A look back at the ADHA meeting

Observations from the ‘City of Bridges’

By Patricia Walsh, RDH
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Once upon a time, in the land of bridges and crowns, a purple-cloaked prophy queen reigned over her happy subjects. So beloved was she that her ladies in waiting tucked her into bed each night at the Hyatt Regency.

Now it had to be the Regency, didn’t it? A plain old ordinary Hyatt would not befit the queen of hygiene, especially during the American Dental Hygienists’ Association 94th Annual Conference. In addition to attracting the prophy queen (a giant Vera prophy angle, adorned with a tiara and holding court in the Young Dental booth), to this “City of Bridges,” the conference brought together dental hygienists from throughout the country to the Prime Osborn Convention Center, June 14–17, to “learn, engage and advance.”

Change is in the air

Many of the lectures I attended were peppered with comments that reflected the hope that someday every state would allow a form of advanced dental hygiene to be practiced. The discussions about hygienists as mid-level providers strengthened my backbone. With the advancement of real-time teledentistry, the “supervised-exam” argument falls by the wayside. And now that our existing mid-level providers have been practicing for a decade, proponents can point to treatment statistics to document the exact number of patients served with no “hospitalizations and/or deaths.” It’s no longer a fairy tale. The value of mid-level providers can be quantified with facts and figures.

Jennifer Berge, ADT, RDH, described to attendees exactly what it is like to serve patients within this increased scope of practice. At Healthfinders Collaborative in Northfield and Faribault, Minn. (healthfindersmn.org), she is empowered to perform certain restorative procedures. Her experience confirms that oral health-care services will expand and modernize not

Blasting dental plaque with microbubbles

Whether through an accident or a disease, teeth loss can cause many inconveniences. Dental implants such as crowns, however, have allowed people to overcome most of these and live a better quality of life.

But just like normal teeth, these dental implants require proper care and oral hygiene to prevent further complications, such as the inflammation of the tissues surrounding the implants. While the buildup of dental plaque sticks mainly to the crown, it also adheres to the exposed parts of the screw that holds the dental fixture in place, and these are much harder to clean because they contain microgrooves that make them fit better into the upper or lower jaw bones.

Hitoshi Soyama from Tohoku University and his team from Showa University in Japan conducted a study to look for better ways for dentists to remove this plaque and prevent complications. The team wanted to study the efficiency of a cavitating jet, where high-speed fluid is injected by a nozzle through water to create very tiny bubbles of vapor. When these bubbles collapse, they produce strong shock waves that are able to remove contaminants.

The team compared the cleaning effect of a cavitating jet to that of a water jet, which has been used for a long time to remove plaque from dental implants to keep them clean. They grew a biofilm over three days within the mouths of four volunteers, then proceeded to clean that with the two different methods, measuring the amount of plaque remaining at several time intervals.

While there was little difference between the amounts of dental plaque removed by both methods after one minute of cleaning, that changed after longer exposure. After three minutes, the cavitating jet had removed about a third more plaque than the water jet did, leaving little plaque stuck to the implant at the end of the experiment.

The cavitating jet was also able to remove the plaque not only from the root section of the screws, but also from the hard-to-reach crest section, though to a lesser extent.

“Conventional methods cannot clean plaques on the surface of dental implants very well, so this new method could give dentists a new tool to better manage these fixtures, which are becoming more common,” says Soyama.

Previous research has shown that water flow exerts shear stress to remove the biofilm. In addition to this shear effect, the cavitating jet also produces a considerable force when the bubbles collapse that is able to remove particles from the biofilm and carry them away. The researchers suggest that the two processes probably work in synergy to make the cavitating jet superior to the water jet when cleaning the plaque off the irregular surface of dental implants.


(Source: Tohoku University)
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Dedicated practitioners

Following are a few more observations from Jacksonville about our evolving profession and its dedicated practitioners.

• As science advances, so will dental hygiene career opportunities. Personalized, preventive care is becoming more precise. At the forefront are scientists such as David Wong. DMD, DMSc, associate dean for research at the UCLA School of Dentistry, who believes saliva is the body’s mirror. His team at UCLA is at the forefront of using saliva as a diagnostic medium for early identification of a wide variety of health issues (Scientific american.com/products/the-future-of-oral-health/).

• Health-care providers know that creative approaches are often needed to achieve patient compliance. Scientific facts might resonate with an engineer, but an artistic personality might gravitate more toward natural products. Hygienists need adaptability and constant education to know which trends are delivering legitimate results and which are quackery. Two notable alternative products that fall on the legitimate side are the PerioPatch from Izun Pharmaceuticals, designed to relieve symptoms of inflammation, and a mouthwash from The Natural Dentist, formulated with no alcohol and no artificial colors, flavors or preservatives.

• How many times have you said the following to a patient? “It’s a dental office, we have to make our own fun.” Hygienists may not have a fine arts degree, but many of us possess a great deal of creativity. Who hasn’t used a posterior curlette on an anterior tooth with 4 mm of lingual root exposure?

• I love the fact that there is always a line at the booth giving away penguin prophy angles. Or is it a puffin?

At the ADHA annual conference in the City of Bridges (Jacksonville, Fla.), Hygiene Tribune Editor in Chief Patricia Walsh sees evidence everywhere of expanding career opportunities and responsibilities for dental hygienists. Photo/Provided by Patricia Walsh

• A stone’s throw from the penguin/puffin, someone was having a discussion about the arginine in Colgate Sensitive Pro-Relief Desensitizing Paste — and where the amino acid also is found in our diet (pistachios, peanuts, turkey, to name a few foods). Our knowledge base and ability to cross-reference not only help us live better lives they also make dental appointments a more enjoyable experience for everyone.

• On the exhibit-hall floor, a few hygienists were joyously contemplating how to blast subgingival biofilm with HuFriedy glycine. “Have you ever felt glycine? It’s super soft,” one hygienist said to another. The two oohed and ahhed as they rubbed it between their fingertips.

• While my Planmeca-sponsored course focused on taking a digital impression of a crown prep, the hygienist next to me nodded in immediate approval from an alternative perspective, pronouncing, “Night guards. We do a lot of night guards. Yep, this is the way to go.”

• The CAD/CAM manufacturers are starting to take notice of who will be taking digital impressions in the future. The wands are being offered in sizes to better fit the range of hand sizes among hygienists and assistants.

• If you’re a lousy photographer with decent photo-editing abilities, you might soon find yourself becoming the top crown designer in your office. In states where the dental- auxiliary job market is highly competitive, learning CAD/CAM software could give you an edge.

• It doesn’t take too long to see which corporations recognize and value hygienists as key opinion leaders. It’s not so much in the trinkets they give away; it’s in the attitude of their sales reps and the content of their lectures.

• Laurie Hernandez, one of the meeting’s keynote speakers, greeted attendees with, “Hello smile makers and confidence boosters!” She is a volcano of positivity. Anyone who didn’t leave her talk inspired must not have a pulse. At 15, she overcame broken bones to go on to become a U.S. Olympic gymnastics gold and silver medalist. The audience also was treated to great stories about her becoming a contestant on “Dancing with the Stars.” Hernandez readily acknowledged that she talks to herself before a routine. During the Olympics, the media caught her saying her affirmation — “I got this” — and it’s become her catch phrase. Have you ever noticed when a gymnast lands at the end of a routine, it’s with that frozen, ballet-like backward hand pose? I was so fired up after hearing her stories, I imagined myself finishing a patient and then taking that flipped wrist pose in the hall. I’ve been known to clench my teeth and mutter under my face mask from time to time — usually at 4 p.m., when I’m tired. But I can’t remember ever saying, in an affirmative way: “I got this!” I plan to change that.

Patricia Walsh, RDH, BS, has been a clinical dental hygienist for more than 20 years. She is a graduate of the Fones School of Dental Hygiene, University of Bridgeport in Connecticut. She has an extensive history in international volunteer work in oral health, including being instrumental in the creation of the Thailand Dental Project, a volunteer program focused on providing educational, preventive and restorative dental care to children in a tsunami-affected region of Thailand. Contact her at pwallynhd@uberhygienist.com.

‘Medicare Dental Toolkit’ offered by Oral Health America

Oral Health America has released a new Medicare Dental Toolkit to assist those advocating for the addition of a dental benefit to Medicare. The toolkit includes resources to support communication and partnerships among allied organizations and policy makers to forge a path toward achieving dental coverage in Medicare.

Initial tools include an infographic, a social media guide with shareables as well as a position paper and supplemental research reports. The intent is to make this a living toolkit and to continue adding collateral monthly.

The toolkit can be accessed online at oralhealthamerica.org/medicaretoolkit. “This organic toolkit will be a valuable asset for our partners and other organizations that are championing a dental benefit in Medicare,” said OHA President and CEO Beth Truett. “With almost 55 million older adults receiving their health care services through Medicare — and that number growing each day — now is the time to elevate the conversation around the creation of a publicly funded dental benefit.”

The toolkit made its debut at OHA’s Medicare Symposium, Part 3: Access for Older Adults — Advocating for Oral Health in Medicare, where a variety of voices from fields of oral health, aging, Medicare and health policy came together around a shared commitment to the oral and overall health of older adults.

A Medicare Dental Toolkit from Oral Health America is designed to assist those advocating for the addition of a dental benefit to Medicare. Photo/Provided by Oral Health America

(Source: Oral Health America)
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