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L’ASSOCIATION DES DENTUROLOGISTES DU CANADA

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The challenge of this publication is to provide an overview of denturism, nationally and internationally, and a forum for thought and discussion. Any person who has opinions, stories, photographs, drawings, ideas, research or other information to support this goal is requested to contact the Editor to have the material considered for publication. Statements of opinion and supposed fact published herein do not necessarily express the views of the Publisher, its Officers, Directors or members of the Editorial Board and do not imply endorsement of any product or service. The Editorial Board reserves the right to edit all copy submitted for publication.

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Spring has certainly been very busy for all of us at DAC, and probably for all of you also, as we prepare for what should be a fun and wonderful summer season.

The events surrounding the Denturist Association of Ontario for the last two years have been unprecedented in the history of Denturism in Ontario and Canada.

The Ministry of Health, effective March 26, 2012, appointed Ms. Deanna Williams as supervisor of the College of Denturists of Ontario (CDO). Ms. Williams was previously the registrar for the Ontario College of Pharmacists, and brings with her a wealth of knowledge that will enhance the governance of the CDO in an effective and efficient manner.

Within a week of assuming her position, Ms. Williams appointed a new president and vice president of the CDO (April 3, 2012) with the new president being a public member and the vice president a denturist.

Ms. Williams stated the regulatory mandate and purpose of the college is clear; that the college exists to serve and protect public interest. Accordingly, the appointment of a public member as president is not only appropriate, but it demonstrates the important role that the public plays in the self-regulation of all health professions in Ontario, including Denturism.

Ms. Williams spoke at the DAO annual general meeting on April 21, 2012, in which she indicated her appreciation for the cooperation of members of council and the Denturist profession in her current capacity as supervisor of the CDO, and she looks forward to moving the process forward.

The events that have unfolded and continue to occur have ripple effects for the regulatory colleges, the DAO, DAC and individual members. Canada is a country where self-regulation of health professions is viewed in the highest of esteem. In most other countries, governments and bureaucrats regulate professions. Thus, these issues that the CDO has presented on self-regulation, are being closely watched by health professions across Canada and around the world. With the cooperation, insight and inspiration by all individuals either public or Denturist professionals, we will proceed to develop significant positive change for the future.

As the DAO board of directors and staff have struggled with limited financial and human resources, we must congratulate them on their continued devotion, diligence and perseverance and we all owe them a great deal of gratitude for their efforts.

The Denturist Association of Canada, with the unanimous approval of the executive, was able to help the DAO reduce the financial burden required to hire consultants and lawyers to address the various issues regarding the CDO and our profession.

The DAO invited DAC to provide the yearly DAC update for the Ontario members at this year’s annual general meeting, which was held in conjunction with Technorama on April 20-21, 2012 in Toronto.
Denturist Association of Canada exam. The Ontario AGM was a total success with 251 members and 51 students registered. We were pleased to address the students of Denturism. The success, vitality and growth of our profession rely on new graduates. We encourage all students to join their provincial associations, so that they continue to be informed, as the more we participate in active awareness, our actions will provide superior results. It was a pleasure to meet a number of the students and assist in presenting awards of merit to the students with DAO President, Nancy Tomkins.

On April 27, 2012, my wife, Glenda, and I had the pleasure of attending the installation dinner in Ottawa of the Canadian Dental Association's new president, Dr. Robert Sutherland. We had the opportunity to speak with Dr. Sutherland and extended our congratulations and best wishes on behalf of all Denturists for his upcoming term of office. We must continue with a unified voice to represent this profession, not only to the government of Ontario, but the public of Ontario, and to the profession.

We are not only here for this association; we are here for the profession, for today, tomorrow, and the distant future. Please join the members of DAC at the 2012 Perfecting Your Practice, hosted by DAO. DAC will hold its AGM from September 17-19, followed by a golf tournament, which in turn flows into one of the premier educational, networking and trade show events that a Denturist can attend – Perfecting Your Practice. See you there!

Yours in Denturism,
Michael C. Vout, DD

Over the last 18 months, the Denturist Association of Ontario has been steadfastly defending its members against the College of Denturist of Ontario (CDO) Council and its contravention of the Regulatory Health Professions Act (RHPA). During this time, the DAO has spent a dramatic amount of money in legal and consulting fees, approaching $200,000.

The tumultuous relationship between the two organizations is a result of the DAO challenging the CDO on several issues and a by-law that contravened the RHPA.

The DAO is an association whose strong commitment to defending the rights of its members has long been appreciated. However, no issues prior to the recent challenges have ever torn the profession apart as it has over the mismanagement of the CDO during the presidency of Gus Koroneos.

A government supervisor has been appointed to take control of the situation and put the college back on track. Gus was removed as president by the supervisor.

During a conference call of both the Executive Committees, the DAO approached the Denturist Association of Canada (DAC) for financial consideration to assist with the onerous payout.

At the DAO’s Annual General Meeting in April, DAC President Michael Vout delivered their response in the form of a $100,000 cheque. The announcement brought DAO members to their feet in a standing ovation.

In an expression of gratitude, Nancy Tomkins, President of the DAO, said, “The DAC is strong and committed to supporting its members and the denturist profession nationwide. We are very grateful for the support.”

DAC surprises DAO with $100,000 support at Annual General Meeting

Nancy says this is just one of the ways that the DAC supports and promotes the profession.

“The DAC was there for us when we needed them, just as the DAO is there for its members. This is what strong, large associations can do for it’s members... stand up in the face of adversity,” says Nancy.

“We stand united in our pursuit of maintaining the denturist profession as viable, professional and self-regulating,” states Nancy.
Le printemps: synonyme de renouveau

Le printemps a certes été très occupé pour nous tous, ici à l’ADC, et sans doute pour vous tous aussi, en prévision de l’été qui, nous l’espérons, sera magnifique et agréable.

Les événements survenus à la Denturist Association of Ontario (DAO) au cours des deux dernières années sont sans précédent dans l’histoire de la denturologie, tant en Ontario qu’au Canada.


Moins d’une semaine après son entrée en fonction, Mme Williams a désigné un nouveau président et un nouveau vice-président à la barre de l’organisme (3 avril 2012). Le nouveau président est un représentant du public et le vice-président, un denturologiste.

Mme Williams a indiqué que le mandat du CDO en vertu de la réglementation et sa raison d’être sont clairs : il existe pour servir le public et défendre l’intérêt du public. Par conséquent, la nomination d’un représentant du public à la présidence est non seulement appropriée, elle démontre le rôle important que joue le public dans l’autoréglementation de toutes les professions de la santé en Ontario, y compris la denturologie.

Mme Williams a pris la parole à l’assemblée générale annuelle de la DAO, le 21 avril 2012. À cette occasion, elle a indiqué qu’elle appréciait la collaboration qu’elle recevait des membres du conseil ainsi que des membres de la profession dans l’exécution de ses fonctions actuelles à titre de superviseuse du CDO. Elle a hâte de faire avancer le processus et s’en réjouit.

Les événements qui sont survenus et qui surviennent encore ont des répercussions sur les ordres de réglementation des professionnels de la santé de l’Ontario, la DAO, l’ADC et les membres individuels. Le Canada est un pays où l’autoréglementation des professions de la santé est très prise. Dans la plupart des autres pays, ce sont les gouvernements et les bureaucrates qui régissent les professions. Par conséquent, les questions sur l’autoréglementation soulevées par le CDO constituent un sujet de grand intérêt pour les professionnels de la santé partout au Canada et ailleurs dans le monde. Grâce à la coopération, aux idées et à l’inspiration de tous les intervenants, qu’ils soient représentants du public ou denturologistes professionnels, nous apporterons concrètement de profonds changements qui seront positifs pour l’avenir de la profession.

Étant donné que le conseil d’administration et le personnel de la DAO ont dû composer avec des ressources financières et humaines limitées, nous devons les féliciter pour leurs efforts indéfectibles, leur dévouement, leur diligence et leur persévérance. Ils méritent toute notre reconnaissance.

L’Association des denturologistes du Canada, avec l’appui unanime du conseil exécutif, a pu contribuer à réduire le fardeau financier de la DAO engendré par l’embauche de consultants et d’avocats pour travailler aux divers dossiers en lien avec le CDO et notre profession.

La DAO a invité l’ADC à faire le point sur les activités qui se sont déroulées pendant l’année devant les membres de l’Ontario réunis à l’occasion de leur assemblée générale annuelle, qui était jumelée au salon Technorama, les 20 et 21 avril 2012, à Toronto.


L’AGA de l’association ontarienne a connu un vif succès; en effet, il a attiré 251 membres et 51 étudiants. Nous étions heureux d’avoir la possibilité de nous adresser aux étudiants en denturologie. La réussite, la vitalité et la croissance de notre profession reposent sur les nouveaux diplômés. Nous encourageons tous les étudiants à se joindre à leur association provinciale pour continuer de se tenir à jour. Plus nous aurons d’occasions de sensibilisation active, plus nos actions seront fructueuses. Ce fut un plaisir de rencontrer des étudiants, en compagnie de la présidente de la DAO, Nancy Tomkins.
Le 27 avril 2012, mon épouse, Glenda, et moi-même, avons eu le plaisir d’assister, à Ottawa, au dîner officiel d’accueil du nouveau président de l’Association dentaire canadienne, le Dr Robert Sutherland. Nous avons eu l’occasion d’échanger avec le Dr Sutherland, de le féliciter et de lui offrir nos meilleurs voeux de succès de la part de tous les denturologistes.

Nous devons continuer d’unir nos voix pour représenter notre profession, non seulement auprès du gouvernement de l’Ontario, mais aussi auprès du public ontarien et de l’ensemble des denturologistes professionnels.

Notre action dépasse le cadre de notre Association. Nous agissons pour la profession, aujourd’hui et demain, et pour un avenir plus lointain.

Soyez des nôtres, alors que les membres de l’ADC se retrouveront à l’événement 2012 Perfecting Your Practice, dont l’hôte est la DAO. L’ADC tiendra son assemblée annuelle du 17 au 19 septembre; puis il y aura un tournoi de golf et le tout culminera avec cet événement de premier ordre où les activités de formation et de réseautage tout comme le salon des exposants figurent parmi les meilleurs auxquels les denturologistes puissent participer afin d’y perfectionner leur pratique: Perfecting Your Practice. C’est un rendez-vous!

Chaleureuses salutations,
Michael C. Vout, DD

« L’Association des denturologistes du Canada, avec l’appui unanime du conseil exécutif, a pu contribuer à réduire le fardeau financier de la DAO engendré par l’embauche de consultants et d’avocats pour travailler aux divers dossiers en lien avec le CDO et notre profession. »

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I’m hearing that term being used by more and more of our colleagues these days. What is it really and how is it any different than stress?

Burnout is a state of emotional, mental, and physical exhaustion caused by excessive and prolonged stress. It happens when you feel overwhelmed and unable to meet constant demands in your personal/professional life. As the stress continues, you begin to lose the interest or motivation that led you to take on a certain task or position in the first place.

Burnout reduces your productivity and saps your energy. Eventually, you may feel like you have nothing more to give and become detached.

Most of us have days when we feel bored, overloaded, or unappreciated; e.g., when the juggling balls we keep in the air aren’t noticed, let alone acknowledged or rewarded. However, if it feels like this more often than not, you may be flirting with burnout.

Symptoms; if:

- Every day feels like a bad day.
- Caring about your work or home life seems like a total waste of energy.
- You’re exhausted all the time.
- The majority of your day is spent on tasks you find either mind-numbingly dull or overwhelming.
- You feel like nothing you do makes a difference or is appreciated.

The negative effects of burnout spill over into every area of life – including your home and social life. Burnout can also cause long-term changes to your body that compromise your immune system; therefore, it’s important to deal with burnout right away. The first thing we should do is implement the three R’s: recognize (warning signs), reverse (undo the damage) and resilience (improve physical and emotional).

So what’s the difference between burnout and stress, and how are they related?

Burnout may be the result of unrelenting stress, but it isn’t the same as too much stress. Stress, by and large, involves too much: too many pressures that demand too much of you physically and psychologically. Stressed people can still imagine, though, that if they can just get everything under control, they’ll feel better.

Burnout, on the other hand, is about not enough. Being burned out means feeling empty, devoid of motivation, and beyond caring. People experiencing burnout often don’t see any hope of positive change in their situations. If excessive stress is like drowning in responsibilities, burnout is being all dried up. The other major difference between stress and burnout is that you’re usually cognizant of being under a lot of stress whereas you may not always notice burnout when it happens.

Causes of burnout
There are many causes of burnout. In many cases, burnout stems from the job. But anyone who feels overworked and undervalued is at risk for burnout – from the hardworking office worker who hasn’t had a vacation or a raise in two years to the frazzled stay-at-home mom struggling with the heavy responsibility of taking care of three kids, the housework, and her aging father.

But burnout is not caused solely by stressful work or too many responsibilities. Other factors contribute to burnout, including your lifestyle and key markers of certain personality traits. What you do in your downtime and how you look at the world (is the glass half empty or full) can play just as big of a role in causing burnout as work or home demands.

Recovery and prevention

Truly disconnect
In today’s business world, we are constantly tethered to our “CrackBerries.” As a result, when we truly disconnect from time to time, the effect is almost magical.

By “disconnecting,” I mean being totally out of touch with work. I know this seems unfathomable to most of us.

I currently have an extremely burnt-out oil executive friend who admits to being burnt out and disengaged from interest in work. He is on an extended European vacation so I challenged him to “black hole” e-mails during the trip, sending an
automatic response letting them know who to contact for help or support while he is away. I doubt he will last a week as most businesspeople are scared to death to do this, worrying that they might miss something incredibly urgent. Then they come back from vacation and are even more stressed out than they were before they left, because they’ve got a thousand e-mails sitting in their inbox. You truly have to completely disconnect to recover.

**Refocus on your successes**
Focusing your energy on what’s wrong creates more negativity. So, take out a piece of paper and start making a list of every “victory” you’ve had during this year, this quarter, this month, or this day. When you do that, selective perception kicks in, and you’ll see that there is significantly more good than bad going on.

**Set a major goal that requires teamwork**
I also have a group of friends who are part of a Leadership Club and they love to speak about and quote what Jim Collins calls a BHAG or Big Hairy Audacious Goal – a concept introduced in his book Built to Last. This is the kind of goal that rallies the troops and gets them to transcend what they themselves thought was impossible.

Famous examples:
- Amazon: Every book, ever printed, in any language, available in less than 60 seconds. Also: Earth’s most customer-centric company.
- Google: Organize the world’s information and make it universally accessible and useful.
- Nokia-Siemens: Connecting five billion people by 2015.
- Sony: Change the worldwide image of Japanese products as poor quality; create a pocket-sized transistor radio. As you can see, BHAGs are a powerful tool to change direction, intention, and motivation. Goal-setting is employed by every successful major corporation around the globe.

**Make things fun again**
Getting back to doing things you enjoyed as a child or even in your youth while making a positive impact on not only yourself but others is the most impactful way to get re-energized, refocused, and engaged again. By the time this article goes to print, a group of 40 guys in Calgary set a BHAG to break the Guinness world record for the longest hockey game and while doing so, will have raised over $1.5 million in support of child pediatric research here in Calgary. Now we don’t all have to go to the extreme of record-breaking activities that also raise massive funds for a worthwhile cause, in order to have fun again, but get back to making time in your life for the things that give you enjoyment by making them a priority and non-negotiable.

We all say, “I’d love to, BUT I can’t because I’m too busy.” We all know this is not the real case because if working out or bowling or art classes were really a priority, we would make and find the time with no excuses.

Burnout is an undeniable sign that something important in your life is not working. Take time to think about your hopes, goals, and dreams. Ask yourself if you are neglecting something that is truly important to you. Burnout can be an opportunity to rediscover what really makes you happy and to set yourself back on course.
The Advanced Medical Directive, commonly referred to as a living will, is a document that allows people to predetermine the level of care they would like to receive in the event they are unable to make their own decisions regarding their health care. One of the most frequent concerns addressed through a living will is end-of-life care, namely the point at which a person decides to accept or refuse medical care. Should one be kept alive through heroic medical measures, or be allowed to pass peacefully? This hard question, once answered, will determine the directives you set forth in your living will.

Note: People can recover from their physical conditions at which point the living will may be revoked.

Consider the following:
- Decide what medical treatments and care are acceptable and for how long.
- If your heart stops or you stop breathing, do you want to be resuscitated?
- If terminally ill, do you prefer to stay at home or be hospitalized?
- Is special care affordable? Do you own Long Term Care (LTC) or Critical Illness (CI) insurance?

Most of the provinces are writing new laws recognizing living wills. Even if not yet legally binding, a living will allows you to indicate your wishes, providing guidelines for your family physician, family members, and friends — those who would be asked to make health care decisions on your behalf. Most hospitals generally ask if a person has a living will. It would be advisable to check with a lawyer. The living will alleviates the heavy burden of deciding to allow a loved one to die. By setting forth your request in advance with a clear mind, you intentionally share in that great responsibility, thus lessening any feelings of fear, guilt or indecision that family members may have to face.

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What would you say is the common denominator of all truly successful people?
What have they done that enabled them to rise above the rest of the crowd?
Why do others give them such respect and admiration?

For sure, successful people are usually smart, motivated, hard-working, and so on, but these aren’t the fundamental reasons for their success. They can’t charge patients or clients for their intelligence, energy level, or work ethic.

What they can charge more for and what serves as the foundation of every wildly successful business venture is MASTERY – an extraordinary ability to do something that others find valuable.

That’s what it boils down to: You have to master something that others find valuable. That means you have to be so good that people talk about you and your work. You’ll have fans. You’ll get sought out for advice. People will pay you premiums for your work.

Does mastering something mean that you have to be the best in the world? Absolutely not, (but feel free to strive for this!). It simply means to become highly skilled in something or acquire a complete understanding of it.

This principle applies to any undertaking in life and business. This applies whether you work for someone or for yourself: If you haven’t mastered something that your clientele or employer finds very valuable, don’t expect much success.

Many people settle for mediocrity and are rewarded accordingly out in the world: mediocre pay, mediocre acknowledgement, and mediocre status.

Mastery, however, shines like a lighthouse in our society. Mastery attracts attention and business. Mastery is instinctively respected and admired by others.

Everyone in the world who has achieved real, honest success has mastered something.

When you watch an interview with a brilliant and successful doctor or businessperson or artist, you might think, “Some are chosen to create brilliant work, and the rest of us just weren’t born to it. Lucky him.”

What you usually miss from these interviews, however, are the stories of the hours, days, weeks, months, and years of dedicated, grueling practice and perseverance that it took to get there.

And that, in the beginning, when that person was just another face in the crowd, a decision was made by this person: “This is the thing I will dedicate my working life to.” The first step on the road to mastery is to make a conscious decision about what you will master. Do not WAIT for it. Decide. Then focus, focus, focus.

Think deeply about the core demands of your craft. What is needed to advance in mastery of it? What courses do you need to take? Do you have a mentor you can consult? How much time are you able to devote to it?

Also, what distractions do you need to shut out? Distraction pulls us in all directions. The boredom of repetition drives us to other interests. The pressures of culture make us worry we are missing out on something “important” by dedicating ourselves to our pursuit of mastery.

Obviously, you can, and should, have family, cats, dogs, gardens, friends, hobbies and other interests. These are important to a full life across the boards.

However, there is a lot of pleasure to be had from becoming a true master of something. So, decide what you would like to be a master of and go for it. All the way. Focus, focus, focus. And enjoy!

Janice Wheeler is the president and co-owner of the The Art of Management Inc., a practice management company dedicated to helping denturists and other healthcare practitioners reach their full potential. For more information call 416-466-6217 or 800-563-3994, e-mail info@amican.com, www.amican.com
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Itinerary **
- Wednesday, Sept. 19: Pre-conference Golf Tournament - 1:00pm shotgun start at Deerhurst Highlands golf course (par 72). Tournament will be a best ball scramble format. Golf followed by BBQ at lake; PYP registration and reception 7-10pm
- Thursday, Sept. 20: Vident Hands-on Setup Courses; Simplifying Restorations on Dental Implants by Mark Martins DD; Technical Lecture by Craig Nelson, AAS, CDT, Technical Manager of Heraeus; Staff Concurrent Seminars (Denturist Clinic Emergencies by Pat Evangelisto; Bill 168, Self Defense for Women/Teens by Tosha Lord)
- Friday, Sept. 21: 3-Hour Lecture: Know your Regulator and Your Rights Under the Regulations Health Professions Act (RHPA) - Ms. Deanna Williams (CDO Supervisor) and Valerie Wise (Certified Health Lawyer); Afternoon Exhibitor Tradeshows; Evening Sponsor Hospitality Event.
- Saturday, Sept. 22: Exciting interprofessional panel discussion
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There are a lot of decisions to be made and lots of information to be given out.” Brian feels attendance at the AGM is invaluable for a clearer understanding of what the board deals with on a regular basis, and he uses the recent CDO situation as an example. “I had some inkling of what the board was going through, but until the AGM, I didn’t realize the full extent of what was going on,” he says.

“I understand what a hard job it is – it’s a volunteer position,” says Brian, “and when things aren’t going smoothly, it’s tough.”

In her first year attending the AGM as a member, Petya Simeonova, a denturist from Niagara Falls, felt the experience was extremely valuable.

“I had an opportunity to meet the DAO Board of Directors, Mr. Michael Vout, DD, President of the Denturist Association of Canada, and the MOH-appointed Supervisor, Deanna Williams,” says Petya. “After Ms. Williams speech, I felt hope that the profession will move in the proper direction.”

When Michael Vout, DAC President, announced the DAC’s donation of $100,000 in support of the DAO, Petya was moved to her feet. “Most significant to me is to see so many professionals who selflessly volunteer their time, experience and knowledge to make this a profession to be proud of,” says Petya. “I would like to extend my sincere appreciation to the Board of Directors, and especially DAO President Nancy Tomkins, for their continuous efforts, dedication and great deal of hard work to advance the profession.”

Denturist Rick Bianchi, of St. Catharines, agrees that the presentations by Supervisor Williams and the DAC’s Michael Vout were definite highlights of the meeting. “The AGM is important for feedback on progress made on issues facing the profession,” says Rick. “And it’s important for the general public because it is better, I think, to have a profession that is informed and involved, than one that is stagnant and indifferent.”

Ken Battell, a denturist from Hamilton, speaks very highly of the entire AGM and all that the DAO Board of Directors have done leading up to the meeting. “The highlight of the AGM for me was the detailed synopsis of events surrounding the DAO in their superb defence of the denturist profession against the CDO, as they attempted to circumvent process, ignore members, and undermine the DAO,” says Ken. “The DAO board acted with integrity, determination, guts and honour, and I feel very proud to be a member of this organization.”

Ken acknowledges how important the AGM is for DAO members. “The AGM provides support to me and my clinic through providing continuing education, regulatory updates, and a forum to speak in person with my colleagues and peers. The information the AGM provides to its members on regulatory updates and CDO requirements (e.g., access for disabled) helps protect the public and assist them in getting treatment,” he says. “Continuing education courses give members more knowledge to better serve the public in their own practices and raise the standard of care for the public who require dentures.”

“Marketing campaigns by the DAO put a spotlight on denturists as the first choice for dispersing information to the public who require our services,” continues Ken. “Both the DAO members and the public benefit greatly from the AGM.”

Of the other key information that Ken gleaned from the meeting, he says the new website will be of great value to members in communicating among colleagues and for dispersing information to the public. “And the courses provided me with valuable information that I will utilize in my clinic.”

As a final thought, and one that is no doubt shared by many members, Ken adds, “The DAO has been a beacon for the profession through a dark period. Thank you to the DAO staff and board for their personal sacrifices and going above and beyond on behalf of its members.”
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As baby boomers continue to age, a larger population of seniors present as edentulous patients. The conventional dentures these patients wear often become ill-fitting and painful over time as the patient’s jaw changes. When patients request new dentures, their old ones can provide crucial information about occlusal wear, vertical dimension, centric relation, and appropriate tooth selection, whether the initial denture was over or under extended, and whether the patient is over-closed. These variables must be considered when fabricating new dentures, since they immediately indicate whether dentures should be improved or are acceptable and can simply be duplicated.

The Biofunctional Prosthetic System (BPS) and the SR Phonares NHC teeth work together to fulfill the needs of edentulous seniors.
Unfortunately, patients prefer the status quo and often don’t like the feel or fit of new dentures. Although it is human nature to resist change, the following case revisits a familiar technique for duplicating an original denture prosthesis. However, it has been modified to incorporate modern equipment and consolidate several appointments into two to produce a denture prosthesis with impeccable accuracy.

Significant to this technique are two complementary systems for denture fabrication: Ivoclar Vivadent’s Biofunctional Prosthetic System (BPS) and the SR Phonares NHC teeth. The BPS system coordinates several denture products and materials, including Stratos articulators, Ivoclar teeth, and Ivoclar denture base materials. The shape and size of Phonares denture teeth match individual patient characteristics – which change as people age – including anatomical and facial characteristics. The form selector makes choosing from 18 upper and four lower tooth moulds easy based on specific reference points, such as canine position and central incisor intersection point.

Only BPS-certified denturists and laboratories fabricate BPS dentures to guarantee the highest quality, predictability, and uniquely individualized dentures for edentulous patients. As a result, the technique demonstrated here can be used to provide patients with long-lasting, esthetic dentures according to their individual characteristics.

**CASE REPORT**

A 50-year-old man presented with ill-fitting dentures that needed replacing. Following an initial examination, he agreed to replacement dentures fabricated using the BPS system. The BPS system requires denture teeth to be set up and the dentures completed according to consistent application procedures. This produces a high-quality and esthetic denture prosthesis. The basic traditional denture fabrication steps include preliminaries, custom trays, final impressions, bite blocks, centric record, articulation, set-up, try-in, and at times a second try-in, then finishing. However, rather than needing several appointments, the technique is completed in two.

**APPOINTMENT #1**

During the first appointment, extensions of the complete upper denture (CUD) and complete lower denture (CLD) were examined and indicated that the existing dentures were slightly under-extended. Final impressions of the patient’s arches were taken using a polyvinyl siloxane impression material (Virtual Heavy Body, Ivoclar Vivadent) that is easy to handle, tasteless, and odorless for ease of use and patient comfort (Figure 1). This was complemented by an extra light-body wash (Virtual Extra Light Body, Ivoclar Vivadent) to produce precision anatomical details that the heavy body alone could not capture. The contrast between the blue putty and the caramel wash sharply enhanced readability of the impression (Figure 2).

After examining the patient, it was apparent he had a repeatable centric relation (CR). A CR record was taken using ISO Functional Compound (GC America, Alsip, IL), a colour-fast resin material that is non-irritating to the mouth. The CUD teeth were coated with Vaseline for easy removal and to verify the compound record (Figure 3). The incisal edge was observed to determine if any adjustments were required. A 1 mm addition to the incisal was necessary for a more appropriate rest position tooth length.

The Candulor Fox plane was used to examine the Campers Plane and the ala tragus readings, which were acceptable. When asked, the patient indicated he was unhappy with the length of his existing denture teeth, felt they appeared too short when smiling, and requested a longer clinical crown. The Form Selector was used to gauge his proper tooth size, which was Medium. Phonares nano-hybrid composite (NHC) B82 denture teeth were chosen for this patient (Figure 4). Particularly designed for edentulous patients, Phonares teeth match the age and personality traits of individual patients by providing denture choices including youthful, universal, and mature.

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The master casts were poured and the CUD mounted on the Magnetic Flat Setup Table (Ivoclar Vivadent) to transfer the horizontal plane, midline, and occlusal plane information from the patient’s existing denture to the Stratos Articulator (Figure 5). The lower cast was then mounted to the registration (Figure 6). A tissue conditioner was then applied to the CUD and CLD so the patient could comfortably adjust to the extensions and fit of the anticipated dentures. The upper six anterior and first bicuspid teeth were set up (Figure 7), followed by the lower first bicuspid. Once the lower first bicuspid were waxed into place, the 2.5 D template was chosen to set the lower posteriors to the plate to establish the pre-determined curve of Spee and the curve of Wilson that are incorporated into the denture teeth (Figure 8). Next, the remaining upper posteriors were set, followed by the lower anteriors. It is crucial to ensure that both the overbite and overjet are at 1 to 2 mm (Figure 9) to obtain proper function, especially when using the SR Phonares tooth line. The author personally does 1.5 mm.

**APPOINTMENT #2**

The second appointment was reserved for try-in, at which time photographs were taken to determine if the six anterior teeth required modification. After making minor modifications, a Fiber Force® mesh reinforcement (Synca Direct, Inc.) was placed to decrease the risk of breakage that could result from fatigue caused by mastication and occlusal force trauma (Figure 10). The mesh layer was bonded as a middle layer in both the upper and lower arches.

The upper and lower dentures were finished or processed using the Ivocap system (Ivoclar Vivadent). Color Set Easy (Candulor, Los Angeles, CA) (Figure 11) was incorporated in this case for gingival tinting, and the base material was then pressure injected. Using injection procedure, the exact amount of material continuously flowed into the flask, decreasing acrylic shrinkage and providing an accurate and comfortable fitting denture for the patient.
The upper and lower dentures were remounted. The occlusion and all excursive movements, including centric, protrusive, working and balancing, were equilibrated (Figure 12). After the dentures were trimmed and polished to a high shine using Universal Polishing Paste (Ivoclar Vivadent) (Figure 13), the finished dentures (Figure 14) were seated in the patient’s mouth. The patient was pleased with the final result (Figures 15-16).

CONCLUSION

The growing population of edentulous seniors has contributed to the need for innovative products and procedures to provide better options for restoring their smiles. Loose and painful dentures no longer need to be tolerated. Because seniors are living longer, more active lives, they are willing to invest in long-lasting, functional and esthetic dentures. Ivoclar Vivadent’s BPS system and Phonares teeth specifically address the needs of edentulous patients, providing much needed high-quality denture material alternatives.

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The upper and lower dentures were created using the Ivocap material mixed with Color Set Easy.

Both the upper and lower dentures were remounted; the occlusion and all excursive movements were equilibrated.

The dentures were trimmed and polished.

View of the finished dentures.

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My sons recently started talking about being cool, and I recalled my own teenage years and the need to be cool. That driving desire dictated the clothes I wore, the music I listened to, and what subjects I became conversant in. And, yet despite all my motivation and effort, it remained elusive.

When I look back, I can see that all I really wanted was to be accepted, liked and admired. But, whatever I tried, I never quite felt cool enough. The problem was that I didn’t really understand the term until I’d spent a few years living and working in the real world.

So, I explained to my kids, “Cool is when there’s a problem and you do not get upset by it. When everyone else is panicking, rushing around and over reacting, the cool person is the one who stays calm, assesses the situation, then makes a reasoned decision on what to do.”

One day, I’ll tell them about Frances Healan, my friend who completely owned this concept. Mrs. Healan walked with a limp, and I learned that she had a severe condition or injury that could deteriorate and prevent her from ever walking again. That diagnosis was simply unacceptable to her. She had three daughters and two sons, all less than two years apart, with whom she had to keep up. Instead she ignored the pain and struggled to maintain the ability to walk under her own power. I never once knew her to mention the pain she continued to endure.

I met her when my friend Tony started dating Becky, the wildest of her children, and I dated Becky’s best friend. It was while Tony and I waited for our dates to get ready, that I learned what an amazing conversationalist Mrs. Healan was. She would talk of her family and friends, of movies and novels. Pleasant stories that had no impact on my life or the world, and yet they were irresistibly soothing and peaceful. Meanwhile, with five rambunctious kids and their friends, hers was the house on the street where everything happened. It was a tumultuous environment of laughter one moment and tears the next as young personalities came together then clashed. Nothing ever seemed to rattle Mrs. Healan, she was always calm and relaxed.

Tony and Becky didn’t last very long, but I refused to give up those wonderful conversations and started showing up just to hang out. Over the years, I realized that whenever my own life got a little stressed, I was drawn to the Healan household. Once there I would just sit and listen to Mrs. Healan’s stories and absorb her serene energy. I was rejuvenated by her presence.

I never planned any of those visits. I would just start to feel the need, and before I knew it, I was in the car driving. Those visits continued for years. Eventually the cumulative responsibilities of work, marriage and children made my life too busy for the simple pleasure of spending an afternoon with Mrs. Healan.

A few years ago she died of lung cancer. Frances was never a smoker, but a critical spot on her lung was missed on a routine chest x-ray. Her oncologist said that if he’d seen the x-ray when it was taken he could have saved her life. Despite that, Frances Healan was never bitter. Even though I had not seen her in years, her children called me to visit on her last day. When I arrived, her daughter Judy said, “Look Mama, it’s Bobby Wilson.” Mrs. Healan raised her head and said, “Bobby Wilson! Who’s dying?” We all laughed. That moment sums up her life for me. Facing death she maintained her sense of humour. She was quite simply the coolest person I’ve ever known.

Robert Evans Wilson, Jr. is a motivational speaker and humorist. He works with companies that want to be more competitive and with people who want to think like innovators. For more information on Robert’s programs please visit www.jumpstartyourmeeting.com.
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