

ISSUE
67
SEP18

The _____ Dental Probe

The Maltese Dental Journal

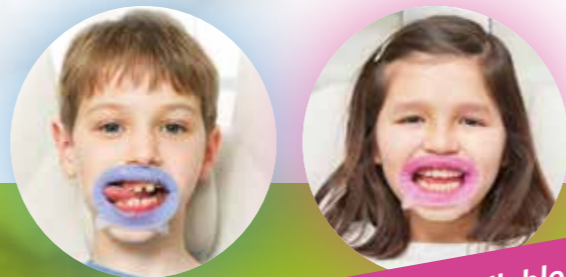


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Editorial

By Dr David Muscat

Dear colleagues,

It has been a scorching Summer and I hope you have all had a nice break. This issue features three presentations which are of interest to all of us, namely digital dentistry, back and neck pain and how we deal with our patients.

The cover photo is of Dwejra in Gozo by Dr Josef Awad. Dwejra, otherwise known as Inland Sea is a lagoon formed through a geological fault in limestone resulting in a collapsed sea cave. It was one of the top ten dives described by Jacques Cousteau.

The 60 metre long cave leads onto the open sea. One can find a blend of flora, fauna, geology history and archaeology. An excellent place for photography, relaxing and snorkeling.

Best regards,

David

Dr David Muscat B.D.S. (LON)
Editor / Secretary, P.R.O. D.A.M.

CED Focus on Health Inequalities – Oral Health for All

All Europeans, regardless of their socio-economic status, are entitled to proper healthcare. This includes oral health which cannot be neglected as it is connected to essentially every aspect of our lives. Problems with oral health can affect our ability to taste, chew and eat, as well as to smile and speak, and impact on everything from our general health to our capacity to communicate and function in our personal and professional roles.

Policymakers, health professionals, academics and representatives of healthcare organisations had a chance to discuss this at the CED event “Health Inequalities – Oral Health for All” at the European Parliament on 19 June 2017, hosted by MEP Nessa Childers. Dental expenditures in the EU amounted to an incredible 92 billion Euros in 2015. In comparison with other diseases, dental diseases end up on a striking third place in the cost ranking of diseases in terms of private and public expenditure, only surpassed by cardiovascular diseases and diabetes.

MEP Nessa Childers, Member of the European Parliament’s Committee on Environment, Public Health and

Food Safety, stated that “access to oral healthcare services is a significant issue among vulnerable and low income groups, especially when it comes to prevention; very often, individuals from vulnerable groups only access oral healthcare due to emergencies.”

It is imperative that the most vulnerable populations receive adequate support in accessing care. The participants heard about great initiatives in the Netherlands and in Spain that provide vulnerable populations, including homeless persons, children from disadvantaged backgrounds and migrants with proper oral care. CED President Marco Landi concluded that “it is evident that oral health inequalities is a very complex topic that needs to be tackled by a multi-faceted approach and by a variety of stakeholders together.” The CED hopes that all stakeholders will work together ever more closely in the future to tackle these inequalities and help provide the best care for all.

For more information contact:
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ced@cedentists.eu / <http://www.cedentists.eu>



Saint Apollonia – Patroness of Dentists

Saint Apollonia is one of the patron Saints of Catania. This picture entitled ‘Saint Apollonia Virgin and Martyr’ can be found in the Basilica Collegiata di Catania. The prayer to St Apollonia, virgin and martyr, asks for intercession and liberation from the severe pain of toothache and pain in gums, and her help in helping us patiently bear the pain.

The prayer asks for her, as she had withstood painful tooth torture, to help

us preserve our faith in our daily lives and difficulties and for St Apollonia to bless the city of Catania which withstood the earthquake of 1693, and as well as St Agata another patron saint, there is an altar dedicated to her in the Basilica. “Free us from all pain so we may live serenely in this life and we thank you in the glory of Paradise in eternal Life.”

Information and picture kindly provided by Dr Tony Charles.

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A SENSITIVE subject

Sensitive teeth? You can beat sensitivity pain fast thanks to a new toothpaste from Sensodyne

Does eating and drinking certain foods or drinks cause your teeth sensitivity?

This short, sharp pain – often combined with wincing – is uncomfortable yet it's actually easy to treat.

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LET'S GET CRACKING!

By Tonio Agius MSc (Edin.) MMAP (Physiotherapist)

LET'S GET CRACKING....

UPPER 5 & LOWER 5 PROBLEMS IN DENTAL PRACTICE....

JUST IMAGINE YOUR HEAD IS A BOWLING BALL BALANCED ON A WEAK SUPPORT.....



Introduction

- In Greek, "Ergo," means work and, "Nomos," means natural laws or systems.
- Ergonomics, therefore, is an applied science concerned with designing products and procedures for maximum efficiency and safety.
- Ergonomics modifies tools and tasks to meet the needs of people, rather than forcing people to accommodate the task or tool.



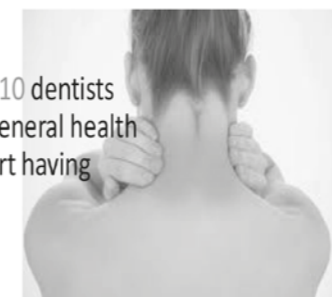
- Ergonomics is concerned with the efficiency of persons in their working environment.



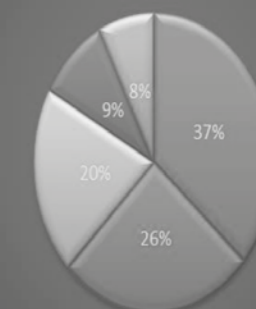
- It takes account of:
 - capabilities and limitations
 - ensures tasks, equipment, information and the environment suit each practitioner



- Studies show that 1/10 dentists report having poor general health & 3/10 dentists report having poor physical state



Reasons for early retirement among dentists



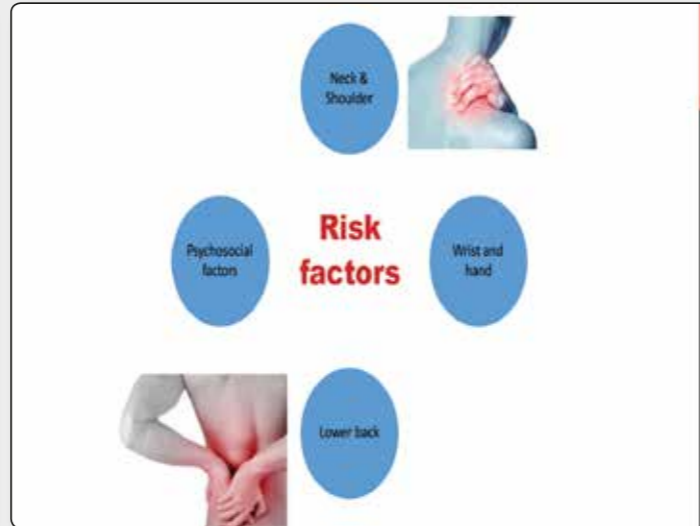
msd cvd neuro tumors others

LET'S GET CRACKING!

Continues from page 5.

Ergonomic Risk Factors in Dentistry

Positioning yourself to find the perfect access for that molar endo



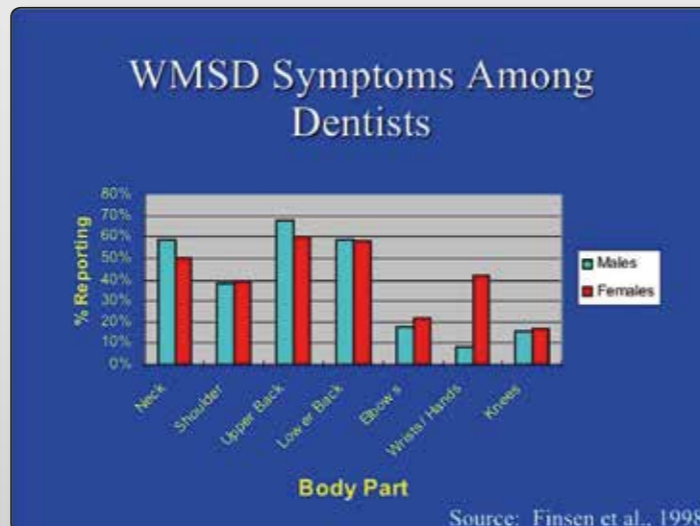
APPLICATION OF ERGONOMICS

- Ergonomic advances made over the years, dental professionals have been able to modify and optimise their working environments.
- Ergonomic improvements in seating, instrumentation, magnification, lighting, and gloves = proactive measure ensuring proper balance between job requirements and worker capabilities.

MUSCULOSKELETAL DISEASES

SYMPTOMS OF DISCOMFORT FOR DENTAL PRACTITIONERS

- WRISTS/HANDS (69.5%)
- NECK (68.5%)
- UPPER BACK (67.4%)
- LOW BACK (56.8%)
- SHOULDERS (60.0%)



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LET'S GET CRACKING!

Continues from page 6.

MSDs and Endodontists

- MSDs were reported by 61% of the participants. Of them, 69% reported pain to more than one body part.
- The prevalence of disorders was highest in the **lower back (30%) and neck (30%)**.
- **Awkward postures during practice** (OR:4.561, 95% CI:1.341-15.512), **regular stretching exercises** (OR:0.032, 95% CI:0.010-0.110) and **number of patients day(-1)** (OR:3.524, 95% CI:1.686-18.100) were significant predictors for MSDs.

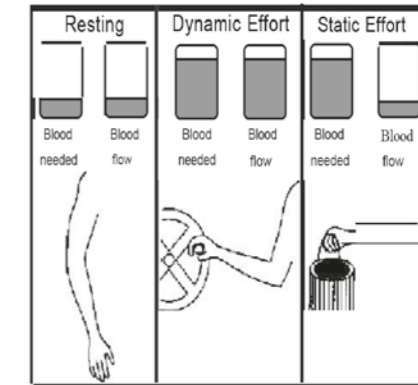
Musculoskeletal disorders amongst Greek endodontists: a national questionnaire survey. *Int Endod J*. 2014 Aug;47(8):791-801. doi: 10.1111/iej.12219. Epub 2014 Jan 11

- Conditions can vary from mild recurrent symptoms to severe and incapacitating. Early symptoms of MSDs include

- Pain
- Swelling
- Tenderness
- Numbness
- Tingling sensation
- Loss of strength.

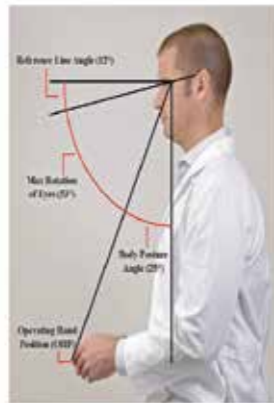


- Dental practitioners observed static holding postures = >50% body-musculature
- Static gripping >20 minutes also noted during instrumentation tasks within dental practice



MSD HAZARDS

- **Awkward Postures**
- For most joints, a good or "neutral" posture means that the joints are being used near the middle of their full range of motion.



- When arms fully outstretched, the elbow and shoulder joints are at the end of their range of motion.
- If an individual pulls or lifts repeatedly in this position, there is a higher risk of injury (OHSCO, 2007).



FORCE

- Excessive use of pinch grip = greatest contributing risk factor in the development of MSDs among dental practitioners



REPETITIVE MOVEMENTS

- Risk of developing MSD increases when same or similar parts of the body are used continuously, with few breaks or chances for rest.
- Highly repetitive tasks e.g. endodontic procedures = fatigue, tissue damage, discomfort and eventually injury.



- Common awkward postures in dental practice include elbow and wrist flexion and thumb hyperextension, which have been shown to stress neurovascular structures and ligaments.



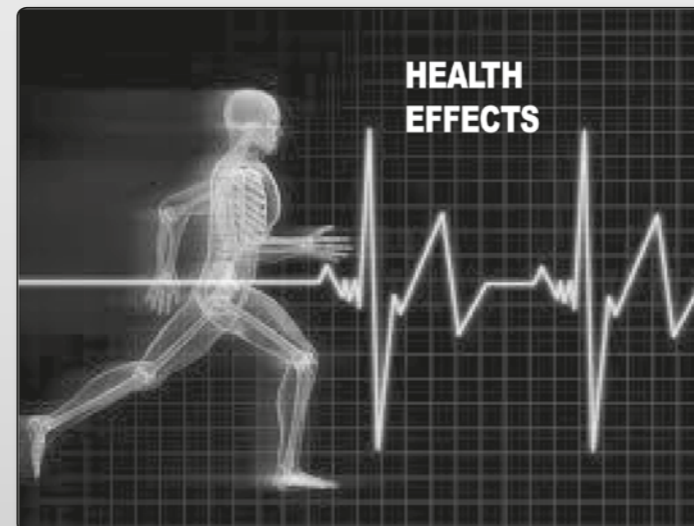
Figure 28A: Arms are held away from the body and wrists are flexed and deviated.
Figure 28B: Trunk and wrists are positioned in neutral with proper patient positioning and use of the headrest.

STATIC POSTURES



- Static postures are defined by those which are held for a long period of time and may result in fatigue and injury.
- **30 degrees of forward** shoulder flexion or abduction can cause a significant impairment in circulation within the shoulder / neck region

HEALTH EFFECTS



Wrist

- Constant demand, often sustaining excessive and repeated stresses and strains.
- Safest position = straight or neutral position.
- **Avoid bending the wrist downwards (flexion) or outwards (ulnar deviation).**

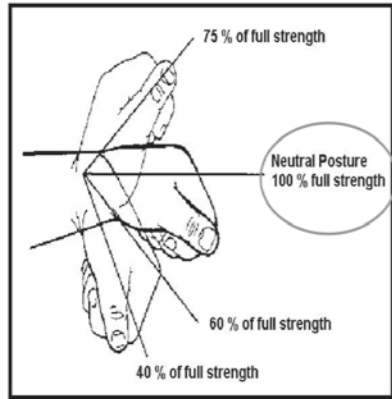


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LET'S GET CRACKING!

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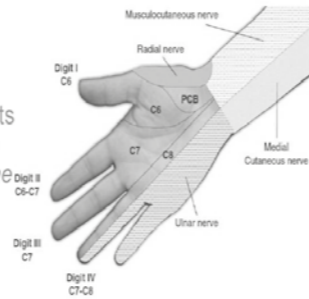
Reduction in strength when wrist deviates away from neutral



CARPAL TUNNEL SYNDROME (CTS)

- CTS median nerve = pressed or squeezed beneath flexor retinaculum

- High prevalence of CTS among dentists = longer clinical period of repetitive movements (work done on parts of the mouth difficult to access & requires precise movement and control)



Elbow



- Should generally be held at ninety degrees.
- Repeated or prolonged bending can cause compression of blood vessels & nerves, leading to forearm and hand symptoms.

CUBITAL TUNNEL SYNDROME

- Cubital Tunnel Syndrome often caused by prolonged use of the elbow while flexed, resting the elbow on an armrest, or trauma from overuse can compress the ulnar nerve.
- It is characterised by pain, numbness, tingling and impaired sensation in the little and ring fingers, side and back of hand, loss of fine control, and reduced grip strength.
- Sometimes confused with **Epicondylitis**

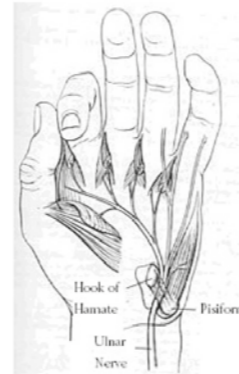


TENDONITIS OF THE WRIST

- Tendonitis of the wrist accompanied by pain, swelling and inflammation on the thumb side of the wrist,
 - worse with grasping and twisting activities.
- Patients often note occasional "catching" or snapping when moving their thumb.

Guyon's Syndrome = ulnar nerve compressed

- Guyon's canal at the wrist between the pisiform & the hamate bone. Passage for ulnar nerve & artery.
- Commonly caused by repetitive wrist flexion or excessive pressure on palm.
- Characterised by:
 - pain, weakness, numbness, tingling & burning 5th and half the 4th digits.



SHOULDERS

- Rounded shoulders can compress nerves, arteries, and veins that supply the arm and hand.
- Poor thoracic alignment also limits oxygen intake.
- Slouching forward compresses the chest cavity, preventing the diaphragm from efficient function.
- Oxygen diminished: experience of fatigue & loss of concentration.



Figure 2. Keeping the point of force application close to the body reduces the moment arm of the action force applied at the tooth/instrument interface.

DEQUERVAIN'S TENOSYNOVITIS

- Characterised by pain and swelling in the thumb and wrist area when grasping, pinching, twisting, and a decreased range of motion of thumb with pain.
- Possible causes: synovial sheath swelling, thickening of tendons at base of thumb, and repeated trauma or twisting hand/wrist motions.

TRIGGER FINGER

- Trigger Finger results from sustained forceful gripping and repetitive motion which irritates the tendon and tendon sheath (synovial membrane).
- Nodules form in tendon causing warmth, swelling, and tenderness of the tendon.
- The fingers lock in the "Trigger Position".



BURSITIS

- There are many different problems that can lead to symptoms from inflammation of the bursa, one of those being impingement.
- Possible cause may be muscle imbalance causing protraction of the shoulder and pectoralis minor tightness.

THORACIC OUTLET SYNDROME (TOS)

- Compression of nerves, arteries, and veins as they pass through from the neck to the arm (thoracic outlet).
- Possible causes: tight scalenes and pectoralis muscles, extra cervical rib, and prolonged duration of working with elevated elbows
- Characterised by neck pain, shoulder, arm or hand, numbness and tingling of fingers, muscle weakness/fatigue, and cold sensation in the arm, hand or fingers.

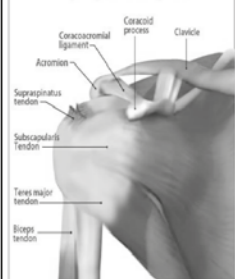
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AN OVERVIEW OF GDPR

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ROTATOR CUFF TEAR

Rotator Cuff Tear Supraspinatus Rupture



- The rotator cuff (RC) is a group of 4 muscles; supraspinatus, infraspinatus, teres minor and subscapularis.
- The RC assists with both gross and fine motor control of the arm.
- RC injury tends to occur where the muscle's tendon attaches to the bone.

NECK

- Pain and discomfort are the most common complaints reported in the neck/shoulder region amongst dental professionals.
- Studies have also shown that female dentists reported neck symptoms 1.4 times more often than male dentists (Mangharam, 1998).
- The slight inward curve of the neck balances the head on the spine.
- Holding the head forward disturbs this balance, straining the joints and the muscles of the neck and upper back.
- This posture also causes compression of the nerves and blood vessels as they exit the neck, leading to symptoms in the arm and hand.

MYOFASCIAL PAIN DISORDER (MPD)

- MPD is characterised by pain and tenderness in the neck, shoulder, arm muscles, and a restricted range of motion.
- Possible causes include overloaded neck/shoulder muscles.

BACK

- Main risk factors associated with dental work are sustained awkward postures and poor seating.
- Most individuals with low back pain do not simply injure their back in one incident but rather gradually over time.
- Repeated stresses from over the years begin to add up and slowly cause degeneration of various parts of the spine, resulting in low back pain.

CERVICAL SPONDYLOSIS

- This disorder is characterised by intermittent/chronic neck and shoulder pain or
- Stiffness, headaches, hand and arm pain, numbness, tingling, and clumsiness.
- Possible causes include age-related spinal disc degeneration leading to nerve compression and spinal cord damage, arthritis, and time spent with the neck in sustained awkward postures.

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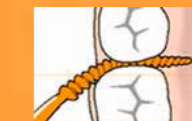
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Continues from page 12.

DISC PROBLEMS

- In a seated posture the pressure in the lumbar discs increases by 50%
- During bending (forward flexion) and twisting (rotation) motions of the spine, the pressure on the lumbar discs increases by 200%

Disk pressure in different positions (just for your awareness)

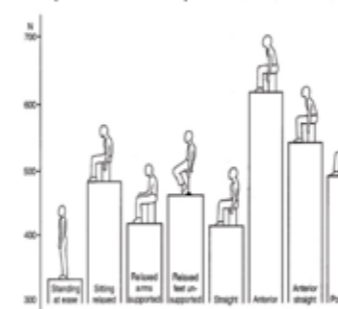


FIGURE 11.8
Disc pressure measurements in standing and unsupported sitting. (Source: Andersson, G. B. J., 1974. Biomechanical aspects of sitting. An application to VDT terminals. Behavior and Information Technology 4(3), 257-268. Copyright 1974. Reprinted by permission of Taylor & Francis.)

SCIATICA

- Sciatica is characterised by pain in the lower back or hip radiating to the buttocks and legs, causing leg weakness, numbness, or tingling.
- It is commonly caused by bulging, prolapsed or herniated discs compressing a spinal nerve root and is worsened with prolonged sitting or excessive bending and lifting.
- Another cause: Piriformis syndrome (tight/shortened muscle)

APPLICATION OF ERGONOMICS

- Through ergonomic advances made over the years, dental professionals have been able to modify and optimise their working environments.
- Ergonomic improvements in seating, instrumentation, magnification, lighting, and glove use have offered a proactive measure for ensuring a proper balance between job requirements and worker capabilities.

SEATING

- Proper seating is a complex subject about which there is much misunderstanding.
- Research findings indicate that dentists who sit 80 to 100% of the day are at an increased risk of developing low back pain (Mangharam, 1998).
- Studies have shown that the seat moves almost every minute throughout a typical treatment session, as the clinician is continually adjusting their positioning to improve visual access and accommodate patient movement.



SEATING

- While arm support is a controversial subject, many clinicians and experts feel that they are essential to health and comfort.
- If elbow rests are present, they should be positioned just below seated elbow height so that when the shoulders are not elevated when using the rests.
- Some researchers have found the use of elbow rests to reduce upper trapezius muscle load as well as the frequency and range of arm abduction during regular dental tasks (Marchand, 2001).

SEATING

- With numerous designs currently available on the market, each chair has its own unique advantages and disadvantages.
- As a result, it is important to speak with product specialists and try the chair under real working conditions before committing to purchase.

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Simplantology, in Everything We Do



Continues on page 16.

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PATIENT CHAIR

- When seating a patient, optimal results will be achieved when their oral cavity is positioned at a height equal to the seated height of the clinician's heart.
- Positioning the oral cavity above heart level will limit vantage and increase the rate of shoulder fatigue.
- Positioning the oral cavity below the recommended height will result in non-neutral working postures including over declination of the head, forward and/or lateral bending of the torso, and inability of the clinician to access free movement in the clock positions.

- When the patient is properly positioned your shoulders, elbows, and wrists should be in a neutral position.
- your upper arms are close to your body
- your elbow / forearm angle is close to 90°
- your wrists are in line with the forearm with no more than 20-30° extension



INSTRUMENTATION

- The design of dental instrumentation can play a key role in the prevention of negative health effects for its users.
- The goal of proper instrument selection should be to reduce force exertion while allowing for neutral joint positioning.

HANDLE SHAPE AND SIZE

- Dental instrument diameter ranges from 5.6 to 11.5 mm. Larger handle diameters reduce hand muscle load and pinch force, although diameters greater than 10 mm (3/8 inch) have been shown to offer no addition advantage (Dong, 2006).
- Alternating tools with different diameter sizes allows the user to reduce the duration of prolonged pinch gripping.
- "No. 4" handle lessens pinch gripping and can be purchased for most instruments.
- A round handle, compared to a hexagon handle will reduce muscle force and compression.

WEIGHT

- Lightweight instruments (15 g or less) help reduce muscle workload and pinch force (Dong, 2006).

BALANCE & MANEUVERABILITY

- Instrument should be equally balanced within the hand so that the tendency to deviate the wrist is reduced.
- Second digit (index finger) can detect very fine movements and should be placed close to the operating point.

Continues on page 19.

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References: 1. Fine DH, Sreenivasan PK, McKiernan M, et al. *J Clin Periodontol.* 2012;39:1056-1064. 2. Collins LMC, Dawes C. *J Dent Res.* 1987;66:1300-1302.

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Continues from page 16.

- By not using the fourth digit as a stabiliser of the hand piece reduces the number of fingers in the oral cavity, improves the ability to position instruments, and involves as few joint segments as possible thereby improving the degree of control and providing enhanced tactile ability.

EASE OF OPERATION

- The easier it is to operate a tool, the better.
- Less time is spent searching for buttons, thereby reducing the risk of error.
- Less time is also spent learning how to use the device. Simple activation is also important, such as using a foot pedal or handle turn to activate the tool as they do not require the operator to hold a button in a sustained pinch grip for extended periods of time.

SHARPNESS

- As a tool becomes dull, additional force is required to perform tasks. As a result, it is important to maintain sharpness of the instruments.

Texture

- Knurled handles such as diamond-shaped or crisscross patterns serve to reduce pinch grip force due to an increase in tactile sensation as a result of the knurl.



ADDITIONAL TIPS FOR INSTRUMENT SELECTION:

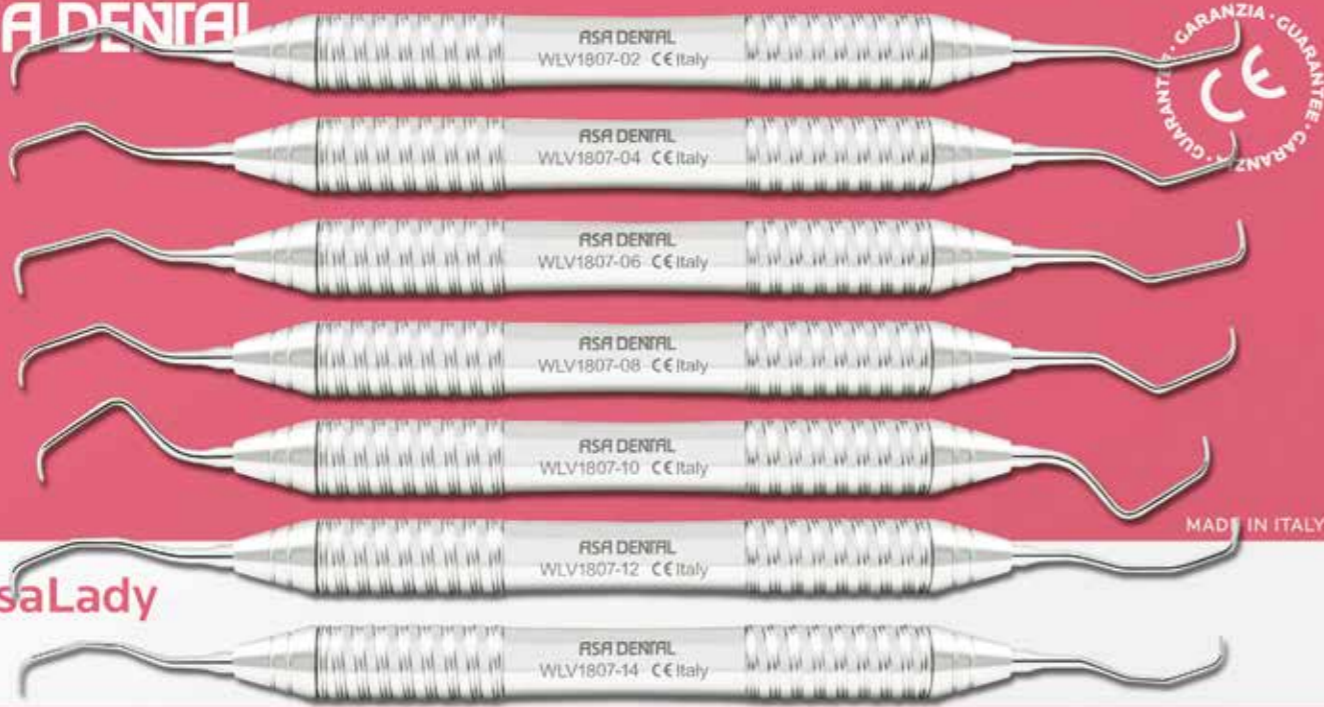
- Hollow or resin handles are preferred
- Round, textured/grooves (knurled), or compressible handles are preferred
- Colour-coding may make instrument identification easier
- Carbon steel construction (for instruments with sharp edges) is preferred



EQUIPMENT LAYOUT

- Dental equipment should be located in a manner which allows you to maintain a neutral working posture.
- Frequently used items should be kept within a "comfortable distance" and not above shoulder height or below waist height.
- Frequently used items such as the syringe, hand piece, saliva ejector and high volume evacuator should be positioned so they are within a normal horizontal reach which is the arc created while sweeping the forearm when the upper arm is held at the side.

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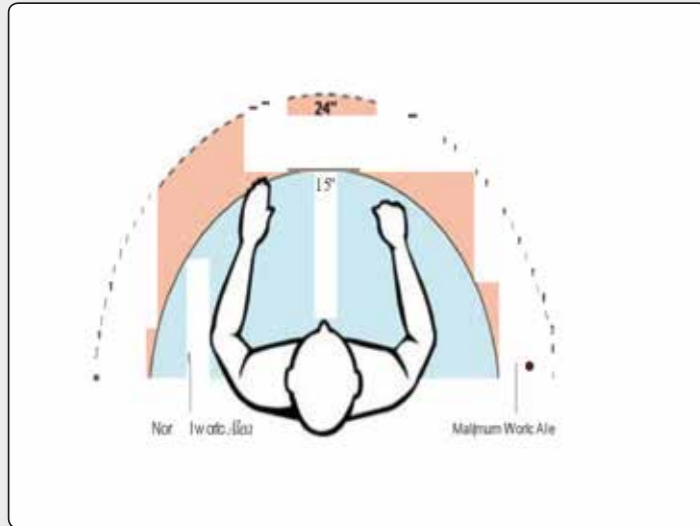


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LET'S GET CRACKING!

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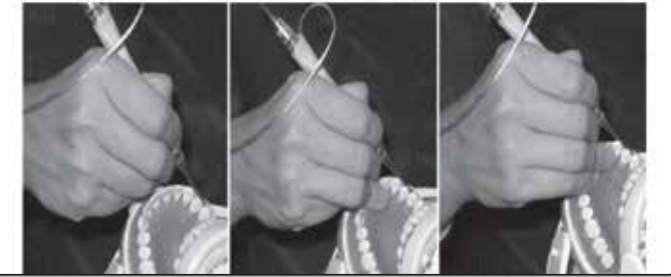
ULTRASONIC TOOLS

- While ultrasonic tools can serve to reduce prolonged pinch gripping they do expose the clinician to hand-arm vibration.
- While some studies indicate that prolonged use of this equipment can be hazardous due to the negative effects associated with vibration, other researchers suggest that its use is preferable to the heavy hand forces experienced during manual scaling.



FINGER RESTS

2-finger rests = musculoskeletal advantages when performing scaling procedures. 3 different finger positions (no rest, 1-finger rest, and 2-finger rests) = significant reductions in thumb pinch forces and muscle activity when using rests.



CORD MANAGEMENT

- The added weight of cords can often influence the level of muscle fatigue experienced by a clinician.
- Additionally, coiled hoses can cause the hands and wrists to do more work if the coils have too much resistance to deformation.
- It is recommended that retractable or coiled hoses be avoided and replaced with a pliable hose which consists of a swivel mechanism in the barrel.
- Newer 360 degree swivel cords also provide increased flexibility for managing the cord. Positioning heavier cords over the arm or across an armrest can also be beneficial for reducing muscle strain (UBC, 2008).

MOUTH MIRROR

- Mouth mirrors have been referred to as the most important, yet underutilised instruments within dental practice. Good mirrors coupled with proper use can significantly increase one's opportunity to maintain a neutral working posture.
- It is important to remember that a mirror should be held lightly and lowered into the mouth with the handle held no more than 45 degrees from the vertical plane (University of British Columbia (UBC, 2008).

- As a general rule, the greater the force applied during a task, the greater the requirement for hand stability.
- Use of finger rests, dental practitioners can increase stability while also reducing muscular loading.
- The closer one can position their finger rest to the target area, the greater the level of micro-control will be achieved.

SCHEDULING

- Recommendations when scheduling include:
- Incorporate brief "stretch break" periods between patients
- Develop a patient difficulty rating scale to ensure difficult treatment
- Sessions are not performed consecutively

WORKING POSTURE & TECHNIQUES

- A neutral working posture is defined as one which supports uncompromised musculoskeletal balance of the clinician.
- Most clinicians attempt to use a wide range of positions around the patient's head, often referred to as the "o'clock positions".



- For right-handed clinicians, working in the range from 7 to 9 o'clock is commonly associated with twisting of the trunk and neck as well as working with an elevated elbow posture in order to gain access.
- The mirror image (3 to 5 o'clock) is equally problematic for left-handed clinicians. In an attempt to reduce such postural deviations a conservative range from 10 o'clock to approximately 12:30 is preferred and shown below

AMBIDEXTERITY

- Use of dominant hand when performing manual operations = improved efficiency
- Can result in muscular overload of the dominant hand/arm.
- Recommended: attempt to alternate hands throughout the workday, whenever possible.
- May not be practical for certain precision tasks, alternate hands when performing accessory tasks, such as reaching for tools or supplies.

STRETCHING

- Frequent stretch breaks can prevent detrimental physiological changes that can develop while working in static or awkward postures.
- To prevent injury to muscles and other tissues allow for rest periods to replenish and nourish stressed structures.

FDI white paper and practical guide address the global burden of periodontal disease

Geneva, 16 April 2018 – FDI World Dental Federation published two resources – a white paper and a practical guide – as part of its Global Periodontal Health Project (GPHP), which aims to bring attention to periodontal health as a priority area for policy worldwide.

“Periodontal disease – or gum disease as it is often better known – is one of the most common diseases affecting up to 50% of the adult population worldwide,” said Dr Kathryn Kell, FDI President. “This should not be taken lightly, especially since we know it has a significant relationship with other health conditions. We must pursue prevention strategies that are promoted by oral health and general health professionals alike.”

The White Paper on Prevention and Management of Periodontal Diseases for Oral Health and General Health provides oral health professionals with a comprehensive – yet concise – summary of the main issues related to the global prevalence and impacts of periodontal disease. It also covers the aetiology and pathogenesis, prevention, diagnosis and treatment of the disease, as well as identifies the key challenges in tackling the burden of periodontal disease.

The Periodontal Health and Disease – A practical guide to reduce the global burden of periodontal disease is based on considerations from the white paper and the 2017 FDI World Oral Health Forum, which focused on global periodontal health. It introduces periodontal health and sets the context for the global burden of periodontal disease. It provides practical guidance for National Dental Associations to design, conduct and evaluate advocacy campaigns that will advance the implementation of policies to prevent and manage periodontal disease.

“We are very pleased with the outcome of these publications,” said Prof. Lijian Jin, Chair of the GPHP Task Team. “The white paper sets out an action plan on the prevention and management of periodontal disease. The practical guide helps oral health professionals establish advocacy goals that will reach policymakers and contributes to implementing successful campaigns. We expect these documents to be used widely by our peers and help enhance periodontal health globally.”

Periodontal disease is largely preventable and represents a major global oral disease burden. It begins as gingivitis (inflammation of the gums) and may progress to periodontitis (destroying tooth-supporting tissues and bone). It is also closely associated with noncommunicable diseases as they share common risk factors (unhealthy diet, tobacco use, excessive alcohol consumption). The white paper was just included in the April issue of FDI’s International Dental Journal. Both the white paper and practical guide are freely available on the FDI website and print copies will be distributed at the FDI World Dental Congress in Buenos Aires, Argentina. GPHP is a multi-partner project supported by Electro Medical Systems (EMS), GlaxoSmithKline (GSK), and Procter & Gamble (P&G).

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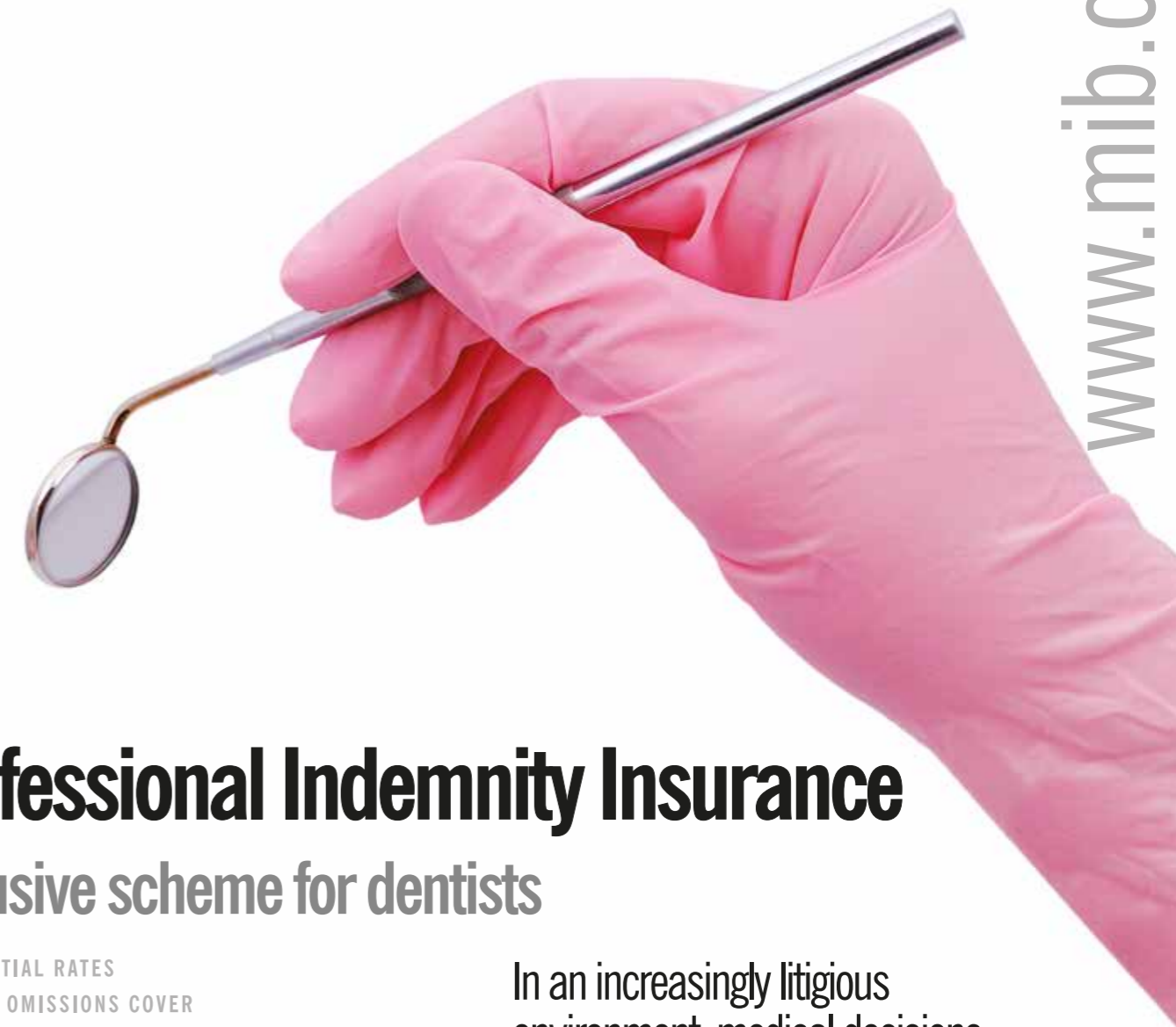
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Help keep your patients on a journey to healthy gums



Your professional advice

At least **50%** of adults suffer from gingivitis globally,¹ but **2 out of 3** take no action²

Periodontal disease impacts daily life

Patient insight research shows that gingivitis can have a negative impact on daily life causing anxiety, embarrassment and affecting social life, especially when symptoms become noticeable to others.³

parodontax® toothpaste helps to free patients from the wider effects of gingivitis.³

After 30 days, patients reported:



Less anxiety

2 out of 3 patients no longer worried about their gum health⁴



Better social life

2 out of 3 patients no longer avoided social situations⁴



Greater confidence

2 out of 3 patients were more confident⁴

Treat and Maintain

In addition to good oral hygiene and professional advice, patients with, or susceptible to gingivitis may benefit from the addition of **parodontax®** for their optimum gum health.^{5,6}

4X greater plaque removal*⁷ **48%** greater reduction in bleeding gums*⁷

Recommend parodontax® toothpaste to help patients maintain their optimal gum health between dental visits



Healthy gums

FRONT OF HOUSE AND BACK OF HOUSE SKILLS – PAVING THE WAY TO A POSITIVE PATIENT EXPERIENCE

By Dr Ethel Vento Zahra BChD (Melit.), MSc (Melit.)

The Positive Patient Experience

What is it? Why does it matter?

- For a dental practice, nothing matters more than being able to count on a set of loyal patients who attend regularly and recommend the practice to their friends and family.
- Retaining existing patients is substantially less expensive than having to put in the effort to acquire new ones, but retaining existing patients requires more than just offering passable service, convenient hours, and an easy-to-access location.
- It's about engaging patients, earning their trust, and consistently providing them with a patient centred positive experience when they visit.

- The best way to understand the importance of your patients' experience with your practice is to put yourself in their shoes.

Consider these questions, not as a dental professional, but as a patient:

- What would you want and expect from your dentist?
- What would you want and expect from the members of the dental team?
- What makes a dental visit a positive experience, even if the treatment or care provided involves discomfort?
- What makes you willing to return to the same practice?

The answers to these questions can make a huge difference in your ability to develop positive relationships with your patients.

Front of House

Starting off the positive patient experience

Communication

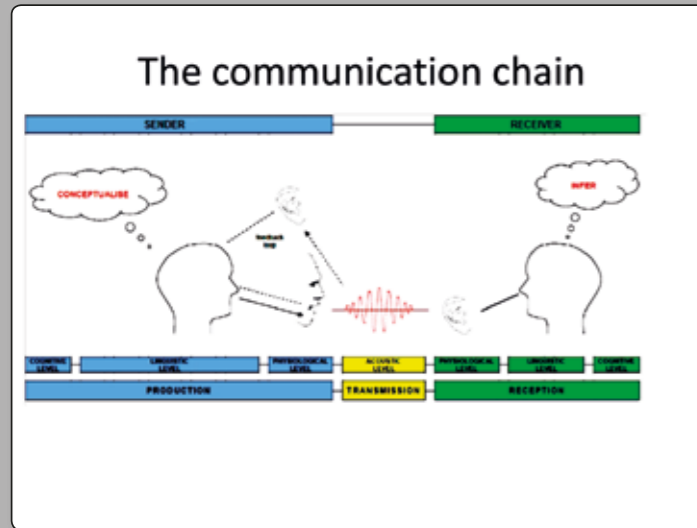
- Very important to have a good team that communicates effectively - this brings about a bond in the practice community
- Communication uses your whole body and mind, not just your words
- Effective communication is when messages are **sent, received and understood**

*Compared to a regular toothpaste following a professional clean and 24 weeks' twice-daily brushing.
References: 1. CDC Perio 2016; Half of American Adults have Periodontal disease. 2. Data on file, GSK, parodontax® Segmentation, August 2015. 3. Data on file, GSK, Firefish: Putting the patient first. Life impact of gum disease, March 2016. 4. Data on file, GSK, Taste Adoption study (n=600), Italy 2016. 5. Kakar A, et al. Evaluate the Efficacy of Different Concentrations of Sodium Bicarbonate Toothpastes. IADR General Session and Exhibition, Cape Town, South Africa, 2014. Abstract No: 754. 6. Data on file, GSK, RH01530, January 2013. 7. Data on file, GSK, RH02434, January 2015.
Prepared November 2017. CHMLT/CHPDX/0002/17

FRONT OF HOUSE AND BACK OF HOUSE SKILLS

– PAVING THE WAY TO A POSITIVE PATIENT EXPERIENCE

Continues from page 25.



The communication chain

- Link 1: The mind of the sender
- Link 2: The action of the sender
- Link 3: The attention of the receiver
- Link 4: The mind of the receiver

Link 4: The mind of the receiver

- Skills required:
- Confidence and friendliness
- Perception of others' feelings
- Empathy
- Respect for others

Front of House

Communicating with patients

Link 1: The mind of the sender

The sender needs the following skills:

- Planning skills
- The ability to express emotions and deal with others' emotions
- The ability to deliver a clear message
- The ability to express a differing opinion and stand up for oneself while respecting others' point of view.

The sender needs to:

- Be clear about the message they will be sending
- Decide upon the action / response required from the other person
- Choose the right method of communication
- Choose the right language

Link 2: The action of the sender

The sender needs the following skills:

- The ability to start a conversation
- Writing skills
- The ability to read others
- The ability to give constructive criticism
- Empathy
- Diplomacy
- Assertiveness
- Ability to choose the right language



Front of House

- Hub of practice communications is reception area
- Quality of communication here has a major impact on business and interpersonal relationships
- Reception is the link between all part of the practice

Link 3: The attention of the receiver

- Listening and hearing are not the same. You hear with your ears but listen with your mind.

To listen one needs to:

- Give attention required
- Make an effort to understand

- **Listening is vital to communication**

Link 3: The attention of the receiver

Skills required:

- Active listening
- Rapport building skills
- Checking the meaning of the message if you are unsure
- Provide feedback to show your understanding
- Give the sender the chance to amend the message

Reception staff – “managing directors of first impressions”

- Patients do not visit the practice to see the receptionist, but research carried out by the British Dental Receptionists' Association indicates that patients unhappy with the way they were received in the practice are less likely to return, than those unhappy with the dentists' attitude

Reception staff – “managing directors of first impressions”

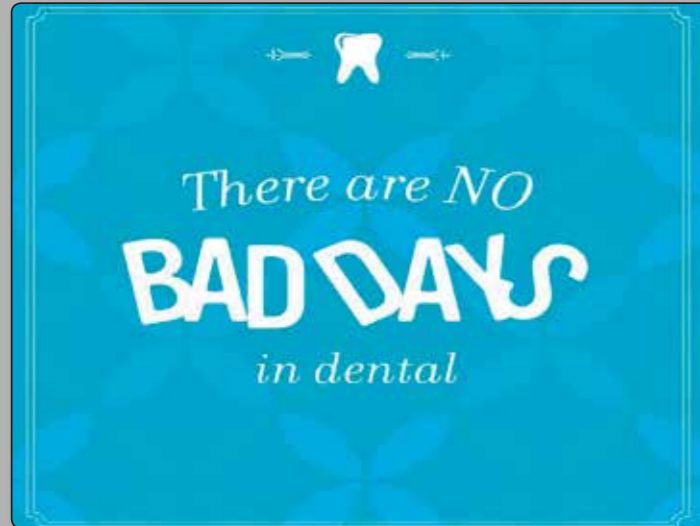
- Clear
- Courteous
- Respectful
- Caring
- Well groomed
- Smart and tidy

Continues on page 28.

FRONT OF HOUSE AND BACK OF HOUSE SKILLS

– PAVING THE WAY TO A POSITIVE PATIENT EXPERIENCE

Continues from page 27.



The right first impression

- Research shows – the time spent in the reception area waiting for their appointment is the most anxious part of their visit
- Reception areas need to be as calm and pleasant as possible:
 - Airy, uncluttered, tidy
 - Music, TV, wifi
- A welcoming environment coupled with efficient and considerate customer care procedures patients' anxieties can be considerably reduced



Front of House

Understanding patients' rights

Greeting patients

- When two people first meet, perceptions are formed that form the basis of their relationship
- Making eye contact, smiling, speaking politely-increase comfort and cooperation between people
- Failing to recognise the presence of another person, not making eye contact, using terse language – rejection.

Greeting patients

- Acknowledge the presence of the patient with eye contact and a warm smile within 5 seconds of them arriving
- Respectfully ask their name
- Ask them to take a seat and inform them of any delays likely to affect their appointment
- Request – don't demand – that new patients fill out needed forms and briefly explain why they are needed.
- Don't rush them.
- Point them to reading material if they will have to wait.
- If they have children with them, ask the children's names and show them the toys or children's books you keep in the clinic.
- Don't be too chatty, but do respond kindly if they want to talk to you.

Understanding patients' rights

Treat information about patients as confidential and only use it for the purposes for which it was given

Prevent information from being accidentally revealed and prevent unauthorised access by keeping information secure at all times

Situations where unintentional disclosure of information could occur

- Responding to an enquiry on the phone from an employer, school or relatives asking about patients' whereabouts or appointments
- Being overheard when talking to patients

Telephone skills

- The majority of first contacts patients make with a practice are over the telephone
- Good telephone skills are extremely important- project consistent professionalism in customer care
- Smile as you answer and throughout the call.
- Introduce yourself and say the name of the practice.
- Ask for their name and contact information – and write it down.
- Ask if there is any special reason or event that prompted them to call now.
- Give them at least one option for solving the problem.
- Invite them to book a consultation appointment.
- Request their email address.

Which should take priority:

A ringing telephone?
or the patient at the desk?

Front of House

Using the appointment book/system

Using the appointment book/system

- An appointment system is an essential tool for a practice
- A well planned and managed appointment system streamlines services to be timely with few delays for patients and clinicians
- Emergency policy of the practice
- Recall systems (calls, sms, letters, emails)

Continues on page 30.

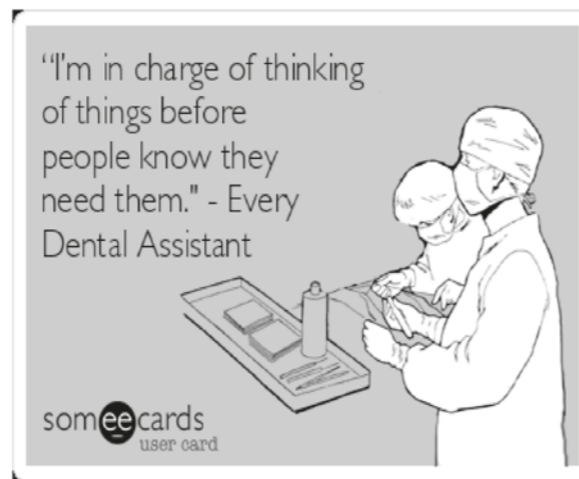
FRONT OF HOUSE AND BACK OF HOUSE SKILLS

– PAVING THE WAY TO A POSITIVE PATIENT EXPERIENCE

Continues from page 29.

Back of House

Ensuring the continuation of a positive patient experience



What are these Back of house duties?

- Maintaining dental supplies inventory by checking stock to determine inventory level; anticipating needed supplies; placing and expediting orders for supplies; verifying receipt of supplies.
- Conserving dental resources by using equipment and supplies as needed to accomplish job results.
- Maintaining professional and technical knowledge by attending educational workshops; reviewing professional publications; establishing personal networks; participating in professional activities.

Back of House - technical skills

- Workplace safety
- Principles of X-ray generation
- Radiation Protection
- Radiation Equipment and films
- Intra-oral exposure techniques
- Radiographic instruments
- Sterilization and disinfection

What are these Back of house duties?

- Preparing treatment room for patient by following prescribed procedures and protocols.
- Preparing patient for dental treatment by welcoming, comforting, seating, and draping patient.
- Providing information to patients and employees by answering questions and requests.

What are these Back of house duties?

- Providing instruments by sterilizing and delivering instruments to treatment area; positioning instruments for dentist's access; suctioning; passing instruments.
- Providing materials by selecting, mixing, and placing materials on instruments and in the patient's mouth.
- Help dentist manage dental and medical emergencies by maintaining CPR certification, emergency drug and oxygen supply, and emergency telephone directory.

Back of House - technical skills cont..

- Advanced Assisting (orthodontics, sedation, surgery, paediatrics, periodontics, prosthodontics)
- Preventive dentistry
- Laboratory Skills
- Dental office emergencies
- Personal skills related to employment
- Interpersonal skills and group dynamics between team members
- Thinking and problem solving skills
- Computer skills

Clear protocols

- Need to be developed by the team
- Consistent systems to ensure positive customer experiences lead to cooperative and collaborative relationships
- Planned and recorded protocols kept in a procedure manual
- All team members need to be aware of these protocols

What are these Back of house duties?

- Educating patients by giving oral hygiene, plaque control, and postoperative instructions.
- Documenting dental care services by charting in patient records.
- Maintaining patient confidence and protecting operations by keeping information confidential.
- Maintaining safe and clean working environment by complying with procedures, rules, and regulations.

What are these Back of house duties?

- Protecting patients and employees by adhering to infection-control policies and protocols.
- Ensuring operation of dental equipment by completing preventive maintenance requirements:
 - following manufacturer's instructions
 - troubleshooting malfunctions
 - calling for repairs
 - maintaining equipment inventories
 - evaluating new equipment and techniques

Examples of such protocols

- Personal Protective Equipment use
- Cross infection control systems
- Accurate stock management procedures
- 4 handed dentistry requirements
- Cleaning and testing of autoclave
- Medical Emergency protocols
- Fire Safety Protocols
- Cleaning/flushing of dental unit
- N.B. Protocols are there to be followed, not left in a file in reception

Checklist for Providing a Positive Patient Experience

- Develop the right attitude – and stick to it.
- Greet patients and prospective patients with a smile – on the phone or in person.
- Think of your dentistry business as a 5-star luxury service business.
- Give patients the benefit of your education and experience – then let them decide.
- Give patients the focused, unrushed attention they need to feel valued.
- Have everything prepared in the surgery to avoid having people wait for long periods of time
- Respond to each patient visit the same way you do when they first come to your office.

APPLYING DIGITAL DENTISTRY TO THE PATIENT'S JOURNEY (PART 1)

Mr. Matt Perkins BDS MSc MClintDent MFD RCSI FDS RCSEd
Specialist in Periodontics, ITI Fellow



APPLYING DIGITAL DENTISTRY TO THE PATIENT JOURNEY

Mr. Matt Perkins
BDS MSc MClintDent MFD RCSI FDS RCSEd
Specialist in Periodontics
ITI Fellow

DIGITAL DENTISTRY AT EVERY STAGE

- Initial presentation - records
- Diagnostic phase - digital wax-up, implant planning
- Intra-operatively - guided surgery
- Restorative phase - fixture head impressions
- Lab phase - CAD CAM abutments

THE MODUS PATIENT JOURNEY

- Implant records - CBCT, iTero scan and photographs (+/- impressions)
- Implant planning
 - Carestream software
 - Co-diagnostix
 - Import STL files from Tier
 - Import DICOM file from CBCT
 - Plan prosthesis and screw access hole
- Implant placement with Guided Surgery
- Fixture head scan
- CAD CAM design and abutment
- Fit (analogue - Boo!!!)

IMPLANT RECORDS IN THE DIGITAL AGE

- Intraoral scan - iTero etc
 - Can be done by nurses saving surgery time
- Scanning of impressions
- Scanning of study models
- Massive saving of space, time and money

IMPLANT TREATMENT PLANNING

- Careful and comprehensive treatment planning prior to implant therapy enhances treatment outcomes
- Prosthetically driven treatment planning enable optimal implant position to be realised relative to the final prosthesis.
- Digital technology allow for virtual planning of the prosthesis, abutments and implant position prior to surgery, through the use of implant planning software which superimposes the Surface scan of the teeth on the CBCT scan

Optimizing Esthetics for Implant Restorations in the Anterior Maxilla: Anatomic & Surgical Considerations. Buser et al Int J Oral Maxillofac Implants 2004;19(suppl): 43-61

IMPLANT TREATMENT PLANNING

- Computer Guided surgery is defined as the use of a static surgical template that reproduces the virtual implant position directly from computerised tomographic data and does not allow for intra-operative modifications of the implant position
- Implants placed using computer guided surgery with a follow-up of at least 12 months demonstrate a mean survival rate of 97.3% (n=1941)
- Most software produces a static guided surgical template

Computer technology Application in Surgical Implant Dentistry: A Systematic Review Int J Maxillofac Implants 2014;29(suppl):25-42

Continues on page 34.

NEW

HELPS

REJUVENATE GUMS & REPAIR ENAMEL

IN 2 WEEKS*



Did you know that most oral care problems originate from gums or enamel?

It provides antibacterial action on **gums**

It defends teeth against acid erosion and helps repair the **enamel**



*In laboratory study on weakened enamel

Continues on page 34.

APPLYING DIGITAL DENTISTRY TO THE PATIENT'S JOURNEY (PART 1)

Continues from page 32.

IMPLANT PLANNING WITH DIGITAL TECHNOLOGY

- Digital technology for implant treatment planning requires 3 items:
 - 1. CBCT to provide Dicom Data (where available)
 - 2. STL file or other Surface Scan of the clinical situation & Diagnostic Final Tooth Position
 - 3. Implant planning software to integrate these images together and plan the case



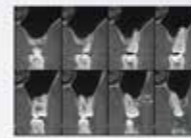
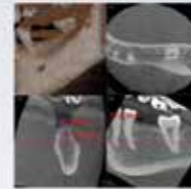
Stl. File or surface scan



CBCT Dicom Data

CBCT SCAN

- The imaging for pre surgical implant planning should provide:
 - the morphologic characteristics of the alveolar ridge
 - determine the orientation of the residual alveolar ridge
 - identify local anatomic or pathologic boundaries within the region limiting implant placement
- A small or wide field scan would be considered depending on the treatment being planned



Cone Beam Computed Tomography in Implant Dentistry: A systematic review. *Journal of Oral and Maxillofacial Surgery*. 2014;72(10):2059-77.

SCAN OF THE MODEL



IMPLANT PLANNING SOFTWARE

- Implant planning software will enable the user to virtually plan the optimal implant position regarding the surrounding vital anatomic structures and the future prosthetic needs
- The design of the prosthesis can be
 - Virtually Planned
 - A physical wax up or the final tooth position which is also scanned

Computer Technology Application in Surgical Implant Dentistry: A Systematic Review. *Journal of Maxillofacial Surgery*. 2014;72(10):2059-77.

CBCT SCAN

- Isolating the arch of interest in the CBCT may be required so that subsequent position of the surface scan can be accurately performed.
- Consideration to the following;
 - Retraction of the lips from the teeth
 - Separating the upper and lower teeth

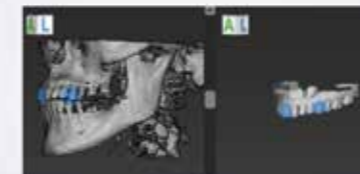
STL OR SURFACE SCAN

- The surface scan can be produced in 2 ways:
 - Directly from an intra-oral scan of the patients mouth
 - A conventional impression is made of the patients mouth which is either;
 - scanned itself in an impression scanner
 - poured with dental stone to produce a physical model which is subsequently scanned
- Accuracy for both techniques is similar, however the presence of large edentulous sites would be preferably managed with a conventional impression

Int J Comput Dent. 2011;14(1):11-21. Full arch scans: conventional versus digital impressions—an in-vitro study. Ender AT, Meh A.

IMPLANT PLANNING SOFTWARE

- The CBCT scan and the Surface scan of the clinical situation will be merged in the Implant Planning software to create the virtual patient
- Accurate alignment is critical to ensuring that the resulting positioning of critical anatomical structures is precisely seen



IMPLANT PLANNING SOFTWARE

- Alignment of the surface scan to the CBCT can be finely adjusted after automatic adaption based on software registration



DIRECT INTRA-ORAL SCAN

- An intra-oral scanner can be used to create the surface scan in the patients mouth directly
- Some of these scanners will require a powder application prior to scanning while others can scan without powder.

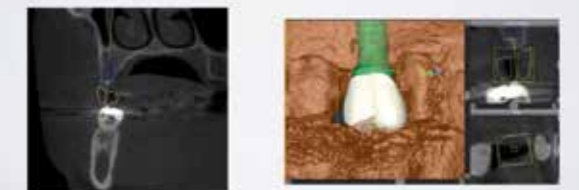


IMPLANT PLANNING SOFTWARE

- A virtual prosthesis design would be considered when there is adequate surrounding teeth to guide the clinician to the final tooth position.
- This virtual prosthesis may be able to be imported to match with patient photographs providing a virtual patient for the previewing
- This is most likely indicated in
 - Single tooth replacement sites
 - Short span posterior bridges

IMPLANT PLANNING SOFTWARE

- The virtual tooth plan can then be approved specifying the Implant Type, length and location



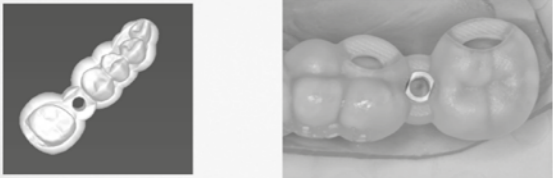
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APPLYING DIGITAL DENTISTRY TO THE PATIENT'S JOURNEY (PART 1)

Continues from page 35.

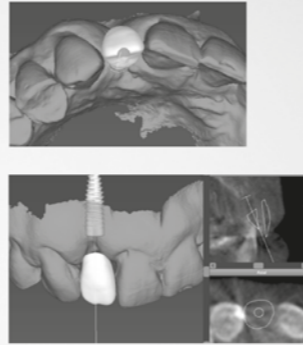
IMPLANT PLANNING SOFTWARE

- Treating Clinicians can be invited to collaborate electronically on the case prior to the implant position being confirmed.
- Mobile Tablets can often be used to preview the implant position allowing acceptance of the implant position
- When confirmed a virtual surgical guide can be designed for production



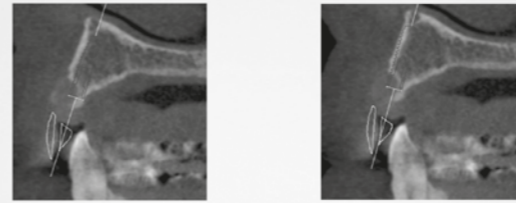
IMPLANT PLANNING SOFTWARE

- Planning software can be useful tool to communicate to the patient and other clinicians involved in the treatment the impact of bony deficiency and the requirement for augmentations



IMPLANT PLANNING SOFTWARE

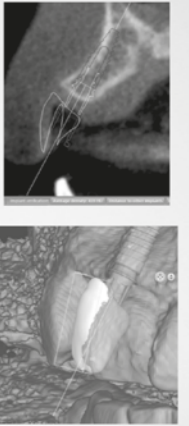
- The virtual plan also allows for various implant types to be trialled which may allow for less invasive treatment procedures to be performed



Bone Level Taper Implant Straight wall Implant

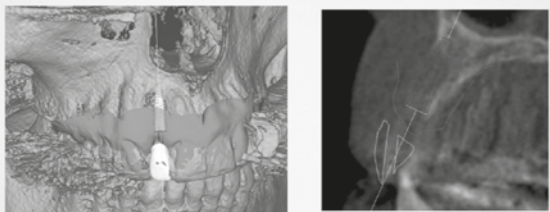
IMPLANT PLANNING SOFTWARE

- The definitive prosthetic plan can be confirmed in the virtual treatment plan prior to implant surgery with virtual abutments being installed
- Correct Emergence profiles can be planned
- Decision on Implant depth can be confirmed
- Screw vs cement retention can be decided upon

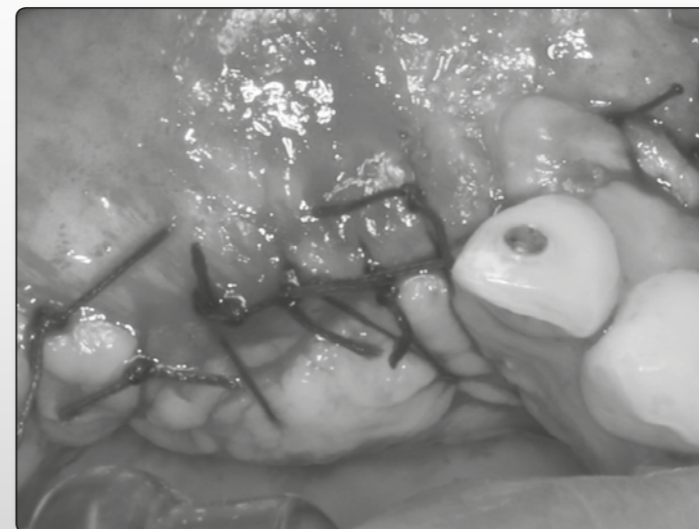
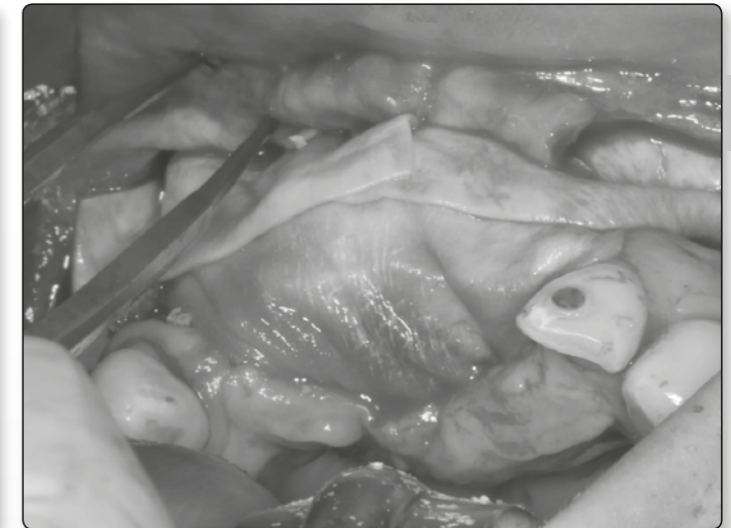
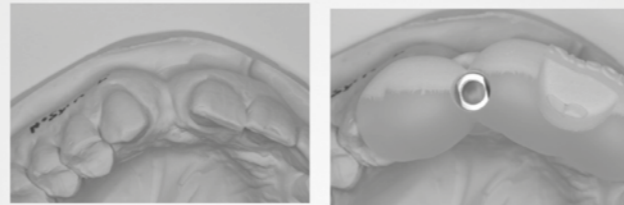


IMPLANT PLANNING SOFTWARE

- Decisions can then be made on the most optimal treatment sequence i.e.. simultaneous implant placement and grafting or stage grafting procedures



IMPLANT PLANNING SOFTWARE



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Please cut out this section and send with a cheque for 50 euro payable to **Dental Association of Malta** for your 2018 DAM membership – the best 50 euro investment ever!

TO: _____ **NAME:** _____

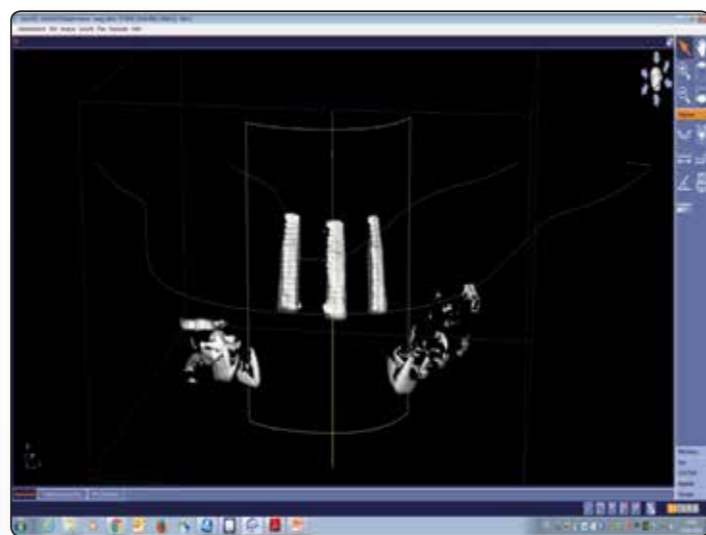
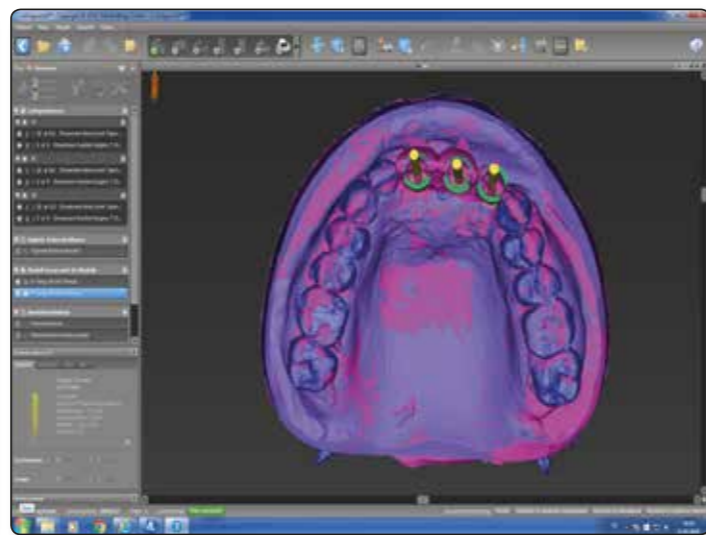
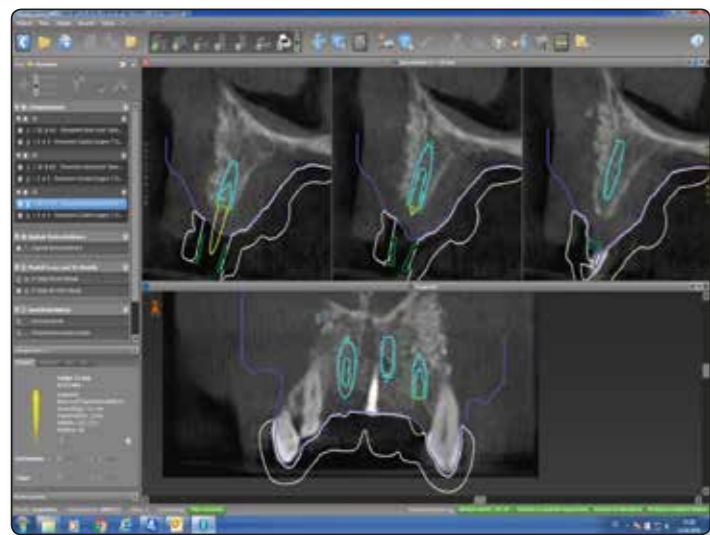
The Treasurer, Dr Noel Manche,
The Dental Association Of Malta,
Federation Of Professional Associations,
Sliema Road,
Gzira.

ADDRESS: _____

Continues on page 38.

APPLYING DIGITAL DENTISTRY TO THE PATIENT'S JOURNEY (PART 1)

Continues from page 37.



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