MANITOBA DENTAL ASSOCIATION

Bulletin

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INSIDE THIS ISSUE

MDA ELECTS NEW PRESIDENT

Dr. Marcel Van Woensel, of Swan Lake, was elected President of the Manitoba Dental Association at the MDA's Annual Meeting held on February 1, 2007.

He has degrees in Dentistry, Science and Law from the University of Manitoba in Winnipeg. He is a member of the Pierre Fauchard Academy and the International Dental Ethics and Law Society.

Dr. Van Woensel has practiced dentistry in the rural community of Somerset since graduation in 1994. He has participated as a part-time instructor in pre-clinical, clinical and didactic courses at the University of Manitoba's Faculty of Dentistry.

Dr. Van Woensel began with the Board in 2003. He has served on the Student Advisory Committee, the Recruitment and Retention Sub-Committee, the Task Force on the Future MDA Organizational Structure and the Executive Committee.

Others who join him on the MDA Board are:

Dr. P. Kmet	Vice President
Dr. L. Stephen-James	Past President
Dr. S. Mutchmor	Winnipeg, Manitoba
Dr. E. Dunsmore	Dauphin, Manitoba
Dr. J. Antel	Winnipeg, Manitoba
Dr. A. Cogan	Winnipeg, Manitoba
Ms. M. Clark	Auxiliaries Representative
Mr. W. Novak	Appointee, Minister of Health

New Employment Standards for Manitobans

The Province of Manitoba just completed an extensive review of The Employment Standards Code. It was the first major review of the legislation in over 30 years. Some of the changes that may affect dentists as employers are: employment termination, general holidays, unpaid leave, and wages.

Employment Termination

After 30 days of employment both the employer and worker must provide or give notice. The amount of notice that an employer must give an employee is outlined in the chart below.

Period of Employment	Notice period
Less than one year	1 week
One to three years	2 weeks
Three to five years	4 weeks
Five to ten years	6 weeks
Ten years or more	8 weeks

An employee who has worked 30 days and less than one year must give one week's notice. If the employee has been employed for over one year by the same employer two weeks notice is required. In cases where the employer or employee has given proper notice, the employer has the option of paying wages in lieu of notice.

In certain situations employers do not need to give notice of termination. These situations include:

- Contract employee (contract specifies term of employment)
- Casual employment
- Employees actions constitute willful misconduct, disobedience, or willful neglect of duty and the behavior is not condoned
- Violent behavior and dishonesty (theft, etc) in the workplace
- Temporary layoff, however, if the layoff is longer than eight weeks in a 16-week period, the layoff becomes a termination and notice is required.

Dentists cannot terminate employees who refuse to do duties outside of their scope of practice as determined by the Manitoba Dental Association.

General Holidays

There are seven general holidays in Manitoba. They are: New Year's Day, Good Friday, Victoria Day, Canada Day, Labour Day, Thanksgiving Day, and Christmas Day. Easter Sunday, the August Civic holiday, and Boxing Day are not considered general holidays. Employees are to be paid for the general holidays if they are salaried. An employee who works part-time and their scheduled day may be different from week to week is entitled to be

Continued on page 4

President's Message

Dr. Marcel Van Woensel

I would like to take this opportunity to thank Dr. Jim Bonar and his Committee (Drs. Craig Fedorowich, Alex Pappas, Brian Kruk, Tony Hayward, Guy Smith and Mrs. Sandy Bonar) for the great convention they hosted in Brandon. From the setup of the venue to the final dinner, everything went smoothly for the over 600 attendees. Also, I would like to express my appreciation for the words of support and condolence I received on becoming president. I will do my best to meet expectations.

Congratulations to Dr. Joel Antel and Dr. Alan Cogan for accepting positions on the MDA Board. You will find the experience interesting.

In this first month, I spent time in national meetings with both the provincial regulatory authorities (PRA) and the national (CDA) and provincial dental associations (PDA). It makes me appreciate the relative ease of addressing issues in Manitoba when I compare it to the complexity of many national issues. That said, there is tremendous effort on the national level to reach consensus on critical issues. Improvements to CDA governance and its relationship with the PDA's is well underway with expectations it will address trust issues and streamline decision making. The CDA has provided financial support to develop a communications strategy to ensure dentistry continues in an oral health leadership role. Dr. Kmet represents Manitoba well on the task force.

The national PRA meeting led to agreement on a process and procedure to assess the abilities of specialists from non-accredited programmes. The national consensus meets government immigration and labour concerns, protects public safety and ensures quality dental care and inter-provincial labour mobility. The agreement will require minimal changes to the MDA by-laws and will not change how dentistry is practised in the province. The PRA's and the CDA will meet in Ottawa in April. Organized dentistry is almost Byzantine in its complexity but I hope to have a better grasp of the system by April.

Submissions on recognition of a new specialty, dental anaesthesia, were made to the national committee reviewing the application. The MDA expressed concerns that the specialty as defined in the application did not meet all the requirements.

Changes have been instituted with our bylaw notification. Additional background information will be included with the bylaw. As well, the notification page will offer alternative options to discuss any questions. Moreover, the MDA is looking at improving the search capabilities of the website, www.manitobadentist.ca, allowing members to find previous articles by topic.

Drs. Lasko and Schroth continue to work with the Transitional Council for Dental Hygiene to help develop regulations for the new college. This takes on added importance as the provincial government looks to this process as the template for health care regulation under the planned omnibus health care professions statute. The Association is already looking at how future legislated changes may affect its structure. The advantages, disadvantages and cost structure of different models are being assessed. Discussions with the provinces and other health care organizations are ongoing.

Dr Stephen-James represented the MDA in the successful search for a new Dean at the Faculty of Dentistry. Dr. Anthony (Tony) Iacopino will be taking on the position as of July 1, 2007. I wish him the best of luck and would like to thank Dr. Randy Mazurat for his continuing efforts as Acting Dean.

Because it was at issue at the AGM, I planned to discuss proxies, motions and amendments in this article. After reviewing my initial draft, it became clear I need to spend time making it more concise and cogent.

The next Board meeting will take place, on June 7, 2007, in conjunction with the Graduation breakfast for the Faculty of Dentistry and School of Dental Hygiene. If anyone has any questions, suggestions or comments, feel free to contact the Association office or myself. Enjoy the rest of the winter, spring will soon be here.

Marcel L. Van Woensel, B.Sc., D.M.D., L.L.B.
President
Manitoba Dental Association

WINNIPEG DENTAL SOCIETY SPRING GOLF TOURNAMENT

June 8, 2007
Quarry Oaks Country Club

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Registrar's Column

Dr. Michael Lasko

Legislation

Regulated Health Professions Legislation
The Manitoba Government has initiated discussions with 21 health professions to prepare for an all-inclusive umbrella Health Professions Act.

The MDA Board has created a Task Force on the Future of Dentistry to discuss changes that will have to occur to accomplish the goals established by the government to develop the Omnibus Act that includes common principles for all health care professions relating to registration, licensing, discipline, reserved actions for scope of practice, continuing competency and the separation of regulatory bodies from membership associations.

Dental Hygiene Transitional Council
Discussions regarding the establishment of the College of Dental Hygienists of Manitoba are occurring monthly. Regulations are being developed for registration, scope of practice, continuing competency and discipline. It is anticipated that the organizational structure and transfer of license responsibilities will occur for the license renewal occurring in January, 2008.

Dental Assisting Registration
Intra Oral Dental Assistants are now required to register and obtain an annual renewal of registration certificate in order to be delegated intra oral duties in a dental office.

Committees are now being established from the registrants to develop by-laws for continuing education, peer review and registration that will develop standards for dental assisting.

Certification and Registration of Foreign Trained Dental Specialists
At a special Forum of Canadian Dental Regulatory Authorities Federation (CDRAF) held in Toronto this February a process was developed and agreed to by all 10 dental regulatory authorities.

The process developed provides for an evaluation of credentials and competencies of foreign trained specialists, identification of gap education requirements and the provision of gap training at university-based facilities administered by the University of BC in collaboration with other universities who choose to sign an agreement to provide that education.

Once the applicants complete this process satisfactorily they will be eligible to write the RCDC National Dental Specialty Examination (NDSE) and the dental regulators agree to issue Restricted Dental Specialty Licences to those who successfully complete the NDSE.

Michael A. Lasko, D.M.D.
Registrar, Manitoba Dental Association

New Employment Standards
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paid for the general holiday based on this formula: five percent of gross salary in the previous four weeks worked. In cases where the employee does not normally work on certain days of the week and the general holiday falls on one of those days, then the employer is obligated to give the employee another day off with pay before their next annual vacation, or at a time they both agree on. Employees are not entitled to receive holiday pay if they are absent from work, without permission, on their last scheduled workday before the holiday or their first scheduled workday after the holiday, unless they are absent because of illness.

Unpaid Leave
Unpaid leave is provided by the legislation to allow employees time to deal with situations that arise without the fear of losing their job. The types and length of unpaid leave that are available to employees are noted in the chart below:

Type of Leave	Length of Leave	Description
Maternity	17 weeks	Employee expecting the birth of a child
Parental	37 weeks	Parents to care for their child
Family	3 days	Deal with family responsibilities
Compassionate Care	8 weeks	Care for a very ill family member
Bereavement	3 days	Deal with the death of a family member

The Province has a very broad definition of family as it includes children, stepchildren, parents, grandparents, spouses, common law spouses, aunts, uncles, nieces and nephews. The definition

also includes close friends or neighbors who are not related, but are considered a family member.

To qualify for family, bereavement, and compassionate care leave an employee must work for the same employer for 30 days to qualify for leave. For maternity leave and parental leave an employee must work for the same employer for seven consecutive months to qualify for leave.

Minimum Wage
Effective April 1, 2007 minimum wage increases to $8.00 per hour.

Wage for reporting to Work
This is one of the new components of The Labour Standard Code. The Wage for reporting to Work is broken down into the following scenarios:

- Employees who work three hours or more are paid their regular wage for all hours worked
- Employees scheduled to work three hours or more but work less than the three hours are paid for three hours at their regular wage
- Employees scheduled to work less than three hours and who work their scheduled hours are paid their regular wage for all hours work

Employees scheduled to work less than three hours and who work less than their scheduled hours are entitled to their regular wage for the full scheduled hours.

For a complete listing of all the Employ Standards Code please visit www.manitoba.ca/labour/standards

Rafi Mohammed, Membership Services Director
Manitoba Dental Association

Western Canada Dental Society 39th MidWinter Meeting and Bonspiel

The 39th Annual WCDS MidWinter Meeting and Bonspiel was held in Vancouver, BC from March 15-17, 2007.

A spirited group of curlers (26 teams in all) from all over North America (New Brunswick, Ontario, Manitoba, Saskatchewan, Alberta, BC, North Carolina and California) met to compete for the coveted event trophies.

The four-hour educational session on Bonding featured Dr. Terry Donovan from North Carolina. This give-and-take session was attended by everyone at the meeting and there were many comments at the end indicating that this was the best educational session ever.

Manitobans who participated were: Drs. Marc Mollot, Aaron Snidal, Rahul Sas, Matt Steeves (NB), (Runners up in the B Event); Drs. Gene Solmundson, Kardy Solmundson, Jack Braun, and Mr. Ross McIntyre; Drs. Jim Bonar, Al Skoronski, Mr. Kevin Riley (Henry Schein Ash Arcona); Drs. Tony Hayward, Carey Boroditsky, Brian Kruk; Murray Lushaw, Gavin Steidl, Tom Swanlund and Mr. Gerry Hagglund(Sinclair).

The 40th Annual Meeting will be held in Winnipeg, March 13-15, 2008. The Canadian Brier will be in Winnipeg at the same time. It will be a lot of fun.

Watch for enrolment applications and plan to participate.

IN MEMORIAM

FRANKLIN WINTHROP JONES, D.D.S.

Dr. Franklin (Frank) Jones passed away on January 18, 2007 in the Misericordia Health Centre at the age of 91. He received his early education in St. Vital and attended the University of Manitoba before enrolling in the three-year program at the University of Minnesota. He subsequently completed a final year at the University of Alberta to fulfill the Canadian four-year degree requirement, receiving his Doctor of Dental Surgery degree from the University of Alberta in 1938. He immediately returned to Winnipeg establishing a private practice in the Somerset Building. In latter years before retirement in 1981 he practiced in the Dental Arts Building.

Dr. Jones served with the Canadian Army Dental Corps from 1942 to 1945 and was active in dental association affairs serving as President of the Winnipeg Dental Society in 1952-1953 and the President of the Manitoba Dental Association in 1962-63. In the early years of the Faculty of Dentistry he was a part time clinical demonstrator in the Department of Restorative Dentistry. An ardent and enthusiastic golfer for most of his life – playing until he was 90 years of age – Frank was presented with an Honorary Life membership in Niakwa Country Club in 2005.

Memorial gifts in Dr. Jones' memory may be made to the Alzheimer's Society, Heart and Stroke Foundation and/or St. Mark's Lutheran Church Memorial Fund.

CHARLES MALKIN, BA, DDS.

Dr. Charles (Charlie) Malkin passed away peacefully on January 27, 2007 at the age of 86. Born in Winnipeg Charlie attended St. John's High School and went on to earn his Bachelor of Arts degree at the University of Manitoba before attending the University of Toronto where he received his Doctor of Dental Surgery degree in 1946.

Returning to Winnipeg, Dr. Malkin opened a private practice where he shared a building with his physician brother Dr. Sol Malkin. Charlie was a faithful attendee at MDA and Winnipeg Dental Society meetings over the years accompanied by his twin brother Dr. Alex Malkin who passed away in November 2002. Charlie retired from active practice on December 30, 1987.

Dr. Malkin was past president of both the Alpha Omega Dental fraternity and his synagogue and served on the board of the Royal Winnipeg Ballet and the Reh-Fit Centre. Donations in Dr. Malkin's memory to the Rady Centre or the Herzlia would be appreciated.

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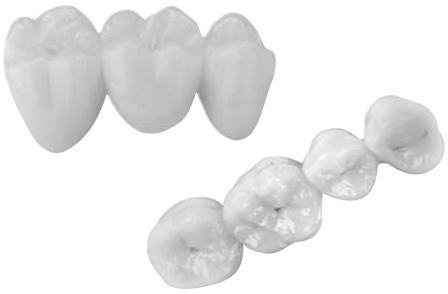

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The Dental Specialist

"The Dental Specialist" is written by Manitoba Dental Specialists. Each issue features one of the dental specialty groups (on a rotational basis). In this month's issue, the article is submitted on behalf of the Paediatric Specialists.

DENTAL TRAUMA IN A PAEDIATRIC PATIENT

Tooth injuries in children often have serious, long-term consequences leading to change in tooth colour, development of malformations and possibly tooth loss. Patients with tooth injuries are to be treated as emergencies and a careful medical and dental history as well as a thorough clinical and radiographic examination is mandatory.

Medical History

1. Cardiac disease and the possible necessity for antibiotic coverage.
2. Bleeding disorders.
3. Allergies to medications.
4. Seizure disorders.
5. Medications.
6. Status of tetanus immunization.
7. Hospitalization.

History of a Dental Injury

1. When did the injury occur? Was there a previous trauma to the same tooth?
2. Where? This is to determine the need for tetanus prophylaxis (particularly if bleeding was associated with the injury). In the event of bleeding, consult the physician regarding the anti-tetanus vaccine within the 72 h following the trauma.
3. How did the accident happen? Provide information regarding the severity of the injury. If the child was unconscious, at the time of injury, refer the patient to the paediatrician.

Note: The above mentioned may be required for insurance or legal documents. At the same time there are major differences in the treatment of primary and permanent teeth.

CLINICAL EXAMINATION

Extraoral Examination

Examine and palpate facial skeleton and record wounds and bruises. Palpate temporo-mandibular joints and check mandibular movements.

Intraoral Examination

Examine oral soft tissues and each tooth. Record presence of wounds on soft tissue and occurrence of tooth fracture, pulp exposure and/or evidence of tooth dislocation. Record tooth's mobility and the reaction to palpation and percussion of the injured tooth. Pulpal vitality is not readily determined due to the questionable reliability of pulp vitality tests in young children.

Radiographic Examination

Radiographs, such as periapical, occlusal or lateral anterior view are an important part of the diagnosis and the treatment of dental injuries. Radiographs facilitate detection of root and bone fractures, presence of periapical radiolucencies, root resorptions, degree of displacement, position of the unerupted teeth, etc.

PATHOGENESIS OF TRAUMATIZED TEETH

Pulp tissue enters the root apex as a thin neurovascular tissue and has a distinct histomorphology with no collateral circulation. Due to such pulp morphology, even a slight trauma to the tooth could cause permanent damage to the pulp tissue leading to devitalization of the tooth. For this reason it is important to understand potential sequelae that could occur following dental trauma.

1. Pulpal hyperaemia - seen upon transillumination of the tooth.
2. Pulpal haemorrhage - causes change in tooth colour and is not itself indicative of the need for pulp treatment.
3. Pulp canal obliteration - only within permanent dentition; monitor and initiate endodontic treatment if periapical changes are noted.
4. Pulpal necrosis - pulp treatment necessary.
5. Inflammatory resorption - occurs externally or internally and requires pulp treatment with temporary placement of calcium hydroxide in the canal of the permanent tooth and/or the use of a resorbable ZOE paste in primary teeth. This form of complication is usually regarded as a negative prognosis.
6. Replacement resorption (ankylosis) - alveolar bone replaces resorbed cementum of the root followed by tooth loss as the most common outcome.
7. Injuries to developing permanent teeth - if occurs during the formation of the crown of the tooth could cause permanent damage to the successor tooth.

CLASSIFICATION OF DENTAL INJURIES

Tooth Fractures - ***Displacement Injuries***

1. Classification of tooth fractures (Fig. 1): Enamel infractions, fractures of enamel, fractures of enamel and dentin with closed pulp, enamel and dentin fractures with open pulp and root fractures (cervical, mid or apical)

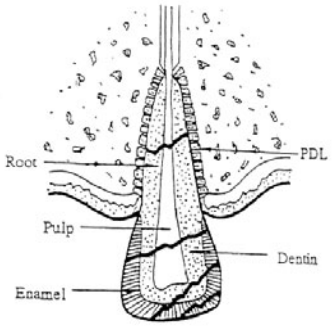

Figure 1 - Tooth fractures

2. Classification of displacement (luxation) injuries (Fig. 2): Concussion (tooth not mobile and not displaced), subluxation (tooth loose but not displaced), intrusion (tooth driven into its socket), extrusion (central dislocation of the tooth from its socket), lateral luxation (tooth is displaced in a lateral direction), avulsion (tooth completely displaced from the alveolus)

Continued on page 10

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A: Your dental practice could be vulnerable during an influenza pandemic. If authorities order you to close your practice to keep disease from spreading, you could lose thousands of dollars in income each day the doors remain shut. Office insurance that provides pandemic outbreak* coverage could help to replace your lost income during this type of event.

It's important coverage for dentists to consider, as public health officials contend that it's not a matter of if, but when the next flu pandemic will strike. Purchase sufficient coverage to reimburse your lost income. (New for 2007, the Canadian Dentists' Insurance Program's TripleGuard™ Insurance plan includes pandemic outbreak coverage.)

As well, even with proper infection control measures, there is still a risk that you could become infected with Hepatitis B or C or HIV in the dental office. Therefore, you may want to obtain long term disability insurance that covers loss of income if the government or a licensing body forces you to limit your practice due to Hepatitis B or C or HIV infection.

For many professionals, "own occupation" coverage is a vital disability insurance feature. As a dentist, it will help you maintain the standard of living you're accustomed to from your dentistry income. If you become disabled and have this insurance option, you can receive disability benefits even if you start working in a new occupation.

Another important disability insurance consideration for dentists is a retirement protection option. If you are totally disabled, this option will establish a retirement savings account on your behalf. You'll need a retirement plan to fall back on after age 65, since disability benefits normally end at that age.

If you work in a dental partnership or cost-sharing arrangement, consider a life insurance plan that offers joint coverage (insurance for two people under one coverage certificate). It can be more economical than buying two separate policies in the same benefit amount to cover your buy-sell agreement. When one partner dies, the other (as the beneficiary) will receive the insurance benefit to buy out the other's share of the business and the deceased partner's heirs will receive the funds from the sale of the partnership interest.

These are just some of the insurance features that may be relevant to your needs as a dentist. An insurance advisor who is knowledgeable about the insurance coverage requirements of dental professionals will be able to discuss your specific situation in detail with you. Read the fine print before you sign any insurance contract to know what's covered, what isn't, and how to avoid situations that could render your contract null and void. If something isn't clear, be sure to ask your insurance agent or broker to explain it to you.

Susan Roberts is a licensed life and health insurance agent and a licensed general insurance broker, is the service supervisor of the Insurance Services Department at Professional Guide Line Inc. - A CDSPI Affiliate.

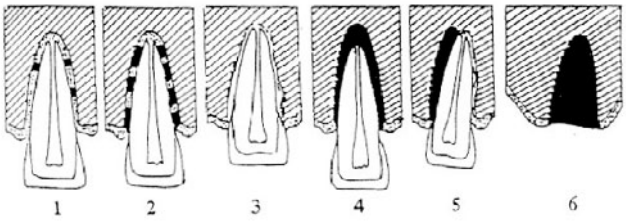
Susan Roberts, FLMI, ACS

To learn more about the TripleGuard™ Insurance plan's pandemic outbreak coverage or any other plans that are available through the Canadian Dentists' Insurance Program, contact a personal insurance advisor at Professional Guide Line Inc. — A CDSPI Affiliate by calling 1-877-293-9455, extension 5002.

("Pandemic Outbreak" means an outbreak of disease due to a virus resulting in serious illness that becomes prevalent over the human population within Canada and the United States. TripleGuard™ Insurance is underwritten by Aviva Insurance Company of Canada).

Dental Trauma in a Paediatric Patient continued from page 7

Figure 2 - Displacement (luxation) injuries



TREATMENT OF TOOTH INJURIES

Due to the different characteristics of primary and permanent teeth it is necessary to discuss treatment procedures separately for both dentitions. It is also important to know that a follow-up of a tooth treated for dental trauma is essential.

Treatment of Tooth Fractures in Primary Teeth

1. Enamel infractions (fracture lines visible by transillumination) - no treatment required.
2. Enamel fractures - discing of sharp edges, as required.
3. Fractures of enamel and dentin with closed pulp - light cure calcium hydroxide lining and restore the tooth with a glass-ionomer 'bandage' or a composite resin, or just disc sharp edges.
4. Enamel and dentin fractures with open pulp - pulpectomy and composite restoration with a celluloid crown (Fig. 3) OR extraction of the tooth
5. Root fracture - tooth extraction.

Treatment of Tooth Fractures in Permanent Dentition

1. Enamel infractions - application of topical fluorides. Prognosis is good with no developing sequelae.
2. Enamel fracture - discing or a composite resin restoration.
3. Fractures of enamel and dentin with closed pulp - light cure calcium hydroxide dressing and a composite resin restoration:

Note: With a clean fracture and when the fragment is available, consideration should be given to re-attaching the fragment with bonding techniques.

a) Preparation and pulp protection - Chamfer reduction extended 1.5-2.0 mm beyond the fractured enamel
b) Acid etching (20 sec), thorough washing (20-30 sec) and moist drying
c) Place primer and adhesive
d) Placement of a composite resin and its polymerization -Prepare a celluloid crown and fill the crown directly from the container tube. Compress the crown onto the prepared tooth and remove the excess material. Light cure and remove the crown. Remove flash over margins and finish proximal areas with fine strips. Check the occlusion

4. Enamel and dentin fractures with open pulp - treatment depend on: Size of pulp exposure, stage of root formation and pulp vitality. Objectives include retainment of the fractured tooth and to ensure apical closure of the root. Procedures to achieve these objectives are:
   a. Direct pulp capping - indicated when there is a recent pinpoint exposure with a reduced pulpal bleeding and no radiographic signs of root fracture.
   b. Pulpotomy - performed when there is a large pulp exposure, vital pulp and the root has an open apex.
   c. Apexification - indicated if there is a large exposure of pulp, the pulp is necrotic and the root has an open apex.
5. Treatment objectives for root fractures of permanent teeth are osseointegration of fractured surfaces and to maintain vital pulp:
   a. Repositioning - manually
   b. Splinting - for 2-3 months

Note: Root fractures are not always noticed on the X-rays taken on the day of accident. It sometimes takes 7-10 days for the fractured line to become visible following the late interposition of granulation tissue.

Treatment of Displacement Injuries in Primary Teeth

1. Concussion - follow-up examination.
2. Subluxation - instructions and follow-up examinations (primary teeth are not splinted).
3. Intrusion - allow to re-erupt - follow-up examination.
4. Extrusion - extract.
5. Lateral luxation - if very mobile extract.
6. Avulsion - do not replant.

Treatment of Displacement Injuries in Permanent Dentition

1. Concussion - follow-up examination.
2. Subluxation - monitor closely and in a case of an increased mobility splint the tooth for 2-3 weeks. Splinting is performed using orthodontic wire or a fibre glass material with a composite resin bonding technique. Splinting of the injured tooth should be: Flexible and passive, atraumatic, to permit endodontic access, easy to apply and remove as well as to include two teeth on each side of the injured tooth
3. Intrusion - spontaneous re-eruption. In case of persisting and or extensive intrusions orthodontic extrusion is indicated. In either case endodontic treatment should be performed within a week.
4. Extrusion - repositioning of the tooth and splinting for 2-3 weeks. Endodontic treatment should be performed within a week following the injury.
5. Luxation - repositioning and splinting of the tooth for 3-6 weeks. Endodontic treatment should be performed within a week following the injury.
6. Avulsion - important considerations: Time interval between injury and treatment (extra-alveolar time) and the conditions under which avulsed tooth has been stored.

Note: If the extra-alveolar time was $\leq$ 15 min and the avulsed tooth stored under wet conditions (hopefully milk) tooth should be replanted immediately. Avulsed tooth with an open apex,

stored under similar conditions and out of the socket for up to an hour should be replanted immediately. However, if the tooth with closed apex was out of the socket for over 15 min and less than an hour, the tooth should be replanted only after informing the parents of relatively low chances for success. After replantation teeth should be splinted for 2-3 weeks and the endodontic treatment performed within a week following the injury.

P. Charles Lekic, D.D.M., M.Sc., Ph.D., F.R.C.D.(C)
Faculty of Dentistry, University of Manitoba

CDA Working on Your Behalf

The Board of the Canadian Dental Association met in Ottawa on February 16 & 17, 2007. At this meeting, in addition to regular business, the Board of Directors (BOD) considered reports from the task forces and working group which were formed as a result of issues identified by the Corporate Members and the CDA as areas of concern in the Spring of 2006.

Dr. Jack Cottrell, chair of the Governance Review Working Group, made a presentation to the BOD. Dr. Cottrell reported on the results of consultations with Corporate Members and other stakeholders that identified 10 issues of importance regarding governance. The Working Group drafted a straw governance framework model that addressed the concerns raised during the consultation process. Dr. Cottrell also reported that the Working Group addressed the issue of the "Hybrid" model of corporate and individual membership in the CDA and concluded that the hybrid model is the most appropriate and maintains the best interests of the profession.

The BOD received an update from CSI and the ITRANS/E-Business working group. ITRANS enrolments continue to grow as do claims transmissions and payment services. Nine of the top ten software vendors are now supporting ITRANS. The Working Group will complete its report by the 3rd week in March and forward it to the BOD and the AGM.

In December the Corporate Member – CDA Relationship Task Force issued its report, based on feedback from the corporate members and CDA representatives. Their report recommended revisiting four key points from the 2000 report of the Tripartite Task Force dealing with: transparency and accountability; issues identification and policy input; governance structure; and cooperative membership promotion with the corporate members. The report also recommended re-visiting the Strategic plan, supporting the Governance Review Task Force and developing a set of operating principles.

The Dental Hygiene Task Force meetings have resulted in a communications plan that will be moved forward to the meeting of the Presidents and CEOs for consideration. The plan includes a request for funding to complete the plan and for money to maintain the Task Force.

The CDA will be cooperating with the Alberta Dental Association and College to hold the 2007 joint ADAC-CDA convention in Jasper. There is a concern that there may be a shortage of room available at the Jasper Lodge for the convention. There have been positive discussions with the ODA resulting in an agreement to hold a joint ODA-CDA convention in Toronto in 2008.

The year since the April 2006 AGM has been especially busy for the CDA and its BOD. The number of Working Groups and Task Forces mandated this year has been a challenge for all concerned but due to the hard work of the CDA staff and the cooperation of all the Corporate Members, the required work has been handled very successfully. The results of this cooperative effort will lead to a stronger CDA which will be able to continue its work on behalf of the Corporate Members and the individual member dentists of the CDA.

Peter J. Doig, D.M.D.
CDA Board Representative

Manitoba Dental Association Board Meeting

Synopsis of the February 1, 2007 Board Meeting

Dental Hygiene

The Dental Hygiene Transitional Council is in the process of developing their regulations which will allow them to register and license dental hygienists starting on January 1, 2008. They are also in the process of determining the administration requirements for the College Dental of Hygienists of Manitoba.

Dental Assistants

The transition to a regulated profession is proceeding at a steady pace. More and more dental assistants are supporting the need for regulation as they believe it is a positive step for their profession. With the passing of By-law B-07 the challenge will be for the Manitoba Dental Assistants Association to develop an organization structure to support and provide professional services for the approximately 800 registered dental assistants in Manitoba.

The Preventive Dentistry Scaling Module continues to gain momentum and support from dentists. CDI College is presently delivering two modules concurrently with a completion date of June, 2007. Red River College will be delivering the module starting in the Spring of 2007. Furthermore, the MDA Board has been approached by The University College of the North to incorporate the Preventive Dentistry Scaling Module as an elective course at the end their formal Dental Assistant Program.

Another issue stemming from the development of the scaling module is the miss information being disseminated within the dental community about the parameters and clinical competencies of dental assistants who have taken the module. The Board determined that a memo be sent to all dentists and dental hygienists clearly outlining the parameters and clinical competencies of those dental assistants who have successfully completed the scaling module.

Umbrella Legislation and Future Task Force

The Province of Manitoba through legislation will bring the

Continued on page 17

Western Canada's Premier Mountain Retreat

Shimmering glaciers, abundant wildlife, crystal clear lakes, thundering waterfalls, deep canyons and evergreen forest surrounded by rugged mountain peaks are what your eyes have been waiting to see! In May, take the opportunity to capture some of the best scenery in Canada while you join dental professionals from across Canada at the 2007 Jasper Dental Congress in beautiful Jasper Alberta. You will experience four days of professional development sessions and social events, brought to you by the Canadian Dental Association, Alberta Dental Association and College with the College of Alberta Dental Assistants and the Alberta Society of Dental Specialists.

The Congress features a world-class program of speakers targeted at the entire dental community: dentists, dental hygienists, dental assistants and dental specialists.

There is also a roster of social and recreational activities that allows you to experience everything that Jasper National Park and our host hotel, the Fairmont Jasper Park Lodge, have to offer.

Read on to discover everything the Congress has to offer. For more information, contact the Alberta Dental Association and College by calling (780) 432-1012 or by visiting www.abda.ab.ca

Speakers

Dr. Linda Niessen
- Women's Oral Health – Women, Witches and Wisdom
- Aging and Oral Health Issues
- Medical Diseases/Medications and Oral Health

Dr. Steven Aung
- Traditional Chinese Medical Approach to Dentistry ***The 2007 Murray MacDonald Lecture***
- Clinical Use of Acupuncture in The Dental Practice

Dr. George Sándor
- The Ever Changing Face of Dental Infections
- Developments in Dental Implant Surgery of Interest to the General Practitioner

Dr. Daniel Fortin
LIMITED SESSION
- Direct Anterior Aesthetic Restoration

Dr. Gerald Pearson
- Periodontal Surgery for the General Practitioner
- Current Concepts in Periodontal Therapy

Ms. Rita Bauer
- Clinical Photography: Camera Selection and Techniques
- Clinical and Portrait Photography

Dr. Nels Ewoldsen
- Functional Impressions to Finished Dentures
- Practical Denture Design, Materials and Tooth Preservation

Dr. Jeffrey Ceyhan
Dr. Lorne Kamelchuk
Dr. Bruce Yaholnitsky
- Restorative Treatment Planning of Esthetic Dilemmas Using an Interdisciplinary Approach

Ms. Dora Newcombe
- From Conflict to Cooperation - At Work and At Home

Ms. Susan Isaac
- Pearls of Compliance: New Strategies to Change Oral Health Behaviours for Good
- Women's Wellness: An Oral and Overall Health Perspective on Young Women's Health Concerns

Ms. Jessica Leech, Mr. Josh McLeod
- Breaking Barriers: HIV / AIDS, Sexual Orientation and Oral Health Care

Ms. Raynie Wood
- Preventive Dentistry Training Program

2007 CDA/Dentsply Student Clinician Program

Social Activities

Delegates will enjoy:

- **Technology Fair** with over 90 exhibitors
- **Aurum Ceramic Golf Tournament**
- **ADA&C Welcome Event**
- **An Evening in Black and White**
- **Exhibitors' Wine & Cheese Reception**
- **Saturday Finale: A Night at the Movies!**

Additional Activities

For delegates, spouses, partners and family:

- **Golf Clinic**
- **Stamp It Up!**
- **White Water Rafting Trip**
- **Maligne Lake Boat Tour**
- **Salsa Dancing!**
- **Trail Rides**
- **Youth Day Camp**
- **Fun Run/Walk**
- **War Canoe Races**

Thank you to our generous sponsors

Watch the Alberta Dental Association and College's website for full registration brochure in February 2007. www.abda.ab.ca

Brandon Dentists Host Successful Convention

The 123rd MDA Annual Meeting and Convention hosted by Brandon Dentists proved to be huge success. From the MDA Board Dinner, Educational Program, Exhibitor program and social program were all first rate.

The MDA Business Meeting was well attended by dentists. MDA out-going President, Dr. Lori Stephen-James thanked the members for their continued contribution to organized dentistry. She indicated that her year as President was a very fulfilling one which saw her gain a tremendous amount of respect for the hard work and time past presidents have had to put into their term of office. She was also greatly appreciative of the MDA Board Members who continually supported her in her role as President.

At the Business Meeting the following individuals were recognized for their contribution to dentistry by receiving a Certificate of Merit for their significant and valued services to the profession and the public as a committee volunteer:

- Maryanne Clark, Contributions to the Dental Assistant Profession
- Dr. Trudy Corbett, Excellence In Service-Women's Business Owners Award
- Dr. Doug Drkulec, Service on The MDA Economics Committee
- Dr. Lee McFadden, MDA Past President, President CAOMS, Peer Review Chair

MDA Life Members were also recognized at the Business Meeting (35 years of licensure and 65 years of age and over). They were: Dr. Winston Backman, Dr. Frank Kaminsky, Dr. Mark Buettner, Dr. Gary Nowazek, Dr. Glen Bendinger, Dr. Norm Portnoy, Dr. Bill Christie, Dr. Barry Rayter, Dr. John Curran, Dr. Peter Wilson and Dr. Catherine Gratzer.

The clinical program was hugely successful as over 500 dentists and oral health team members attended the lectures.

The Friday lectures consisted of a presentation by Dr. Marcel Korn on orthodontics in general practice offices and Beverly Beuermann-King on dealing with negative attitudes.

On Saturday the CDI team of Drs. Jay Biber, Anastasia Cholakis, and John Perry delivered lectures on dealing with children, perio-challenged patients, and oral cancer.

What's the MDA Convention without a great social program? The Friday night social proved to be another great hit. The cow milking competition generated fierce competition between dental offices. The Wonderland Band played one-hit wonders from the 70's, 80's, and 90's. And to end the evening off, the famous $1000.00 Travel Voucher sponsored by Sinclair Dental and Oral-B was awarded to a "Brandonite".

Over a hundred attended the President's Dinner on Saturday. Many of you must have heard or read that laughter is one of the greatest medicines for stress. Well everyone who attended the President's Dinner certainly got a dose of that as award winning comedian, Glen Foster, entertained the crowd for 45 minutes worth of comical cure.

Prior to the evening's entertainment, incoming MDA President, Dr. Marcel Van Woensel, thanked Dr. Lori Stephens-James for her dedication and hard work on behalf of the dental profession this past year.

Dr. Lori Stephens presented Dr. Jim Bonar with the President's Award of Merit in recognition of his personal and significant contribution to the welfare of his fellow dentists. Dr. Bonar served as President of the MDA in 2002-2003. Currently he is a member of the following: CDA Audit Committee, Board of CDSPI and the MDA Economics Committee

At this time I would like to thank the Brandon organizing committee for all their hard work and dedication in making this Annual Meeting and Convention a truly great experience. They were: Drs. Jim Bonar, Alex Pappas, Guy Smith, Craig Fedorowich, Brian Kruk, and Tony Hayward.

Convention Team Members: (Top Row L-R) Tony Hayward, Jim Bonar, Rafi Mohammed; (Middle Row L-R) Edna Johnson, Diane Troubridge, Ross McIntyre, Brian Kruk, Craig Fedorowich; (Front Row L-R) Lori Stephen-James, Robert Troubridge, Guy Smith, Alex Pappas

In closing, remember to mark you calendar for the 124th MDA Annual Meeting and Convention, January 24-26, 2008 at The Winnipeg Convention Center.

Rafi Mohammed
Membership Services Director
Manitoba Dental Association

123rd MDA Annual Meeting & Convention

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FACULTY CORNER

University of Manitoba Appoints New Dean to the Faculty of Dentistry

The University of Manitoba is pleased to welcome Dr. A. (Tony) Iacopino to the position of Dean, Faculty of Dentistry, effective July 1, 2007. During his five-year term as Dean, Dr. Iacopino will also hold a tenured professional appointment in the Department of Restorative Dentistry.

Dr. Iacopino comes to the University of Manitoba from Marquette University School of Dentistry in Milwaukee, Wisconsin, where he currently serves as Associate Dean for Research and Graduate Studies and is also Professor, General Dental Sciences.

Dr. Iacopino is an internationally known and respected scholar in the areas of periodontal-systemic connection, graduate dental education, dental curriculum reform, and the integration of research and scholarship into the dental curriculum. He has co-chaired a Gordon Conference on periodontal diseases, been an invited speaker at international consensus conferences for the National Institutes of Health, and served on several distinguished federal study sections and committees. He has also organized many national symposia on dental research and education issues for the American and International Associations for Dental Research and the American Dental Education Association.

Dr. Iacopino obtained a BA (Biological Sciences) from Rutgers College, a DMD (1986), and a Ph.D (1990 in Biochemistry/Molecular Biology), from the University of Medicine and Dentistry of New Jersey. In addition, Dr. Iacopino has obtained certification in Prosthodontics (1990), TMJ/Craniomandibular Disorders (1990) and Geriatrics and Gerontology (1991).

In 1988, Dr. Iacopino began his academic career as a Research Associate. In 1991 he was appointed as an Assistant Professor at the Baylor College of Dentistry and also held an appointment as Assistant Professor (Adjunct) at the University of Texas Southwestern Medical Centre from 1991 to 1999. Dr. Iacopino was promoted to Associate Professor with tenure at Baylor in 1997.

In 1999, he was offered an accepted a position as Associate Dean Research/Graduate Studies and Associate Professor in the Division of Prosthodontics at the Marquette University School of Dentistry, Wisconsin. He was later promoted to Professor with tenure in 2002. He also accepted the appointment as Director, Wisconsin Geriatric Education Centre, a federally sponsored consortium providing interdisciplinary geriatrics/ gerontology education to health professionals, paraprofessionals and the public.

The quality of Dr. Iacopino's work in the areas of education, training and basic research is validated by several million dollars in grant funding, over 70 publications and over 150 presentations.

Shaw Laboratories Donates Portable Equipment to the Centre for Community Oral Health
Donation a gesture of support for the Faculty of Dentistry's outreach programs

Shaw Laboratories recently donated more than $40,000 worth of portable and permanent dental equipment to the Centre for Community Oral Health (CCOH) to use in its various outreach programs.

After learning that the CCOH was operating its Home Dental Care Program with dated equipment and without any backup equipment, Shaw Laboratories – a dental laboratory that fabricates the crowns, bridges, and dentures provided by dentists – arranged for the donation of six A-Dec dental units, two portable chairs, and one permanent dental unit and chair. The portable equipment was purchased through an opportunity provided by the Rotary Club in the U.S.

"You have people in need, and we felt we needed to step up to the plate," said Lorraine Bauer, president and CEO of Shaw Laboratories.

The new portable equipment will be used for the Home Dental Care Program, which caters to elderly and special-needs populations in Winnipeg by bringing dental care directly to those incapable of visiting a dentist's office.

The Home Dental Care program provides year-round dental care services to seniors in 48 personal care homes, two hospitals and many private homes fives day a week, with over 3,300 patient visits made each year.

Until now, the CCOH operated its different programs with six dental units in various states of repair. The addition of the six new units will significantly augment the services the Centre provides.

Meanwhile, the new permanent dental unit will be used for the School Dental Program in Norway House Cree Nation, where an oral health team, consisting of a dentist and two dental assistants, provide dental care for children in the community. Over 1,700 children are enrolled in the Norway House School.

"This is a very generous donation. It helps to ensure the continuation of programs for disadvantaged seniors and northern residents," said Dr. Doug Brothwell, Director of the CCOH.

"Everyone should have an opportunity to go to the dentist," said Todd Bauer, Vice-President of Shaw Laboratories. He said the donation not only addresses health issues among the needy, but it fosters good business relations between Shaw Laboratories and the University of Manitoba.

Dr. Brothwell noted that the oral health professionals at CCOH will have no trouble adapting to the new dental units because the parts are consistent with older models used by the CCOH. The portable units are simple to set up, light weight, and easy to carry. Because they do not require plumbed water or suction lines, and can be run by a small generator, they are ideal for use in remote locations where electricity may be unavailable.

Dr. Brothwell plans to use the units for upcoming overseas missions trips, including a mission to Ghana, Africa scheduled for Feb. 23, 2007. The CCOH will deploy a dental team to deliver much-need oral health care to some of Ghana's poorest people.

Parameters for the Preventive Dentistry Scaling Module

As a regulatory body, the MDA is responsible for ensuring public safety through registration, licensure, standards of practice, discipline, and a code of ethics.

The vision to include limited scaling under the supervision of a dentist in the Scope of Practice of Dental Assistants was born in 2003, out of recognition of the increasing consumer needs for preventive oral health services unable to be met by dentists and dental hygienists. Studies by the Dental Human Resources Task Force (2002) and subsequent studies and surveys by the Oral Health Team Working Group on Dental Shortages (2004) and Winnipeg Dental Society (2003) confirmed the existence of a shortage of human resources to deal effectively with the public's demand for preventive oral health services.

The Faculty of Dentistry looked at two possible scenarios to address this dental human resource shortage issue, they were 1) expand the dental hygiene program at the School of Dental Hygiene to 40 students from the present 24; and 2) in conjunction with University College of the North, start another dental hygiene program in Manitoba. However, both of these initiatives were not realized due to funding and spatial constraints.

As a result, the MDA Board looked at the initiative of another province (Alberta), the development of a scaling module for dental assistants, as a possible solution to address the shortage of dental hygienists in Manitoba. The MDA Board there upon, directed the Oral Health Team Committee to look at whether the MDA Board should pursue the development of a scaling module for Level II dental assistants (now referred to as registered dental assistants). The Oral Health Team Committee as part of its fact finding mission surveyed Manitoba dentists (Sept 2003) to obtain feedback on whether they would support the development of a scaling module and how dental assistants with the module would be utilized in private practice offices. The results indicated that 83.3% of Manitoba dentists supported the development of a scaling module. Based on this result, and other relevant feedback from Manitoba dentists the Oral Health Team Committee recommended to the MDA Board that a scaling module be developed for Level II Dental Assistants. The MDA Board accepted its recommendation and subsequently developed the Preventive Dentistry Scaling Module (PDSM) Task Force (January 2004) whose mandate was the development of a scaling module for Level II Dental Assistants in Manitoba.

The Preventive Dentistry Scaling Module Task Force whose members represented the Faculty of Dentistry, Manitoba Association of Periodontists, University College of the North, School of Dental Hygiene, General Practice Dentist, and the Manitoba Dental Assistants Association submitted the principles of a scaling module to the MDA Board for approval.

The Manitoba Dental Hygiene Association initially participated at the onset and then withdrew from the Task Force. The MDA Board approved the Preventive Dentistry Scaling Module with the basic principle of preparing Register Dental Assistants (formerly referred to as Level II Dental Assistants) to safely and competently perform the clinical skills of scaling and probing on children and adults who have:

1. Healthy gingival and periodontal tissue;
2. Plaque associated gingivitis;
3. Pockets that are 2mm or less;
4. No overt clinical or radiographic signs of alveolar bone loss;

In addition, the following clinical competencies were to be achieved by every Registered Dental Assistant who successfully completed the module:

1. Use neutral positioning for the removal of supragingival calculus and stains in all areas of the mouth;
2. Use appropriate grasp for all instrumentation;
3. Use appropriate mirror and finger rests for all areas of the mouth;
4. Use indirect vision with a mouth mirror;
5. Adapt, angulate and activate instruments appropriately utilizing correct strokes to enable successful deposit removal to 2mm subgingival;
6. Use the explorer, periodontal probe, air, light and transillumination to locate and detect calculus deposits to 2mm subgingival;
7. Use anterior and posterior sickle scalers and universal curettes to remove coronal calculus, stains and plaque to 2mm subgingival;
8. Sharpen scalers and universal curettes accurately;
9. Identify and solve instrumentation problems.

The PDSM principles established parameters which limit Registered Dental Assistants to those situations where they have the required competencies to safely perform limited scaling. The diagnosis and treatment planning will be strictly the responsibility of the employing dentist. They will provide direction to the dental assistant to provide treatment for suitable patients. Dentists are required to supervise Registered Dental Assistants during the performance of all scaling procedures.

The following is a scenario of a dental patient, a 14-year-old boy, who is scheduled for a routine oral hygiene visit. At the direction of the Dentist, the Registered Dental Assistant would review the medical and dental history, perform probing

Continued on page 17

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Parameters for the Preventive Dentistry Scaling Module
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detect any levels of bone loss and review of the probing information. Based on the Dentist's examination findings, it would then be determined whether the patient presented with a higher level of disease or a minimal level of disease. If the patient had any pockets greater than 2mm in depth, then the patient would be considered outside the parameters for the Registered Dental Assistant to provide treatment.

Registered Dental Assistants will be required to display the Preventive Dentistry Scaling Module certificate at their place of employment in order to demonstrate to the public that they have completed the module and have the required competencies to perform the limited scaling procedures.

As with all changes to Scope of Practice, the MDA has considered the impact on other dental allied workers. Limited scaling does not represent a role change for Registered Dental Assistants but only an expansion of their scope of practice. The intention of this added skill is to allow Registered Dental Assistants to perform supra and sub gingival scaling on dental patients with minimal disease activity, allowing the dentist and dental hygienist to concentrate on patients who have chronic periodontitis, associated alveolar bone loss and pockets greater than 2mm. The PDSM is teaching a specific skill set with clearly defined parameters. Registered Dental Assistants will be building on their existing knowledge and clinical skills to expand on the dental treatment they can provide patients. Registered Dental Assistants are highly trained, competent providers of intra-oral services; but they are not primary oral health care providers and will continue to work under the direct supervision of a Dentist.

The MDA believes that the Preventive Dentistry Scaling Module will improve access to preventive oral health care services for Manitobans. The intention of the module is to expand the duties of Registered Dental Assistants who will then provide a safe and effective service to members of the public who do not need the specialized skills of Dental Hygienists and Dentists. It is anticipated that Registered Dental Assistants completing this program will be particularly valuable to patients in rural areas, where Dental Hygienists are not as readily available, and the maintenance of oral health falls largely to Dentists. Throughout the province, the expanded involvement of Registered Dental Assistants in limited scaling will free-up valuable clinical time for Dentists and Dental Hygienists to concentrate on patients who have more serious periodontal concerns.

With respect to public protection, the MDA Board believes that with the limited scaling combined with clearly establish parameters Registered Dental Assistants who receive the appropriate training for scaling would be considered a low risk for causing harm to members of the public. The MDA does not believe that there is any evidence of demonstrable risk or indictors of harm. The MDA is of the opinion that the performance of this level of scaling by a Registered Dental Assistant under the direct supervision of a Dentist would not have a negative consequence to the dental patient physical or psychological health. The relationship between the dental patient and the Dentist is one of trust, transparency, and responsibility. Dentists are expected to uphold these fiduciary responsibilities and protect the best wishes of their patients at all times.

Rafi Mohammed
Membership Services Director
Manitoba Dental Association

Manitoba Dental Association Board Meeting
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administration of the twenty-one regulated health professions under one Act. Professions regulated under this model would still have self-regulating colleges and broad by-law making powers similar to existing regulation making authority. The government has established critical timelines for meeting key milestones with the Fall 2008 being set as the date for the legislation to come into effect.

The Future Taskforce for Dentistry is reviewing all aspects of the proposed legislation in order to determine its impact on dentistry. The government has made it quite clear that there is to be no linkage between regulatory issues and profession services/activities.

Registrar's Transition
Dr. Mike Lasko, Registrar, provided notice to the MDA Board of his intent to retire at the end of 2008. The Board subsequently approved the development and terms of reference for a Registrar's Search Committee. The Committee's first task is to determine whether searching outside the profession of dentistry for a Registrar is warranted.

Board Telephone Survey
The topic for the 2006 MDA Board telephone survey was "Relationship of the Profession and the Faculty of Dentistry". Forty-seven dentists were interviewed on this specific topic. The results were split between those who said the relationship was "poor" and those who said it was "good". The Board asked the Communications Chair, Dr. Joel Antel, to develop a strategy for the involvement of the alumni with the Faculty of Dentistry for presentation to the membership.

Dental Anaesthesia
The MDA Board reviewed the application for recognition of dental anaesthesia as a specialty in dentistry submitted by the Canadian Academy of Dental Anaesthesia to the Council of Education – Canadian Dental Association. The Board had general concerns about how dental anaesthesia fit with the broad definition of dentistry dealing with the oral facial complex.

It appeared that dental anaesthesia would not be limiting their activity to their specialty but would be providing dental treatment as well to those who were anaesthetized. Currently being an anesthetist, operator was not accepted in Manitoba. The MDA President will forward a letter to the Council on Education indicating that the MDA Board does not support the Canadian Academy of Dental Anaesthesia application.

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Manitoba Dental Association Board Meeting
continued from page 17

Faculty Update
Acting Dean, Dr. Randy Mazurat, confirmed the appointment Dr. Anthony Iacopino as the new Dean of the Faculty of Dentistry. Other topics addressed by Dr. Mazurat included accreditation would happen in 2008, an evaluation system had been implemented, the Faculty was involved in outcomes assessment, there is hope that there will not be a budget cut this year, reality is that there will be a number of full-time staff retiring in 2007, the introduction of the digital curriculum in first year was working well and the recommended increase in the size of the dental hygiene class from 25 to 40.

Communications Committee
It was agreed that dental specialists will have more of a presence in the MDA Communications & Marketing Strategy. The initiatives were too adjust some of the commercials tag line to say "talk to your dentist or dental specialist" and develop a 30-second commercial specifically about dental specialists.

The College of Dental Surgeons of Saskatchewan as part of their expanding marketing and communication campaign approach the MDA about purchasing their existing commercials. The MDA Board agreed to develop a 5 year agreement with Saskatchewan for the use of our existing commercials for a fee of $15,000 payable over a 3 year period.

National Dental Examining Board
The MDA Board recognized the fact that Dr. Melanie Wood was installed as NDEB President for a two-year term.

Funding Support
The MDA Board approved the following financial support for 2007

- Dean's Unencumbered Fund $1,000

Scholarships

- School of Dental Hygiene $750
- Dental Hygiene 1st & 2nd yr $450
- Pathology & Bacteriology $300
- Dentistry Canada Fund $1,000

If any member has questions relating to this Board meeting or any other items please free feel to contact your District Board Representative(s) or the MDA office.

Rafi Mohammed,
Membership Services Director
Manitoba Dental Association

Professional Classified

The Manitoba Dental Association offers a referral service for: **(I) Dentists with Opportunities**: (practices for sale, space to share and associateship/locums) and **(II) Dentists Seeking Opportunities**: (full or part-time associateships, short-term locums and practice purchases/buy-ins). To list with this service please contact Diane Troubridge at the Manitoba Dental Association Office, Phone: (204) 988 5300.

Practice Opportunities

Winnipeg, MB

We are looking for an Associate dentist to add to our busy office. If you thrive on keeping a fast pace, enjoy using all the latest technology and are looking for a potential buy into a practice in the future, then this is the place for you. We would prefer a dentist with a minimum of 1-2 year's experience.

Please contact: Box 3A-2007
Manitoba Dental Association
103-698 Corydon Avenue
Winnipeg, MB R3M 0X9

Winnipeg, MB

Full-Time Associate position available in a well established family practice located in North Kildonan. A buy-in option is available for the right candidate.

Please contact: Box 3B-2007
Manitoba Dental Association
103-698 Corydon Avenue
Winnipeg, MB R3M 0X9

Winnipeg, MB

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Please contact: Dr. D. K. Mittal
(204) 297-5344 (cell)
(204) 633-8280 (Res.)

Winnipeg, MB

Seeking an Associate dentist for an established East Kildonan Dental Centre.

Please contact: Dr. S. or A. Kapitz
Munroe Dental Centre
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Winnipeg, MB R2K 2Z4
Phone: (204) 667-2038 or
Fax: (204) 669-4129

Winnipeg, MB

Associate required.

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Phone: (204) 452-7000
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Please contact: sadick@shaw.ca

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Experienced dentist seeking either a locum (i.e. sick leave, vacation, etc.) or a regular 1 or 2 days per week basis.

Please contact: Dr. Julius Wise
(204) 489-2263

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 (sick leave, vacations, etc.)

Please contact: Dr. Neil Winestock
(204) 269-4314

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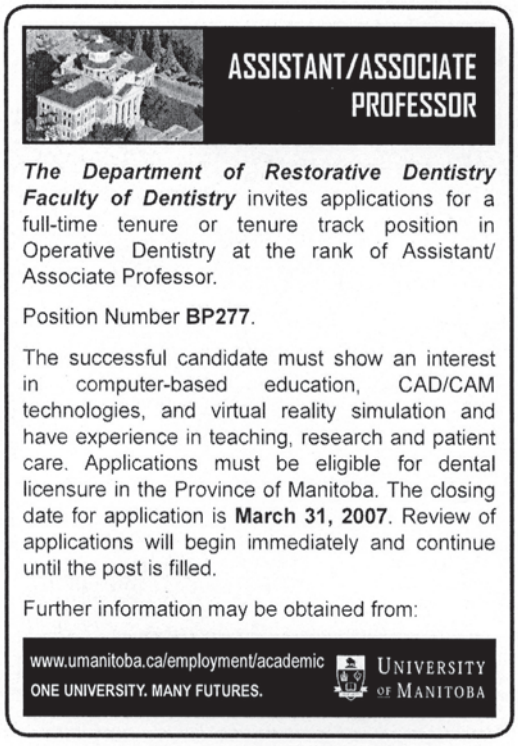
(204) 227 9349
garypaige@dentalimage.ca



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All correspondence should be addressed to:
Dr. Danielle Jobb, Editor, MDA Bulletin
103-698 Corydon Avenue, Winnipeg, MB R3M 0X9