Are you a ‘cutting edge dentist’?

By Robin Goodman
Group Editor

D. Martha Cortes, current president of the American Academy of Cosmetic Dentistry New York Chapter and former co-chair of dentistry with the American Society for Laser Medicine and Surgery, took some time to talk about lasers with Dental Tribune.

What is the state of lasers in dentistry today?

Dental lasers are state-of-the-art technologies. Every dentist should own one and use it as an integral part of his or her practice, especially as they are much more affordable than they were 15 years ago when I got my first laser; I had the the Duopulse by Excel Quantoxon, which has two separate lasers in one unit: a holmium and neodymium laser. I still have this unit in my office and use it as a backup laser to my newer ones. Lasers can be used by themselves or as an adjunct tool as they are versatile and precise. A simple diode laser can be used to disinfect tooth structure, in crown lengthening, frenectomy, biopsy, periodontal disease and gingival sculpting, etc. There are lasers like the Perio-lase MVP-7, which are specifically built around a patented soft-tissue technique for periodontalitis — laser assisted new attachment procedure [LANAP]. There are hard-tissue (modifies lasers) as well as soft-tissue (modifies lasers) and there are lasers available today that combine both a soft and hard tissue laser in one unit. It all depends on the practice one has, or the one that you want to develop. Bottom line is that you cannot consider yourself a dentist on the cutting edge if you do not have and use a laser as part of your daily regimen regardless of what type of dentistry you practice.

How about lasers and soft tissue such as gum and pulp?

I have developed a direct pulp capping technique involving a laser and the immediate placement of a porcelain restoration [CEREC], which has a great success rate as the laser can reach places that antiseptics and antimicrobials cannot reach because of their shallow penetration into bacterial colonies [biofilms]. Lasers can be used on the delicate tissue of the pulp without causing necrosis by using the correct settings and the right lasers.

Nd:YAG’s and diodes are great for sculpting the gingival tissue in crown lengthening, smile makeovers and gingivectomy. Both can be used in treating gum disease, although the diode is not as ideal as the Nd:YAG laser, as it is hotter, can cut deeper and has a potential greater zone of thermal damage in the wrong hands; it should not be used on pockets deeper than 4 mm. The Nd:YAG can

The critical missing element to complete care: where dentistry and orofacial myofunctional therapy meet (Part 1 of 2)

By Joy L. Moeller, RDH, BS, COM

1. Problems that can be addressed

- Does your patient complain about chronic headaches?
- Does your patient have an open-mouth rest posture?
- Have your patient’s teeth moved after orthodontic treatment?
- Does your patient exhibit an open bite?
- Does your patient complain of temporal mandibular joint dysfunction (TMD) or neck pain?
- Is the patient’s tongue always “in the way” when you are drilling, scaling or examining the teeth?
- Does your patient exhibit a scalloped tongue from pressing against the teeth?
- Have you noticed oral habits such as thumb or finger sucking, nail biting, lip licking or hair twirling or chewing?
- Does your patient lisps when saying the “s” sounds?
- Do you see the tongue come forward against the teeth when swallowing?
- Is your patient a mouth breather contributing to anterior ginvititis or open-mouth rest posture?
- Does your patient grind or clench his/her teeth?
- Does your patient have chronic stomachaches, burping, drooling, hiccups or acid reflux?
- Does your patient have a forward head posture?
- Does your patient have a short lingual frenum or a tight labial frenum?
- When you check for oral cancer on the sides of the tongue, have you found lesions from tongue thrusting causing chronic irritation?

These are all signs and symptoms of an orofacial muscle asymmetry that can be addressed by an orofacial myofunctional therapist.

History of orofacial myofunctional therapy (OMT)

OMT is an area of specialization

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be used to pocket depths above 12 mm. Those interested in the Nd:YAG for gum disease should really look at the PeriLase MVP-7 by Millennium Dental Technologies as the laser is sold with instruction and cutting tips in the laser and LANAP technique.

And for lasers and hard tissue such as teeth and bone:

Erbium lasers are great for disinfection of teeth and for osseous surgery as they are specifically made for disinfecting and cutting hard tissue. They are also ideal for preparing class I and class V restorations and removal of defective composite materials; however, they cannot be used on metal or porcelains, as these cannot be cut by a laser.

Metals and porcelains must first be removed using the drill; however, once they are removed the laser can be used directly to remove any underlying caries. If the caries are very deep, the erbium laser can be used in a direct/indirect pulp-capping technique with the immediate placement of a CEREC 3-D porcelain restoration. An erbium laser like the Waterlase MD by Biolase can also be used in the direct treatment of root canals as it has laser endodontic tips that are used post instrumentation for cleaning and disinfecting the canal.

What are your thoughts on a connection between heart disease and periodontal disease?

I love it when patients tell me that they are fit and in good shape except, of course, for the severe gum disease they have. Unfortunately, we have grown up with faulty medical/dental health models that describe the body as distinct and disconnected units, and this shows up in how we view disease and the body. Severe infection in the body is dangerous as it can spread, especially to vulnerable organs.

Periodontitis is a bi-directional manifestation of disease. It can be seen as a manifestation of systemic disease such as diabetes, cutaneous disease, joint disease and osteoporosis. It can also be seen separately from systemic ones as its own complete disease with the great potential of releasing bacterial emboli into the blood system that can travel to the heart, lungs and other major organs. It has been linked to cardiovascular disease since the late 1990s and right so, as oral bacteria are not contained but spread and are particularly dangerous for heart patients who are vulnerable to endocarditis, especially before open-heart surgery.

An Nd:YAG laser can reduce microbial colonies that inhabit peri-odontal pockets by 97 to 100 percent, as the laser is precise, site specific and does not rely on secondary or tertiary effects to kill microbes. It destroys microbes and their colonies on contact without any side effects.

Your thoughts on a connection between heart disease and periodontal disease?
drawn. After the rake was removed, the tongue thrust returned. Why wasn’t I given the option of seeing a therapist who specialized in treating this disorder with exercises?

My child wore a palatal expander for a high narrow palate. After the expander was removed, the palate collapsed because the tongue was resting down. Why wasn’t I referred to an orofacial myofunctional therapist immediately following surgery to prevent re-attachment?

I was told I was tongue-tied and needed a lingual frenectomy. After surgery, my tongue reattached and scar tissue formed and was worse than before we started! Why wasn’t I referred to an orofacial myofunctional therapist immediately following surgery to prevent re-attachment?

Patients can learn to develop healthy muscle patterns. Healthy muscle patterns, when permanently habituated, can be proactive in preventing or treating:

- orthodontic relapses,
- articulation disorders,
- breathing disorders due to allergies or mouth breathing habits,
- TMD when it is a muscle or habit-related issue,
- digestive disorders from not chewing properly or swallowing air,
- postural problems,
- faster normalization of the facial muscles and neuro-muscular facilitation post orthognathic surgery.

How can orofacial myofunctional therapy help the general dentist?

Orofacial myologists can assist the dentist in many aspects of his or her practice to:

- Re-educate muscle patterns that promote a stable orthodontic result.
- Reduce the time spent in fixed appliances.
- Normalize the inter-dental arch vertical rest posture dimension, the freeway space, also called the oral volume.
- Identify and eliminate orofacial noxious habits that interfere with stable occlusal results.
- Teach nasal breathing and remodel the airway through nasal cleansing and behavior modification.
- Reinforce compliance with wearing rubber bands, functional appliances and retainers.
- Develop a healthy muscle matrix and eliminate habits that contribute to TMD.
- Correct head and neck posture problems.
- Stabilize the periodontal condition by reducing tongue thrusting pressures and mouth breathing habits.

Because most of our patients are in need of orthodontic treatment or treatment by a functional dentist, if the patient was referred by a source outside of dentistry, we are certainly always best to do the least invasive treatment first and eliminate habits that are interfering with treatment. This will ensure that the muscles are working with the forces of the appliances. Also, another good time to refer would be before the braces come off, depending on the patient’s facial structure and motivation. We can work together to help the motivated patient achieve amazing results.

To elaborate on the importance of the working relationship between OMTs and the dental community, I have reached out to some of my esteemed colleagues for commentary.

According to Dr. John Kishihay, an orthodontist from Santa Monica, See Complete care, Page 4

![Supporting Comments for the New Extraction Forceps](image-url)

**Supporting Comments for the New Extraction Forceps**

Anthony S. Feck, DMD

I have never looked forward to doing extractions in my practice. It can take just a few minutes or more than half an hour if I hear that dreaded ‘cracking’ sound indicating I have broken a crown or a root. Since using the Physics Forceps that sound is a thing of the past. These new forceps don’t rely on brute force, but rather, use the simple concept of leverage. Instead of grasping, pushing, twisting and pulling the clinical crown, this technique employs a slow, steady rotational force that literally rolls the tooth free from the PDL. Seldom do new innovations come along that truly revolutionize the way a dentist approaches a service – this is one!

Louis Malcmacher, DDS, MAGD

Faster, easier and better - these are the three magic attributes that I look for whenever I evaluate new products. The GoldenMisch Physics Forceps are by far one of the greatest advancements I have seen in exodontia in my 28 year career. Using these unique instruments greatly reduces buccal bone loss during the extraction, making implant support and esthetic success much more predictable. The amount of time, effort and frustration saved is incredible, especially with challenging teeth. The Physics Forceps are an absolute must for every dental practice and I highly recommend them in my lectures.
Complete care
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Joy Moeller, BS, RDH, COM, is a certified orofacial myofunctional therapist and a licensed registered dental hygienist. She is in the exclusive private practice of OMT in Pacific Palisades and Beverly Hills, Calif. She is currently an elected member of the Board of Directors of the IAOM and is the hygiene liaison. Joy Moeller will teach a five-day IAOM-approved course on orofacial myofunctional therapy Oct. 19–25 and a seven-day course (which includes two days of internship) on Feb. 11–17 and June 24–30, 2009 in Los Angeles with Barbara J. Greene, COM, and Licia Coceani-Paskay, MS, CCC-SLP, COM. For more information contact Greene at bgreene@tonguethrust.com or call (805) 985-6779.

Study OMT!

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