wine and Cheese Festival welcoming all athletes and their support staff. The training program is being led by some of the top coaches in their respective field of dentistry.

The Field of Coaches:

Dr. Meredith August: a graduate of dental medicine and medical school from Harvard. Dr. August will be speaking on Oral Surgery for the general dentist.

Dr. Patrick Wahl: director of the Practice Management program at Temple University has been named one of the "Leaders in Continuing Education" by Dentistry Today for five years running. Dr. Wahl will be speaking to all members for the oral health team on effective practice management skills.

Dr. Kenneth Malament: received his dental degree from NYU College of Dentistry and Masters Degree (Prosthodontic) from Boston University School and will be speaking on the integration of esthetics and implant dentistry.

Dr. James Robbins: a rare mix of management consultant, adventurer and motivational speaker, he will present real truths and practical insights, which will motivate, equip, and inspire dental teams to perform to their peak.

Betsy Reynolds: having received a Master of Science Degree in Oral Biology from the University of Washington, she will speak on biologic basis for disease prevention and current dental therapeutic modalities.

Dr. Anthony Iacopino: our very own Dean of the University of Manitoba Faculty of Dentistry will be speaking on the areas of periodontal-systemic connection. Besides his dental degrees in Prosthodontics, TMJ/Craniomandibular Disorders and Geraitrics and Gerontology, Dr. Iacopino also has a PhD in Biochemistry/Molecular Biology.

The Games Organizing Committee has declared the games slogan to be "With Shining Teeth" which will be reflected in the marketing strategy for these games. Other general information of interest and attraction:

- Pin Trading Area and Nation of Flags – Exhibit Trade Center
- Olympic Village and Starting Line – Registration Area and Desk
- News Conference Center – Hall B
- Drug Testing Control Center – Hall B
- Training Center – Hall B
- Gold Medal Gala and Closing Ceremonies – Main Floor

The Games Organizing Committee Chair, Dr. Tim Dumore, states that organizing the Winter Games is a complex and challenging venture. Coaches must have a clear vision as to what legacy they want to leave to the athletes and supporting staff and a sustainability check that must occur; which includes the integration of social events, the use of decoration, and respect for other cultural cuisine.

Registration forms for the Games will be coming out in November 2009. So make sure you register early to get a great spot on the starting line.

Government of Canada | Gouvernement du Canada

Practice Dentistry in First Nations Communities

Drive-in or fly-in locations

Flexible scheduling: Full-time or part-time

Appreciate the rewards of providing oral health care while experiencing the cultures of First Nations.

The Government of Canada contracts with licensed dentists to travel to First Nations communities in Manitoba to provide dental services.

Must have or obtain a license to practice dentistry in Manitoba.

Compensation is on a fixed daily rate.

Health Canada will schedule and coordinate transportation and accommodations to and from the northern sites.

For more information contact:

Dr. Terry Hupman
Regional Dental Officer
First Nations and Inuit Health
Health Canada
300 - 391 York Avenue
Winnipeg, Manitoba R3C 4W1
Telephone: (204) 470-4488
Fax: (204) 984-5798
or 1-866-907-2402

For a copy of the Statement of Work:

Fax or mail request to:
Regional Dental Unit
First Nations and Inuit Health
Health Canada
300 - 391 York Avenue
Winnipeg, Manitoba R3C 4W1
Telephone: (204) 983-2560
Fax: (204) 984-5798
or 1-866-907-2402

Provide the following return information with your request:
Your name, mailing address and contact telephone number

Important Deadline:
Final date for contract submissions
(end of business day): January 4, 2010

Canada

The Sport Medicine and Science Council of Manitoba has surveyed over 1000 athletes involved in many different sports. The survey examines substance use patterns categorized by sport and athlete sex.

One of the concerning results is the alarming levels of use of chewing tobacco. In some male team sports, the use of chewing tobacco reaches **57%** of all participants in that league! Higher rates of use exist in young men from 15 to 22 years of age, but athletes as young as 12 years old are beginning to chew, and much of this harmful behavior can be attributed to sport involvement. Athletes involved in hockey, baseball and softball, as well as rugby are particularly prone to use.

Further, concurrent use of alcohol and tobacco provides a synergistic environment for the development of oral cancer. Up to **89%** of male athletes, are drinking alcohol at substantial quantities in the same age group as those using chewing tobacco.

Dentists are well positioned to provide assistance in reducing chewing tobacco use. Know the signs, and share your concerns with them.

You can call it what you want — smokeless tobacco, spit tobacco, snus, chew, snuff, pinch, plug or dip — **but don't call it harmless!** Chew tobacco provides for delivery of high levels of nicotine, and therefore has serious addictive properties. Two cans a week of chew is the equivalent of 1.5 packs a day in nicotine!

Oral cancers are almost as prevalent as sun related melanomas in the Canadian population, and both of these are almost entirely preventable by curbing the harmful behaviours. Education on the risks of chew, and early signs of cell changes are very beneficial in aiding in chewing tobacco cessation.

The web based documents below provide the basic information needed. If you are interested, the Sports Medicine and Science Council has additional information on this topic to aid in the fight against chewing tobacco use. Please call 925-5750.

Oral Cancer Detection: http://www.oralcancerfoundation.org/dental/pdf/history_taking.pdf
American Dental Association, USA

Oral cancer facts: http://cancernet.nci.nih.gov/pdf/WYNTK/WYNTK_oral.pdf
National Cancer Institute USA

Oral cancer brochure (two page): http://www.nidcr.nih.gov/NR/rdonlyres/8191ABEE-62DB-4C3D-B7FB-030CF86EAC9F/0/OralCancerTrifold.pdf
National Institute of Health, USA

S.M.I.L.E. plus Dental Program Puts Kids First
Child's Condition Priority One at Machray Dental Clinic

No one involved in the health-care community needs to be told about the litany of issues or the sometimes tragic consequences that result when a child's oral health deteriorates. Suffice to say that a child's suffering is not consistent with any value system in our society today. Indeed, it should, or perhaps must be considered intolerable.

Yet reality is that oral pain and suffering is common amongst the young, often in astonishingly high numbers. You don't need to travel to distant or exotic locales to find children in severe need, they are right here in our own backyard. To help stem this alarming tide, enter the S.M.I.L.E. plus Dental Program.

A partnership between the Faculty of Dentistry and the Winnipeg Regional Health Authority, the S.M.I.L.E. plus Dental Program offers affordable oral health care to the most vulnerable and disadvantaged sectors of society today. The program features a team of dentists, hygienists and assistants working with senior dentistry students to provide a full complement of oral health services to needy children.

For several years now, S.M.I.L.E. plus has been based in a three-operatory clinic located within Machray Elementary School at 320 Mountain Avenue in the North End, one of the most economically depressed areas of the city.

At S.M.I.L.E. plus, children are priority one. The program proactively targets high risk children enrolled in regional elementary schools for prevention and treatment services. Although the majority of the work is clinical care, oral health awareness and promotion makes up a significant portion of their operations. The program also includes an important learning opportunity for senior students from the Faculty of Dentistry who provide clinical care under the supervision of University of Manitoba dentists.

Manitoba practitioners are invited and encouraged to participate in the program.

More information is available by calling the Dr. Doug Brothwell, Director, Centre for Community Oral Health, Faculty of Dentistry, University of Manitoba, (204) 789-3892.

Open Wide Returns in 2009

The Manitoba Dental Association extends an invitation to all dentists, dental hygienists, and dental assistants to participate in "Open Wide 2009", Saturday, October 24th, 2009 at the University Of Manitoba Faculty Of Dentistry.

The event will focus on encouraging people who are not currently seeing a dentist and are in need of immediate dental care to attend. It will also be of particular importance to families who, due to financial limitations, have been postponing necessary care for themselves and their children.

"The Open Wide event, which was last held in 2006, is being held again to provide the dental profession with the opportunity to give back to the community.

Dentists and their staff recognize that there are hundreds of individuals who cannot access dental care because of limiting socio-economic factors," said Dr. Tom Colina, Open Wide 2006 Chairperson. "A wide range of dental services will be offered including cleanings, filling, extraction, and simple denture repairs," said Dr. Colina. He added that by holding this event the MDA hopes to raise the awareness about the importance of proper dental care.

Dr. Jerry Baluta, Open Wide 2009 Chairperson, would encourage dental offices to support this worthwhile initiative by volunteering for this event.

"Open Wide" is joint initiative with the Faculty of Dentistry.

In Memoriam

DR. JOHN SCOTT NORQUAY - 1920-2009

Dr. Norquay was born in Brandon, Manitoba in 1920. In 1950 he graduated from the University of Toronto and established his dental practice in Winnipeg, MB. In 1960 he and his partners established the Westwood Medical-Dental Centre followed by the Assoiniboine Dental Group in 1966. He continued to practice dentistry until his retirement in 1985.

Dr. Norquay also instructed clinical students at the School of Dentistry at the University of Manitoba and served as Dental Surgery Department Head at Grace General Hospital. He was inducted as a Fellow of the International College of Dentists in 1978. Dr. Norquay was an active member of the Manitoba Dental Association, serving as chair of the Auxiliaries Committee and as a member of the Peer Review Committee, and was elected as an honorary life member in 1986. He also served as President of the Winnipeg Dental Society in 1963.

An avid golfer, Dr. Norquay was also able to spend his retirement pursuing his lifelong passion for photography, having one of his photographs published in the National Georgraphic magazine in 1995.

Memorial services were held September 14, 2009 at St. Andrews on the Red.

The Early Dental Visit

The early dental visit is a huge step towards overcoming a problem that has plagued children across the province. Pediatric dentists and our professional colleagues are eager to offer their services, knowledge and commitment to help address the epidemic of childhood dental disease that continues to affect thousands of Manitoba children.

Every child should have a "dental home". This refers to an ongoing relationship between a dentist and patient, inclusive of all aspects of oral health care delivery in a comprehensive, continuously accessible, coordinated and family-centered way. The Canadian Academy of Pediatric Dentistry and other professional organizations involved in children's oral health recommend that a dental home be established by no later than 12 months of age and include referrals to dental specialists when appropriate. The "dental home" will also incorporate an individualized preventive dental health program based upon a caries risk assessment as well as anticipatory guidance about growth and development issues (i.e. teething, digit or pacifier habits).

What are the components of the infant oral health examination that should be addressed at the first visit? In a recent study[1] the following was found.

Components of Infant Oral Health Examination	(%) Percentage of Respondents who address different issues
Oral hygiene instruction	86
Feeding practices	84
Diet	83
Medical History	83
Soft tissue	81
Fluoride status	79
Oral habits counseling	78
Recall intervals	75
Hard Tissue	75
Oral/caries risk assessment	72
Pathology	67
Stains/deposits	63
Treatment planning	61
Injury prevention	53
Dental history of parents	52
Family dynamics	33

The Canadian Dental Association and the American Academy of Pediatric Dentistry both recommend a first preventive visit by age one.[2,3] The rationale? That infant dental visits will reduce the child's future risk of dental disease, lead to improved oral health throughout childhood, and reduce oral health costs.[4,5] Equally compelling to this case is recent data from the Center for Disease Control (Atlanta) indicating that dental caries in children aged 2-4 years old is on the rise, increasing the call for our profession to care for infants and preschool-age children.[6]

While dentists may be aware of these new guidelines and want to implement them, there remain perceived challenges to adopting them into their clinical practice. Many dentists recognize the need for marketing and the potential economic impact of providing early dental care in a practice. The potential economic impact stems from the provider time taken in a chair to see the infant and communicate with their parent(s) about oral health, and the potential low profitability of treating infants.

From a marketing perspective, the early establishment of a dental home builds trust between the dentist and families and may lead to fewer missed appointments, more word of mouth referrals, greater treatment plan acceptance, and more loyalty towards the practice. Parenting magazines and other forms of the lay media have encouraged parental adoption of the age one dental visits. A dental visit was ranked third on the "Top 15 Things You Must Do For Your Infant" in the *2006 USA Today's Annual Report*.[7] In 2005, *Redbook* included in its "Mommy Strategies" instructions to take a child to the dentist by age one.[8] This coverage promotes a demand for dental services among the general population, and creates an opportunity for dental practices to grow with relatively little need for marketing. Consider the word of mouth influence that new parents have within their own peer groups. Play dates, school or daycare events, playgrounds and many other activities provide opportunities to share information about the age one dental visit and referring other new parents to their dental home.

As well, our medical colleagues are now more dental savvy. With the education of physicians to identify oral disease and refer infants for dental care these referrals also can increase the need for our profession to see younger children.

Some dentists may not see infants and toddlers due to the perception that these visits may take more time. The majority of these appointments are preventive and a number of aspects in these visits can be delegated to your auxiliary staff members. Therefore, seeing children from age one may provide a good investment for your dental practice.

Some parents avoid taking children to the dentists in an effort to save money. Studies have shown that the costs for children who have their first dental visit prior to age one are lower (40 percent) in the first five years of life than for those who do not see a dentist before their first birthday.[4] The den-

tal staff can help parents understand that it is in their own economic interest to bring their children to the dentist at this early age.

Now that your practice has embraced the “dental home” concept, many components of the infant oral health examination can be completed by your auxiliary staff while the child remains in their parents lap. However, the question now arises as to what is the best way to provide the intra-oral evaluation. The preferred method is to have both the dentist and parent seated and facing each other knee-to-knee with feet interlocking. The child is then placed in a supine position over this “knee bridge” with their head on the dentist’s lap looking forward to the parent. The parent holds the child’s hands. This allows the dentist to have direct vision into the infant’s oral cavity while the parent actually can observe from a reasonable distance. Young children are comfortable in this position and generally very cooperative. However, you will have a few who may be vocal, and their reaction is age appropriate. Complete your task and then have the parent pick them up into their arms while supporting the child’s head and neck. The infant will quickly become calm. You can now discuss your findings and recommendations with the parent(s).

1. Malcheff S, Pink TC, Sohn W. Inglehart, MR, Briskel D. Infant Oral Health Examinations: Pediatric Dentists Professional Behaviour and Attitudes. Pediatric Dent 2009: 31(3) 202-209.

2. American Academy of Pediatric Dentistry Policy on Early Childhood Caries (ECC). Classifications, Consequences, and Preventive Strategies. Pediatric Dent 2006; 28(suppl):34-36.

3. Canadian Dental Association. CDA Position on First Visit to the Dentist. Canadian Dental Association. 2005. 1-12-207.

4. Savage MF, Lee JY, Kotak JB, Vann WF, Early Preventive Dental Visits: Effects on Subsequent Utilization and Costs. Pediatric 2004; 114(4):E 418-23.

5. Nowak AJ, Casamassino PS. The Dental Home: A Primary Care Oral Health Concept. J Am Dent Assoc. 2002; 133(1):93-8.

6. Dye BA, Tan S, Smith V, Lewis BG, Banker LKJ, Thornton-Evans G, et al. Trends in Oral Health Status: United States, 1988-1994 and 1999-2004. National Center for Health Statistics. Vital Health Stat 11(248). 2007

7. USA Weekend, Top 15 Things You Must Do For Your Infant, Jan. 6-8, 2006.

8. Redbook Magazine, Mommy Strategies, Feb., 2005.

Dr. Robert Diamond

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