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DENTURIST PROGRAMS

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PO Box 1015, Toronto ON M5T 2T9
Tel: (416) 415-5000 Ext. 3030 or 1-800-265-2002 Ext. 4580
Fax: (416) 975-4749
Attention: Gina Lamparcos-Gionnas (glamprac@gbrown.ca)

Département de Denturologie
Collège Édouard-Montpetit
945, chemin de Chambly, Longueuil QC J4H 3M6
Tel: (450) 679-2630 Fax: (450) 679-5570
Attention: Suzanne Fiset, d.d.

Denturist Program
Vancouver Community College, City Centre
250 W. Pender Street, Vancouver BC V6B 1S9
Tel: (604) 443-8501 Fax: (604) 443-8588
Attention: Dr. Keith Milton

Denturist Program
Northern Alberta Institute of Technology
11762-106th Street, Edmonton AB TSG 2R1
Tel: (780) 471-7686 Fax: (780) 491-3149
Attention: Maureen Symmes

CONTINUING EDUCATION PROGRAMS

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Directeur: Patrice Deschamps, d.d.

International Denturist Education Centre (IDEC)
George Brown College of Applied Arts and Technology
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Tel: (416) 415-5000 Ext. 4793 or 1-800-265-2002 Ext. 4793
Fax: (416) 415-4117
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Removable Partial Dentures for Denturists
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Accreditation: The following Canadian schools of Denturism are accredited:

George Brown College of Applied Arts & Technology, Toronto – review scheduled
Collège Édouard-Montpetit, Longueuil, Quebec – under review: accreditation status pending
Northern Alberta Institute of Technology, Edmonton, Alberta – Review completed: accreditation status pending
Vancouver Community College – Accredited to September 30, 2007.
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Autumn in the Rockies

As you know, the 2006 National Denturist Congress will be held at the beautiful Fairmont Banff Springs in Banff, Alberta, October 18-21. This will provide an outstanding opportunity for Denturists throughout Canada to renew old friendships, attend captivating educational sessions and, of course, enjoy one of Canada’s most beautiful ‘playgrounds.’ The Congress is still six months away, giving everyone ample time to plan ahead and prepare to be a recipient of the famous Alberta hospitality. David Thomas, President of the recently formed Denturist Association of Alberta, promises a wonderful week of learning and recreation. Hopefully the weather will cooperate and we could be skiing, golfing or both once our business is complete. Even if those active sports are not available, this will be a once-in-a-lifetime opportunity to experience the majesty of the Rockies and the historic Fairmont Banff Springs, an opportunity that should not be missed. My wife has also asked me to mention the wonderful shopping opportunities available in Banff!

The Congress will officially celebrate the 35th anniversary of the Denturist Association of Canada. Come out and help us celebrate this landmark event.

On the e-claims scene, Denturist Office Manager (Specialized Office Systems) now joins MaxiDent (Maxim) and Tracker (Bridge Network) as the software vendors for the DACnet™ pilot project. We thank all our pilot project vendors for their support.

The pilot project continues with a selected few Denturists offices as test sites. Predictably, there have been a few glitches but the project nonetheless moves forward. The very intent of the pilot project was to make every possible improvement to the system before it is offered nationwide and it seems that this decision is proving itself worthy. Thanks again to Cliff Muzylowsky and Gerry Hansen for their continued hard work and dogged determination. I will keep you informed of the latest developments or feel free to contact DAC’s office if you have any questions.

I hope to see you all in Banff this coming October.

"Autumn in the Rockies" image
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L’automne dans les rocheuses

Comme vous le savez sans doute, le Congrès national 2006 des denturologistes se déroulera du 18 au 21 octobre au réputé Fairmont Banff Springs, à Banff, en Alberta. L’occasion sera ainsi offerte à tous les denturologistes du Canada de renouer de vieilles amitiés, de participer à des conférences éducatives captivantes et, bien sûr, de profiter de l’un des décors les plus enchanteurs du Canada.

Nous avons encore six mois devant nous avant la tenue du congrès, ce qui nous accorde amplement de temps pour se préparer à apprécier l’hospitalité renommée des Albertains. Le président de la toute nouvelle Association des denturologistes de l’Alberta, David Thomas, vous promet une semaine mémorable de divertissement et de formation professionnelle.

Si la météo se montre conciliante, nous pourrons skier ou jouer au golfe après nos sessions de travail. Mais peu importe les conditions météorologiques, ce congrès demeurera un événement inoubliable qui vous aura permis d’adorer la majesté des Rocheuses tout en étant les convives du prestigieux Fairmont Banff Springs. C’est donc une occasion à ne pas manquer. Mon épouse me souligne de ne pas oublier de mentionner les opportunités attrayantes de chalandage qu’offre Banff.

Le congrès sera aussi l’occasion de célébrer le 35ème anniversaire de l’Association des denturologistes du Canada. Aussi, soyez donc des nôtres afin de commémorer cet événement marquant.

Changement de sujet, du côté de la transmission des réclamations par Internet, Denturist Office Manager (Specialized Office Systems) se joint à MaxiDent (Maxim) ainsi qu’à Tracker (Bridge Network) à titre de pourvoyeur de logiciels pour le projet-pilote DACnetmd. Nous remercions tous les pourvoyeurs associés à notre projet-pilote pour leur collaboration.

Le projet-pilote se poursuit avec les denturologistes sélectionnés aux fins des essais entrepris. Tel que prévu, il y a eu quelques bogues mais le projet suit son chemin. L’objectif premier du projet-pilote était d’apporter toutes les améliorations possibles au système avant qu’il ne soit implanté partout au pays. Voilà que cette précaution s’est avérée judicieuse. Merci encore une fois à Cliff Muzylowsky et à Gerry Hansen pour leur implication et leur persévérance. Je vous garderai informés des derniers développements. Entre temps, n’hésitez pas à contacter l’ADC pour toute information.

Je compte sur votre présence à Banff en octobre prochain.
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was at a recent business development retreat and one of the facilitators gave some interesting statistics on the advancement of technology transfer and the rate or ability of human uptake and availability and access to information. This, of course, had me immediately thinking about our profession and more specifically what exact areas of our domain that have experienced the greatest growth of information availability.

If anyone has spent even a short time surfing the Net with regards to implants and dentures, the surfer would be inundated with a plethora of sites and information. Not surprising however, is the vast majority are not sites belonging to the profession. In fact, most of the websites are from manufacturers, dentists and organizations involved with dental implants. Oddly enough, denturist educational institutions and denturists don’t seem use ‘dental implants’ to attract people to visit their sites.

In this issue, like almost every issue of Denturism Canada, a manufacturer or two advertise and provide comprehensive information for both practitioners and consumers alike through their advertisements and in turn their respective websites.

Of course, there are countless great sites, but the point is, these are an invaluable resource to everyone working with implants and definitely worth visiting. Although, there does not seem to be a denturist specific site ‘yet,’ many sites provide an excellent example of how a company and a profession can effectively promote and communicate with its clients.

That being said, I believe our profession is ready to host its own implant site dedicated to clients and practitioners. Some highlights should include ‘Q & A,’ the latest products, information for professionals,’ for the consumer, and a feedback section. Company overviews with detail and illustrations, treatment modalities and compatibility charts can help educate and facilitate the clients’ acceptance long before they enter our clinics.

In the short history of our profession, the scope of practice has more than tripled with the introduction of legislation that allow for partial and implant-retained dentures. We should be managing our profession and communicating these changed capabilities better.

The Internet has transformed how we do business, allowing our clients and us greater access to information and knowledge. It is also a great vehicle for us to learn, inform and lead for a change. After all, in Alberta at least, denturists account for the majority of implant dentures provided and it would be safe to say they also account for the greatest number of implant referrals.

Some interesting sites I have found:
- 3i Implant Innovations, Inc.
- Bacon Dental Implants
- Biolok International
- Implant Dentistry Communications
- ITI Dental Implants at Straumann
- Lifecore Biomedical
- Nobel Biocare
- OsseoNews
- World Center for Dental Implantology
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Have you decided what will happen to your property after you die? Without a last will and testament (commonly called a ‘will’) the law decides exactly how your estate (the things you own) will be divided among your surviving spouse, children, siblings and parents. When you have your lawyer draft a will, you can make certain that your priorities will be honoured. Here is an initial checklist of items to cover.

- Choose a competent executor. You may also want to choose a contingent executor, just in case the first decides not to follow through as your executor, has health problems, moves to another country, or dies. You may also want to choose a co-executor.
- Incorporate your will with your spouse’s will. This is referred to as a ‘reciprocal will.’ It looks at various potential occurrences such as: ‘What if my spouse and I die at the same time?’
- Give instruction regarding the type of funeral you wanted. You can direct from which funeral home, and at which cemetery you are to be buried in. Or, if you prefer cremation that can also be directed.
- Divide assets specifically amongst chosen heirs. For example, leaving a watch, photo album or a Shakespearean folio to a certain person.
- Possibly include friends or non-family members amongst beneficiaries. You may have a long-time friend, and may want to leave, for example, a sailboat that he or she helped navigate for years.
- Establish contingent beneficiaries. This can ensure heirlooms pass onto other friends or family in the event the primary beneficiary dies.
- Where children are concerned, define legal guardians, and contingent guardians. A will can allow you to predefine who will care for your children, if you and your spouse die.
- Outline financial arrangements for your dependants. Review life insurance policies to ensure that they provide adequate capital protection.
- Pre-establish special trust funds, and trustees for dependents, where necessary. Consider how monies are to be invested, and at what age each child should receive his or her share of any monies left to them.
- If divorce is imminent, have your lawyer explain your responsibilities in the family law act and how the law may relate to you (if it does at all). This will define who has a right to financial support after you die. You may want to leave certain assets to your children in trust if a divorce occurs. If you own life insurance you may be able to change the beneficiary to pass on the death benefit to any party tax-free, or perhaps pass the funds to your estate and let the will define the possible contingent changes.
- Where a spouse is concerned, be careful not to direct a disposition of RRSP assets. Name beneficiaries on all RRSPs to allow easy rollovers, and avoid probate where possible.
- Consider bequests to charity. Assets such as property, or life insurance proceeds can be left to a charity via your will.
Building a successful practice takes time, dedication and a commitment to excellence. We feel the same way about our business. “Success” is a well planned undertaking. Plan on using our services to help you achieve your goals:

Consider us for your cast partial frames in chrome-cobalt or titanium.

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Establishing the value or worth of a practice is a complex matter. There are more than 30 ways to calculate the value of a business and there is a specialty certificate for accountants that deal specifically with this. A practice, no matter how it has been appraised, is only worth what someone will actually pay for it.

I am not going to get into the 30 different ways, but rather will give you an overview of what to look for when purchasing a practice. If you reverse the point of view, this will also provide you with what to do to make your practice more saleable and valuable.

The value of a practice can be split into two basics categories:

1. Probably the easiest to verify is the value of the physical assets of the practice. This includes the chairs, equipment, leasehold improvements, etc.
2. The other category is goodwill, which is represented by the patient base, how well it is being serviced, and profitability. This aspect is more difficult to accurately determine.

Before buying any practice, it is optimum to review the professional practice valuation provided by the seller. This should provide details such as an exact list of the physical assets of the practice including the value of each, the number of active patients versus the billings, a demographic breakdown of the patient base, expenses, etc.

**Assets of Practice**

1. Review the age and condition of the existing equipment. It must be capable of lasting at least another three years or it has no value to you. Once you have gone to the bank for financing, you do not want to go back for more for another three years.
2. Find out what company has been maintaining the equipment. It might be wise to talk to them concerning its state of repair. You might also want to have a service company check the equipment out and determine what repairs if any are needed. This is especially true if the equipment is not under a maintenance agreement.
3. Is the office computerized? This is the 21st century now and the office should be computerized. What is the software being run on the computer? Can it be transferred to you or do you have to purchase a new license? How user friendly is it? (This is important when hiring staff in the future who need to be able to operate the computer).
4. Leasehold improvements require an on-site inspection to see what the premises actually look like. Will patients be attracted or repelled by its appearance. Are you going to have to do a minor facelift or a major renovation?
5. The term of the lease for the premises and specific clauses such as a demolition clause need to be looked for, as well as whether a sublease or new lease will be required. Does the lease allow you to put up signs—how many and where? Most leases require written authorization from the landlord for signs and this point should be negotiated and included in the lease.
Goodwill

1. The practice philosophy of the seller should be determined to ensure that it is compatible with your own. Have the patients been educated into a belief that the best is what they should have or the cheapest is best.

2. A chart audit will then substantiate whether what you are being told is true or not. The more thorough your chart audit, the more certain you are about what you are buying. It is like taking a car for a test drive. In a chart audit you should be looking for the following:
   - Prices of services being sold - current fee guide?
   - Are discounts being given and, if so, under what circumstances?
   - Percentage of patients that are subsidized by various government agencies.
   - What is the quality of work that has been provided? How many standard dentures versus how many premium ones? (This also provides insight into how to approach the patients concerning treatment should you buy this practice).
   - Recalls - is there an organized and systematic recall system?
   - Are previously seen patients returning?

3. Statistical items you will want to establish are:
   - Total number of patients: The larger the number of patients with up to date addresses, telephone numbers, etc., the greater the value of the goodwill.
   - Number of new patients per month.
   - Accounts Receivable amount and age.
   - Payment policy of the practice.
   - Gross billings annually as well as monthly, if you can get this information. (You want to determine whether the practice is expanding or contracting, and if contracting, how long has it been contracting). Can you personally produce that volume? If not, can you find an associate or cost-sharing partner to help?
   - Net income of the practice. After making your loan payments for the purchase, what is left over for you? Carrying costs involved in financing the practice especially relative to its existing income and expenses can turn a profitable practice into an unprofitable one.

General information

Other aspects to consider are:
- Number of staff and their tenure with the practice.
- General layout of premises and potential for expansion.
- General location of the practice relative to visibility i.e. ground floor (or has an elevator), storefront, availability of parking, public transit, etc.
- Number of denturists in the surrounding area.
- Get a copy of the demographics for the area to see if the population is made up of the type of people that you want as patients. Statistics Canada provides such information.
2006 Perfecting Your Practice
University of Guelph, Guelph, Ontario, Canada - June 1, 2 & 3, 2006

The world’s largest annual educational conference for denturists

The Denturist Association of Ontario will be hosting the 8th annual Perfecting Your Practice Conference on June 1-3, 2006 at the University of Guelph, Ontario. The theme will focus on "Preparing Your Practice for the Future".

This premier event offers Denturists, as well as their staff members, a wide variety of learning opportunities to improve upon their practices, while networking with their colleagues and industry suppliers. The conference has become a spectacular event within the Denturist profession. The combination of a great setting, lots of fun, useful information, issue discussion, hands on sessions and refreshing motivation, makes for a wonderful and memorable event.

Perfecting Your Practice is open to all Denturists from across Canada as well as internationally and registration packages will be mailed in the spring. For further information contact The Denturist Association of Ontario at (905) 677-0440. Toll free (800) 284-7311 or info@dao.on.ca

Dress is casual for the conference. The University of Guelph provides fully equipped individual bedroom, common kitchen residence townhouses.

**Note:** This is an adult-only event. As costs are incurred guaranteeing accommodations and meals, DAO is unable to issue refunds for cancellations. The DAO reserves the right to refuse late registrations.

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2006 Perfecting Your Practice Highlights

Pre-Conference Seminars - Thurs. June 1st

**Denture Adventure** Christopher Nordell
Patients say yes to BPS through denturists utilizing The Marketing Triangle. This concept helps you organize the three components on marketing: relationships, advertising, and sales. You will also learn: the habit of marketing; the value of branding; how to get 8 out of 10 starts to choose a BPS denture; creative ways to network; how to build your staff into a powerful marketing team.

**Live Surgery - New Implant Method** Dr. Steven Bongard
A guided live surgery (transmitted from the Nobel Biocare Training Centre in Toronto) where the patient will receive an acrylic provisional restoration at the time of the surgery.

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Conference Seminars - Fri. June 2nd, Sat. June 3rd

**Preparing Your Practice for the Future**

**After Incorporation** Terry Windrem
Things Your Accountant May Tell You: the process of incorporating; taxation of corporations versus people; advantages to leave earnings in the corporation. Things Your Accountant May Not Tell You: income splitting; how to turn after tax expenses into pre-tax expenses; other tax structures available only if incorporated; using the extra earnings to build tax sheltered accumulations.

**Denture Attachments: Feel Confident Using Denture Attachments in Your Practice** Darwin Bagley
The material covered will include: a brief overview of types of attachments; what’s new in the denture attachments field; Technical & Clinical procedures for Intra-coronal, Extra-coronal, Stud and Bar Attachments and Attachment Parts; Attachment Troubleshooting and Discussion of Real Attachment Cases.

**Marketing to Enhance the Denturist Practice** Carol Beauchamp
In office marketing - creating positive first impressions! An overview of marketing your practice from the clients’ perspective. Idea starters - great ideas that our members are using across the province that might enhance your practice.

**Celara Denture System** Keith Henry
The Celara Denture Technique presentation will include: impression technique; boxing impression and pouring cast using patented Celara Denture System; fabricating the Celara Wax Pattern using the Celara Wax Injector; verifying and modifying all patient records; precise set-up for a predictable try-in on 1st or 2nd patient visit; and predictable delivery with minimal adjustment visits. The Implant Applications part of the presentation will include: fabricating the surgical stent and the open tray.

**Innovative Tax Strategies to Yield Big Tax Savings** Basil Nicastro
Some of the topics covered will include Fundamental Tax Planning Tools; Tools to decrease your taxes; and Tax saving ideas that are often overlooked.

**Value-Added Marketing - Making It More Than a Hollow Promise** Ken Wong
Learn how to augment your product or service with auxiliary features and services that not only add-value for clients but provide a basis for superior price realization or lower cost of service.

**Bad Breath: Up Close and Personal** Ann Bosy
Although everyone experiences bad breath occasionally, a large segment of the population suffers from persistent oral malodour. It is a constant source of misery, adversely affecting social behaviour and the quality of life. Since bad breath occurs in both dentulous and edentulous individuals with the same intensity, it is important that denturists understand the problem and to be able to provide their clients with the best possible course of action. This presentation will include a discussion of possible causes, measuring devices, and available products on the market for the treatment of bad breath.

**Marketing for Profit (a.k.a. Survival in a World of Margin Sucking Maggots)** Ken Wong
Learn the four major sources of profit drain and how you can address them. Implications specific to the denturist industry and situation are provided.

**Team Member Workshops:**

**Cool Time: A Hands-On Plan for Managing Work and Balancing Time** Steven Prentice
The presentation is built on three conceptual pillars: Principles - general concepts that can be integrated into both personal and professional life; Perspective - demonstrating the importance of Time Management for personal productivity and life balance; Practice - specific "how-to"s such as running efficient meetings, dealing with conflicts, and using technology effectively.

**Getting Customers Growing Your Business** Randa Yacoub
When customers receive great service from us and our team, we are likely to experience less stress and less hassle and grief. By the end of this session, you will: Develop a customer service mindset; Identify your customers and their needs; Determine the importance of building customer loyalty; and Examine and implement the details that create a positive memorable experience.

**True Colors** Randa Yacoub
True Colors guides you to recognize and appreciate the difference in others’ communication and learning styles: Learn about yourself; Understand how to get along with others; Improve interpersonal communications; Enhance customer relations; Create an effective and efficient working environment; and Develop an appreciation for the uniqueness of peoples’ characteristics.

**Subject to change**
Vitallium® 2000 alloys
The new standard in partial dentures

With advances in the formulas of Vitallium® 2000 and Vitallium® 2000 Plus, it is possible to create lighter, more refined partial castings with the increased elongation required for predictable adjustments. You and your patients will appreciate the many benefits that only Vitallium® 2000 alloys can provide:

Excellent patients’ acceptance – Lighter, more refined partials for improved esthetics and greater patient comfort.

Superior fit – Because of improved investments and lower burnout temperature, your patients receive a precise fitting Vitallium® alloy partial denture.

Adjustability and fracture resistance – Vitallium® 2000 alloys have double the elongation value of the original Vitallium® alloy, resulting in a partial that permits predictable adjustments with unprecedented fracture resistance. Quite simply, Vitallium® 2000 alloys adjust like gold with no fear of deformation.

Highly refined, polished surface – Maintains a high luster and resists plaque. This ensures that your patients can easily and effectively clean their partial dentures.

Biocompatibility – Both Vitallium® 2000 alloys are nickel and beryllium free.

Kinder wear properties – Vitallium® 2000 alloys have a lower Vickers Hardness making each partial less abrasive to opposing dentition and restorations.

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*Data on file.

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Celara denture technique
By François Jean D.D. and Graham Philp, D.D.S.

On May 28 and Nov. 12, 2005 our colleague, François Jean, D.D. held conferences on the Celara Denture System for Québec’s denturists at the Collège Édouard-Montpetit in Montréal. The conferences were sponsored by CIRED, and were extremely well received by the participants. Dr. Graham Philp, the developer of the Celara Denture Technique, was in attendance for both meetings.

“It is an immense pleasure to be able to share knowledge with colleagues and to present a highly innovative technique in the presence of its inventor, prosthodontist Dr. Graham Philp,” noted François Jean, D.D. “The fact that Dr. Philp travelled from Florida to be at both meetings gave a favorable impression to all denturists present.”

Dr. Philp was very excited about the quality of the presentation and workshop offered by François Jean D.D.

During both of these conferences and during his participation in the World Symposium on Denturology in Montreal in 2004, Dr. Philp was very impressed by the denturists’ level of competency as well as the passion shown for their work. It is for this reason that the company decided to support denturists in their use of the Celara system in Canada. In the United States, the system is distributed to dentists and prosthodontists.

François Jean, D.D., as well as many other denturists, has used this technique for more than a year and considers that it should be used and mastered by all denturists to meet the requirements of their patients. “We never have enough knowledge to meet the ever increasing demands of our patients,” he says. “As for any new technique, it is important to master the basics in order to teach it. It is for this reason that I am happy to teach it via conferences at the Centre international de recherché et d’éducation en denturologie (CIRED).”

Celara Denture Technique
The Celara Denture Technique increases the predictability and profitability of denture cases, while significantly increasing patient satisfaction. Following are step by step procedures to replace a patient’s existing denture using the Celara Denture Technique.

Making the Impression
The existing denture is used to make an impression. When done properly, the existing denture provides an excellent tray to efficiently obtain an impression. If the denture borders are short or broken, Celara Rapid Repair thermoplastic tabs can be used to extend the denture borders. The technique allows you to use your preferred impression materials and technique. The following two-stage impression technique is suggested:

1) For denture borders that are 3 mm to 7 mm short, use Rapid Repair thermoplastic tabs to lengthen or repair borders. Soften the tabs; either use hot water or place them on a spatula and heat using a flame. (Fig. 1)
2) Apply impression adhesive around the entire periphery. Note: Adhesive should be compatible with the impression material.
3) Establish borders using a heavy-body vinyl polysiloxane impression material. (Fig. 2)
4) Have patient rinse with cold water before final impression.
5) Adequately dry ridges.
6) Use extra-light or light-body impression material for the final impression. Avoid over loading denture with impression material. (Fig. 3)
7) Remove any impression material from tooth surfaces.
8) Re-insert impressions into mouth, observe and verify records, and take a bite check if necessary. (Fig. 4)
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Boxing Impressions and Pouring Cast

The impression is boxed in the disposable container using Celara extended-pour alginate. A cast is then poured using Celara quick set stone formulated specifically for complete dentures. Boxing the impression with the cast allows a wax pattern to be fabricated. The pattern is then used as a wax try-in to verify and/or modify all patient records. Teeth are then set directly into the modified wax pattern. Anterior arrangements and tooth positions can now be precisely communicated, as can extensions and thickness of flanges, contour and thickness of the palate, the neutral zone (where lower posterior teeth are in relation to the ridge), and contour of the mandibular lingual flange.

1) Mix Celara Alginate following directions on pouch.

2) Pour mixed alginate into lower half of the disposable container. Immediately place denture into Celara alginate. Note: Keep denture borders 1 mm to 2 mm above alginate. (Fig 5)

3) Using a dull knife, remove any alginate that overflowed onto the impression. (Fig. 6)

4) Mix Celara quick-set stone (see stone packet for directions).

5) Pour mixed stone into the denture container. Note: Avoid trapping air, which would cause voids in the model. Stone will set in approximately 5 minutes. (Fig. 7)

6) Remove denture from cast, wash off impression material, and give it back to the patient. (Fig. 8)

7) Reclose Celara disposable containers.

Wax Pattern Fabrication

The Celara technique uses a wax pattern as a modified wax rim and base plate. The wax pattern is fabricated using the Celara wax injector.

The hybrid wax is designed specifically for the technique. It is hard and rigid, yet it can come out of most undercuts without distorting or breaking. The wax pattern fits accurately and is comfortable for the patient. If modifications are necessary, they can easily be made.

1) Use a bur to sprue a small hole in the front and back center of the lower container. (Fig. 9)

2) Remove excess alginate from the container leaving a small hole. (Fig. 10)

3) Lubricate entire stone cast with Celara model release agent.

4) Place the container on the wax injector so that the teeth side of the denture is injected first.

5) Slowly pump Celara wax into the disposable container. (Fig. 10)

6) To cool wax, place the container into a cold water (or ice water) bath. Let wax pattern completely cool while on the cast.

7) Trim the wax pattern. (Fig. 11)

8) Verify and/or modify records as needed, and take bite registration. (Fig. 11-14)

Optional: Fabricating the Stabilized Hard Base

The hard stabilized base can be made using any preferred technique: An Omni Vac suck down base, a Triad light cure base, or a sprinkled acrylic base. The bases must be made ‘thin’ to assure complete closure of the containers. The cast from the container, untrimmed, will fit under an Omni Vac machine. When making a suck down base, do not be concerned that the borders are not registered, as the base is made intentionally short. The bases are intentionally cut short, so that when the wax pattern is injected over the base, the borders will be in wax. (Fig. 15).
Mounting the Cast and Setting the Teeth
The cast is trimmed and mounted on an articulator. It is most desirable to set the teeth directly into the wax patterns, ideally over a stabilized hard base, as many attributes of the old denture can be maintained, i.e. the contour of the palate, thickness of the flanges, positions of the teeth, height of the gingival margins, etc. The wax-patterns provide a reference-point from which slight changes can be made. From the wax pattern, you can see exactly where the teeth need to be placed. (Fig. 16-21) This set-up provides an extremely predictable and accurate try-in on the first or second patient visit.

Processing
The Celara cases are processed using your preferred technique: Trial Packing, Injecting, Pouring, Light Curing, or Microwave.

Finishing
A significant advantage of setting the teeth directly into the wax pattern is that minimal finishing will be required, thus saving valuable laboratory time and possible distortion of the denture.

François Jean, D.D. is a 1983 graduate of Collège Édouard-Montpetit, and maintains a full time high tech private practice in St.-Jean-Sur-Richelieu, Quebec specializing in Dentures, TMJ treatment, and Implant Technology. He has conducted lectures and research for the Center for International Research and Education of Denturology (CIRED) in Quebec, and has consulted on Denturists behalf with Dentsply International. He was a Delegate for the Denturists Association of Canada in 1988, and spent many years as the Treasurer of the Quebec Denturist Association. He can be reached at fjeandd@hotmail.com.

Graham Philp, DDS received his DDS from the University of Detroit. He then maintained a full time general dentistry practice for 13 years in Grand Rapids, MI, lecturing extensively for Vita Porcelains on the topic of crown and bridge treatment techniques. Dr. Philp earned his Prosthodontic Certificate at The University of Texas, San Antonio, and then maintained a full time practice limited to removable prosthetic dentistry. He has authored several research articles in the Journal of Prosthetic Dentistry and consults to many Group Practices, Universities, Dental Laboratories, and Manufacturers on the subject of Removable Prosthetics. He can be reached at gkphilp@tmo.blackberry.net.

For more information contact Dentovations, Inc. 800-823-5272, or Henry Schein Ash Arcona 800-496-9500.
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Manuscripts may be submitted on paper with CD copy or electronically via PDF or Word attachment. Graphics or photos should accompany the submission. Graphics and photos will not be returned.

Articles submitted on paper must also be accompanied with CD of article, stating which word processing package is used. MS Word or Word Perfect is preferable.

Articles should be 1,500 to 3,000 words in length. Longer articles will be accepted but are subject to editing.

The last name of the author should be typed on the top of each page. Number pages consecutively with the title page labeled Page 1.

Submitted manuscripts are judged on accuracy, content, originality, style, organization and appearance. The manuscript should include references. Personal communications, manuscripts in preparation and other unpublished data are not cited in the reference list but may be mentioned in the text in parentheses. Identify references in the text by Arabic numerals in parentheses on the line. References are typed, double spaced, separate from the text and numbered consecutively in the order in which they appear in the text.

Manuscript should also be accompanied by a short (3 line) bio of the author(s).

Once it is accepted, the article is subject to editing by the editorial staff. Authors may request an edited transcript for approval.

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DATES:
Friday May 12 &
Saturday, May 13, 2006

TIMES:
Friday 3 p.m. to 9 p.m.
Saturday 9 a.m. to 2:30 p.m.

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655 Dixon Road, Toronto
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For more information contact
Rob Mior,
Technorama Chair
416-707-0151
Friday, May 12

TIME: 5:00 – 6:00 p.m.
COMPANY: Heraeus-Kulzer
TOPIC: Filou 28: Make anyone an expert in under 20 minutes—dentures simplified
PRESENTER: T.G. Hornischer, CDS
ROOM: Montreal A

TIME: 5:00 – 6:00 p.m.
COMPANY: Keystone
TOPIC: The occlusal compass concept
PRESENTER: Michel Ayoub
ROOM: Montreal B

TIME: 6:15 – 7:15 p.m.
COMPANY: Vident
TOPIC: Clinical case planning and fabrication using 3D shaded VM materials
PRESENTER: Mark Baker, CDT
ROOM: Montreal A

TIME: 6:15 – 7:15 p.m.
COMPANY: Meric Dental
TOPIC: Zirconia: The new foundation for dentistry Katana CAD/CAM
PRESENTER: John Mursic, RDT
ROOM: Ottawa

TIME: 7:30 – 8:30 p.m.
COMPANY: Dentsply
TOPIC: CAD/CAM at the service of the dental laboratory
PRESENTER: Roger Picard, RDT
ROOM: Montreal A

TIME: 7:30 – 8:30 p.m.
COMPANY: Del Dent
TOPIC: The flexible injection system, a new perspective
PRESENTER: Albert DeLuca, RDT
ROOM: Montreal B

TIME: 7:30 – 8:30 p.m.
COMPANY: Ivoclar
TOPIC: All ceramic... all you need!
PRESENTER: Trevor Laingchild, RDT
ROOM: Ottawa

Saturday, May 13

TIME: 9:30 – 10:30 a.m.
COMPANY: Dentsply
TOPIC: Removable renaissance
PRESENTER: Clarence Spring, RDT
ROOM: Toronto A

TIME: 9:30 – 10:30 a.m.
COMPANY: Whip Mix
TOPIC: Top ten problems and inconsistencies faced by a C&B Lab
PRESENTER: Nannette Boyd, CDT
ROOM: Montreal A

TIME: 10:45 – 11:45 a.m.
COMPANY: Keystone
TOPIC: Removable prosthetics: challenge the ordinary
PRESENTER: Thomas R. Zaleske, R.G.
ROOM: Montreal B

TIME: 10:45 – 11:45 a.m.
COMPANY: HSAA
TOPIC: Building a profitable removable department with Valplast flexible partials
PRESENTER: Justin S. Marks
ROOM: Ottawa

TIME: 12:00 – 1:00 p.m.
COMPANY: Heraeus-Kulzer
TOPIC: Introducing Hercecram Zirkonia
PRESENTER: Craig Nelson, CDT
ROOM: Toronto A

TIME: 12:00 – 1:00 p.m.
COMPANY: 3M
TOPIC: Lava crowns and bridges: The future is here!
PRESENTER: Michael Schreck, RDT
ROOM: Montreal A

Business Seminar

Friday, May 12
TIME: 8:30 a.m. – 2:00 p.m.

What every Manager Needs to Know: A Tool Kit for Success

This seminar will lay the foundation for your management role and provide you with easy-to-apply tools you need to be a successful Manager. In just a few hours, you will gain the practical know-how you need to plan, organize, motivate, delegate and lead an effective team.

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1. The manager’s reality
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2. Managing work, time and priorities
   • Understand the value of your time.
   • Choose between competing priorities.
   • Handle activities and gain more control over how you use time.
3. Budgets and costs
   • What is a budget?
   • Translating the plan into a budget.
4. It’s all about people and communication
   • Understanding yourself and others: behaviour, motivation, needs and wants.
   • Effective communication techniques.
   • Dealing with challenging situations.
5. Preparing to lead your team
   • Identify the attributes of effective leaders.
   • Understand why people would or should follow you.
   • Determine what it takes to lead your team.
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Manitoba news
Denturist Association of Manitoba presents certificates and awards.

Manny Minuk (l), Vice President of the Denturist Association of Manitoba, and David Hicks (r), President of the Denturist Association of Canada, present DAC certificates to Silvina Maltz and Maile Minuk, Manitoba’s newest Denturists.

Manny Minuk (c) and Maile Minuk (l), brother and sister Denturists, celebrate with David Hicks.

Paul Hrynchuk (l), President of the Denturist Association of Manitoba presents an Award of Merit to Roger Mandziuk a long time member of the Admissions Committee of the Association.

We would like to thank Peter Ponsa of Det-Line for bringing the Enigma System to George Brown College. The third year denturism students were treated to a presentation and a hands-on demonstration of the Enigma system completing full upper and lower dentures.

New Brunswick news
The New Brunswick Denturist Society is excited to announce the launch of its website coming in the spring of 2006.

Our Annual General Meeting is being held this year at the Fairmont Algonquin Resort in St. Andrews, NB on May 11, 12 and 13. We will be offering a course on teeth whitening.

Our next Annual General Meeting is scheduled for April 2007 at Rodd’s Miramichi River Resort in Miramichi, NB

We will be starting negotiations with HRDC for an increase in the cost of services as well as the addition of metal partials.
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Thanks to the growing number of aging baby boomers, the emphasis on cosmetic dentistry, and the success of television programs concerning cosmetic makeovers, removable prosthetic treatment is finally being recognized for the potential impact its comprehensive treatment can afford the edentulous populace.

If you don’t believe it, just look around, the signs are all around us. In the last two years alone, the average denture tooth shade being ordered in the A1, B1 or brighter range has increased two fold. Have you noticed, like I have, the increase in the words natural or cosmetic in regard to removable prosthetics? Maybe like me, you have also noticed the increase in multi-layered denture teeth being offered, or the increase in kits that offer the option to custom colorize teeth and bases. If you are internet savvy do a word search on cosmetic dentures and you will realize that there are thousands of websites that reference this topic. This is not because of a younger population of edentulous patients, but rather a growing number of patients and practitioners, beginning to understand that being edentulous does not mean it is the end of the line in looking attractive or having self esteem.

Many may read this and say, how does an A1 shaded denture tooth equate to natural or cosmetic for a patient in their twilight years?

It is my belief that although a tooth shade this bright for a removable prosthesis may not exactly fit the physiologic age of the patient, it definitely identifies a growing edentulous patient desire to look more youthful and feel complete. This sets up a great position for us serving the edentulous public to be in.

If we comprehensively treat patients by understanding and applying such concepts as golden proportions of esthetics, natural tooth emergence profiles, base contouring, polychromatic base coloring, palatal contouring in regard to phonetics, and cater to the treatment philosophy of subliminal acceptance, we can propagate this already growing esthetic demand in removable prosthetic treatment.

It’s time to start honing and augmenting cosmetic esthetic concepts with our knowledge base of what we already understand constitutes good fit, and occlusal function. Nothing is more bothersome than the prevailing attitude by some in dentistry that feel being edentulous somehow rates lower in regard to patient need, than the dentate patient. As we know, removable treatment is by far the most multi-disciplinary treatment afforded the dental patient. With this in mind, let us use the groundswell of patients seeking to enhance their lives with facial cosmetics to enhance our image as providers of a viable cosmetic and functional treatment. One of the greatest challenges we have always faced is identifying and satisfying the subjective needs and desires of the edentulous, but presently these needs and desires are very identifiable. If our actions are dictated by the subjective nature of removable prosthetics, then the idea, of reducing them any longer to a commodity, can never flourish.
Help celebrate our 15th Birthday by visiting our booth at Technorama 2006! We will demonstrate some of the unique products useful for your denture practice. Below is just a sample of what we have available ...

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**Bredent’s Dentasil** is a special silicone formula designed to protect teeth and acrylic during the investing and curing period of denture construction. It prevents the plaster from adhering to the necks of the teeth and waxed contours of the denture.

**Renfert’s Waxlectric I & II** help you get predictable results with these electronically controlled waxing instruments. Wax properties remain consistent by avoiding overheating of the wax. Try our new spoon tip for your denture work!

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Minuk Denture Clinic, a family-owned business, is situated at one of the busiest corners in Winnipeg, Man. The 3,800 square foot building is located at 10 Queen Elizabeth Way, at the apex where Main Street meets the Norwood Bridge. One of its closest neighbours is the Forks Market, a national historic site, and a Winnipeg tourist destination with more than 5 million visitors a year. With its technological advancements, modern design, and expert service, Minuk’s is a one-of-a-kind clinic in an out-of-the-ordinary location.

On a cold winter’s day the gas fireplace was glowing in the lobby. A magnificent image of a desert canyon hung on the wall and provided a striking contrast from the weather outside. Clients, fresh from winter’s worst, lounged on black leather armchairs relaxing until it was their turn to see one of the denturists on staff. A playful purple crystal set upon the high-efficiency hearth transmitted its energy and healing powers to the reposed and a gentle scent of lavender bathed the room with its calming aura.

Opening onto the lobby were two hallways. Paint, texture, and design on the walls added to the structural dynamics of the passageways and created a physical and visual line that added depth and width. The free flowing pattern was duplicated in rich chocolate tones in the bulkhead of the reception desk. Intricate artwork, created by Manitoba artist Larry Rich, surrounded the doorframes of each office, and created a cohesive look that was unique in each instance.

Denturism Canada is proud to present an examination of Canada’s most inspiring denturism practices. This issue features Minuk Denture Clinic and Dental Implant Centre located in Winnipeg, Manitoba.

Spacious yet welcoming is the perception gained when arriving at Minuk’s. “We wanted to give the clinic a spa-like atmosphere,” explains Joseph Minuk. Spas are incredibly popular with a baby-boomer population that demands the best.” Adding: “I feel that the dentist is our biggest competitor and our clients need to feel comfortable and confident enough in our office that they don’t wish to go anywhere else.”

This demographic understanding of his clients comes naturally to Minuk, an experienced denturist who has been practicing in Winnipeg since 1977.

Originally, Minuk was located on Selkirk Avenue in the North End of Winnipeg, 12 years ago he added on to the business, opening a new location on Marion Street, where his son Manny ran the operation. On October 31, 2005, the two locations merged into this one state-of-art venture.

“The location is central and easily accessible to all,” says Minuk. It has ample free parking and is located close to many of the major bus routes.

Clients are welcomed with exceptional service and it all starts at the front door where Ken McCracken, the courtesy doorman and parking lot attendant, greets visitors and helps them settle in.

Once seated, it is not too long before they are shown into one of the operatories. Comforting touches reside here as well. All of the operatories are placed facing the outside walls. They feature
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© Vident 2005. Dentures by Dennis Purimon, CDT
picture windows that provide natural light in the workspace and are backlit by the nearby Assiniboine River. Changing traffic patterns on Main Street distract nervous clients and the furniture is denturist-friendly. “We use knee-break chairs because we need to get up close to our clients,” explains Minuk. “It is nice to stand right in front of your clients when you are working on them.”

Denturists on staff with a partiality for the progressive recliners without footrests include Joseph’s son Manny, nephew Greg Pinette, Morgan Ganetsky, and Andrew Koster. Daughter Maile, a licensed denturist was also part of the clinic until she relocated to Edmonton. Currently, Minuk’s is seeking a replacement denturist for Maile. Sharon Minuk, Joseph’s wife, is the office administrator and has worked alongside Joseph since the early days. Eight office personnel keep the place humming day and night.

Yet it is not just dentures that are being fitted. Since 1987 Minuk has been working with oral surgeons and other specialists. Onsite is Dr. Jim Wener, D.M.D. He extracts teeth and places implants in the mouths of clients wanting more than what conventional dentures have to offer.

Functionality and practicality are important components of the service as well as the décor at Minuk’s. The professionals in the clinic praise a simple yet effective accommodation featured in a traffic-free area that is not part of the clinic or the laboratory. “It is a separate sterilization area,” says Minuk.

Near the sterilization centre and central to the building is the fully equipped laboratory. It is a hushed haven for nine lab technicians who work in the denture-creating environment. The room is surrounded by cinderblocks that minimize outside noises and block the escaping sounds and odours of a typical laboratory.

Minuk has three injection systems in the laboratory. One is the SR Ivocap. It is an injection/processing system offering a fabulous fit for denture wearers as it keeps the pink tissue portion of the denture from shrinking during processing. The Valplast injection system is used for fabrication of flexible partials and also the MG – Newpress ® Dental D unit for fabrication of tooth-coloured flexible clasps.

Along with his dedication to progressive technology, he also understands his clients with other considerations. Extended hours allow even the most hard-pressed to find the right hour of the day or night to visit. “A lot of our clients are older and their family is not able to get them here during the day,” relates Minuk. From Monday to Thursday the clinic is open from 8 a.m. to 8 p.m., Friday from 8 a.m. to 5 p.m., and Saturday from 9 a.m. to 2 p.m. Minuk also provides a 24-hour emergency
telephone number for clients to call when the unexpected occurs.

Hours of operation were only one of the factors considered when choosing the new site for the clinic. “We were looking for the perfect location for a long time,” affirms Minuk. “When this location became available we knew it was the right one.”

Small touches and commitment to the craft of denturism can be found throughout the office but it is the people that work within the walls that give the place heart and soul.

Minuk’s passion for denturism is communicated daily as he works alongside his colleagues. He believes in supporting up-and-coming denturists and often gives them an opportunity to practice the skills they learn at school. “More denturists need to open their doors to graduating students,” explains Minuk, “it can only benefit the profession.”

Manny Minuk reiterates his father’s message and adds his own. “With more denturists on staff we’re able to help each other more often.” Having a range of experience in the office ultimately benefits the clients. Seasoned denturists have skills that greener denturists do not and can offer guidance. Yet those just out of school, armed with the latest developments in denturism, often teach their mentors, too.

With close to 30-years of experience, Minuk has learned his lessons well. He has built a practice that has stood the test of time. Now, he has designed the extra touches that showcase his commitment to his clients, his craft, and his business - making this one-of-a-kind clinic into a leading edge enterprise in a smile-creating market.

Check out Minuk Denture Clinic at www.minuksmile.com

---

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<th>CLINICS FOR SALE</th>
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<tr>
<td><strong>Denture clinic for sale</strong>. Well-established Denture Clinic for sale in Fort McMurray, AB. Profitable business with an extensive patient base, established in 1980. Turn key operation. Current owner willing to stay on to ensure a smooth transition if needed. Serious inquiries only. Please call Keith – Days: 780-791-1411 Evenings: 780-791-1401</td>
<td><strong>Established busy denture clinic</strong> in a thriving central Alberta community. Most picturesque area in all of Alberta. Large drawing area. Close to mountains, lakes, fishing and golf courses. Both dentists in town refer to this clinic. Clinic gross 2004 $230,000+ and 2005, $250,000+. For more information please call Meryl 780-696-9696 or 780-514-0202.</td>
<td><strong>Denture clinic for sale in Red Deer</strong>. AB is seeking certified Denturist as either an Associate or a Buyout from previous owner. Denture Clinic has been newly renovated in February 2005. Clinic has been established since the 1970’s. The Clinic is in a very good location with excellent accessibility. For more information call 403-304-6893.</td>
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<tr>
<td><strong>Denture clinic for sale in Red Deer</strong>. AB is seeking a certified Denturist to possibly buy practice or manage clinic. The owner is looking to change career. Clinic has been in operation since 1993. Very busy practice in a mall location. Long term lease in place with reasonable rent. The clinic was newly renovated in November 2005. The practice is very professional looking. For more information call 403-304-6893.</td>
<td><strong>Valley denture clinic for sale</strong>. Established and profitable denture clinic in Manitoba. Modern and newly renovated. Solid and steady client base. Always busy. Current owner will stay on during transition period. Open to various financial arrangements. Contact Brenda Shepherd at 1-888-374-1169 or e-mail <a href="mailto:bshep1962@yahoo.com">bshep1962@yahoo.com</a></td>
<td><strong>Denture clinic in Red Deer</strong>. AB is seeking certified Denturist practice for sale or lease.</td>
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<td><strong>Denture clinic for sale in northwest Alberta</strong>. Established eight years with original owner. Stable rented location. Large client base. Referrals from five dentists. Growing rural community with paper/lumber/oil and gas industries. Town is the centre of economic growth in the area. Reasonably priced. Serious inquiries only. E-mail: <a href="mailto:kendent@cablerocket.com">kendent@cablerocket.com</a> or phone 780-778-3976.</td>
<td><strong>Clinic for sale</strong>, Edmonton AB. Owner retiring. Thriving, well-established (30 years) practice located downtown. Main floor, newly renovated, 1200 sq. ft. two operatories, large custom lab with natural light. Excellent ventilation and custom-made office layout. Large patient base, ample private parking. Option to purchase building. Call Jane, Belmont Realty 780-428-3915.</td>
<td><strong>Clinic for sale</strong> in the heart of Burnaby, BC. Established 1993. Excellent client base, located in senior-based community, great exposure, surrounded by Metrotown, Old Orchard and Crystal Malls. Clean and computerized. Owner re-locating. Contact Nasser at 604-436-1139.</td>
</tr>
<tr>
<td><strong>Practice for sale</strong> in the heart of Sunny Tsawwassen. This is an existing practice of approximately 32 years. The address is 1222-56th Street, Delta BC V4L 2A4. For details please phone Erna Swan at 604-943-7818.</td>
<td><strong>Well-established, very reputable, high turing denture clinic for sale</strong> in south Calgary, AB. Owner moving. Serious inquiries only. E-mail <a href="mailto:tax65@telus.net">tax65@telus.net</a>. Phone 403-613-2497</td>
<td><strong>Denture clinic with building for sale or lease</strong> in Peace River, AB. Well established for 30 years. Turnkey operation, very large client base. Excellent earnings. Spouse transferring. Must move! Beautiful Peace River Valley is a service centre for very large rural area. All inquiries welcome. Priced to sell. Call Vivian Boucher at 780-624-1210.</td>
</tr>
<tr>
<td><strong>Denture clinic in Red Deer</strong>. AB is seeking certified Denturist to possibly buy practice or manage clinic. The owner is looking to change career. Clinic has been in operation since 1993. Very busy practice in a mall location. Long term lease in place with reasonable rent. The clinic was newly renovated in November 2005. The practice is very professional looking. For more information call 403-304-6893.</td>
<td><strong>New clinic approx 3 years-old in Toronto. Great earning potential. Fully equipped, large operatory and waiting area. Perfect for new grad. Three dentists and oral surgeon in site. Owner moved from city. Call John at 416-467-6702.</strong></td>
<td><strong>Denturfologist clinic for sale</strong>, Valleyfield, Quebec. Owner retiring. Established 40 years. Good clientele. Price to be negotiated. Serious inquiries only. 450-373-4657. Ask for Laurier Gosselin.</td>
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<td><strong>Denturist practice for sale or lease</strong>. Owner retiring. Thriving, well-established (35 years) clinic in beautiful Victoria, BC. The large loyal clientele base plus an excellent flow of new patients makes this one of the highest grossing offices in Victoria. Please call 250-888-5148.</td>
<td>**Denture clinic for sale in Calgary, AB. Thriving 12-year old practice located outside busy mall and close to U of C. Great visibility and low rent. Two operatories, recently renovated, hardwood floor, shows very well. Computerized with DOM. Owner moving. Inquiries to <a href="mailto:horizondenturist@telus.net">horizondenturist@telus.net</a></td>
<td><strong>Beautiful Olympic Peninsula</strong> – Well established (11 years) denture clinic with laboratory for sale. Located in Port Hadlock, Washington (20 miles from Port Townsend). Great client base and excellent reputation in the community. Fantastic potential for growth. Owner retiring but willing to work during transition. Also for sale, 3 bedroom 2 bath Condo located on the Port Ludlow golf course. Come enjoy the spectacular beauty of the Pacific Northwest. Serious, financially secure inquiries only please. Call 360-385-1439 or email: <a href="mailto:kharvey02@msn.com">kharvey02@msn.com</a></td>
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Denture clinic for sale. Reputable practice since 1977 with large base of loyal patients. All equipment included with sale. The office is operating on the Denturist Office Manager (DOM) system. The Clinic has a reception area, waiting room, large lab with central air and 2 operatories. Located in excellent area with a healthcare building in the centre of town on the main street. Hampton, NB is within a one-hour drive to the major cities of New Brunswick and within a three-hour drive to the Maine, US border or Halifax, NS. Hampton is economically healthy in a straight line from a ski area. It is picturesque with a blend of heritage and new development along the Kennebecasis River. Serious inquiries only to 506-832-3803.

Looking to buy. Experienced denturist looking to purchase established clinic in Toronto or up to 60 kms commute. Willing to associate. 416-505-9411.

Denturist looking to buy practice. Motivated denturist looking to purchase progressive clinic. Owner must be willing to stay-on for transition period. Call 519-352-5333 or e-mail smilepro@cgeco.ca

Energetic denturist seeking a progressive and established clinic in Toronto or up to 90 minutes commute. Willing to associate. Call 416-378-9978.

Calgary denturist clinic is seeking a licensed or student Denturist. Interested individuals may fax their resume with salary expectations to 403-516-0508.

Denturist wanted. Trestain and Pryce Denture Clinic is seeking a full-time registered denturist. Will consider a graduate student or dental technician. This position is available starting January 2006 and provides the opportunity for future associate position or partnership. Trestain and Pryce Denture Clinic is a well-established denturist office in downtown Kamloops, BC. Fax resume including qualifications and references to 250-372-2436 or e-mail pryor@telus.net

Denturist required for busy well-established Denture Clinic in Calgary, Alberta. Owner seeking retirement. Email all inquiries to dentures@telus.net

Denture clinic in Central Alberta is seeking to employ a licensed denturist. Flexible and full-time hours are preferred but part-time hours a possibility. Great incentives, health coverage, opportunity for bonus pay. Position would require someone looking for a secure long-term position and having a positive, energetic disposition. Contact 403-358-4428.

Denturist associate position available. Two locations, Calgary or Canmore. Fax resume to 403-242-5837.

Do you want to retire? Denturist looking to purchase practice in southern Ontario. Practice must be established with potential to grow. Please call 416-695-1558.

Denture technician looking for position in Niagara Falls to Burlington areas of Ontario. Call 905-734-1173.

Denturist required to join our successful Barrie, Ontario dental practice. Previous denturist of seven years associated three plus days per week. Please fax your resume to 705-728-9793.

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Romuald Hejnowicz DD of Mississauga, Ontario, passed away March 22, 2006 at the age of 79. He leaves behind his loving wife Zofia; daughter Beata, her husband Marek and grandson Aleksander. In lieu of flowers, donations may be made to UNICEF through Bates and Dodds Funeral Home, 931 Queen St. W., Toronto.

George Traian Marin passed away February 17, 2006. A funeral was held on Monday, February 20th at York Cemetery, Toronto, Ontario.

It is with profound sadness that I announce the sudden passing of our colleague, George Marin DD, on Friday, February 17, 2006. Those who were fortunate to have known him would agree that he was a unique individual with a gentle soul who was eager to help anyone, and a genuine friend to everyone he knew. George is survived by his wife, Julia, and his daughter and son-in-law, Daniella and Sergio. He will be sincerely missed.

- Submitted by Mordey Shuhendler DD

Roman Nerima passed away peacefully at Toronto General Hospital on Friday, February 10, 2006 at the age of 77. Roman will be dearly missed by his sister Siloka, his wife Nidia Arevalo Nerima, her son Matias Javier Valdez and her daughter, Lisa Guadalupe Valdez; Roman's grandchildren Christopher, Vanessa, Ryan and Natalie; his son Tristan and daughter-in-law Renee. He fought his illness with unbelievable strength and dignity. A private gathering was held Sunday, February 19th.
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After nineteen years on the market, Renew is still only available to dental professionals and is not sold in stores.
On behalf of the Denturist Association of Canada and the Denturist Association of Alberta, we warmly invite you to join us at the 2006 National Congress to be held in the magnificent Fairmont Banff Springs Hotel, Banff, Alberta. Any time of the year in Banff is glorious and we anticipate that October in Banff will be both exhilarating and memorable.

2006 marks the 35th Anniversary of the Denturist Association of Canada. From the vision of a few pioneers of our profession, the Denturist Association of Canada has grown to national and international levels of recognition as a leader in the profession of Denturism. Canadian Denturism had its birth in Alberta more than 50 years ago. It is significant and fitting that this Congress is co-hosted by the Denturist Association of Alberta, which, in 2005, enjoyed a rebirth of its proud representation of Alberta Denturists.

A conjoint planning committee is working hard to provide you with world-class education and celebration events. An Industry Showcase will highlight the latest in products and services to the profession. Networking with friends and colleagues will make the Congress even more valuable.

This collaboration has been a most pleasant opportunity to show Denturists from all over the world the expertise, energy and enthusiasm of Canadian Denturism. Above all, there is nothing better than Canadian hospitality in beautiful Banff!

We do hope you will join us as we celebrate our profession in 2006.

David L. Hicks LD DD
President
Denturist Association of Canada

David J. Thomas DD
President
Denturist Association of Alberta
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Notice of Annual General Meeting

NOTICE IS HEREBY SERVED that the 2006 Annual General Meeting of the Denturist Association of Canada will take place on October 21/22, 2006 at the Fairmont Banff Springs, Banff, Alberta.
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## PROGRAM SCHEDULE

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<td>October 18</td>
<td>Consortium of regulatory bodies (to be confirmed)</td>
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<td>Industry showcase</td>
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<tr>
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<td>Meet and greet in the exhibit hall</td>
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<tr>
<td>October 20</td>
<td>Continuing education sessions</td>
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<td>Gala celebration</td>
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<td>October 21</td>
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<td>Denturist Association of Alberta General Meeting</td>
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<tr>
<td>October 22</td>
<td>Denturist Association of Canada Annual General Meeting</td>
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## CONTINUING EDUCATION - OCTOBER 19-20, 2006

The following topics are under consideration. The final program will be published in the registration brochure (July 2006). Objectives and hours available will be published in the Registration Brochure. The language of the conference is English.

- Removable Partial Dentures
- FILOU 28 – Setting teeth in under 20 minutes!
- Implants
- Radiographs
- Removable Partial Dentures
- E-Billing

Watch for the registration brochure available in the summer of 2006 with updated program information.

## FUTURE CONFERENCES AND MEETINGS

### World Symposium On Denturism And Dental Technology
- Ricoh Centre, Coventry, England
- May 9-12, 2007
- www.international-denturist.org

### National Denturist Association Spring meeting
- Ramada Plaza Hotel & Suites, Phoenix, Arizona
- May 18-20, 2006
- 1-570-265-0238/1-888-599-7958
- www.nationaldenturist.com

### Newfoundland and Labrador Denturist Association 25th Anniversary Celebration
- “The Wilds” Golf and Country Club in Salmonier
- June 23-25, 2006

### International Federation of Denturists 2006 Annual Meeting
- Russell Hotel, Maidstone, England
- September 27-29, 2006
- 204-897-9092/800-773-0099
- www.international-denturist.org
Personal thoughts about flexible partials

By Jurgen von Fielitz, DD

Flexible partials have been on the market for a number of years, being promoted as light, comfortable and easy to insert with clasps that are not visible.

Sounds pretty good to a prospective patient, I would think.

In 1986 when the Ontario Provincial Minister of Health, Larry Grossman, established the Review of the Health Disciplines Act and set up a commission under Alan Schwartz to do the job, the first criterion a profession wanting to be governed and regulated under the Ministry of Health had to meet, was to prove the ‘potential to do harm to the patient.’ Twenty-one health professions out of 120 applying met that criterion, including denturists.

Since our profession has established its potential to do harm, it is incumbent upon us to do our utmost to prevent that harm to our patients.

Judging by the increasing presence of offers by manufacturers, suppliers and commercial dental laboratories for partials, bruxism splints, complete dentures and obturators made from a flexible material to denturists and dentists, a question comes to mind: ‘Exists there a widespread state of amnesia regarding the principles of partial denture design and function?’

Putting aside, for a moment, the questionable practice of using a flexible material for complete denture bases and bruxism splints, let us look at the claims made for flexible partials.

The advantages claimed are: unbreakability, lightweight, thin bases, no metal used, monomer free, extreme patient comfort, moderate expense and naturally: flexibility. Some brands can be relined and added on to, some not.

Patients cannot be blamed for finding these quotes reasonable and attractive. Patients also cannot be expected to be cognizant about principles of partial denture design and function.

As experienced dental practitioners know, damage caused by ill-designed partials is not necessarily immediately apparent to the patient. The progress of physiological destruction is slow and insidious, not obviously painful and often accepted as normal and inevitable. As we know, the tolerance for intra-oral damage caused by prosthesis is phenomenal in many patients. Compensatory reactions range from ignoring the discomfort caused by the denture to avoiding nutritionally important foods or finally discontinuation of wearing the partial.

Denturists, of course, know the axiom, or established truth, which states ‘THE MAJOR CONNECTOR HAS TO BE RIGID.’ Rigidity is the exact opposite of flexibility. In conventional metal partial denture construction, the rigid major connector allows the transfer and distribution of occlusally generated masticatory forces to the abutments by way of rigid and strong metal rests and to other areas of hard and soft tissue support in order to stabilize the partial and prevent undesirable occlusal focus. This occlusal focus results in trauma and pathological changes to the oral tissues, mainly the residual ridges.

The greatest damage a partial denture can produce results from a flexible major connector.

Evidence of the damage done to the alveolar residual ridge by focused occlusal trauma is most obvious in poorly designed partial metal dentures that employ stress breaking hinges in Kennedy I and II distal extension cases. I have seen dozens of these cases with severely traumatized and resorbed ridges in my 30 years of practice. Distal extension cases with flexible partials expose the residual ridges to the same destructive forces. These partials have no rigid metal framework to help stabilizing and supporting the denture base covering the ridge.

Flexible partials by virtue of their resilient major connectors rely for their support mainly on the alveolar ridge, which consists to a great extent of cancellous bone. Cancellous bone, as compared with cortical bone, is less able to resist vertical masticatory forces because its irregular surface acts as an irritant to overlying soft tissues. The result of that irritation is chronic inflammation, which leads not only to constant patient discomfort but eventually to accelerated resorption of the ridge.

Occlusal pressure during mastication can vary in partially edentulous patients between 45 and 150 lbs per square inch, depending on the number of remaining healthy teeth, age, dietary habits and conditioning. Normal abutment teeth have good tolerance to this load and can easily participate in sharing the burden transferred to them through rests. This pressure comes down on unprotected ridges, unprotected because of non existing sturdy metal rests on the abutment teeth and total lack of

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rigidity of the major connector which fails to transfer the load to other supporting areas of the jaw such as the palate, adjacent or other structurally favourable anchor teeth.

The second fundamental requirement in partial design is that the major connector must not impinge on the free or unattached gingiva at the cervical margin of the tooth. This particular requirement is often incorporated in the latest European metal frame designs but is grossly violated by flexible partials (Fig. 1).

Flexible partials engage the lingual undercut area and the cervical margin of the remaining teeth for added retention. The incorporated flexible clasp broadly cover the abutment teeth plus the vulnerable gingival margins preventing stimulation of the tissue by food, tongue and saliva, trapping heat which promotes bacterial growth and often bypassing valuable undercuts. Both, food contact and masticatory action force the plastic major connector towards the tissue resulting in trauma and stripping by friction and pressure (Fig. 2).

Some flexible partials incorporate occlusal rests, which presumably has little supporting effect since these rests are also flexible.

Traumatized cervical gingiva leads to gingivitis and eventually to periodontitis, a condition where the gums are inflamed, swollen, tender and discoloured; the initial stages of a potentially destructive process that leads to periodontal disease and more ominously to a potentially harmful systemic condition with deleterious health effects down the road.

Serious health effects stemming from periodontal disease include heart attack and strokes.

By virtue of the flexibility of the base of these partials, the ridge not only receives focused and unrelieved trauma, unrelieved thanks to a flexible major connector and in some cases flexible rests, but can also suffer from occlusal torque transfer to the basal tissue caused by parafunctional contacts in an unbalanced occlusion.

The following examples illustrate the harmful potential of flexible partials compared to the provision of cast metal partials in the same clinical scenario.

**Kennedy class III**

Flexible RPD (Fig. 3): no support on abutments, excessive tissue coverage by major connector, especially in critical area lingual of anteriors; impingement of cervical margins by major connector and clasps is obvious.

Cast chrome RPD (Fig. 4): strong occlusal rest support hence no tissue impingement; cervical margins free of metal contact; effective clasping in appropriate undercuts; no margin stripping; strong, light major connector allows for maximal tissue exposure.

**Kennedy class II**

Flexible RPD (Fig. 5): no support on abutments; cervical margins impinged by major connector and clasps; no cross stabilization against compressive forces on free-end distal extension.

Cast chrome RPD (Fig. 6): occlusal-incisal rest support; free cervical margins on anteriors; posterior margin on 36 has relief; rigid major connector relieves stress on free-end; no marginal tissue impingement by clasps.
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Kennedy class IV
Flexible RPD (Fig. 7): no support from abutments; impingement of major connector on margins, also by clasps; rotational force developed by incisors not effectively counteracted by major connector because of its flexibility.

Cast chrome RPD (Fig. 8): no impingement of cervical margins by major connector or clasps; clasps are hidden from frontal view by engaging mesial undercuts on 13 & 23 and lingual undercuts on 16, 17, 26, 27; maximum palatal tissue exposure; solid circular metal major connector; incisal biting force effectively counteracted and neutralized by maximally distally extended rigid major connector; metal posts inside anterior teeth.

Kennedy class I
Flexible RPD (Fig. 9): stripping of cervical margins by major connector and clasps because of no rest support; no cross-arch stabilization because of flexible major connector; danger of distal drifting of RPD due to weak flexible clasps.

Cast chrome RPD (Fig. 10): effective cross-arch stabilization due to rigid major connector and incisal rests; no impingement on cervical margins; effective retention of partial by bilateral roach clasps engaging mesial and distal undercuts; minimal bulk (0.5 mm) but strong bracing of anteriors by major connector; rigid metal mesh reinforced saddles allowing transfer of main occlusal force to cortical bone of buccal shelf.

In conclusion, I believe that flexible partials, in spite of their promoted advantages, are potentially harmful to our patients. I would even be hesitant to provide such a prosthesis to a patient as a temporary or transitional solution by reason of the aforementioned clinical and health concerns.

The suggested fee guide of the Denturist Association of Ontario lists flexible partials under: Partial with Resilient Base. I believe that there should be discussion regarding the advisability of this listing.

In my opinion, the potential for ‘iatrogenesis,’ i.e., harm caused by the practitioner, is obvious and real. So is the potential for legal entanglement and professional liability concerns.

Something for our profession to think about!

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