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MANITOBA DENTAL ASSOCIATION Bulletin

CONVENTION TIPS

Take advantage of this opportunity to get up-to-date with all the latest developments in dentistry by registering for the MDA Annual Meeting and Convention, January 28-30, 2010. Go to www.ManitobaDentist.ca for more information. Here are some tips for attendees to enjoy themselves at the MDA Convention.

- If you are planning to take advantage of the lunches that are included in your registration fee, please make sure that you have checked them off on your registration form. All registrants will receive a confirmation form outlining what they have registered for.
- Pick up your name badge at the registration desk. You require a name badge to access the exhibit trade show and clinical programs. The registration desk hours are: Thursday, January 28, 2010 @ 12:00 noon-7:00 pm, Friday, January 29, 2010 @ 7:00 am-4:00 pm. & Saturday, January 30, 2010 @ 7:30 am-3:00 pm.
- Check out the exhibit trade show. The trade show is again sold out. We have 64 different dental companies demonstrating the latest dental products and services available to the dental market. Exhibit trade show times are: Thursday, January 28, 2010 @ 3:00 pm-7:00 pm & Friday, January 29, 2010 @ 7:30 am-5:30 pm.
- Enter your name in the draws for a large screen TV, GPS, & computer. All draws will take place in the exhibit trade show.
- Attend all the social programs starting with the wine and cheese Reception on Thursday, January 28, 2010 in the exhibit trade show, "Let the Games Begin" social on Friday, January 29, 2010 @ 5:00 pm-10:00 pm., and the "Gold Medal Gala" on Saturday, January 30, 2010 @ 6:30 pm.
- Attend the clinical programs on both Friday and Saturday. Make sure you hand in your CE record for each day at the registration desk.

this issue

Prevention of Early Childhood Caries

Good oral health is an important component of overall health and well-being. In spite of the improved understanding of how to preserve oral health, oral diseases are still wide-spread, more particularly among the economically disadvantaged part of the population. Among oral diseases worthy of separate consideration is the problem of 'Early Childhood Caries' (ECC), formerly known as 'Nursing Caries' or 'Baby Bottle Caries.' Economically challenged and First Nations communities both have greatly increased prevalence of ECC[1]. ECC is defined by the American Academy of Pediatric Dentistry as the presence of 1 or more decayed, missing (due to caries) or filled tooth surfaces in any primary tooth in a child 71 mo of age or younger[2]. This devastating disease causes a great degree of pain and suffering and is proven to have an impact on general health factors such as child weight[3]. Most children afflicted with ECC must be treated under general anesthetic in the operating room, at great public expense. For this reason ECC is recognized as a significant health problem and oral health care providers are encouraged to implement preventive practices that can decrease the child's risk of developing this devastating disease[4].

Caries, as well as ECC is a transmissible infectious disease and understanding the acquisition of cariogenic microorganisms is necessary for the successful implementation of preventive strategies. Notably, vertical transmission is the common way of passing the microorganisms from the caregiver to the child. This presents the major reservoir from which infants acquire cariogenic bacteria (i.e. mutans streprococci)[5]. Eliminating saliva-sharing activities (i.e. sharing utensils, orally cleansing a pacifier) may help an infant's or toddler's acquisition of cariogenic microbes as recent studies have shown that mutans streptococci can colonize the mouths of pre-dentate infants[6].

Overall, evidence increasingly suggests that to be successful at preventing dental disease, dentists must begin preventive interventions within the first year of life[7]. In view of this and to decrease the risk of developing ECC the following professional and at-home preventive measures are recommended [2]:

1. Reducing caregiver's mutans streptococci levels in order to decrease the transmission of cariogenic bacteria.
2. Minimizing saliva-sharing activities between infant or toddler and the family/caregivers.
3. Implementing oral hygiene measures no later than the time of eruption of the first primary molar.
   - Brushing teeth has to be the last thing before child is put to sleep.
   - Otherwise, brushing teeth is to be performed twice a day, before going to sleep and after waking up.
   - Flossing is to start when the proximal contacts close.

(continued on Page 14...)

Your Manitoba Dentist

Dr. Sandy Mutchmor
President, MDA

President's Message...

I can't believe it's already time to write my final President's Message. Time really does fly when you're having fun (and for the most part, it has been fun), or maybe it's just through keeping really busy.

This fall saw another very successful "Open Wide" day of dentistry at the faculty. Dr. Jerry Baluta chaired the planning committee of this year's event, and although it is still a big job, it is made a lot easier through the commitment of the faculty support staff, all the volunteer dentists, hygienists and assistants, and of course our sponsors/suppliers:

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Many thanks to all of you for making it such a success. I hope you enjoyed the experience and I know that the individuals you treated, who normally may have very limited access to care, greatly appreciate it.

In October, the task force to plan the transition for the split of the current MDA into a new membership services association and a separate "College of Dentists of Manitoba" held it's first meeting. The thirty-member task force has met a few times now and has been divided into two sub-groups to begin identifying the possible duties and purposes of each component. This is just the beginning of what will be a long and involved journey and there are sure to be many consultations with the whole membership along the way.

As I mentioned in my June message, the CDA has been undergoing some big changes as well, and in November, at the CDA Interim General Assembly in Ottawa, the MOU on the new membership model was finally signed. Next step will be the process of making the necessary changes to the by-laws so that the new model can be implemented in 2011.

Our Annual Meeting and Convention is now just around the corner. Tim Dumore has chaired the Annual Meeting Committee, and with the help of Carla Cohn in charge of the social activities and Tony Krawat and Rob McIntosh in charge of the clinical program, another extraordinary event has been planned around the "Winter Games" theme. This year, in addition to all the usual fun and learning activities, we are introducing something new. There will be short presentations on both current research at the Faculty, and interesting cases from some of our colleagues.

At national meetings, I have heard many people from across the country remark on what a great job we do of our conventions and what a fabulous time they had when they were there. I hope you all continue to come out and take advantage of all aspects of this wonderful event.

Before I end off on this message, I would like to acknowledge the fact that Rafi Mohammed has now already passed the ten year mark of his exemplary service as our Membership Services Director. Congratulations Rafi. You, along with Ross McIntyre, Donamae Hilton, and April Delaney, all keep things running very smoothly at the MDA office and have been extremely helpful in keeping me on track in fulfilling my duties. My sincere thanks to each of you for all your help and support.

I would also like to thank all the members of the board, past and present. You have freely provided me with all the knowledge, insight and expertise whenever required. And finally, thank you, the membership, for the honour and opportunity to serve as your president.

Sandy Mutchmor, D.M.D.
President
Manitoba Dental Association

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08-188 10/09

Dr. Marcel Van Woensel
Registrar, MDA

Registrar's Column...

It is not what you have in the world but how you choose to process your world in your thoughts that determines the quality of your life.

Dr. Wayne Dyer

In my practice, patients sometimes confuse what I do - fixing teeth - with my purpose as a dentist. My purpose is to help people. While fixing teeth is often how I fulfill that purpose, it limits the value of what I and my profession can provide if that is all they expect. Knowledge, confidence and trust are intangible concepts essential to establishing long term relationships but difficult to instill if I'm just a tooth fixer.

Similarly, members sometimes confuse a regulator's activities - licensure, discipline, practice standards - with its purpose of safeguarding the public interest. Protecting that interest is the foundation for both the profession and its regulation. While the primary activities are essential and expressly required by our statute, a failure to consider the broader purpose may undermine the role of our profession in society.

The activities of the MDA and decisions of the Board are premised on achieving that purpose to the ability of our profession. Solutions for access to care and educating the public are discussed regularly at MDA Board and national regulatory meetings. Access to care for underserved populations (geographic, socioeconomic, institutional and cultural) is a complex and often overwhelming issue. While there are no singular or simple solutions, opportunities that improve access for underserved groups should be investigated by the Board and discussed by the members in a collegial and respectful manner. It is unlikely we can change the world but for the individuals who benefit from improved access, it may change their life.

Suggesting solutions to any problem is rarely easy. Any solution usually requires people to reflect and change; the expending of resources and creates vulnerability to criticism. Whether or not I agree with a suggestion, I believe problem solvers should be encouraged and engaged. They usually come from a good place and are well meaning. Within our profession, there is little place for personalizing an issue or being disrespectful. More often asking questions rather than making statements about a proposal will identify its merits and weaknesses. If you have an alternative solution to address a problem, I would encourage you to offer your time and energy into its implementation. In the situation where we, as a profession can offer no feasible solution or further steps to address a problem, the organizations concerned with their care may look to others for options.

Being a dentist has allowed me the privilege of serving my patients, community and profession. It has provided me a sense of security, respect and collegiality. I often reflect at this time of year how fortunate I am and how I can contribute back. Please think of giving as there is always a need for donations of time and resources.

Best Wishes for the Holiday Season,

Marcel Van Woensel
Registrar, Manitoba Dental Association

MDA INQUIRY PANEL DECISION

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

Dr. Russell Laba practicing dentistry at 1054 McPhillips St. in the city of Winnipeg, Manitoba was charged with:

1. 1 instance of professional misconduct related to the provision of extractions;
2. 1 instance of professional misconduct related to inappropriate and inadequate recordkeeping.

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

1. The member pleaded guilty and was found guilty of professional misconduct of both of the above charges.

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

1. Dr. Laba will no longer perform surgical procedures – including periodontal surgery and extraction. The restriction is immediate and permanent;
2. Dr. Laba will be suspended for six months from practicing dentistry beginning 15 October 2009;
3. Completion of a course of study and assessment on recordkeeping and informed consent. Cost of course and assessment paid by member;
4. Instituting a standardized charting system. Cost of system paid by member;
5. Practice monitoring following reinstatement for two years after reinstatement. Cost of monitoring paid by member;
6. Payment by Dr. Laba of $19,000.00 as part of the costs to the Association for the investigation and hearing;
7. Publication.

Dr. Laba's cooperation in the investigation was taken into consideration in the determination of the penalty.

Can Parents Transmit Cavities To Their Children?

Studies are showing that streptococcus mutans (SM), the main bacteria implicated in causing dental caries, is transmissible. While these bacteria can be transmitted between various family members or people in close proximity to each other, there appear to be a strong link between mother and child.[1] The mode of transmission appears to be through either direct or indirect contact. Direct contact occurs most commonly via kissing. The easiest way for SM to be transmitted is through saliva. Indirect contact occurs through shared contaminated objects such as eating utensils, toothbrushes, cups.[2] It was also determined in a study that children who were breast-fed for more than 9 months were likely to harbour strains or SM common to their mothers and experience more dental caries at 3 years of age compared with children who were breast-fed less than 9 months.[3]

Transmission occurs after teeth have begun erupting as SM has difficulty colonizing other oral surfaces. The main time frame for susceptibility by the child appears to be between 19 to 31 months with a median age of 26 months.[4] Parents should be aware that transmission is not necessarily limited to this window of time and that parents tend to carry several strains of SM. The degree of transmission will vary based on the amount of infection of parent, caregiver, or playmate, the frequency of contact with each of these people, and the diet and immune status of the child.[5]

Preventing the transmission of SM will result in less caries in young children.[6] Transmission can be decreased by avoiding direct contact with the young child's mouth through kissing and by avoiding indirect contact through sharing of utensils, cup, toothbrushes, and toys. Mothers who have a high count of SM in their saliva may also find it helpful to follow a program designed by their dentist to decrease the count in the saliva. This program may include dietary counselling, professional cleanings, treatment of any periodontal disease, oral hygiene instruction, topical fluoride application and removal of any caries. If results are not improving, chlorhexidine rinses can be prescribed and used for 2 weeks.[4]

For many children, the immune system produces antibodies which adequately block the SM from attacking the teeth. For these children, caries still may not develop even if their oral hygiene is not ideal. Generally, however, if a parent has significant caries and pass not just the SM but their lack of immunity to SM to the child, the child will be equally caries susceptible.[7] Parents usually cannot prevent the passing of SM indefinitely, but it can be delayed. This is important because studies have shown that the earlier children get cavities, the more serious the decay process is and the poorer the child's dental health will be throughout their lifetime.

The key for parents is not to pass or delay passing SM to their children.[8] Potential and new parents should be free of caries and periodontal disease. Studies have also shown that new parents who chew xylitol gum several times a day significantly delay transmission of SM to their babies.[9,10,] Once infants get their teeth, daily cleanings of the teeth and soft tissue around the teeth should begin. Children should go for their first dental visit at age one.[11] Children also need a source of fluoride and water is the best source. It is very critical that the child has a healthy diet and healthy eating habits. These steps will aid in keeping SM to a minimum and help reduce caries at a young age.

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Submitted by:

Drs. Charles Lekic, Robert Diamond, Leon Stein, Lanny Jacob and Robert Schroth

Continuing Education Programs

Winnipeg Dental Society

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

"Untangling the Confusion of Today's Restorative Materials"

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

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

Winnipeg Dental Society

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

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

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

Morning Session - Periodontal Update
The morning session will review the classification of periodontal diseases, treatment for different stages of disease, and discuss the role of local antibiotic delivery systems in the patient care.

Afternoon Session - Crown Lengthening for Restorative Dentistry: The Restorative-Periodontal Connection
The first part of the afternoon session we will cover the rationale and indications for surgical crown lengthening. We will review alternatives to crown lengthening and discuss the significance of obtaining adequate tooth support for cast restorations.

LETTER TO THE EDITOR

Proud to be a Manitoban

It is rare when one hears good news through our television sets or internet portals. Maybe this is because bad news sells or because it grabs our attention. Whatever the reason, I think it is also important to stress the positives, especially when those positives are from our own surroundings.

Recently, there has been a push by the Canadian Dental Regulating Authorities Federation (CDRAF) to change the by-laws governing licensing of internationally trained academic affiliate dentists. The proposed changes would allow those dentists to supervise students at their respective universities but would not allow for them to see patients on their own. The irony of this proposal surfaces when one considers our dental students, who one day after graduation can become fully licensed and practice while the professors who until yesterday taught them don't have this privilege.

The autonomy that our profession enjoys is not a privilege but a responsibility.[1] We have a responsibility to the public to ensure that they have an adequate, fair and non-discriminatory access to care. It seems that some are willing to treat the patients at the schools as 'different' or 'university patients'. Such a two-tier system in delivery of care is introduced when one considers patients which are seen by students in a university setting where the academic affiliate is the supervisor and the fact that the very same supervisor may not see patients on their own. In view of recent challenges to the Canadian Human Rights Tribunal which were won by internationally trained academics, the current suggestions by the CDRAF seem to be suggesting that the profession should take a step backwards. This may well result in future challenges against the profession.

Where does Manitoba stand in all of this? At a recent meeting of the CDRAF, Manitoban delegation led by our Registrar Dr. Marcel Van Woensel was the only provincial regulatory body to vote against the proposed changes. Indeed, Manitoba Dental Association stood its ground for what we all believe is just and fair, that the current process of licensing internationally trained academics doesn't discriminate against patients and offers a way for academic affiliates to become licensed. In life's many trials it is important to remember and stress the just and good in us. It is because of this that we should all be proud to be Manitobans.

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Submitted by:
Dr. Milos Lekic, DMD, FRCDC, MSC Ortho

Dr. Peter Doig
Board of Directors,CDA

Canadian Dental Association

The Canadian Dental Association (CDA) held its Interim annual meeting on November 5–7, 2009 in Ottawa. The meeting was comprised of the meeting of the Board of Directors of the CDA, a meeting of the Dental Leaders Forum (previously the Presidents and CEOs meeting), an interactive session and the interim meeting of the voting members of the CDA.

The consultative forum focused on the branding initiative of the CDA. Dr. Randall Croutze, chair of the Branding Working Group (BWG) facilitated the meeting. IPSOS Reid highlighted national research on public perceptions of dentistry. The presentation indicated next steps of engaging in quantitative research with the profession, developing and testing messages with both the public and profession, developing creative approaches using multiple media and establishing evaluation metrics.

At the CDA BOD meeting the BOD received a presentation from the editor of the JCDA on a new vision for the Journal. The new model is based on a new knowledge transfer model involving a web-based hub of scientific and clinical information as well as the use of modern social media. The BOD accepted the new vision and requested that a business plan be developed and brought back to the BOD in February 2010.

The CDA BOD received information on the working group formed to review the CDA's current vision statement, implementation of a revised USC&LS maintenance procedure, an update on the Dental Issues Group (DIG) and the DIG web site and a report from CDSPI on the status of the Trust accounts of CDSPI.

The CDA was apprised of recent discussions with the Canadian Dental Regulatory Authorities Federation (CDRAF) relating to its emerging role, and to specific areas of mutual interest such as specialty definition, infection control guidelines and other practice resources. The BOD emphasized the importance of collaboration and a continuing dialogue between the CDA and CDRAF on issues of common interest.

The CDA BOD approved the Memorandum of Understanding representing the new membership model between the CDA and the CDA Corporate members.

Updates on the formation of a working group to develop a CDA student strategy, the notifications relating to the closure of the Dentistry Canada Fund (DCF), a national policy formulation and implementation process were presented to the BOD.

The BOD confirmed its intention to hold a CDA convention in Halifax in 2011 and to partner with the College of Dental Surgeons of Saskatchewan at their convention in Saskatoon in 2012.

An update on the H1N1 Pandemic Plan, approval of the Canadian Health Measures Survey Working Group terms of reference and a status report on the Seniors Oral Health Care Priority Issues Report were received by the BOD.

The finances of the CDA were reviewed by the BOD. The report confirmed that the CDA has adjusted its budget to reflect the financial reality of the new membership model.

The interim meeting of the voting members of the CDA was held November 7. The major highlight of this meeting was the unanimous approval of the new Memorandum of Understanding between the CDA and the CDA Corporate Members for implementation in 2011, subject to approval by all Corporate Members, and pending approval of new CDA bylaws.

The acceptance of the new MOU on membership brings us very close to a new membership model for the CDA in which the CDA will serve dentists through their provincial dental associations and which requires membership in a provincial dental association to gain the services of the CDA. This is an important step in evolution of the CDA giving mutual protection for membership to both the CDA and the PDAs.

The CDA, as always, continues to work on the behalf of the dentists of Canada.

Peter J. Doig, DMD
CDA Board Representative

Manitoba Billboard

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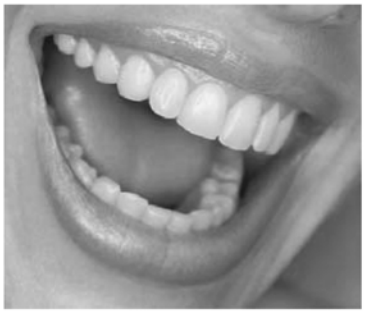

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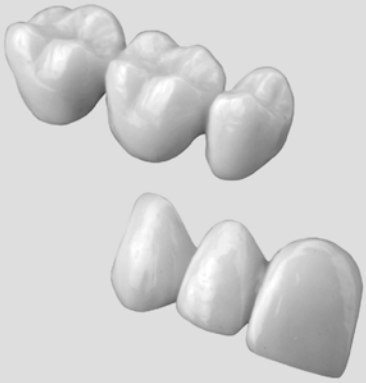

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The Dental Specialist

"The Dental Specialist" is written by Manitoba Dental Specialists. Each issue features one of the dental speciality groups (on a rotational basis). In this quarterly's issue, the article is submitted on behalf of the Oral and Maxillofacial Surgeons.

IMMEDIATE LOADING OF DENTAL IMPLANTS

Dental implants have become a routine and important part of dentistry. In 1978, the first Dental Implant Consensus Conference was held, sponsored jointly by the National Institute of Health and Harvard University. It was a landmark event, at which retrospective data on dental implants was collected and analyzed, and criteria and standards for implant dentistry were established. One of the criteria established at this meeting was that for successful osseointegration to take place, dental implants should be left passively in bone for periods ranging from three to six months. Since that time, the osseointegration process has become more predictable. Advances in implant design, surface coatings and prosthetic connections have increased implant stability, shortened integration times and contributed to the wider use of dental implants to replace individual teeth, groups of teeth and entire dental arches. One of the most significant advances in the use of dental implants in the last 10 years has been immediate restoration of failing teeth and failing dentitions. It is now possible for a patient to have a tooth or a series of teeth removed, implants placed and a temporary restoration attached to the implants at the same visit. It is also possible for a patient with a failing dentition to have all remaining teeth extracted, dental implants placed and loaded with an immediate fixed prosthesis. Immediate loading has significant psychological and esthetic advantages in eliminating second stage surgery, reducing patient discomfort and preserving hard and soft tissues. There is now a multitude of research showing high success rates in implant integration following immediate loading. These are only slightly lower than two stage implant procedures.

IMMEDIATE LOADING OF IMPLANTS REPLACING INCISOR TEETH

Loading of implants with immediate temporization in the maxillary central, lateral and cuspid areas has obvious advantages for the patient. Patients are provided with a replacement of the diseased tooth with instant gratification. This technique prevents the use of flipper dentures or alternative prosthetic devices which are not comfortable, and which may be harmful to tissues. The most ideal situation is the removal of the affected tooth, placement of an immediate implant into the extraction socket and immediate temporization utilizing a temporary post and crown. The main advantage of doing this is preservation and maintenance of soft and hard tissues. **The best means of socket preservation is placement of a dental implant.** If an extraction socket is left to heal naturally, there will be a slow resorbtion of the buccal plate of bone. Placement of the implant at a later time may then be difficult due to loss of bone and gingival soft tissues. In these cases bone graft surgery is indicated to ensure successful outcome of the implant. In most cases of immediate placement of the implant into an extraction socket, stability is easily achieved utilizing the existing bone, and the implant is able to support a temporary crown. In these cases, it is important to adhere to principles of treatment. These are:

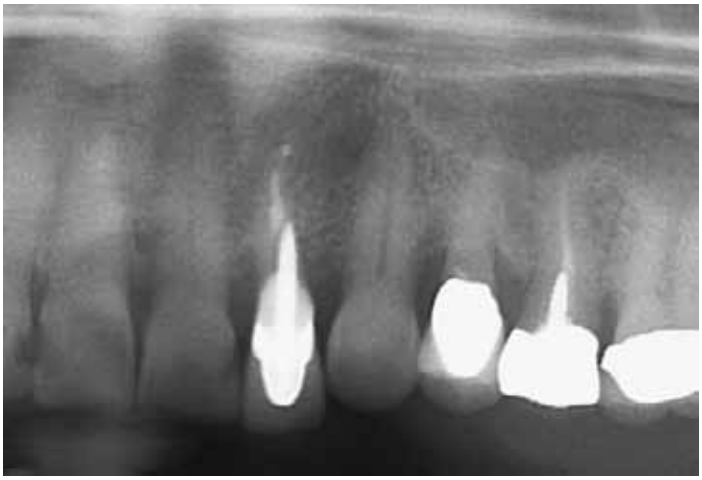
- The tooth root should be removed in an atraumatic fashion preserving hard and soft tissues. Either sharp elevators or periotomes may be used. This prevents contusion of the alveolar bone and loss or fracture of the buccal plate.
- Primary stability of the implant should be at least at 70Ncm. If the implant is not stable, immediate loading should not be considered and the implant should be buried and uncovered later as a two stage procedure.
- Minor bone grafting, to preserve the buccal plate should be carried out.
- Either a pre-formed or custom made post may be used to support the temporary crown. If a custom made post is used, it should not be prepared in the mouth but rather on the bench. Various pre-formed temporary posts are available from implant companies.
- The temporary post and crown should be screw retained and not cement retained. Pushing cement below the gingival margin may result in localized infection with tissue necrosis, and in some cases implant loss.
- The margins of the temporary crown should not place pressure on the adjacent gingival soft tissue as this will result in recession of attached mucosa. The implant is usually placed about 3.0 mm below the soft tissue margin allowing for support of the marginal gingiva.
- The crown must be adjusted so as to be completely out of occlusion. It must be emphasized that the crown should not be used for biting or chewing.

The temporary crown is left in place for approximately 4 months allowing the tissues to adapt and heal, and the implant to integrate. With the use of newer implant designs and surface coatings, shorter integration periods are possible. A standard pick up impression is then taken of the implant and the final crown is fabricated. This procedure is extremely favorable for non-restorable teeth, failed endodontically treated teeth and fractured teeth following trauma. Infected teeth with small areas of periapical pathology and draining sinuses may also be successfully treated in this fashion. Sufficient curettage and sterilization of the socket is undertaken in these cases. In the cuspid regions, the socket is in some cases very large and primary stability of the implant is not achievable. In these cases, socket bone grafting may be undertaken and the implant placed approximately 4 months later. At this time, if sufficient stability of the implant is achieved, immediate temporization may be undertaken. The key to immediate temporization is implant stability. If the buccal plate has been lost, but implant stability at 70Ncm is obtained, bone grafting techniques have been shown to work together with temporization.

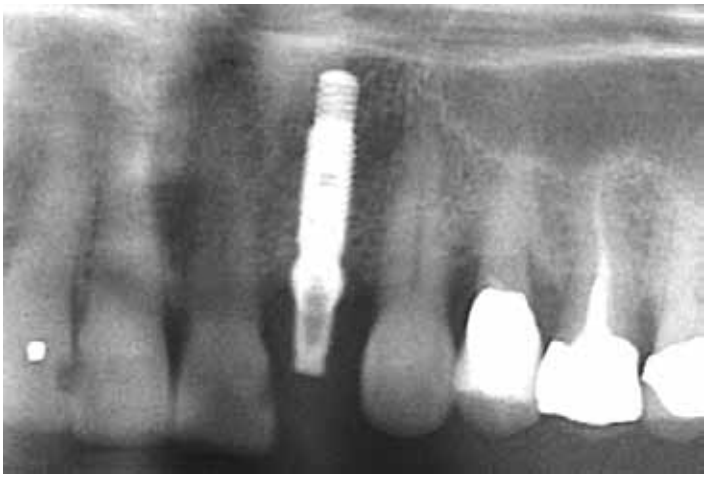
In cases where the tooth was extracted months or years before, horizontal discrepancy may prevent placement of the implant in an ideal position. In these cases bone grafting is considered. Block grafts provide adequate, quality bone for implant placement. In these cases, immediate temporization has the advantage of shortening treatment times, and soft tissue adaptation to the temporary crown. Once bone grafting has been undertaken, it is usually possible to place the implant with an immediate loaded restoration.

It is also possible to perform immediate loading and temporary restoration of teeth in the bicuspid region in the maxilla. In double rooted bicuspids, the interridicular bone is either removed or utilized for implant placement. This will definitively enhance the esthetics of the area. Once again, it is stressed that the implant crown should be out of occlusion and should not be utilized in function.
It is not usually advantageous to perform immediate loading in the molar regions. Immediate loading may result in patients chewing on the temporary crown with subsequent failure of implant. The more traditional one or two stage procedure is indicated.

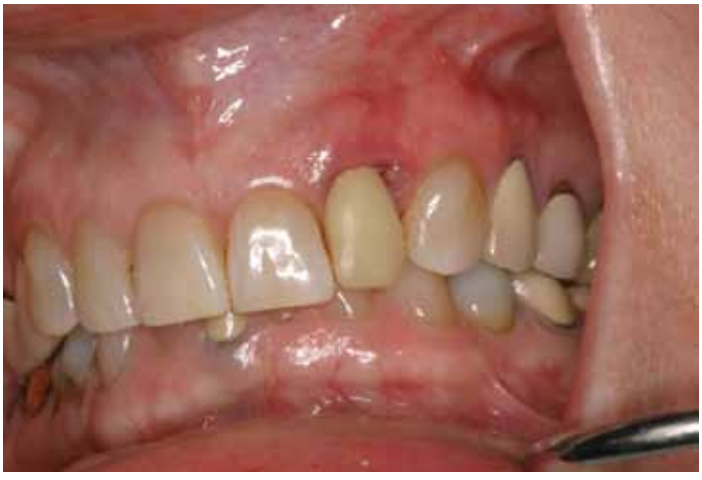
For lower incisor teeth, it is advantageous to perform immediate loading of lower incisors. A common area is the placement of two implants to support a 4-unit bridge replacing the four anterior mandibular incisor teeth. In this area, long implants may be placed achieving significant primary stability at the 70-80Ncm range. An immediate temporary bridge is placed, achieving good esthetics, and preventing the patient wearing a removable prosthesis. The bridge should be screw retained rather than cemented.



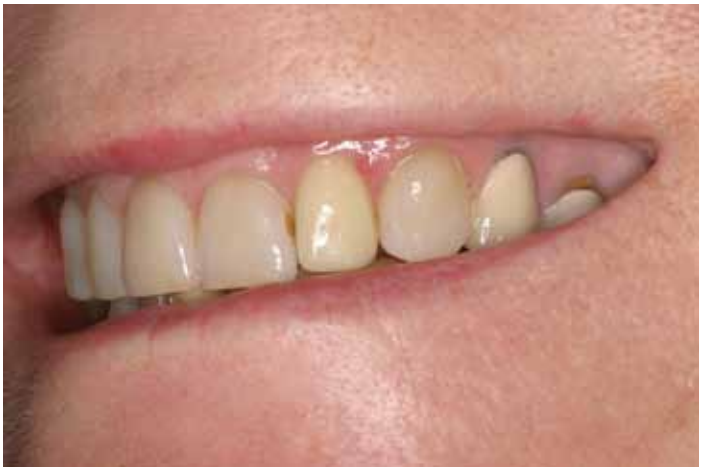
Fractured lateral incisor tooth



Radiograph showing implant, and implant post



Temporary crown fitted immediately after implant placement



Temporary crown one week later. Note preservation Of soft tissue contours

THE ALL-ON-4 TECHNIQUE

The all-on-four technique was developed to provide edentulous patients as well as those with a failing dentition with a fixed prosthesis as opposed to removable overdentures. The system is based on utilizing available bone to support posterior angled implants, together with anterior implants. In the majority of cases, bone augmentation procedures such as sinus grafting, vertical and horizontal bone augmentation or ostotomies are not required. Even in relatively atrophic arches, it is possible to place four implants to support an immediately loaded, fixed prosthesis. This technique has also been referred to as **Same Day Teeth**. It relies on the use of two angled implants as well as two or three straight implants to support the prosthesis. It may be done in both the maxilla and mandible. It is ideally suited to patients who have dental phobia resulting in a failing dentition. It is also ideal for those patients who require full mouth extractions, and refuse a removable prosthesis. In many cases, patients are not willing to wear dentures after having teeth removed. This reluctance and fear of wearing full dentures often leads to significant neglect of dentition and the **All-ON-4 technique** offers a means of treatment whereby all teeth are removed, four implants placed and immediately loaded with a fixed temporary full prosthesis. The posterior angled implants offer significant advantages for the following reasons:

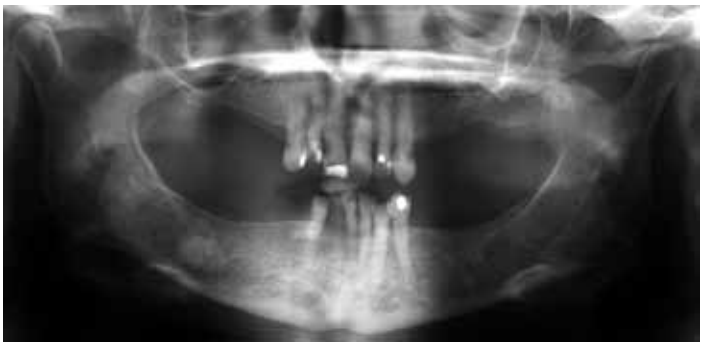
- Long implants are used.
- The implants are angled at thirty to forty degrees to the horizontal Bone grafting is not indicated, except in cases of extreme atrophy.
- The maxillary sinuses are avoided in the upper jaw.
- The implants engage the denser bone adjacent to the maxillary sinus wall.
- Angled implants are able to support significant load for the immediate prosthesis.
- Long term studies have shown little bone loss around the implants.

This technique may also be used in the mandible where implants are angled forward, with the emergence distal to the mental foramina, allowing for a wider spread in the distribution of the implants and longer distal cantilever of the prosthesis.

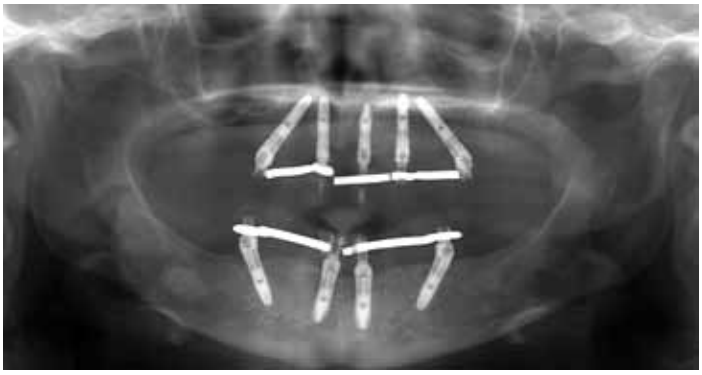
The surgical technique is relatively easy and is often performed under local anesthesia with mild sedation. Teeth are removed, alveoplasties performed and the implants placed at the same sitting. The preformed immediate denture is then adapted and fixed to the implant

abutments with cold-cure acrylic. Some laboratory work is required and the final temporary immediate denture is attached to the implants with screws allowing for immediate function. After minor occlusal adjustments, patients are instructed in hygiene methods, and told to have a soft non-chewing diet for 12 weeks. After the twelve week period, the final fixed prosthesis is fabricated.

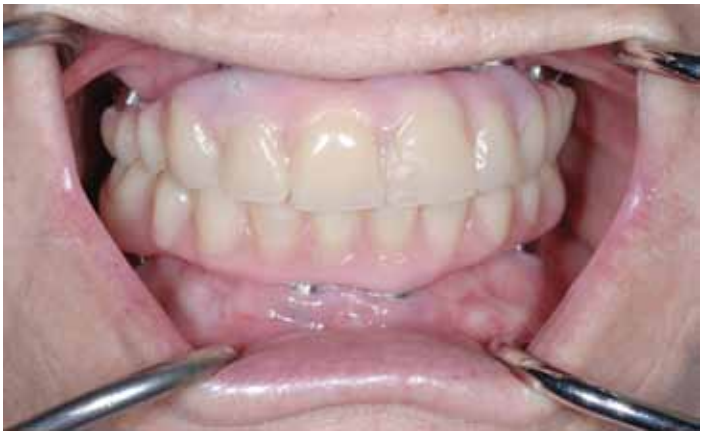
This technique has been performed for about ten years, and many publications dealing with the outcome have been published. These have shown that angled implants are able to sustain significant load forces when combined with two other implants in the anterior regions. Long term survival rates of the angled implants in these cases have been shown to be in excess of 98 percent. There is tremendous patient satisfaction, and gratification with the entire procedure, and the end results.



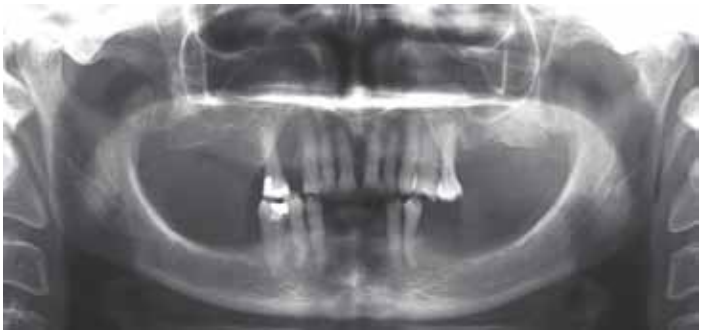
Patient showing failing upper and lower dentition



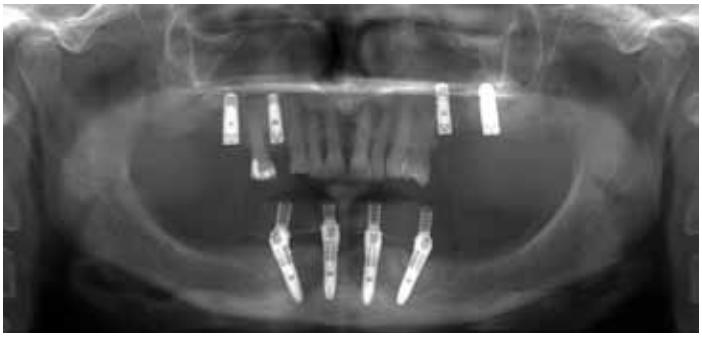
After extraction of upper and lower teeth, Implants placed immediately using All-on-4 technique



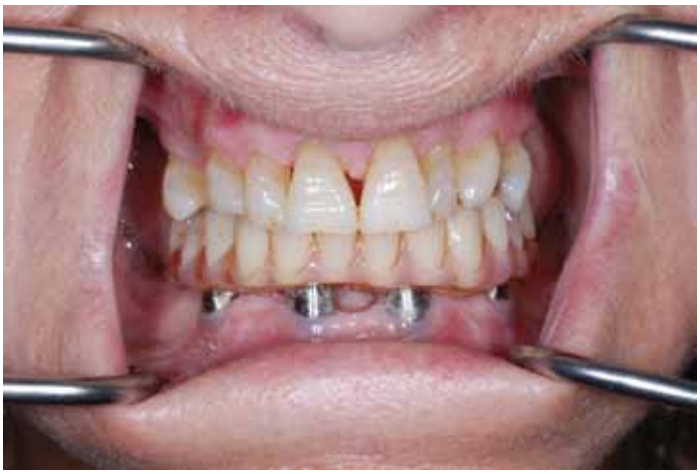
Immediate fixed prosthesis in both arches placed on same day



Patient 2 showing failing lower dentition



Post-operative radiograph showing All-on-4 Implants in lower and conventional implants in maxillary arch



Provisional lower prosthesis five months after immediate loading

Submitted by:

Dr Mark A Cohen BDS, MDent, FRCD(C)
Oral and Maxillofacial Surgeon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Prevention of Early Childhood Caries

(cont'd from Page 1)

4. First dental visit is to occur 6 months after the eruption of the first tooth and no later than 12 months of age. This visit will facilitate caries risk assessment and will be the opportunity to work on the prevention of oral diseases (dietary counseling, oral hygiene instructions and topical fluoride applications).
5. Avoiding caries-promoting behaviors:
   - Infants should not be put to sleep with a bottle containing fermentable carbohydrates.
   - Ad libitum breast-feeding should be avoided after the first primary tooth begins to erupt and other dietary carbohydrates are introduced.
   - Encourage infants to drink from the cup as they approach their first birthday. Infants should be weaned from the bottle at 12-14 months of age.
   - Repetitive consumption of liquid containing fermentable carbohydrates from a bottle or no-spill training cup should be avoided.
   - Between-meal snacks and prolonged exposures to foods and juice or other beverages containing fermentable carbohydrates should be avoided. In general children 1-6 years of age should consume no more than 4-6 ounces of fruit juice/day.

In conclusion, prevention of ECC will provide the opportunity for a healthy and joyful childhood, of the predominantly underserved group of children. This will further reduce the need for dental treatment under general anesthesia as well as the number of work days lost by the parents, and lower the cost for dental care at the later age.

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Submitted by:

Drs. Charles Lekic, Robert Diamond, Leon Stein, Lanny Jacob and Robert Schroth

FREE FIRST VISIT

Questions & Answers For The Dentist And The Dental Team

The Communications Committee of the Manitoba Dental Association is pleased to announce the re-introduction of the "Free First Visit" Program. Originally launched in 1993, this oral health program was developed to encourage dental visits for young children.

Q: Who is the Free First Visit program aimed at?

A: The program targets children three years (36 months) of age and younger. Participating dental offices must offer this service free of charge regardless of the family's dental insurance status.

Q: What does the visit include?

A: The Free First Dental Visit is an opportunity for parents/guardians to have their child introduced to a dental office and to have a first examination to determine the status of the child's oral health. The visit is a maximum 15 minute appointment that includes:

- an informal orientation to the dental office and to the staff in the office
- a check-up of the child's oral health
- review of medical history
- filling out tracking form
- a discussion with parents concerning their child's oral health care

Q: What is not included in the visit?

A: The first checkup is provided at no charge to the patient, but does not include diagnostic procedures (including radiographs, fluoride, cleaning, etc) if required as a result of the examination. The need for such additional action should be discussed with the parent/guardian, and the cost for these services should be clearly explained.

Q: Who is eligible for the program?

A: All children three years (36 months) of age and younger are eligible for the program.

Q: Can I bill a third party carrier or government agency for the initial "Free First Dental Visit"?

A: No. However you can bill for diagnostic procedures, such as x-rays, as a result of the free check-up.

Q: Are all children three years (36 months) of age and younger eligible for the free initial check-up whether or not they are covered by an insurance plan or by government program (Social Allowance, Medical Services, etc.)?

A: Yes. Neither private insurers nor government agencies are to be billed for the Free First Dental Visit.

Q: Is a medical history required?

A: Yes

Q: Is the free first visit available to the same child more than once?

A: No

Q: If I have already seen the child for emergency treatment, are they eligible for the Free First Dental Visit?

A: No, but it is still at the discretion of the treating dentist whether to charge a fee.

Q: How will the program be promoted to the public?

A: The program will be announced at a news conference on January 29, 2010 during the MDA Annual Meeting and Convention and will be followed up by a multi-media advertising campaign that could include television, newspaper, in-office signage, website and more.

Q: Are specialists participating in this program?

A: Yes. Pediatric dentists have indicated an interest in participating in this program for non-referred patients.

Q: How long will the program run?

A: This program is planned to be in effect from April 1, 2010 to March 31, 2013. At the completion of year one, a review of the program will take place to identify any changes required to improve it.

Q: Why should you get involved in the program?

A: There are numerous benefits from participating in the program including:

- Demonstrating social responsibility of the dental profession
- Appreciating the importance of getting children of all ethnic/cultural/socialbackgrounds to see a dentist to help prevent early childhood tooth decay
- Setting the foundation for lifelong dental health
- Providing a service to those who otherwise could not afford it
- Creating a long-term practice builder

Is Your Practice At Risk?

Earthquakes, tornadoes, ice storms and pandemic outbreaks are some of the larger scale disasters that can strike a dental practice. However, more commonplace occurrences can also put your practice at risk — and jeopardize your finances. Below are some circumstances that dentists have encountered and advice to help you avoid and/or cope with similar situations.

Burglary: During a nighttime burglary, several computers were taken from a dental practice. The burglar gained entry through a window in the single-storey dental practice by climbing on a garbage bin that was directly below the window. It cost $6,000 to replace computer hardware and software, reconstruct patient and billing records and repair a damaged window frame.

By taking some basic security precautions, you can help prevent similar break-ins and avoid the associated losses and considerable inconvenience. For example, you can deter burglars by ensuring that the perimeter of your practice premises is well lit at night, installing bars on ground-floor windows and moving items that can serve as a ready-made platform to help burglars gain entry. As well, consider installing a monitored alarm system that includes sensors for doors and windows.

Water Leak: An aging hot water tank ruptured due to corrosion causing extensive flooding and damage to the equipment, furnishings and supplies in a dental office. Repair and replacement costs were $60,000.

Check with the landlord as to the location of the hot water tank on the premises if you lease your dental practice, and clarify whose responsibility it is to maintain it. The person who is responsible for it should arrange for regular maintenance and inspections. Regardless of who is responsible for maintenance, you should install a solenoid valve on the tank to minimize water damage if a leak occurs. The solenoid valve shuts off the water supply if it detects a fault in the water line.

If you are in your practice when a water leak begins, take steps to help reduce the severity of the damage. Turn off the water supply immediately and clear floor drains of any obstructions. Carry movable items from the flooded area to a dry area of your practice. Mop or wet vacuum the floors and wipe excess water from furniture. To speed drying, open drawers and cabinets and, in seasonable weather, open windows.

Fire: A dentist noticed sparks coming from the nitrous oxide/oxygen system he was about to use to anaesthetize a patient. He ordered everyone out of the office and, minutes later, the system exploded. All his office contents were lost, extensive structural damage occurred to the building, and neighbouring premises suffered water and smoke damage. It cost over $1-million to repair the damages.

To help avoid such a situation, follow the manufacturers' recommendations for handling and storing flammable substances and hazardous materials carefully to reduce the chance of fire and explosion. Store unneeded combustible materials off the premises whenever possible and keep flammable liquids in a cool, ventilated area away from any source of heat. However if, in spite of such precautions, a similar situation does happens to you, evacuate everyone from the office immediately and call the fire department.

Additionally, make sure that you are adequately covered with insurance in the event that you have to file an office insurance claim. If you suffer a loss, you will only be covered up to the amount of your loss, provided that it is within your insurance limit (the amount of coverage you purchased). Before disaster strikes, find out the current replacement cost of all the items in your office, including your dental equipment, furnishings and supplies, and buy office contents insurance coverage based on that amount. If you own the building in which your dental practice is located, ensure that you have sufficient coverage to allow you to rebuild should a total loss occur.

The **TripleGuard™ Insurance** plan provides a 5 per cent premium reduction on your office coverage when you purchase both office contents and building insurance. Reductions of up to 15 per cent are also available when you insure multiple office locations. (The reduced rates apply to coverage billed under the same account.)

For personalized advice about the amount of insurance that is appropriate for your dental practice situation, contact a licensed insurance advisor at CDSPI Advisory Services Inc. at **1-877-293-9455, ext. 5002**.

Susan Roberts is the Service Supervisor, Insurance, at CDSPI Advisory Services Inc. The TripleGuard™ Insurance plan is a part of the Canadian Dentists' Insurance Program and the plan is underwritten by Aviva Insurance Company of Canada. The Canadian Dentists' Insurance Program is sponsored by the CDA and co-sponsored by the MDA and administered by CDSPI.

By Susan Roberts
BA, FLMI, ACS, AIAA
CDSPI Advisory Services Inc.
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Faculty Corner

Dr. Anthony Iacopino
Dean of Dentistry
University of Manitoba

New Partnerships, New Horizons
Welcome Back, Bannatyne proves the power of partnership

Although it may be a bit early to say, there is every reason to believe that October 16, 2009 may one day be regarded as one of the more significant dates in our Faculty's long and illustrious history.

As most of you may be aware, it was that fateful Friday night that the University of Manitoba Dental Alumni Association presented Welcome Back, Bannatyne, our first annual celebration of alumni and relationships. It was, on every level, an outstanding and most successful affair: a sold out house, very special guests, an electric atmosphere, positive feedback from all involved and a sizeable boost for the Dr. J.A. Grahame Memorial Scholarship.

The evening featured our 2009 Alumni of Distinction awards and it would have been difficult to have found two more worthy recipients than Drs. Tom Breneman and Hester Rumberg. Both of these individuals have earned and enjoyed outstanding achievement throughout their respective careers and both are more than worthy recipients of the prestigious honour bestowed upon them.

And, of course, the appearance of Mr. Burton Cummings, who received a honourary membership to the UMDAA, only added another level of luster to the evening.

Yes, this was a remarkable evening on many, many fronts. The achievements of our honoured guests, combined with and the pomp and ceremony of the night and the camaraderie enjoyed by all are the most obvious take-aways.

But there are others that, while perhaps not quite as obvious, may be even more pronounced and significant. To begin, I refer to remarks made by our 2009 award recipients. Both Dr. Breneman and Dr. Rumberg pointed to their Faculty experience as being pivotal points in their professional lives. Each noted their gratitude for having been a part of the institution and reaffirmed the strong sense of pride they still hold as alumni members of our Faculty.

The evening also marked the start of a new era of partnership and proactive cooperation with one of our most important stakeholder groups. Several months ago, the UMDAA, newly reformed with a revamped mandate and enthusiastic new executive, stepped forward and took a leadership role in this event. The fruits of their efforts were plain in evidence for all to see. The spectacular success of Welcome Back, Bannatyne truly was product of a combined effort and partnership between our alumni and our institution.

But this is by no means the only example of the tremendous success that comes from this kind of cooperative effort. Indeed, the effort of our alumni in the arena of community outreach is perhaps the best example of this. The conscientious contributions of oral health alumni, be it as student participant, or as a practitioner who lends a hand in our programming, have fostered a very positive public perception in our community.

Our work is seen as noble and altruistic; the embodiment of the true sprit of Canadian healthcare. That the University of Manitoba has established such a sterling reputation in community outreach is a tribute to all associated with the Faculty, past and present.

As the flagship for our outreach work, the Centre for Community Oral Health has demonstrated its value and worth to our industry and to our community. Under the leadership of Dr. Doug Brothwell, CCOH has set the national standard for community outreach and caring. Its innovative programming is as comprehensive as it is effective, for both the participating practitioner and the public it serves. It is clearly a win-win for all involved.

To foster and develop this legacy, the Faculty is proposing a new partnership model in concert with the Manitoba Dental Association. We firmly believe that through the active commitment of the MDA membership, we can and will ensure the advancement of the work of CCOH and a greater engagement of the practicing community in our efforts. Actively endorsing the work of CCOH will not only ensure its survival, but will also enhance its programming and build upon its enviable reputation as the model of service learning in Canada. The benefits to our profession and our community will be abundant, as they have always been.

It is my belief that October 16 may turn out to be a seminal day for the Faculty of Dentistry. This day clearly showed what can happen when a group of outstanding individuals band together and put their collective efforts towards the benefit of the common good.

I look forward to your continued participation and support as we move into this exciting new era together.

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

Faculty of Dentistry, Research Day, 2010

The Faculty of Dentistry presents its third annual Research Day to showcase the many research projects and efforts of faculty members and students on Wednesday, February 24 beginning at 9am on the Doupe and Hildes concourse in the Basic Medical Sciences Building. Official presentations will begin at 10am in the Frederic Gaspard Theatre (formerly Theatre A). Among the unique features this year will be a Corporate site (Hildes concourse) housing some 10 – 12 corporate sponsors' booths showcasing the latest dental products and services from oral health-care and allied suppliers. To date the following companies have signed up to support this endeavour: 3M, Proctor & Gamble, Sinclair Dental, Dentsply, Henry Schein, Philips, Adec, Scotiabank, Sunstar, Nobel Biocare and Septodont.

Keynote speakers for the scientific portion of the conference will be Drs. R. Parvina and Rex Holland. Dr. Paravina, (DDS, MS, PhD) lectures nationally and internationally on topics focusing on color and appearance in esthetic dentistry. Most recently, the Associate Professor of Restorative Dentistry & Biomaterials at the University of Texas Dental Branch at Houston co-edited a book designed to help dentists master the art of color selection in dental procedures. He is also editor of the Journal of Color and Appearance in Dentistry (JCAD) and the president of the Society for colour and Appearance in Dentistry (SCAD).

Dr. Rex Holland is internationally recognized for both his research and educational contributions. A former professor at the Universities of Manitoba and Alberta, Dr. Holland is now professor in the Department of Cariology, Restorative Sciences and Endodontics, School of Dentistry, University of Michigan at Ann Arbour. Dr. Holland (BDS (hons), BSc(hons), PhD, all from Bristol), is editor of the Archives of Oral Biology. He has done extensive research on the management of dental pain, nerve regeneration and angiogenesis in dental pulp. He is co-author of the Color Atlas and Textbook of Oral Anatomy, and has also received the prestigious award for Pulp Biology Research from the International Association for Dental Research.

Following the scientific presentations, the popular "Art in Science" Exhibition will again present scientific "visuals" from colorful images of histological tissue preparations to computer generated pictures of outdoor scenes and microscopic images. In addition this year the Faculty will present a brief overview of photography provided by Chris Insull, a local photographer. Also in attendance will be Dr. Dick Smith, President of the Yukon Dental Association and also a professional photographer.

Please check the Faculty of Dentistry website for ongoing updates concerning Research day (http://umanitoba.ca/faculties/dentistry/).

Submitted by:
Dr. J. Elliott Scott, Ph.D.
Professor & Associate Dean (Research)
Faculty of Dentistry

In Memoriam

DR. MARK JOHNSTON - 1955-2009

Dr. Johnston graduated from the University of Manitoba, Faculty of Dentistry in 1987 and had a long rewarding career. The highlight of his career was the relationships that he developed with colleagues and patients. His caring attitude and professionalism was truly reflected in the teams that developed in the Dental Image Clinics - North and South.

Dr. Johnston loved the mountains, sitting at the water's edge, admiring the scenery on a long drive. There was always something he could take from the day and smile about.

Memorial services celebrating Dr. Johnston's life were held November 6, 2009 at Thomson "In the Park" Funeral Home.

MDA Directory Amendments

For changes to the MDA Directory please contact:
April Delaney at the MDA office - (204) 988-5300 Ext. 2

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675 McDermot Ave
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Dr. Carolyn Angela Robertson
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Dr. Radwa Saad
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(204) 487-0015

Drs. David Stackiw, Wendy Stasiuk
and Susan Geddes
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(204) 775-0349

Retired

Dr. William H. Young
Portage La Prairie, MB

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Make your **CDA RSP** contribution (*www.cdspi.com/cda-rsp*) by March 1st, 2010 and you could win† up to $10,000 toward your 2010 tax-year contribution. Contribute by January 29th, 2010 and earn two chances to win!

† *Some contest restrictions apply. Residents of Quebec are not eligible due to provincial regulations. The prize amount is 50 per cent of your 2009 contribution — up to $10,000. No purchase is necessary. See full contest rules at www.cdspi.com/more-info.*

CDSPI DENTISTS FIRST

The CDA RSP is a member benefit of the CDA and ODA and is administered by CDSPI. Restrictions to advisory services may apply in certain jurisdictions.

10-179 10/09

MANITOBA DENTAL ASSOCIATION

126TH ANNUAL MEETING AND CONVENTION

Winnipeg Convention Centre

January 28-30, 2010

Winter Games 2010

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

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

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

The Field of Coaches:

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

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

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

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

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

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

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

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

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

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

Manitoba

Health and Healthy Living
Public Health Division
Environmental Health Branch
Fourth Floor, 300 Carlton Street
Winnipeg MB R3B 3M9
CANADA
Telephone: 204- 788-6729
Fax: 204- 948-2040

Santé et Vie saine
Division de la santé publique
Santé environnementale
300, rue Carlton, 4e étage
Winnipeg MB R3B 3M9
CANADA
Téléphone : 204- 788-6729
Télécopieur : 204- 948-2040

October 20, 2009

Dear Dental Colleague:

Re: Infection Prevention and Control Guidelines for Pandemic H1N1 (pH1N1) Influenza

Manitoba Health and Healthy Living (MHHL) is aware that Manitoba dentists already diligently adhere to strict infection prevention and control practices. Therefore we would like to bring to your attention MHHL pH1N1 infection prevention and control guidelines that have been developed for health settings which you and your office employees may find useful. These guidelines are appropriate to the dental setting and can be found on the Manitoba Government website: http://www.gov.mb.ca/health/publichealth/sri/index.html. Please consult the following two documents listed under Guidelines and Fact Sheets:

- **Infection Prevention and Control Guidelines Influenza-like illness including NOVEL A/H1N1 Influenza: All Health and Health-Care Settings**
- **Community Settings - Summary of Infection Prevention and Control Guidelines**

Cough Etiquette and **Hand Hygiene** posters for display in appropriate areas for all staff, patients and visitors to see are available through MHHL at:

http://www.gov.mb.ca/asset_library/flu/cough_etiquette.pdf
http://www.gov.mb.ca/asset_library/flu/hand_hygiene.pdf

For the latest information on pH1N1, please visit: www.manitoba.ca/flu.

Thank you for your continued cooperation. Please feel free to contact myself if your office has enquiries.

Sincerely,

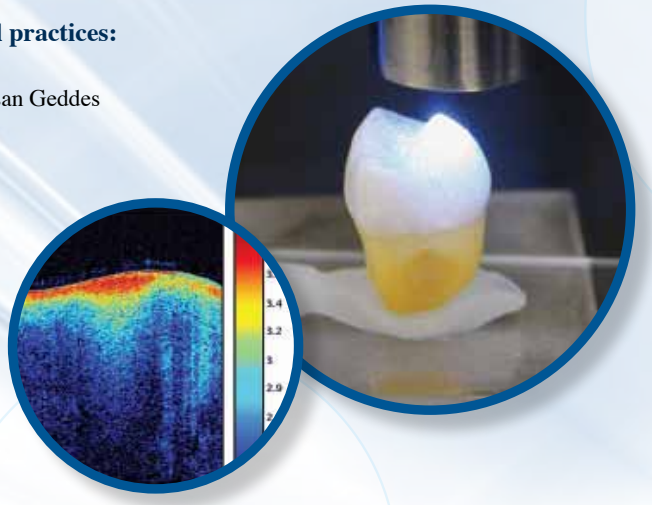
"Original signed by Khalida Hai-Santiago"

Khalida Hai-Santiago, DMD
Dental Consultant
Khalida.Hai-Santiago@gov.mb.ca

NRC·CNRC
Institute for Biodiagnostics

Science at work for Canada

The National Research Council Canada Institute for Biodiagnostics, the Faculty of Dentistry at the University of Manitoba and the Faculty of Dentistry at Dalhousie University would like to thank the following individuals and staff at various dental clinics in Winnipeg, Morden and Halifax, Nova Scotia for their assistance with the collection of freshly extracted human teeth for our research studies: "*Dental Caries Diagnosis by Optical Methods*" and "*Validating OCT and Raman Spectroscopy for Assessment of Tooth De/Remineralization*".



Dentists and dental staff of the following private dental practices:

- Dr. Christopher Cottick, Dr. Kyle Gauthier
- Dr. Ryan Tsang, Dr. Ken Hamin, Dr. Xiaofeng Guan, Dr. Susan Geddes
- Dr. Laurence Lau, Dr. Noriko Boorberg
- Dr. Richard Santos, Dr. Christine Lachance-Piché
- Dr. Patrick McManus, Dr. Raymond Zhu, Dr. Karen Sohal
- Dr. Cori McClarty
- Dr. Melanie Wood
- Dr. Lori Stephen-James
- Dr. Tony Nowakowski
- Dr. Aaron Kim
- Dr. Hala Salama
- Dr. Mark Nepon
- Dr. Wayne Bohn
- Dr. Zdan Shulakewych
- Dr. Igor Pesun
- Dr. Kiranpal Sroay
- Drs. Desmond, Lindi van Jaarsveldt
- Dr. Randall Warkentin, Dr. Tabitha Gervais, Dr. Parambir Dhami, Dr. Anton Zettler, Dr. Edwin Moran

Dentists, faculty, staff and students at the following departments and clinics:

- Dr. David Chimilar as well as nursing and anesthesiology staff of the Dental Surgery ORs at Seven Oaks Hospital
- Health Sciences Centre Adult Dental Clinic
- Oral Surgery Clinics, Faculty of Dentistry, U. Manitoba
- Graduate Orthodontic Clinic, Faculty of Dentistry, U. Manitoba (Dr. James Noble, Dr. Susan Tsang, Dr. Milos Lekic, Dr. Nick Karaiskos, Dr. Catherine McLeod, Dr. Andy Ho, Dr. Jason Gallant, Dr. Sonia Lapointe, Dr. Keyur Shah, Dr. Neraj Pershad, Dr. Magda Barnard, Dr. Luis Piedade)
- Graduate Periodontal Clinic, Faculty of Dentistry, U. Manitoba (Dr. Mahdi Angaji, Dr. Ellen Sim)
- Dental Radiology Clinic, Faculty of Dentistry, U. Manitoba (Lorraine Reinfort, Judy Bishop)
- Dept. Restorative Dentistry, Faculty of Dentistry, U. Manitoba (Christine Salt, Tammy MacKay)
- Main Dental Clinic, Faculty of Dentistry, U. Manitoba (Sina Allegro-Sacco)
- School of Dental Hygiene, Faculty of Dentistry, U. Manitoba (Lorraine Glassford)
- Faculty Practice Suite, Faculty of Dentistry, U. Manitoba (Liz Havercost)
- Dental Clinics, Faculty of Dentistry, Dalhousie University (Roberta Emms, Tammy Chouinard)
- Oral Surgery, Faculty of Dentistry, Dalhousie University (Cathy MacLean, Dr. David Precious, Dr. Ben Davis, Dr. Archie Morrison, Dr. Reg Goodday, Dr. Chad Robertson, Dr. Curtis Gregoire, Dr. Amin Alibhai, Dr. Graham Cobb, Dr. J.C. Doucet, Dr. James Brady, Dr. Matthew Shaffner, Dr. Susan Conrod, Dr. Frank Lovely, Dr. Joel Powell)
- Sci-Can Clinic, Faculty of Dentistry, Dalhousie University (Kim Berkers, Angela Pitman, Melissa Landry, Maureen LaPierre)

University of Manitoba
Faculty of Dentistry
School of Dental Hygiene
Traditions of Excellence, Horizons of Change

Dalhousie University
Inspiring Minds
Faculty of Dentistry

National Research Council Canada
Conseil national de recherches Canada
Canada

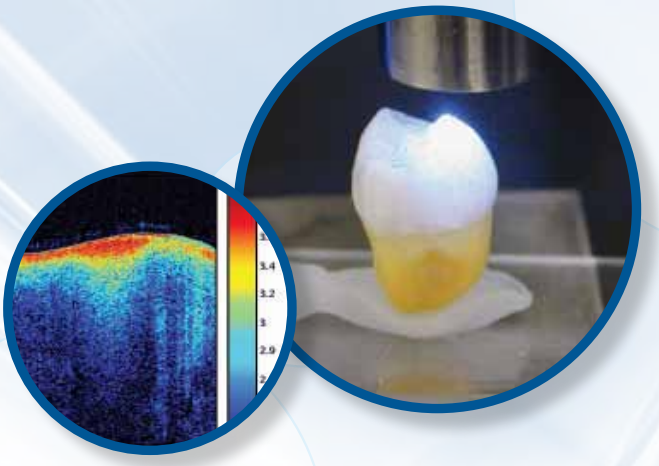
CNRC·NRC
Institut du biodiagnostic

La Science à l'œuvre pour le Canada

L'Institut du biodiagnostic du Conseil national de recherches du Canada (IBD-CNRC), la faculté de médecine dentaire de l'Université du Manitoba et la faculté de médecine dentaire de l'Université Dalhousie aimeraient remercier les personnes suivantes ainsi que le personnel des différentes cliniques dentaires de Winnipeg, de Morden et de Halifax (Nouvelle Ecosse) pour l'aide qu'ils nous ont prodiguée et qui nous a permis de recueillir des dents humaines fraîchement extraites afin de mener à bien nos projets de recherche intitulés « Dental Caries Diagnosis by Optical Methods » (diagnostics de caries dentaires au moyen de méthodes optiques) » et « Validating OCT and Raman Spectroscopy for Assessment of Tooth De/Remineralization » (certification de la TCO et de la spectrométrie Raman pour évaluer la déminéralisation et la reminéralisation des dents).

Nous remercions les dentistes et le personnel dentaire des cabinets dentaires privés suivants :

- Dr Christopher Cottick, Dr Kyle Gauthier
- Dr Ryan Tsang, Dr Ken Hamin, Dr Xiaofeng Guan, Dr Susan Geddes
- Dr Laurence Lau, Dr Noriko Boorberg
- Dr Richard Santos, Dr Christine Lachance-Piché
- Dr Patrick McManus, Dr Raymond Zhu, Dr Karen Sohal
- Dr Cori McClarty
- Dr Melanie Wood
- Dr Lori Stephen-James
- Dr Tony Nowakowski
- Dr Aaron Kim
- Dr Hala Salama
- Dr Mark Nepon
- Dr Wayne Bohn
- Dr Zdan Shulakewych
- Dr Igor Pesun
- Dr Kiranpal Sroay
- Dr Desmond, Dr Lindi Jaarsveldt
- Dr Randall Warkentin, Dr Tabitha Gervais, Dr Parambir Dhami, Dr Anton Zettler, Dr Edwin Moran



Dentistes, personnel enseignant, administratif et étudiants des départements et cliniques suivants :

- Dr David Chimilar et le personnel infirmier et anesthésiologique des salles d'opération dentaires de l'Hôpital Seven Oaks
- Clinique dentaire pour adultes du Centre des sciences de la santé
- Clinique de chirurgie orale, Faculté de médecine dentaire, Université du Manitoba
- Clinique universitaire d'orthodontie, Faculté de médecine dentaire, Université du Manitoba (Dr James Noble, Dr Susan Tsang, Dr Milos Lekic, Dr Nick Karaiskos, Dr Catherine McLeod, Dr Andy Ho, Dr Jason Gallant, Dr Sonia Lapointe, Dr Keyur Shah, Dr Neraj Pershad, Dr Magda Barnard, Dr Luis Piedade)
- Clinique périodontique universitaire, Faculté de médecine dentaire, Université du Manitoba (Dr Mahdi Angaji, Dr Ellen Sim)
- Clinique de radiologie dentaire, Faculté de médecine dentaire, Université du Manitoba (Lorraine Reinfort, Judy Bishop)
- Service de médecine dentaire restauratrice, Faculté de médecine dentaire, Université du Manitoba (Christine Salt, Tammy MacKay)
- Clinique dentaire principale, Faculté de médecine dentaire, Université du Manitoba (Sina Allegro-Sacco)
- Ecole d'hygiène dentaire, Faculté de médecine dentaire, Université du Manitoba (Lorraine Glassford)
- Bureau de pratique dentaire, Faculté de médecine dentaire, Université du Manitoba (Liz Havercost)
- Clinique dentaire, Faculté de médecine dentaire, Université Dalhousie, Halifax (Roberta Emms, Tammy Chouinard)
  Clinique de chirurgie orale, Faculté de médecine dentaire, Université Dalhousie, Halifax (Cathy MacLean, Dr David Precious, Dr Ben Davis, Dr Archie Morrison, Dr Reg Goodday, Dr Chad Robertson, Dr Curtis Gregoire, Dr Amin Alibhai, Dr Graham Cobb, Dr J.C. Doucet, Dr James Brady, Dr Matthew Shaffner, Dr Susan Conrod, Dr Frank Lovely, Dr Joel Powell)
- Clinique Sci-Can Faculté de médecine dentaire, Université Dalhousie, Halifax (Kim Berkers, Angela Pitman, Melissa Landry, Maureen LaPierre)

University of Manitoba Faculty of Dentistry School of Dental Hygiene
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Canada

Manitoba Dental Association Board Synopsis – October 31, 2009

Manitoba Dental Association Board Synopsis – October 31, 2009

Board of Directors for 2009-2010

President:	Dr. Alexander Mutchmor
Past President	Dr. Patricia Kmet
Vice President	Dr. Elizabeth Dunsmore
District 1 Reps	Dr. Joel Antel
	Dr. Alan Cogan
	Dr. Amarjit Rihal
District 2 Rep	Dr. Robert Fraser
District 3 Rep	Dr. Elizabeth Dunsmore
Dental Assist	Ms. Kari Enns
Public Reps	
	Mr. Wayne Novak
	Ms. Barbara Borsch
	Ms. Cheryse Larocque
Registrar	Dr. Marcel Van Woensel
Secretary/Treas	Mr. Ross McIntyre

Public Appointee: The Province of Manitoba announced the re-appointment of Ms. Barbara Borsh to the MDA Board for another one year term.

Canadian Dental Regulatory Authorities Federation: A meeting held in Winnipeg on September 15, 2009 with representatives of the Canadian Dental Regulatory Authority Federation from across Canada and the MDA Board to discuss the Agreement on Internal Trade in relation to dental specialists had been positive and productive. The purpose of the meeting was to discuss the MDA Registration and Licensing Bylaw and the clauses relating to Academic Affiliate Specialists.

A follow-up meeting in Toronto on October 14, 2009 that was attended by Dean Iacopino developed a draft proposal whereby Dean's of Faculties that had specialty programs could select people to serve as supervisors at those Faculties that did not have specific dental specialty programs. This would allow the MDA Bylaw to remain in effect and allow Academic Affiliates to obtain a certificate of completion to allow them to take the NDSE exams.

Also, the MDA Board supported and accepted the $30 per capita grant requested by CDRAF for their 2010 budget.

Life Members: The following dentists will be recognized as MDA Life Members at the MDA Annual Business Meeting on January 28, 2010: Dr. Jerry Boyko, Dr. Norman Ip, Dr. Michael Lasko, Dr. Dan Morrow, and Dr. Wilf Schellenberg.

2010 Budget and License Fee: Dr. A. Iacopino, Dean, indicated that due to a budget decrease from the University of Manitoba central administration, funding for some of the outreach programs will have to be cancelled.

The Dean said that he is looking for the financial support from the profession to assist with outreach activities that provide service for people with difficult access to dental services. The operating loss will be $300,000 to $400,000 once the budget for the University is reduced.

In order to ensure the continuance of dental care for patients where financial, physical and mental challenges exist the MDA Board decided to that a $500 increase be added to the MDA license fee for 2010 to specifically support those programs.

Manitoba Health: Negotiations have been completed for the agreement between Manitoba Health and the MDA from April 2008-March 2011 for in-hospital dentistry services and fees paid in the cleft palate orthodontic program. The benefit amounts will increase by 2.5% across the Board with some larger increases in some extractions and orthodontic services

Economics Committee: Dr. Murray White, Chair of the MDA Economics Committee attended the Board meeting to bring the 2009 Economic Report and fee guide recommendations for 2010 which included:

- An overall increase of 3.36% in the MDA approved 2010 fee guides; and
- An overall increase of 5.36% in the Pediatric fee guide for 2010.

Canadian Dental Association: A strategic planning session at CDA developed three priorities: strong profession; united community; and a healthy public. There have been staff reductions that eliminated $2 million from the budget.

Dean's Update: Dean Iacopino highlighted the following events that were occurring at the Faculty:

- The initiation of the Dental Hygiene degree completion program in January 2010;
- The start of a Pediatric dentistry residency program in July of 2010;
- The full implementation of a student/MDA mentorship program;
- The activity in some of the Pillars such as the centre for oral-systemic health, the practise management program and the implant program; and
- Building renovations on the 4th floor and the central sterilization unit would be happening.

The Dean said that the University budget decrease would mean that there would be no new hirings at the Faculty.

Legal Counsel: The MDA Board appointed Mr. Steve Vincent from Hill Dewar Vincent as the MDA's new general counsel.

The next MDA Board meeting is scheduled for January 28, 2010.

Please contact the MDA office if you have any questions relating to the MDA Board Meeting or any other dental related issues.

Rafi Mohammed
Membership Services Director

CLASSIFIEDS

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Dentist with 15 years experience available for long or short term locum positions in Winnipeg.
Please contact Dr. Wade Salchert (204) 999-8005

Winnipeg, MB
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Please contact Dr. D. Bachinsky (204) 233-1983

Winnipeg, MB
Experienced dentist available for short-term locums (i.e. sick leave, vacations, etc.) References available upon request.
Please contact Dr. I.R. Battel (204) 489-4507

Winnipeg, MB
Experienced dentist available for locums (i.e. sick leave, vacations, etc.)
Please contact Dr. Neil Winestock (204) 269-4314

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Experienced dentist available for part-time associateship.
Please contact: (204) 489-7679

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EQUIPMENT FOR SALE

1 Porter MXR portable nitrous oxide delivery system with base cones.
Contact Dr. Garth Jackson (204) 727-7136

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Contact: April Delaney, Editor MDA Bulletin
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