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Doing the political dance

The Toronto Star chronicled in February the story of Jason Jones, 25, who grew up in North Bay and later moved to Toronto. He could not afford the dental restorations he needed. Chronic bruxism, coupled with rampant decay and limited financial resources resulted in Jason being edentulous in the maxillary arch and partially edentulous in the mandibular arch.

This is a story that can be told throughout urban and rural Canada. It brought an outpouring of emotion and support from the local community and generous offers have been made to Jason so he can smile and eat normally again.

With the increased profile of the story, municipal and provincial political figures licked their lips at the chance to ride the coattails of a public news juggernaut. The result of all the finger pointing was nothing more than wasted ink and newsprint, and an abundance of hot air warming the chilly coastline of Lake Ontario. Zero positive effect.

Real solutions are needed now so low income earners can receive high quality dental care. In 2004, Dr Peter Cooney was appointed as Chief Dental Officer for the federal government with one of his many mandates being to improve the overall dental health of Canadians including low income earners. Data collected from the upcoming Canada Health Measures Survey will help Dr Cooney make significant inroads in the depletion of proper dental care to low income earners.

Unfortunately for the impoverished, there will have to be a commitment and agreement from all levels of government to invoke the potential solutions. If the response from the various politicians in southern Ontario is any indication, this could be a long and winding road.

NOTICE IS HEREBY SERVED that the Annual Meeting of the Denturist Association of Canada will take place on Thursday, May 10, 2007 at the Ricoh Centre, Coventry, England.
Ballet politique

En février, le *Toronto Star* a publié le récit de Jason Jones, 25 ans, qui a grandi à North Bay et s’est ensuite installé à Toronto. Il ne pouvait pas se permettre les restaurations dentaires dont il avait besoin. Souffrant de bruxisme chronique jumelé à la polycarie et disposant de ressources financières limitées, Jason en était venu à ce que son arcade supérieure soit édentée et son arcade mandibulaire, partiellement édentée.

Des cas comme celui-ci, il y en a en milieu urbain et en milieu rural, un peu partout au Canada. La situation de Jason a éveillé la sensibilité de sa communauté et suscité une vague d’appui. Il a reçu des offres généreuses pour qu’il puisse de nouveau sourire et manger normalement.


Il faut des solutions concrètes dès maintenant pour que les gens à faible revenu puissent obtenir des soins dentaires de qualité supérieure. En 2004, le Dr Peter Cooney a été nommé dentiste en chef, au gouvernement fédéral, et l’un de ses mandats consiste à améliorer la santé dentaire de l’ensemble des Canadiens, y compris les gens à faible revenu. Les données qui seront recueillies par la prochaine Enquête canadienne sur les mesures de la santé aideront le Dr Cooney à faire des progrès significatifs pour contrer le manque de soins dentaires appropriés chez les gens à faible revenu.

Malheureusement pour les démunis, il faudra d’abord que tous les paliers de gouvernement décident de s’engager et s’entendent ensuite pour mettre en œuvre des solutions. Si la réaction des divers politiciens du sud de l’Ontario doit nous servir d’indication, il faut s’attendre à ce que la route soit longue et tortueuse.

AVIS EST PAR LES PRÉSENTES DONNÉ que l’assemblée annuelle de l’Association des denturologistes du Canada aura lieu le jeudi 10 mai 2007 au Ricoh Centre, Coventry, Angleterre.
Spring should be about reducing stress, exercising, improving our nutrition and overall wellness. We should not only set the example for ourselves, but also for our families and clients. The obvious and most prudent start is oral health. Poor oral health has a direct causal link to poor overall physical health. More and more, evidence is mounting in support of periodontal health that left unchecked, leads or contributes to heart disease, stroke, chronic respiratory disease, pneumonia and even diabetes. The oral cavity contains hundreds of different microbes that enter our bloodstream once the sterile barrier between our mouths and our bodies is compromised due to poor oral hygiene and/or excessive tobacco use.

Our geriatric population especially, with pre-existing respiratory problems and compromised immune systems, are at a higher risk of contracting a chronic respiratory disease or lung infection from ingesting or inhaling bacteria from the mouth. So brush, floss, eat a well-balanced diet, promote oral hygiene early, look for early warning signs, quit smoking, and see your dental health provider regularly. Remember, an ounce of prevention is less expensive than a pound of treatment in the lung run.
Life changes that can affect your life insurance needs

Life insurance is a crucial component of your financial security, however, your policy should be evaluated at different stages of your life to be certain it meets your current needs.

As we journey through life, our circumstances change dramatically. So do our needs for life and/or disability insurance. It may be time to review your life insurance.

**If You Get Married**
Assess your life insurance coverage to ascertain if your increased responsibilities will be met. Carry adequate coverage to allow your surviving spouse and/or surviving family to maintain their current lifestyle without your current income now relied on. It may be best to name your spouse as the beneficiary, especially if you have been divorced and carry an old policy (in which case the beneficiary possibly should be renamed). This is important because a named policy beneficiary will over-ride any bequests made in your current will. Where there are children, you can list them as secondary or contingent beneficiaries; thus allowing them to receive the benefit if your spouse as the preliminary beneficiary, predeceases them. A trust can manage funds on behalf of children and direct investing the proceeds and creating necessary income for their provision.

**Assess Your Group Health Insurance**
One spouse may offer an employer-sponsored health insurance package that you can review, and establish coverage for the other spouse if offered. If one or both spouses are in business, consider putting income replacement insurance in place, in case of an illness or disability.

**When You Have a Young Family**
When you are newly married and starting a family, life insurance is purchased to provide new tax-free capital in case one of the breadwinners dies. A young mother would be forced to go to work and leave her children to be taken care of by others. Life insurance can help the family meet its financial obligations and maintain its current lifestyle. Your life insurance needs will be affected by:

- the number of children and their ages
- the current value of your assets
- your current income
- debt accumulation
- your overall financial goals

As the family grows, reevaluate your life insurance in view of your changing goals. Where two parents depend on each other’s combined income, consider if a surviving spouse would want to stay home with the children. Studies show that most parents would prefer to have one parent home, if finances would allow (76% of parents actually would prefer to stay at home with their children as opposed to using childcare). If one parent’s income is currently relied on to provide all living expenses, the death of that individual can cause financial insecurity and stress for all family members. Equally important is considering the financial cost of a stay-at-home parent. This could mean increased daycare and housekeeping expenses. Bottom line, both parents should carry adequate life insurance to cover any potential expense that could result from their death.

**Disability Insurance**
Have you thought about how becoming ill or injured could affect your family’s financial life? Would your income be reduced, placing the family under duress? Disability insurance is designed to replace approximately 70% of your pre-disability income; and is especially necessary for the self-employed.

**Critical Illness Insurance**
Long-term care can provide income in case of a critical illness and can be placed on you, your spouse, or other dependents. Ask your advisor to do an analysis to see who may benefit from such coverage.
When your children are going to college
When children go to college, many of us tap into our savings to help meet their tuition and housing expenses. We may purchase a child’s first car, or pay him/her an income for one or more years. If you die without providing continuing support, your young adult child may need to quit seeking a higher education due to shortage of funds.

When your RRSP savings have a shortfall
If you are 40 years old, you should have an RRSP worth about $100,000 or more if you want to be on track for retirement. Many people haven’t even started to accumulate wealth that will make them financially able to retire even at age 65. Life insurance can meet the shortfall and provide capital to a surviving spouse to invest for his/her retirement.

When you have aging parents to provide for
You can insure your parent with life insurance to provide enough money to pay for funeral expenses. And/or insure yourself, naming a dependent parent as the beneficiary, to provide elder-care income.

When your estate will face a large tax bill
As you approach retirement, you may have accumulated assets that will be taxed on capital gains, such as a cottage, a business, large equity mutual fund holdings, or a stock portfolio. Life insurance can help pay the income tax due in your estate. This can include paying for taxes due on remaining RRSP or RRIF funds fully taxable in the estate (where there is no surviving spouse or dependent child).
Does the patient run the scheduling of your practice, or do you?

Virtually every denturist practice that we have worked with so far (about 90 across Canada) improved their scheduling of the various tasks necessary to make the practice run. When they got in control of the scheduling, their patients experienced better service, more on-time delivery, and sometimes even better-quality work done by a less stressed denturist and staff.

If you made dentures one at a time, life would be very simple. Not terribly viable, but very simple. The necessity of more efficient scheduling becomes vital as the volume of the practice grows. Whether a practice grosses over a $1 million or $100,000 per year, all tasks must be scheduled. Constant interruptions, especially in lab work, extend task time.

Very few practitioners would allow their time with patients to be constantly interrupted yet will allow their lab time to be broken into fragments. This type of approach can drive stress levels out the roof. It also generally reduces productivity. Lab time in particular must be a blocked-out number of hours every day without interruption.

Let us say you have your day lined up with work already pre-sold. No problem. Then Mrs. Jones shows up asking for a reline. “Now, if possible,” she says. If you say “yes”, what is it going to do to your already-scheduled work for your existing patients? Chances are, it will put you or your lab tech behind an 8-ball and cause stress, and perhaps even result in overtime. So should you do it? No. The answer is you should have one or two days per week where the lab time is set aside specifically for relines, and she should be scheduled into those times. The point is that relines are not typically that urgent. (Note this is for same-day relines, as opposed to overnight or chair-side relines.)

“The necessity of more efficient scheduling becomes vital as the volume of the practice grows.”

Then we have the urgent repairs. What do we do with these? Basically you must determine whether you can do it that day without disrupting your service to your already-scheduled patients. Even if fully staffed with lab technicians, this is still a consideration. That ‘little extra time’ to do the repair and make an extra $100, while making that patient happy, could turn off the patient waiting for the full set of dentures who then badmouths your service or, at best, does not refer anyone to you.

The last, often unpredictable item, is denture adjustments. Depending on the usual volume of adjustments, a certain amount of time should be blocked into the schedule during which adjustments can be done. Usually, we suggest blocking a time slot in the morning and a time slot in the afternoon for these.

When you are scheduling patients, you want prediction. The more you have, the smoother the practice will run, meaning better the service to patients and lower the stress levels.

Here is a sample schedule if you are your own lab tech or you do the set-ups for your lab tech:

9:00-11:45 Patient appointments
11:45-12:00 Adjustments
12:00-3:00 Lunch and lab
3:00-3:15 Adjustments
3:15-5:00 Patient appointments

NOTE: Tuesday’s and Thursday’s lab time could be set aside for same-day relines.

In summation, by you wagging the tail (patient scheduling), you will be able to deliver higher quality work and deliver on time. This makes your patients happier and reduces your stress, and your income should also go up.

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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.

Dress is casual for the conference.

Perfecting Your Practice is open to all member Denturists from across Canada as well as internationally. Registration packages were mailed early March. For details contact the Denturist Association of Ontario at (905) 677-0440. Toll free (800) 284-7311 or info@denturistassociation.ca

Note: This is an adult-only event. No pets allowed. As costs are incurred guaranteeing meals, the DAO is unable to issue refunds for cancellations. The DAO reserves the right to refuse late registrations.

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The Art of a Personalized Smile Design
Robert E. Kreyer Jr., CDT
Understanding and exceeding your patient’s aesthetic expectations is a key factor to success in removable prosthetics. There are multiple variables a clinician must take into consideration during the design and fabrication of a complete denture. Communication of these variables with precise instrumentation will save clinical and technical time during treatment. Learn how to provide predictable removable prosthetic treatment and exceed expectations for the most demanding patient.

How to Take Your Practice to the Next Level
David Schweb, Ph.D.
It’s not just about attracting patients- it’s about attracting the right patients and educating them about the benefits of modern Denturism. Focusing on communications issues, this entertaining and informative course provides attendees with user-friendly, practical advice that they can take back to their offices and implement immediately. Designed for both Denturists and their staff, this fast-moving course combines lecture and interactivity to address important issues such as developing the practice’s niche, educating patients about the benefits of treatment, working smarter, not harder, and improving communications.

Advancements in Dental Attachments for Implant Retained Overdentures
Paul Zuest
Clinical cases using the Locator Implant Attachment for overdenture restoration of endosseous implant will be presented. The rationale for usage in both upper and lower dental arches, and splinting with bars versus use of free-standing abutments is discussed. The clinical cases showing step by step placement of a Locator Implant Attachment, including use with divergent implants and with cast bars are shown.

Revolutionary Dental Implant Protocols: From Computer Guided Surgery to CAD/CAM Prosthetic Solutions —-The Options Are Amazing
Gerard A. Mercier DD
In this lecture, the participant will be introduced to the Nobel Guide technology for CT Scan guided flap-less surgery including the advantages from a patient and practitioner standpoint. The step by step procedures for Nobel Guide will be presented from treatment planning to insertion of the temporary fixed appliance through to the final Procera implant bridge. The All-On-Four concept will be shown in relation to Nobel Guide surgery and the All-On-Four guide surgery including the prosthetic solutions from removable to fixed implant bridge options. Attendees will learn about the Procera Implant Bridge (PIB) CAD/CAM technology, how it is constructed and the various applications where it can be used. The participants of this lecture will be able to recognize the options for the patient beyond conventional implant overdentures and will be able to discuss the treatment options with their patients for even greater treatment success.

Staff Sessions:

Telephone Excellence
Liz Larter
Excellence in customer care often depends upon the quality of telephone service that is provided to the customer. Participants in this workshop, through interactive communication exercises, will learn about the best practices for telephone service excellence.

Infection Control
Maxill, a leading manufacturer of Infection Control Products will cover all aspects of infection control for the waiting room, front office, examination rooms, and laboratory.

Electronic Billing
Dean Fenwick, M.C.P., B.Ed.
(Availability Pending) Electronic billing has become the standard format for submitting insurance claims in the dental industry for several years now. Denturists, through The Denturist Association of Canada’s new network (DACnet), have recently gained the ability to submit claims electronically. Insurance companies are downgrading the internal resources allocated to paper based claim submission and phone support while focusing more and more on the electronic submission format. It is essential that Denturists and their staff are prepared for this growing trend in health care. This course will teach the Denturist’s staff the rules and procedures for submitting claims electronically through DACnet.

Self-Managed Communication and Conflict Resolution
Liz Larter
This workshop focuses on identifying and clarifying the links between self-management as an intrapersonal choice and interpersonal success in communication, especially in dealing with difficult situations, including conflict.

** Subject to change **
TECHNORAMA 2007

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Dates & Times:
Friday, April 13th, 2007 from 3pm-9pm
Saturday, April 14th, 2007 from 9am-2:30pm

Location:
DoubleTree International Plaza Hotel
655 Dixon Road, Toronto, Ontario, Canada

For Room Reservations:
416-244-1711 or 800-668-3656
For more details, contact www.diac.ca

Technorama is presented annually by the Dental Industry Association of Canada (DIAC) members for Laboratory Technologists, Denturists, Laboratory Owners, Students and Instructors.

Donations for the Children’s Wish Foundation of Canada will gladly be accepted
# TECHNOrama Schedule

## Friday April 13th, 2007

<table>
<thead>
<tr>
<th>Time</th>
<th>Company</th>
<th>Title</th>
<th>Speaker</th>
<th>Room</th>
</tr>
</thead>
<tbody>
<tr>
<td>5:00-6:00</td>
<td>KaVo Everest</td>
<td>The Scope of What Can be Milled An Overview of Types of Restorations, the Myths of Scanning and CAD/CAM Materials</td>
<td>Chris Kirykowicz, RDT</td>
<td>Montreal A&amp;B</td>
</tr>
<tr>
<td>5:00-6:00</td>
<td>Swiss NF Metals</td>
<td>Special Presentation: Evidence-Based Research on SNF PressCeram™ Speaker’s Fees Donated to Children’s Wish Foundation</td>
<td>Ken Chizick, RDT, CDT</td>
<td>Toronto A</td>
</tr>
<tr>
<td>5:00-6:00</td>
<td>Specialized Office Systems</td>
<td>Electronic Billing for the Denturist</td>
<td>Dean Fenwick, MCP, B.Ed</td>
<td>Toronto B</td>
</tr>
<tr>
<td>5:00-6:00</td>
<td>Impact Dental Lab</td>
<td>NDX History and Acquisition Strategy</td>
<td>Richard Becker</td>
<td>Ottawa</td>
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<tr>
<td>6:15-7:15</td>
<td>Henry Schein</td>
<td>The Hafner System – Electrophoretic Deposition Process</td>
<td>Grant Day</td>
<td>Toronto A</td>
</tr>
<tr>
<td>6:15-7:15</td>
<td>Ash Arcona</td>
<td>KISS For Success</td>
<td>Kevin Doucette, RDT</td>
<td>Ottawa</td>
</tr>
<tr>
<td>6:15-7:15</td>
<td>Dentsply Canada</td>
<td>How to Make the Perfect Impression</td>
<td>David Goldshaw, L.B.I.S.T., B.D.T.</td>
<td>Toronto B</td>
</tr>
<tr>
<td>7:30-8:30</td>
<td>Emerald Dental Works</td>
<td>Principles of Outsourcing</td>
<td>Rick King, RDT</td>
<td>Montreal A&amp;B</td>
</tr>
<tr>
<td>7:30-8:30</td>
<td>GC America</td>
<td>Advances in Dental Porcelain</td>
<td>John Stoops, MDT</td>
<td>Toronto A</td>
</tr>
<tr>
<td>7:30-8:30</td>
<td>Dentsply Canada</td>
<td>Treatment Planning for the Kennedy Class IV Partially Edentulous Patient</td>
<td>Paul Karolidis, DD, RDT</td>
<td>Toronto B</td>
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## Saturday April 14th, 2007

<table>
<thead>
<tr>
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<th>Company</th>
<th>Title</th>
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<th>Room</th>
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<tbody>
<tr>
<td>9:30-10:30</td>
<td>Ivoclar Vivadent</td>
<td>Aesthetic Pursuit with CAD/CAM</td>
<td>Trevor R. Lasingchild, RDT</td>
<td>Montreal A&amp;B</td>
</tr>
<tr>
<td>9:30-10:30</td>
<td>Nobel Biocare Canada</td>
<td>Easily Achieving Natural Esthetics with NobelRondo and NobelRondo Press</td>
<td>Jennifer Dibben, RDT</td>
<td>Toronto A</td>
</tr>
<tr>
<td>9:30-10:30</td>
<td>Swiss NF Metals</td>
<td>Blending State-of-the-Art Techniques with New Mini ERA Implant for Overdenture Support</td>
<td>Joe Carrick, DDS</td>
<td>Toronto B</td>
</tr>
<tr>
<td>9:30-10:30</td>
<td>DCS Smile Science</td>
<td>Need-to-Know Labour Information in the Dental Industry</td>
<td>Reg Goulding</td>
<td>Ottawa</td>
</tr>
<tr>
<td>10:45-11:45</td>
<td>Vident Canada</td>
<td>Mastering Aesthetics with VM13</td>
<td>Ken Chizick, RDT, CDT</td>
<td>Montreal A&amp;B</td>
</tr>
<tr>
<td>10:45-11:45</td>
<td>ZirkonZahn</td>
<td>The New Way of Milling with Zirconia</td>
<td>Alessandro Cucchiario</td>
<td>Toronto A</td>
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<tr>
<td>10:45-11:45</td>
<td>Central Dental Supply</td>
<td>Denture Soft Lining – The Answer to Your Soft Lining Nightmares</td>
<td>Sandra Goergen, CDT</td>
<td>Toronto B</td>
</tr>
<tr>
<td>12:00-1:00</td>
<td>Au-Shaw Dental</td>
<td>Gold Plating – Fast, Accurate &amp; Low Cost</td>
<td>Jimmy Marks</td>
<td>Toronto A</td>
</tr>
<tr>
<td>12:00-1:00</td>
<td>Wieland/ Nordenta</td>
<td>Precision, Aesthetics, Productivity CAD/CAM Dental Concepts by Wieland</td>
<td>Dirk Jahn, MDT</td>
<td>Montreal A&amp;B</td>
</tr>
<tr>
<td>12:00-1:00</td>
<td>Heraeus Kulzer</td>
<td>The Filou 28 Set-up Assistant from Heraeus</td>
<td>Craig Nelson, CDT, AAS</td>
<td>Toronto B</td>
</tr>
</tbody>
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CONTINUING PROFESSIONAL EDUCATION SESSION OBJECTIVES

SESSION 1A – 10:30 A.M.-12 NOON
Introduction to Denturism – Tony Forster DD, Canada; and Chris Allen, Chief Executive, CDTA

Dentures through the Ages: learn the exciting history of dentures and how we have progressed as a profession since 600 BC. Highlights include denture construction from using animal and human teeth up to the discovery of modern-day acrylics.

Chris Allen will review the current situation in the UK. Learn the philosophy of denturism, the educational requirements, understand the importance of teamwork, and understand the socio/legal and ethical responsibilities.

Tony G. Forster DD began in 1964 as a student dental technician at Manchester University Dental Hospital in the UK, before emigrating to Canada and becoming an Alberta registered dental technician. He achieved his denturist designation in 1985 and runs a denture clinic practice in Calgary, and sits on the Denturist Association of Alberta’s board of directors.

Chris Allen DD RDT FCDP MSAE joined the Royal Army Dental Corps in 1967. In 1973 he worked at University College Hospital in London, then Eastman Dental Hospital, then King’s College Hospital as a senior technician. He opened a commercial lab in 1983 and became Secretary to the Association for Denture Prosthesis in 1993. He was the Secretary General to the International Federation of Denturists. He is an Associate Member of the Denturist Association of Canada, an Honourary Member of the National Denturist Association of America, and is a visiting lecturer at George Brown College in Toronto, Canada. He became Chief Executive to the Clinical Dental Technicians Association in 1994.

SESSION 1B – 10:30 A.M.-12 NOON
3D-Master and Easysnade – Anne-Marie Wehrung, VITA
Zahnfabrik, France

Learn to master the perfect shade taking with the 3D-Master tooth guide, use the Easysnade, and appreciate the 3D-Master System that allows a perfect shade taking and reproduction in ceramics, acrylics, and artificial teeth.

Anne-Marie Wehrung received her dental technician diploma in 1985, has worked in French and German laboratories as a dental technician, and taught dental technicians in Strasbourg, France. She has worked alongside Dr. End, the renowned Denture Vita’s Denture teeth developer. She is a technical adviser and prosthetic course manager and is VITA’s representative and spokesperson.

SESSION 2A – 1:30 P.M.-3:00 P.M.
Setting Up a Denturist Clinic – Janice Wheeler, the Art of Management, Canada; and Cheryl Kanhai, Maxim Software Systems, Canada

Learn the main issues of setting up a new clinic: location and space requirements; staffing and management; workplace health and safety; infection control; licensing, and insurance.

Learn the benefits of computerizing a clinic. See a live demonstration of Canada’s leading software program and what Canadian denturists use to manage their clinics.

Janice Wheeler is the President and co-owner of The Art of Management Inc., a practice management company dedicated to helping denturists and other healthcare practitioners reach their full potential, with 700 clients across Canada.

Cheryl Kanhai is the General and Sales Manager at Maxim Software Systems, Winnipeg, Canada. She has two diplomas, one from the Business Administration program and the other from the Advanced International Business Program.

SESSION 2B – 1:30 P.M.-3:00 P.M.
Implant Overdentures and Aesthetic Procera Restorations – Steve Taylor, Taylor Dental Technology, United Kingdom

This session will compare both ball and bar retention for overdentures and review the design specification determined by the number of fixtures and placement position. The session will provide an overview of the laboratory procedures involved in the construction of overdentures, show the Procera system in the construction of both abutments, crowns and laminates, and outline the design and construction procedures for the Procera Implant Bridge (PIB).

Steve Taylor has lectured on implants, crown and bridge techniques and occlusion. He is a fellow of the British Institute of Dental and Surgical Technologists and a full member of the British Academy of Aesthetic Dentistry. He is also an associate lecturer at Manchester Metropolitan University. He owns an 11-technician laboratory in Leyland, Lancashire and is a DLA member.

SESSION 3A – 3:30 P.M.-5:00 P.M.
Marketing and Ethical Advertising – Don Zihlman, DRZ
Marketing, United States

A discussion on what marketing means to a small business (practice) and what works for a dental practitioner, while providing a basic understanding of advertising media options. Including how to maximize your marketing on a limited budget and how to develop an effective message that will produce results.

The founder and CEO of DRZ Marketing Inc., Don Zihlman has provided marketing guidance to many denturists. He has spoken and conducted continuing education programs to the National Denturist Association in the U.S., spoken at the Perfecting Your Practice symposium conducted by
SESSION 4B – 10:30 A.M.-12 NOON
Same-day Dentures Part 1: Live Patient Demo – Professor Fraser McCord, MMU, United Kingdom and Jim Mackie, United Kingdom (NOTE: Part 2 will be SESSION 5A – 1:30 P.M.-3:00 P.M.)

Learn to diagnose common prostodontic conditions, discuss treatment options, and outline possible treatment options using lectures/clinical chair-side demonstrations. Become competent at diagnosing the causes of complete denture problems; list treatment options appropriate for patients; formulate a treatment plan; and select impression materials.

Fraser McCord is a professor of restorative dentistry, University of Glasgow (honorary consultant in restorative dentistry). He was a professor of restorative care of the elderly, University of Manchester; and dean of dentistry, University of Manchester. Professor McCord has held a fellowship in dental surgery, Royal College of Surgeons of Edinburgh; a fellowship in dental surgery, Royal College of Surgeons of England; is a fellow of the College of Dental Surgeons of Hong Kong; and has a fellowship in dental surgery at the Royal College of Physicians and Surgeons of Glasgow. He is assisted by Jim Mackie.

SESSION 4B(1) – 10:30 A.M.-11:15 A.M.
The DNA of an Implant Laboratory – Avoiding complications in the treatment and rehabilitation of an implant treatment from a technical dentistry and laboratory administration perspective – John Wibberley, Waters Edge Ceramics Ltd., United Kingdom

A discussion on the Technical Implications and laboratory administration of Restorative Implantology and solutions to poor treatment planning and case management of the final restorations. Including the complexity of influences and inter-relationships in the implant team, which can lead to problems in technical procedures. Proper evaluation of the patient, diagnostic planning and technical aids to support the implant team will lead to a more successful outcome in the treatment and rehabilitation of a patient using implants and fixed prosthodontic.

John Wibberley was one of the first full-time students studying for a certificate in dental technology, qualifying in 1978 from Manchester Polytechnic. He opened his own lab, Portland Ceramics, in 1985, specialising in implantology and high-quality restorations. In 2001 it was acquired by Boots Dental Care. In May 2005, he set up Waters Edge Ceramics. In 2005 he was awarded a fellowship of the British Institute of Dental and Surgical Technologists.

SESSION 4B (2) – 11:15 A.M.-12 NOON
Science and Art with VITA Zahnfabrik – Anne-Marie Wehrung, VITA Zahnfabrik, France

Learn to appreciate the characteristic of the VITA PHYSIODENS teeth, the extremely wide range of applications, the possibilities of teeth individualization, and understand the basis of the bio-logic occlusion.

SESSION 5A – 1:30 P.M.-3:00 P.M.
Same-day Dentures – Part 2: Live Patient Demo – Professor Fraser McCord, MMU, United Kingdom; and Jim Mackie, United Kingdom

SESSION 5B – 1:30 P.M.-3:00 P.M.
Snoring: Dentistry’s Next Frontier – Carlo Zanon DD LD FCAD, Canada

Learn how to profit from implementing oral appliances to treat snoring and sleep apnea into your practice/laboratory; how to recognize sleep disorders, sleep apnea, airway obstruction and hyponea; how to take and use impressions, protrusive bites and the importance of each step; understand the treatment modalities; evaluate the efficacy of the appliance after insertion; and how to develop a ‘sleep disorder team’.

Carlo Zanon has operated his own practices in Grimsby and Hagersville, Ontario, and has been a part-time staff person in the denturist program at George Brown College. From 1997 to 2006, he was editor of Denturism Canada, the journal of the Denturist Association of Canada, and was editor of the Denturist Association of Ontario journal, The Denturist, for nine years.

SESSION 6 – 3:30 P.M.-4:30 P.M.
Globalization of Denturism – Paul Levasseur, President, International Federation of Denturists

The closing session will give an overview of denturism across the globe. See the impact of denturism, understand the current political and human state of denturism in the world, and understand the role of the International Federation of Denturists.

Paul Levasseur is the president of the National Denturist Association/LISA and the International Federation of Denturists. He is a member of the Maine Society of Denturists and the Wyoming Denturist Association. He holds honorary membership in the Clinical Dental Technician’s Association, the College of Dental Prosthesis (UK) and was inducted into the Brotherhood of Sterkenbergers. A graduate of George Brown College in Toronto, he is a licensed denturist in Maine and part-time instructor and examiner in George Brown’s IDEC program.
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<th>Hotel Name</th>
<th>Normal Rate</th>
<th>Conference Shop Rate</th>
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<td><strong>Bracon Ltd.</strong></td>
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<tr>
<td>High Street, Etchingham</td>
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<tr>
<td>East Sussex     TN19 7AL</td>
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<td><strong>Bredent UK Ltd.</strong></td>
</tr>
<tr>
<td>Suite 1, 67-77 Chatsworth Road</td>
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<tr>
<td>Chesterfield   S40 2AL</td>
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Implant-retained dentures
Guided placement of implants and bar using the Celara denture technique

By Melvin Barr, DD, Red Deer, Alberta.
Information provided by Dentovations Professional, Inc.

The following steps serve as a guideline to treatment planning and placing implants and a bar for an implant-retained denture procedure. The Celara Denture System dramatically increases the predictability and accuracy of these cases, and increases patient satisfaction by enabling the patient’s existing denture to be used as a reference for precise placement of the bar, surgical stent fabrication, and the final prosthesis. Although this article primarily focuses on the placement of implant bars, a quick synopsis of the Celara technique is included for information. A detailed outline of the technique is available at www.celara.net.

The Celara denture technique uses the existing denture as a key communication tool to create new dentures. The technique eliminates preliminary impressions, custom trays, and wax rims. Furthermore, it offers significant advantages to popular ‘pour and mount’ techniques. It can provide patients with highly satisfactory replacement dentures in two to three appointments, with minimal post-insertion adjustments.

1. Using the patient’s existing denture as the custom tray, border mold using a heavy body PVS.
2. Use a compatible light body wash for the final impression.
3. Box the impression and pour a cast using the Celara arch refill kit.
4. The denture is cleaned and returned to the patient.
5. The void resulting when the denture is removed is injected using the Celara wax
6. The wax pattern can a. custom occlusal b. guide to precisely c. processing an stent (Fig. 2).

Planning
Many edentulous patients complain of poor retention on the mandibular denture, as well as the inability to eat and an overall discomfort and dissatisfaction with their appliance. I recommend discussing implants and a potential treatment plan with each and every one of these patients, as a successful option for the majority of these patients is to retain or support their mandibular denture with implants and a bar.

Upon case acceptance the patient is sent to the dental surgeon to have the implants placed. If the surgeon uses a surgical stent to place implants, the Celara denture technique should be used with the patient’s existing denture to fabricate the wax pattern and subsequent processed clear surgical stent. This surgical stent effectively communicates the restorative needs of the case to the surgeon before implants are placed. After approximately a four-month healing time, the surgeon uncovers the implants and places healing caps.

Treatment
When the patient returns to the office for the first visit following healing, we take preliminary impressions and make custom trays, the lower custom tray must be constructed to accommodate impression copings (transférer pins) (Figs. 3 & 4). Once the final impression is taken and poured with the impression copings and implant analogs in place, you now have the master cast which the bar will be fabricated on. Note: Carefully take the tray off so that you can pour a second master cast to keep on record in your office.

One of the most critically important things in the construction of implant-retained dentures utilizing a bar is the placement of the bar to the crest of the ridge and to the denture (Fig. 5). More often than not, the bar placement causes the denturist to either place the anterior teeth too far forward causing a huge platform on the lingual of the denture, thus causing the patient to have...
poor speech because of tongue restriction. The denture that has to be constructed around an improperly placed bar quite often results in patient discomfort.

Additionally, when the proper tools are not used to provide the laboratory with accurate information, the result will be an improperly placed bar, which in turn results in esthetics that are unsatisfactory to the patient. At the end of the day, why retain a denture with implants that we know will not satisfy the patient?

In a perfect world, denturists like the bar placement to be over the crest of the ridge and as low to the ridge as possible. But if the laboratory technician does not see a replica of the try-in, he/she must guess where the bar should be placed. This is where a tool like Celara becomes a valuable asset in the fabrication of the bar, and is a must for me and my laboratory when fabricating implant-retained dentures.

After patient acceptance of the try-in, a Celara wax pattern of the try-in is made and sent to the laboratory with the master cast model for bar fabrication. This enables the technician to see precisely where the denture teeth are placed in relationship to the ridge and how much height there is to work with. This allows perfect bar placement and eliminates the denture being too thick lingually, teeth having to be placed too far forward or insufficient room to place the housings and clips. With the wax pattern the technician can position the bar to work with the denture. If the technician prefers a clear acrylic duplicate denture, then process your wax pattern into clear acrylic. In this case, you would send both a wax pattern and a clear duplicate denture to the laboratory. In our office we get the bar fabricated when we are at the try-in stage, so that we can send the wax pattern duplicate of the try-in to the laboratory (Figs. 6 & 7).
When the technician has a duplicate of the try-in and the master cast model, he/she can determine if there is sufficient room for a bar. This is also valuable because the denturist can change the treatment to another retention system if necessary, rather than fabricating an expensive bar that will not work for the patient.

We have never had a failure on bar placement in our office since we have incorporated Celara. With the application of this technique we can easily fabricate a wax pattern and processed clear acrylic replica of our set-up or denture try-in which the laboratory can then use to fabricate and precisely position the bar. All of this results in what we are all trying to attain with every case: superior function, great esthetics, and a satisfied patient (Figs. 8 & 9).

Melvin Barr, DD lives in Red Deer, Alberta, specializing in dentures and implant-retained and supported dentures for the past 26 years, and is an active director of the Denturist Association of Alberta, and can be reached at reddent@telus.net

For more information about Celara contact Dentovations, Inc.

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Have you ever wondered if dental plaque could lead to respiratory problems? Could there be a relationship between poor oral health and lung infection?

An article recently published in the American College of Chest Physicians indicates there is considerable evidence to support a relationship between poor oral health, the oral microflora and bacterial pneumonia, especially ventilator-associated pneumonia or aspiration pneumonia in institutionalized patients. As we know, teeth or dentures have nonshedding surfaces on which oral biofilms (that is, dental plaque) form that are susceptible to colonization by respiratory pathogens. Subsequent aspiration of respiratory pathogens shed from oral biofilms into the lower airway increases the risk of developing a lung infection.

In addition, patients may aspirate inflammatory products from inflamed periodontal tissues into the lower airway, contributing to lung insult. Dental plaque occupies the subgingival and supragingival surfaces of the teeth but may also extend to dental prostheses.

The study conducted included 49 institutionalized elderly patients requiring mechanical ventilation and meeting the inclusion criteria, including 22 male patients and 27 female patients.

All patients were examined on the first day of admission to the ICU. Both groups (men and women) had evidence of poor oral hygiene. Yet, patients who had dentures (11 patients) had significantly lower plaque indexes and showed a lower frequency of colonization with respiratory pathogens compared to those with remaining dentures.

The study demonstrated:
1. That colonization of dental plaque with aerobic respiratory pathogens is highly prevalent in institutionalized critically ill elderly patients.
2. That S aureus and Gram-negative enteric bacilli accounted for the majority of dental plaque colonization by respiratory pathogens.
3. That dental plaque can be a reservoir of respiratory pathogens responsible for hospital-acquired pneumonia in institutionalized elderly patients.

The clonality of dental and respiratory bacteria yields significant weight for the need of routine dental care in long-term care facilities. Control of the accumulation of plaque on the teeth and dentures of these residents, however, is challenging because health-care providers in residential homes give little assistance with tooth and denture cleaning, even if training and education are provided. Several preventive interventions have been tested in older nursing home residents to improve dental health. In a two-year prospective study, 417 residents of 11 nursing homes were randomized to an oral care group and to a no-oral care group. In the oral care group, a health-care provider cleaned patients’ teeth after each meal. In addition, a dental hygienist administered professional care once weekly to the oral group. During follow-up, the relative risk of death attributable to pneumonia decreased significantly in patients who received oral care compared to the no-oral care group. The study has shown that the mastication of two pellets of chewing gums containing xylitol and chlorhexidine twice daily for 15 minutes over a period of more than 12 months in residential homes produced significant improvements in stomalogic health compared to a control group that did not chew gum.

In summary, the study proved that respiratory pathogens colonizing dental plaque are implicated in lower respiratory tract infections of hospitalized institutionalized elders. Further studies are needed to investigate the relationship between the burden of dental disease and the incidence of respiratory events. Meanwhile, it is advocated that active programs be instituted by all healthcare practitioners to enhance the access of institutionalized elders to dental care services and to improve daily oral hygiene.

Members of the Federal Dental Care Advisory Committee (FDCAC) are reviewing these studies to formulate recommendations to Health Canada.

As dental health professionals, denturists must take into consideration such conclusions and raise awareness among their patients about the dangers of poor oral health. Most particularly, these conclusions must be brought to the attention of our colleagues practicing in hospital settings as well as residential and long-term care centers. We urge you to raise awareness of these facilities staff; furthermore, the observations of front-row professionals would be most useful to the FDCAC. Please know that all information you may provide me on this subject would be most appreciated.

BIBLIOGRAPHY
Colonization of Dental Plaques: A reservoir of Respiratory Pathogens for Hospital-Acquired Pneumonia in Institutionalized Elders.
Ali A. El-Solih, MD, MPH, FCCP; Celestino Pietrantoni, DO; Abid Bhat, MD; Mifie Okada, MD; Joseph Zambon, DDS, PhD; Alan Aquilina, MD, FCCP; and Eileen Berbary, RN. www.chestjournal.org at University of Toronto on October 3, 2006
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Jim Harrison of Harrison Denture Clinic spends some of his spare time parenting on the ski slopes of Collingwood, Ontario. “My wife and I had our three youngest kids out on the hill [this winter] and we put our four-year-old on skis for the first time, and oh it was cute,” he says, laughing. “My wife was just mortified that I let her take off down the hill on her own.”

The little ski bunny is the youngest of Harrison’s six children. With the oldest away at college, Harrison reminisces about his own days at university. “I had no idea what I wanted to do,” he says. “Even when I finished I had no idea what I wanted to do.” His father is a denturist and a dental lab owner, and Harrison worked in the lab from a young age.

After three years at university, he decided to follow in his father’s footsteps.

**Century-old home**
Harrison came to Collingwood from Toronto nearly 20 years ago as an associate in the practice which he took over. He speaks of his staff in glowing terms. “There really isn’t anything that I could do on my own here, without the support of the team that I have around me.”

Fantastic, professional, motivated are all terms Harrison uses to describe his team. “They put everything that they have into this, and so do I,” he says. “Consequently, we have this practice that’s full of really decent, happy patients. You couldn’t ask for a better life, a better livelihood. It’s wonderful.”

Harrison has created a charming and comfortable practice in a house that is over 100 years old. It is a two storey house with dormers, and is approximately 2,800 square feet. “The patients feel really comfortable here,” Harrison says. “I’ve got a fireplace in the waiting room and they sort of cozy up around it.”

Harrison has a great deal of respect for his patients. “I don’t even want to call them seniors,” he says. “In the summer they’re coming off the golf course, and in the winter they’re coming off the ski hill.” His active patients are keeping his practice hopping.

**Continuing education**
Harrison believes in the importance of education in his field. He has worked
closely with the Art of Management, a practice management and consultation company that he credits with a great deal of his success. “I continue to work closely with them to make this practice the best that it can be.” 

Harrison attends two or three courses each year, and he provides at least one course per year for his staff. “Continuing education is huge for us.” He is looking forward to ‘Perfecting Your Practice’, the Denturist Association of Ontario educational conference, June 7-9 in Collingwood.

The focus of his practice is primarily implants, which he has been doing for many years. “It’s becoming more and more complex and technical, just sort of marrying the denture to the implant,” he explains. “We’ve been doing it for so long, we tend to be sort of the go-to clinic when it comes to implants.”

People travel quite a distance to see Harrison. Many of his patients travel over 90 minutes to have their implant work done in his clinic. He is quick to point out that he still does plenty of regular denture work as well. “I’m really fortunate here. There’s maybe 15, 20 dentists in town, and just about all of them refer me their denture patients.”

Harrison sounds excited about the future of his practice, and it is largely thanks to an increase in the population of retirees in his area of Ontario. “What they’re really interested in is really high quality work. They’re neat people,” he says of his patients. “Quite often they’ve researched things on the Internet.” They are well informed, and Harrison finds that they come in looking for the best. “It puts a certain amount of good pressure on me as a practitioner to make sure that I’m offering them the best.”

**Implants are the future**

“I see the future really being implantology.” The kind of work Harrison describes sounds like science fiction. “We’re referring patients to the hospital for CT scans, and then we’re computer-designing cases.” The patient first comes in to the clinic. They are sent to the hospital for a CT scan. The hospital emails the results to the clinic and the surgeon. The results are emailed to Sweden, where templates are created.

“Everything is done in advance,” Harrison says, “We’re minimizing the down side to the whole implant process.” Harrison’s excitement for the new technology is evident in his voice. “There’s this whole area of denturism now that is just so far above what we used to do, but it’s all being driven by patients’ demands for the very best.”

Harrison is proud of these breakthroughs on behalf of all denturists. “This is a fantastic profession to be in, we’re in the right place at the right time, there’s an abundance of patients, they’re wonderful people who want the best and we’re here to give it to them.”

With six children of his own, will the enthusiasm of this second-generation denturist rub off? “It certainly does run in families,” Harrison says, “But none of them seem interested yet. I do have that four-year-old though; you never know!”
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Liechtenstein is a very small country located between Switzerland and Austria, with the most densely populated areas in the valleys with snow-capped mountains on either side. The scenery is amazingly breathtaking. The population, no more than a small town, is less than 34,000 inhabitants, with German as official language. It is one of the few remaining countries in the world that is still governed by a monarchy. Despite its small size, residents enjoy a high standard of living due to the extremely low tax rate, supported by a thriving banking community.

Liechtenstein is the home of Ivoclar-Vivadent. We had the pleasure of being the guests of Ivoclar to train with their experts at their newly modernized teaching facility. Ivoclar is located in Schaan, a small town next to the capital of Vaduz where we stayed. The classes began early in the morning and ended late in the evening, only to be followed by a wealth of activity.

Every evening after classes, we were treated to an exclusive tour of either a castle or countryside estate, as well as an exquisite dinner that tantalized our taste buds. No expenses were spared with their lavish choices for our enjoyment and entertainment. Toward the end of our stay, these long hours and late evenings were taking a toll, since it left very little time to study for our comprehensive three-hour exam. The extensive training and support during our classes proved sufficient, for we were all successful.

We wish to acknowledge the tremendous hospitality, the excellent learning experience, the friendships we developed with the staff, and the skill and expertise of all the instructors. The overwhelming generosity extended to us by Ivoclar-Vivadent, for giving us this opportunity and inviting us to participate and feel as welcomed as family members, will be etched as a most memorable experience, both socially and professionally.
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For the first time in 30 years, the New Brunswick Denturists Society General Annual Meeting 2007 will be held in Caraquet, New Brunswick, May 31, June 1 & 2, 2007.

May 31, 2007
Executive Council Meeting

June 1, 2007
Continuing Education Course – Guest Speaker: Dr Nash Daniel, BSc, MSc, DMD, FRCD (c) Oral & maxillofacial Surgeon Implant Therapy – Renewed Function for the Edentulous Patient
Hands-on Program by Jim Siller, BIOMET 3i Dental Implants on Locator System and overdenture attachments. New research in oral implantology will be presented as well as many case presentations. Both sessions will be supported by question and answer sessions.
Lobster supper with Jam Night (English & French signers)

June 2, 2007
General Annual Meeting with guest speaker Mathieu Audet, financial advisor.

CAPHD Upcoming Events:


IN MEMORIAM

JERZY JANUSZ “GEORGE” GNYS

Peacefully, at the Copernicus Lodge on Friday, November 24, 2006 in his 72nd year. Loving father Malgorzata Nidzinska of Poland, Beata Zeranska of Toronto, Kasia Gnys of Chilliwack, BC and Paul (Lisa) Gnys of London. Dear grandfather of Faara and Sava and great-grandfather of Logan Jerzy. Dear brother of Teresa Pleban of Warsaw, Poland. Fondly remembered by Zbigniew Zeranski and Hania (Jacek) Peplak. Memorial donations to the Heart & Stroke Foundation would be appreciated by the family. Online condolences www.burkefuneral.ca
It is a fact that the Quebec denturism profession is well admired outside of Quebec and represents a source of inspiration both as a reference and a model for our colleagues from other provinces and countries who have observed its progression and development. Our profession’s maturity is first and foremost a reflection of all Quebec denturism professionals who, throughout the years, have managed our governing bodies as well as the teaching facility that allowed us to master our profession – a school which is well known outside of Quebec.

It is therefore with great astonishment and ensuing deception that delegates to the Banff 2006 Denturist Association of Canada Congress learned that the Collège Édouard-Montpetit has decided to no longer have its denturism program accredited by DAC. Let us remind you that the minimal requirements accredited schools comply with ensure a high and uniform standard denturism education across Canada.

As all Canadian denturism schools agree to comply with this audit measure – a measure recognized by all other professions in all other schools and universities throughout the country – we do not understand why our school has decided to withdraw from the accreditation process pretending that “its educational setting and teaching conditions strongly differ from other Canadian teaching facilities”. (September 13, 2005 letter from Mrs. Denise Trudeau, Director of Education, CEGEP Édouard-Montpetit, to the President of the Curriculum Advisory Committee of the DAC).

Furthermore, if the “education setting” is so different as to justify this withdrawal and preclude all approaches from the national association, we do not understand why the CEGEP agreed to become accredited back in 1999; if the educational setting was appropriate at that time, surely it is still valid today?

Finally, we do not understand why Mrs. Suzane Fiset and Mr. Patrice Deschamps, both of whom are directly linked to our CEGEP, attended the Banff 2006 meeting to meet with the Curriculum Advisory Committee to request a two-year moratorium on its accreditation in view of an upcoming new denturism teaching program being introduced in Quebec. Such an approach is in total contradiction with the school’s firm decision to forego accreditation.

However, the most serious consequence of this decision by our school is its impact on students who will graduate while the teaching program is not accredited. Their mobility will be greatly reduced as most Canadian provinces require that, in order to practice, denturists be graduates from accredited schools. We are convinced that most would agree that mobility can only benefit our profession.

Mrs. Trudeau also mentions in her letter that the CEGEP cannot afford the high costs of the accreditation. May we remind her that the association offered to contribute $2,000 toward the renewal of the CEGEP’s accreditation, an offer which the CEGEP never followed up on.

Clearly positioning itself, the association has asked the Order to second our professional corporation in this issue. You will probably agree that it is perfectly normal that our professional corporation takes the lead. We would then be entitled to request that our school offer a denturism teaching program that is accredited by the profession at the highest level possible. Let us not forget that the profession belongs to the denturists and not to the schools and that our Order, our main governing body, should strive to ensure that the education provided be accredited to attest its high standards. Even if by doing so we would only embody professional solidarity. Furthermore, our president being also an employee of the CEGEP, should we wonder if this duality could not prove a situation of conflict?

It is regretful that our teaching facility would create such a setback not only in terms of the recognition factor of the Quebec leadership in the profession but most particularly for the students who will graduate from a school whose program is not accredited. Perhaps we should consider addressing a formal request to the governing bodies of our profession to have bylaws adopted stipulating that denturism diplomas be issued only by accredited schools. But once again, would not such an action need to be ratified by our Order in order for our school to turn out quality graduates whose education program’s quality was attested by its accreditation? We have asked the question.
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Toothless Dragons get Gold

By Suzie Maxwell, DD, Team Captain

For the past seven years the Denturist Association of Ontario entered the Dragon Boat event in Toronto on Centre Island. The season starts off with practices, which take team members away from their daily routines. As team captain, I applaud this dedication.

This year the practices started off slowly, as several were cancelled due to bad weather, but as the event neared and our ‘make-up’ practices were behind us we felt prepared for race day. Our races were held June 24 and 25; the weather was kind to us with both days turning out to be hot and sunny. Our paddlers Cliff Muziowsky, Bashar Mutlak, Frank Odorico, Shaun Dunn, Gary Out, Chris Todd, Demetri Pygros, Mark Chandler, Al McOrmand, Ellen Turone, Jodie Carr, Shannon Barnett, Judy Shuhendler, Nancy Storey, Debra Larocque, Linda McOrmand, Grace Cabral, Cecilia Story, Costa Nassar and I, Suzie Maxwell, along with our drummer Helen Nassar worked hard and achieved second and third place in our two qualifying races. In the final we pulled out all the stops and fought right to the end with a first-place win and gold medals for all!

I would like to thank Costa Nassar for his work in collecting sponsors. This effort helps keep the cost down to the paddlers and allows us to improve our equipment yearly and get professional coaching. Well done, Costa.

A big thank you to all our sponsors and their generous donations, Ivoclar Vivodent (Platinum Sponsor), The Denturist Association of Ontario, Henry Schein Ash Arcona, Smart Insurance Solutions, Straumann Dental, Central Dental, Nobel Biocare, Dentsply, Oxyfresh and Bolton Dental Manufacturing. We look forward to your support next season.

Anyone wishing to be a team member for 2007 please contact Suzie Maxwell at (905) 388-2355 or emdc@bellnet.ca
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• United Kingdom – Registry opened July 31. Graduates of George Brown College have to top off education with courses prescribed by the regulatory agency: UK ethics, infection control, jurisprudence, radiography, CPR. After completion, candidates can apply for their license. The first licensees are expected to have their certification in early spring 2007. Graduation ceremony and celebration of legislation held at Leeds Castle on September 30.

• Education – Clinical protocols for IFD clinical examinations will be ready for review by IFD before Coventry meeting, May 2007.

• FEPPD – IFD has a seat on the FEPPD council and will be represented by one of three individuals, depending on the location of FEPPD meetings. FEPPD will underwrite the IFD preparation of occupational standards for the Leonardo da Vinci project. The next meeting of the Leonardo committee is scheduled for Stockholm in late 2007.

• New members – Switzerland has joined IFD. Requests for membership received from Iceland and South Africa. There is interest in Turkey, Romania, Portugal, and Spain.

• Membership committee set up.

• Membership fees increased by 5%.

• John Goodman of UK inducted into Brotherhood of Sterkenburgers.

THE FIRST UK DENTURISTS REGISTER

There are now six CDT denturists on the UK dental register. This is great news for the Clinical Dental Technicians Association and a very proud moment for all its members. Special thanks is due to Chris Allen, Chief Executive, from the CDTA membership.

We must not forget the role the International Federation of Denturists has played in this success. IFD member countries now have the UK to add to the countries that have legislation and we are very proud of that.

We in the UK look forward to welcoming the IFD family to the World Symposium in May and once again thank them all for the hard work that has helped us realize our goal. Denturists from all over the world can be very proud.

Phil Tucker Dip CDT RCS Eng DD

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The Annual Meeting of the International Federation of Denturists will take place May 8-9, 2007 at the Ricoh Centre, Coventry, England.
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Access your practice from a handheld device

By Dean Fenwick

Remember the first time you saw someone using a cellular phone? Likely a proud-looking man in a sports blazer carrying what looked like a huge World War II radio transceiver. As cell phones became smaller and more popular they were often thought of as public nuisances, and many vowed to never own one. Now nearly everyone has a cell phone and the man in the sports blazer has moved on to a utility belt of devices and a wireless device in his ear.

As annoying as some of these trinkets may seem, some very compelling advancements could make life more convenient for the denturist.

Have you ever been out of the office and wished you could access your schedule? Many denturists work at several locations and would find accessing patient data off site very useful. With the advent of new high-speed wireless networks, high-speed Internet connections through certain cellular devices can now be achieved.

The high-speed rate equivalent to the high-speed, hard-wired connection at work or home is now accessible through cleverly designed viewable handhelds. These handhelds can plug into a laptop to give a good connection virtually anywhere.

The newest and most speedy network is the EVDO network. It is supported by both Bell and Telus, and has an effective transfer rate of 400-700 kilobits per second, comparable to regular wireline high-speed technology. Telus, Bell, Fido, and Rogers have their own acronyms for wireless mobile network connections, services, devices, and rate packages. Some comparison calls can make even a tech-savvy person dizzy.

When shopping for regular high-speed Internet service at home or work, the options provided by Telus, Shaw, or Rogers are similar. That is not so in the wireless handheld cellular Internet market. To make matters more confusing, a compatible cellular device is needed for each service, not just any cellular phone.

One option is the UTStarcom 6700 wireless handheld for phone and Internet available from Bell or Telus. It is by far the best option for Canada and the US. However, if used outside of North America, a Rogers or Fido network is recommended, such as Rogers’ HP iPAQ hw6950 wireless handheld for phone and Internet.

Most people will be interested in wireless mobile Internet service for North America only, and Bell and Telus have a great advantage. The Telus EVDO network was launched in November 2005 and coverage areas across Canada are already very impressive. By 2008 both Bell and Telus plan to have 90 per cent of the Canadian population covered with the EVDO network.

Even if the full ‘high-speed EVDO network’ cannot be accessed, the device will still access the’ ‘1X moderate-speed network’ with an effective transfer rate of 40-60 kilobits per second virtually everywhere there is a cell phone signal. Even this ‘moderate data rate’ is twice as fast as a conventional dial-up connection on a regular phone line.

So how much is this freedom worth? The return on investment for practice management software is easy – successfully track a couple of claims or recall one or two patients and the system will have paid for itself. At the time of writing, the recommended phone cost was $149.99, but a monthly data package is also required. Tests show that working remotely from a handheld to an office computer for eight hours uses nearly 20 MB of data, which costs about $40.

If you have a computer and Internet at home, then you can already connect to your work computer from home. Free software for this can be downloaded from www.denturistsoftware.com/ultravnc.zip. No need to worry, you do not need to stick a glowing neon device in your ear to remotely connect to your office.

For more information, contact:
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London denture clinic seeking full-time associate, $60 000 plus monthly bonus. Contact (519) 455-5900.

London denture clinic seeking full-time technician. Must be familiar with all aspects of fabrication. Contact (519) 455-5900.

Denture clinic in Kamloops BC seeks a full-time registered denturist or graduate student. Busy practice established in 1969 focuses on precision and BPS dentures. Phone (250) 372-3011 or fax resume including qualifications and references to (250) 372-2436 or pryce@telus.net

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SATISFACTION SURVEY

Periodically, the Denturist Association of Canada and its publisher, Craig Kelman & Associates, survey the readers of Denturism Canada to determine if readers are satisfied with the journal or how it can be improved. We would appreciate if you could take a few minutes to complete the following survey and fax it to us by May 1, 2007. Fax to 1-204-895-9595.

One respondent will receive a waived registration to the 2008 National Denturist Congress (Province of Quebec, date and location to be announced).

The results of the survey will be published in the autumn 2007 issue. Thank you for your help!

Circle the rating you wish to give each question from 1 to 5 where 5 is considered excellent.

How do you enjoy reading Denturism Canada? 
1 2 3 4 5

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What types of articles or information would you like to see in future issues?

_____________________________________________________________________________________

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What recommendations do you have for improvement of the journal?

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(Name and telephone number optional. This information will be required to announce the winner of the waived registration to the 2008 Congress). NAME________________________ PHONE________________________

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