Pediatric Pearls for the GP

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@drmaclean

YouTube

Affiliated Children's Dental Specialists
7.23K subscribers

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Jeanette MacLean, DDS

Diplomate, American Board of Pediatric Dentistry
Fellow, American Academy of Pediatric Dentistry
Owner, Affiliated Children's Dental Specialists

BS Chemistry, Northern Arizona University 1999
DDS University of Southern California 2003
Pediatric Dentist, University of Nevada School of Medicine/Sunrise Children's Hospital 2005

Disclosures: Neither myself nor my family members have any owner interest or stock in any of the products mentioned in this presentation, nor do I receive sales commission.

I have received speaking honoraria in the past from: Elevate Oral Care, Oral Science, GC America, DMG America, NuSmile, DryShield, P&G

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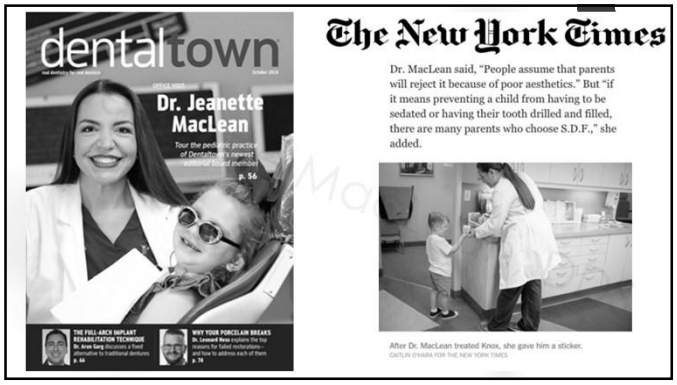
Greetings from Phoenix, Arizona

3


dentaltown
Dr. Jeanette MacLean
The New York Times
Dr. MacLean said, "People assume that parents will reject it because of poor aesthetics." But "if it means preventing a child from having to be sedated or having their tooth drilled and filled, there are many parents who choose S.D.F.," she added.
After Dr. MacLean treated Knox, she gave him a sticker.

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Challenges
Patient behavior
Poor compliance
Poor diet
Poor home care
Misinformation
Takis
GUMMY VITES
Orajel
Training Toothpaste
Goldfish
CHEDDAR

5


We're All on the Same Team
Guardians
Dental Professionals
Healthcare Professionals
Educators

6

Course Objectives:

- Pediatric dental screening
- Infant lap exam
- Behavior management techniques
- Caries risk assessment
- Anticipatory guidance and parent education
- Nutritional counseling
- Fluoride varnish application
- Dental sealant placement
- Silver diamine fluoride
- Atraumatic restorative treatment
- Red flags including abuse, neglect, airway, tethered oral tissue
- When to refer to a pediatric dentist, orthodontist, and/or other allied health professional

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Pediatric Dental Screening

8

1st Visit by the 1st Birthday

- Recommended by the AAPD
- Like a "well visit" for teeth
- Don't wait until there's a problem, or they will associate that negative experience with the dentist (waiting for trauma or a toothache)
- 1/3 of kids have decay by age 3, 50% by kindergarten
- Establish a Dental Home

  The dental home is the ongoing relationship between the dentist and the patient, inclusive of all aspects of oral health care delivered in a comprehensive, continuously accessible, coordinated, and family-centered way. The dental home should be established no later than 12 months of age to help children and their families institute a lifetime of good oral health. A dental home addresses anticipatory guidance and preventive, acute, and comprehensive oral health care and includes referral to dental specialists when appropriate.

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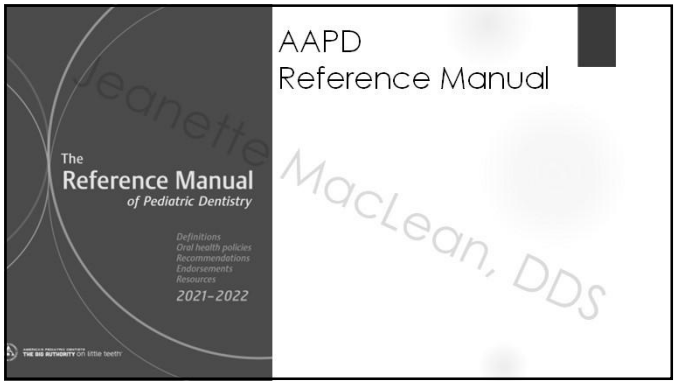
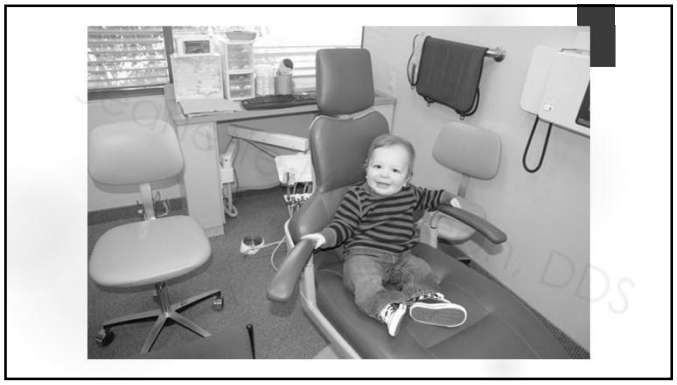

AAPD
Reference Manual
The
Reference Manual
of Pediatric Dentistry
Definitions
Oral health policies
Recommendations
Endorsements
Resources
2021–2022
THE BIG AUTHORITY on little teeth

10



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Infant Lap Exam

13

Knee to Knee Position

Better visibility for dentist and parent,
safer for child, more ergonomic for the dentist

14

Specialized Care Co, Inc.
Creating dental products that help you provide safe, comfortable care.

Knee to Knee Lap Board

SP-LAP-BDdt.w

Description

We are have made progress on our supply issue for the upholsterered products. We are starting to stock up, and have made it possible to order online again. However, we are not fully stocked on a an item-by-item basis. There may be a delay in shipping. If your order is time-sensitive, please call us at 800-722-7375 or email info@specializedcare.com.

- Wipe clean
- Plastic Cover
- Pillowcase cover

15

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Chair Cushion for Infants and Toddlers

SPCC-infdt.w

Description

An over-sized dental chair can feel insecure for patients under the age of two, and it can cause you to bend and twist in order to provide treatment. Our Stay N Place Chair Cushion for Infants creates a safe, cozy lift for the patient, presents a professional image for parents, and helps you maintain better posture.

The chair cushion is like a bean bag, with soft foam inside. Air escapes through side vents as the child is placed upon it. This settles the cushion into the curves of the dental chair while securely nestling the baby.

- Wipe clean
- Plastic Cover
- Pillowcase cover

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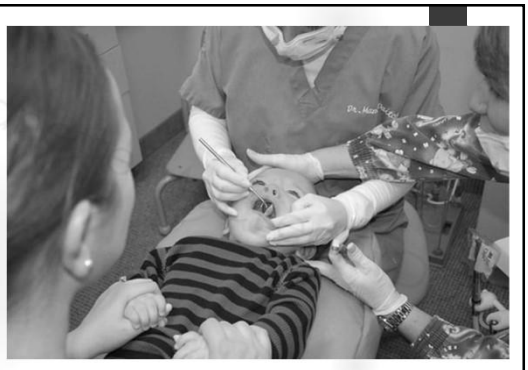

- Child's legs around parent's waist
- Parent holds child's hands
- Assistant helps stabilize head

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Infant Exam Checklist

- Note which teeth have erupted/are erupting
- Look for plaque, stain, visual decay, and/or signs or trauma
- Check soft tissue, gingiva, labial and lingual frenula
- Demonstrate how to use manual toothbrush
- Apply fluoride varnish

An infant exam is relatively fast and simple. The visit is more about prevention, education, and getting the child accustomed to the dental setting

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That's OK,
but PLEASE still educate parents and caregivers about the Age 1 Dental Visit!

23

For example:
Make sure they understand "we don't see them until 3" is not the same as "they don't need to be seen until 3."

This would be the perfect time to refer to a pediatric dentist or another provider that will see infants and toddlers

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Behavior Management Techniques

25

Tell-Show-Do

26

Magic Mirror

27

Imagination is often worse than reality

28

Distraction

- Music
- TV
- Tablet
- Task

29

Modeling

Open Bay

30

Positive Reinforcement

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Dollar Store Shopping List

- Small hand mirrors
- Fun sunglasses
- Stickers
- Rubber Duckies
- 'Treasure'
- Kitchen timer

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Extra Credit:

- Dr. Eyal Simchi "The Magic Dentist," Riverfront Pediatric Dentistry

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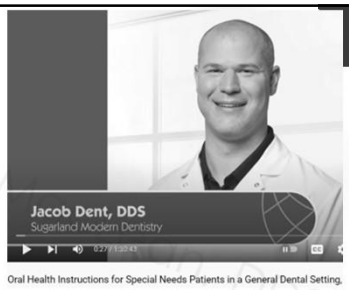
Special Needs



Oral Health Instructions for Special Needs Patients in a General Dental Setting.

Elevate Oral Care
302 subscribers

YouTube

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Advanced Behavior Guidance Techniques

- Taboo
  - Hand Over Mouth Exercise (HOME)
  - Papoose
- Nitrous Oxide
- Sedation
  - Minimal
  - Moderate
  - Deep

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Advanced Behavior Guidance Techniques

- Taboo
  - Hand Over Mouth Exercise (HOME)
  - Papoose
- Nitrous Oxide
- Sedation
  - Minimal
  - Moderate
  - Deep

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Dentaltown, Nov. 2015

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Parental Presence

- Your opportunity to shine!
- Parent education
- Your house rules
- Practice Terminology
- "Silent Partner" (for operative)
- They see what really happens

Affiliated Children's Dental Specialists

PRACTICE TERMINOLOGY

Dear Parents:

In order to improve the chances of your child having a positive experience in our office, we are selective in our use of words. We try to avoid using words that may scare your child. We also strongly discourage you from sharing your negative thoughts about a dental experience you may have had. Never use dental care a threat. Please support us by NOT USING negative words that are often used for dental care. These include:

DON'T USE	OUR EQUIVALENT
needle or shot	sleepy juice
drill	whistle
drill on tooth	clean a tooth
pull or yank tooth	wiggle a tooth out
decay, cavity	sugar bug
examination	count teeth
tooth cleaning	tickle teeth
explorer	tooth counter
rubber dam	raincoat
gas	happy air, laughing gas

This will also help you understand your child's description of the filling experience. Our intention is not to "fool" the child – it is to create an experience that is positive. We appreciate your cooperation in helping us build a positive attitude for your child!

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Caries Risk Assessment

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AAPD Reference Manual

Table 1. Caries-risk Assessment Form for 0-5 Years Old[24]

Factors	High risk	Moderate risk	Low risk
Risk factors, social/biological			
Mother/primary caregiver has active dental caries	Yes		
Parent/caregiver has life-time of poverty, low health literacy	Yes		
Child has frequent exposure (>3 times/day) between-meal sugar-containing snacks or beverages per day	Yes		
Child uses bottle or non-spill cup containing natural or added sugar frequently, between meals and/or at bedtime	Yes		
Child is a recent immigrant		Yes	
Child has special health care needs		Yes	
Protective factors			
Child receives optimally-fluoridated drinking water or fluoride supplements			Yes
Child has teeth brushed daily with fluoridated toothpaste			Yes
Child receives topical fluoride from health professional			Yes
Child has dental home/regular dental care			Yes
Clinical findings			
Child has non-cavitated (incipient/white spot) caries or enamel defects	Yes		
Child has visible cavities or fillings or missing teeth due to caries	Yes		
Child has visible plaque on teeth	Yes		

Circling these conditions that apply to a specific patient helps the practitioner and parent understand the factors that contribute to or protect from caries. Risk assessment categorization of low, moderate, or high is based on preponderance of factors for the individual. However, clinical judgment may justify the use of one factor (e.g., frequent exposure to sugar-containing snacks or beverages, more than one decayed missing filled surfaces (dmfs)) in determining overall risk.

Overall assessment of the child's dental caries risk: High ❒ Moderate ❒ Low ❒

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AAPD Reference Manual

Table 1. Caries-risk Assessment Form for 0-5 Years Old[24]

Factors	High risk	Moderate risk	Low risk
Risk factors, social/biological			
Mother/primary caregiver has active dental caries			
Parent/caregiver has life-time of poverty, low health literacy			
Child has frequent exposure (>3 times/day) between-meal sugar-containing snacks or beverages per day			
Child uses bottle or non-spill cup containing natural or added sugar frequently, between meals and/or at bedtime			
Child is a recent immigrant			
Child has special health care needs			
Protective factors			
Child receives optimally-fluoridated drinking water or fluoride supplements			
Child has teeth brushed daily with fluoridated toothpaste			
Child receives topical fluoride from health professional			
Child has dental home/regular dental care			
Clinical findings			
Child has non-cavitated (incipient/white spot) caries or enamel defects			
Child has visible cavities or fillings or missing teeth due to caries			
Child has visible plaque on teeth			

Table 2. Caries-risk Assessment Form for ≥6 Years Old[25]
(For Dental Providers)

Factors	High risk	Moderate risk	Low risk
Risk factors, social/biological			
Patient has life-time of poverty, low health literacy	Yes		
Patient has frequent exposure (>3 times/day) between-meal sugar-containing snacks or beverages per day	Yes		
Child is a recent immigrant		Yes	
Patient has special health care needs		Yes	
Protective factors			
Patient receives optimally-fluoridated drinking water			Yes
Patient brushes teeth daily with fluoridated toothpaste			Yes
Patient receives topical fluoride from health professional			Yes
Patient has dental home/regular dental care			Yes
Clinical findings			
Patient has ≥1 interproximal caries lesions	Yes		
Patient has active non-cavitated (white spot) caries lesions or enamel defects	Yes		
Patient has low salivary flow	Yes		
Patient has defective restorations		Yes	
Patient wears an intraoral appliance		Yes	

Circling these conditions that apply to a specific patient helps the practitioner and pa
or protect from caries. Risk assessment categorization of low, moderate, or high is based o
However, clinical judgment may justify the use of one factor (e.g., frequent exposure to su
one decayed missing filled surfaces (dmfs)) in determining overall risk.

Overall assessment of the child's dental caries risk: High ❒ Moderate ❒ Low ❒

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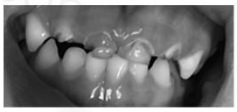
- Early Childhood Caries (ECC)
  - the presence of one or more decayed (noncavitated or cavitated lesions), missing (due to caries), or filled tooth surfaces in any primary tooth in a child under the age of six.
- Severe Early Childhood Caries (S-ECC)
  - Any sign of smooth-surface caries in a child <3
  - Ages 3 – 5 with one or more cavitated, missing (due to caries), or filled smooth surfaces in primary maxillary anterior teeth
  - Decayed, missing, or filled score ≥ to four (age 3), ≥ to five (age 4), or ≥to six (age 5)



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Anticipatory Guidance and Parent Education

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Caries Prevention

- Caregivers
  - Parents
  - Grandparents
  - Nanny
  - Childcare
- Patients
  - Age appropriate
- School
  - Preschool
  - Aftercare
  - Head Start

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Open the conversation

- Do you have any questions or concerns?
- How is brushing and flossing going at home?
- How do they do for the pediatrician? Haircuts?
- Habits?

45

ADA Patient Education Brochures

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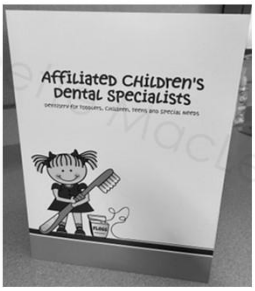
New Patient Folder



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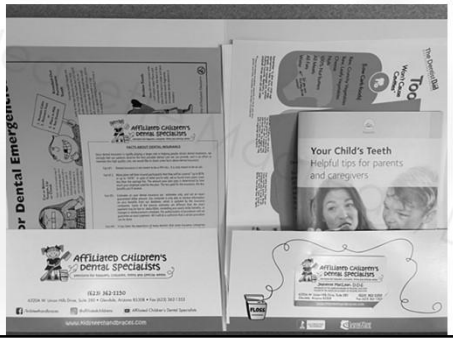
New Patient Folder



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AAPD Reference Manual

Table 3. Example of a Caries Management Pathways for 0-5 Years Old

Risk Category	Diagnostics	Interventions			
		Fluoride	Dietary Counseling	Sealants	Restorative
Low risk	– Recall every six to 12 months – Radiographs every 12 to 24 months	– Drink optimally fluoridated water – Twice daily brushing with fluoridated toothpaste	Yes	Yes	– Surveillance
Moderate risk	– Recall every six months – Radiographs every six to 12 months	– Drink optimally fluoridated water – Twice daily brushing with fluoridated toothpaste – Fluoride supplements – Professional topical treatment every six months	Yes	Yes	– Active surveillance of non-cavitated (white spot) caries lesions – Restore of cavitated or enlarging caries lesions
High risk	– Recall every three months – Radiographs every six months	– Drink optimally fluoridated water – Twice daily brushing with fluoridated toothpaste – Professional topical treatment every three months – Silver diamine fluoride on cavitated lesions	Yes	Yes	– Active surveillance of non-cavitated (white spot) caries lesions – Restore of cavitated or enlarging caries lesions

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First x-rays
- When primary molar contacts are closed
- Visible decay
- Trauma
- Pathology or abnormality
- PANO when in mixed dentition

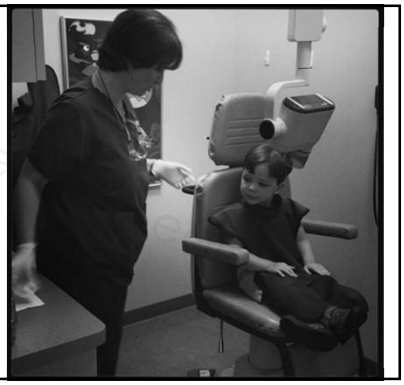

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Table 4. Example of a Caries Management Pathways for ≥6 Years Old

Risk Category	Diagnostics	Interventions			
		Fluoride	Dietary Counseling	Sealants	Restorative
Low risk	– Recall every six to 12 months – Radiographs every 12 to 24 months	– Drink optimally fluoridated water – Twice daily brushing with fluoridated toothpaste	Yes	Yes	– Surveillance
Moderate risk	– Recall every six months – Radiographs every six to 12 months	– Drink optimally fluoridated water – Twice daily brushing with fluoridated toothpaste – Fluoride supplements – Professional topical treatment every six months	Yes	Yes	– Active surveillance of non-cavitated (white spot) caries lesions – Restore of cavitated or enlarging caries lesions
High risk	– Recall every three months – Radiographs every six months	– Drink optimally fluoridated water – Brushing with 0.5 percent fluoride gel/paste – Professional topical treatment every three months – Silver diamine fluoride on cavitated lesions	Yes	Yes	– Active surveillance of non-cavitated (white spot) caries lesions – Restore of cavitated or enlarging caries lesions

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Non-nutritive sucking

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Burn these…

Eliminate "soothies" at 3 months

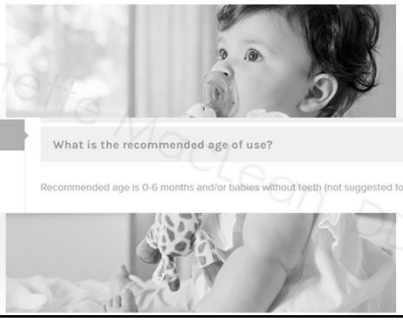
They are too narrow and intended for newborns ONLY

Adding a stuffed animal (aka a weight) to it only increases the force of suction needed to hold in place

Produces severe malocclusion

53

Burn these…



Eliminate "soothies" at 3 months

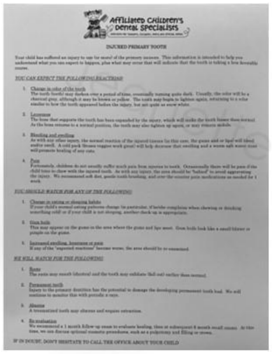
They are too narrow and intended for

force of suction needed to hold in place

Produces severe malocclusion

54

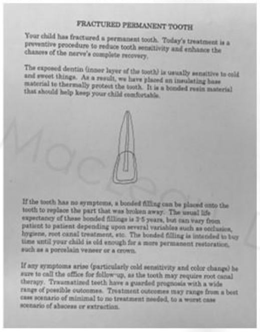
Trauma Handouts



Affiliated Children's Dental Specialists

INJURED PRIMARY TOOTH

IF IN DOUBT, DON'T HESITATE TO CALL THE OFFICE ABOUT YOUR CHILD



FRACTURED PERMANENT TOOTH

Your child has fractured a permanent tooth. Today's treatment is a preventive procedure to reduce tooth sensitivity and enhance the chances of the nerve's complete recovery.

The exposed dentin (inner layer of the tooth) is usually sensitive to cold and sweet things. As a result, we have placed an insulating base material to thermally protect the tooth. It is a bonded resin material that should help keep your child comfortable.

If the tooth has no symptoms, a bonded filling can be placed onto the tooth to replace the part that was broken away. The usual life expectancy of these bonded fillings is 3-5 years, but can vary from patient to patient depending upon several variables such as occlusion, hygiene, root canal treatment, etc. The bonded filling is intended to buy time until your child is old enough for a more permanent restoration, such as a porcelain veneer or a crown.

If any symptoms arise (particularly cold sensitivity and color change) be sure to call the office for follow-up, as the tooth may require root canal therapy. Traumatized teeth have a guarded prognosis with a wide range of possible outcomes. Treatment outcomes may range from a best case scenario of minimal to no treatment needed, to a worst case scenario of abscess or extraction.

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Nutritional Counseling

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Misinformation

- "She never gets candy"
- "We water down juice"
- "We only eat organic"
- "We don't eat junk food"
- "We don't eat sugar"

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"But it's sugar free!"

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Designer Junk Food

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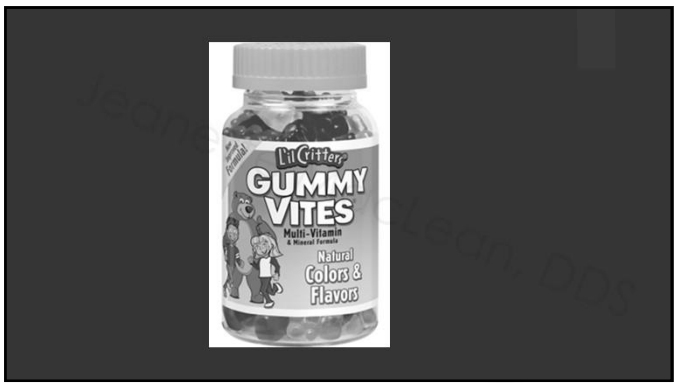
Lil Critters
GUMMY VITES
Multi-Vitamin
Natural Colors & Flavors

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OTHER KIDS: WE ONLY EAT ORGANIC, NON -GMO, GLUTEN-FREE, SUGAR-FREE, HORMONE-FREE FOOD HARVESTED IN THE SWISS ALPS AND HAND DELIVERED BY JESUS HIMSELF.
MY KIDS:
@macaroniandmomjeans
Chicken nuggets is like my family.
~krazykitty

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Flour + water =
PASTE! (glycans)
Goldfish
BAKED
CHEDDAR
100% REAL CHEESE

63

Carbs + acid =

64

Cavity Lighter Fuel!

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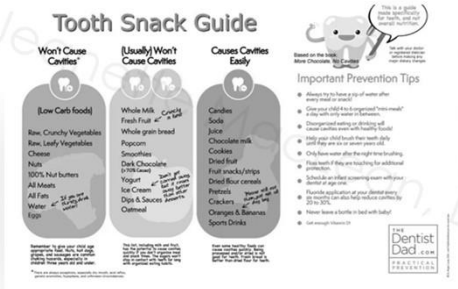
Dr. Roger Lucas "The Dentist Dad"



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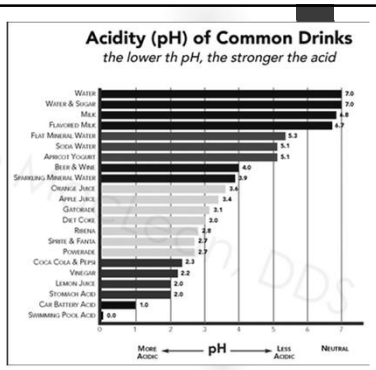
pH awareness



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Talking to Kids

- Engage the kids in conversation
- Talk on their level
- Use age appropriate, child-friendly terms & stories
  - Preschool "sugar bugs"
  - Elementary/middle school 'potty humor' "not flossing is like going #2 and not wiping"
  - High school – "brush your teeth in the morning to keep your friends, brush your teeth at night to keep your teeth!"
- Some kids listen to others more than their parents
- Kids are often visual learners
  - Mirror
  - Models
  - Handouts

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Prevention & Home Care

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Misinformation

- Fluoride concerns
- "He brushes all by himself"
- "We have a power brush"

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71

Alex Jones owes $1.5bn and declared bankruptcy. So how is Infowars still running?

Jones is already making headlines again for platforming Ye's antisemitic rants. Legal experts explain what's going on

The FDA has warned InfoWars founder Alex Jones to stop selling false coronavirus cures, including silver toothpaste

Alex Jones Raked in $165 Million Over Three Years Selling Supplements and Prepper Gear

Financial records obtained by Huff Post reveal the conspiracy theorist was cashing in big as he spread lies about the Sandy Hook massacre

Alex Jones of Infowars owes $1.5bn to families of victims of the Sandy Hook shooting. Photograph: Jim Bourg/Reuters

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Patient autonomy

- Forced mass medication
- Systemic vs. Focal treatment
- Insurance coverage and cost
- Desire for "natural" ingredients

73

World Health Organization

October 2021

- "Essential Medicines"
  - SDF
  - GIC
  - Fluoride Toothpaste

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AAPD Policy on Use of Fluoride

- Topical fluoride refusal and resistance may be a growing problem and mirror trends seen with vaccination refusal in medicine
- Recognizes that drinking fluoridated water and brushing with fluoridated toothpaste twice daily are the most effective method in reducing dental caries prevalence in children.
- Encourages dental providers to talk to parents and caregivers about the benefits of fluoride and to proactively address fluoride hesitance through chairside and community education.


Policy on Use of Fluoride

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AAPD Best Practices: Fluoride Therapy

- When used appropriately, fluoride is both safe and effective in preventing and controlling dental caries.
- Although adverse health effects (e.g., decreased cognitive ability, endocrine disruption and cancer) have been ascribed to the use of fluoride over the years, the preponderance of evidence from large cohort studies and systematic reviews does not support an association of such health issues and consumption of fluoridated water.
- Regarding cognitive ability, a recent study of mothers' urinary fluoride levels and their child's intelligence quotient (IQ) levels suggested an association with exposure levels greater than those recommended in the U.S. for water fluoridation. However, a prospective study in New Zealand did not support an association between fluoridated water and IQ measurements, and a national sample in Sweden found no relationship between fluoride levels in water supplies and cognitive ability, non-cognitive ability, and education.


Fluoride Therapy

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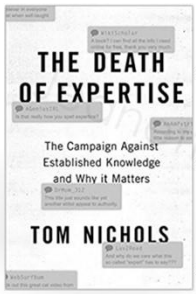
The Death of Expertise



- Technology and increasing levels of education have exposed people to more information than ever before. These societal gains, however, have also helped fuel a surge in narcissistic and misguided intellectual egalitarianism that has crippled informed debates on any number of issues.
- Today, everyone knows everything: with only a quick trip through WebMD or Wikipedia, average citizens believe themselves to be on an equal intellectual footing with doctors and diplomats. All voices, even the most ridiculous, demand to be taken with equal seriousness, and any claim to the contrary is dismissed as undemocratic elitism.
- Paradoxically, the increasingly democratic dissemination of information, rather than producing an educated public, has instead created an army of ill-informed and angry citizens who denounce intellectual achievement.

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Dihydrogen Monoxide (DHMO)

- Used as an industrial solvent and coolant
- Can produce blistering vapors
- Fatal if inhaled
- Accelerates the corrosion and rusting of many metals
- Has been detected in city water lines

- Chemophobia - an aversion to chemicals or chemistry ranging from a reasonable concern over the potential adverse effects of synthetic chemicals, to an irrational fear due to misconceptions about their potential for harm. Consumer products with labels such as "natural" and "chemical-free" (the latter being impossible if taken literally, since all consumer products consist of chemical substances) appeal to chemophobic sentiments by offering consumers what appears to be a safer alternative
- Even water has a "toxic dose"

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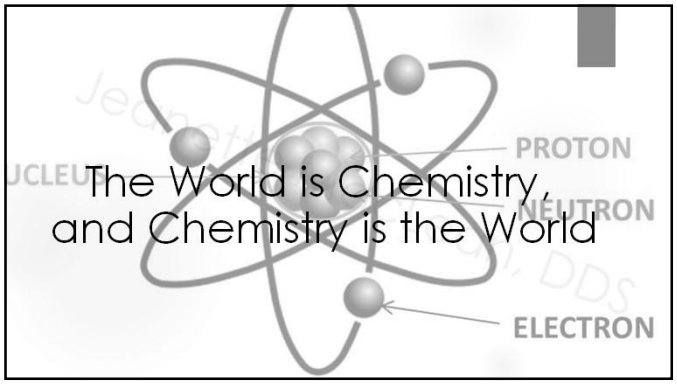


The World is Chemistry, and Chemistry is the World

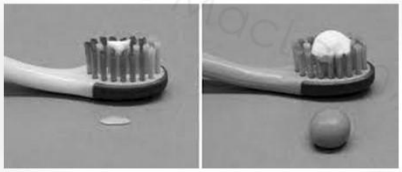
79

Use a toothpaste with efficacy

- Non-fluoride toothpastes can only state "cleans teeth"
- Only fluoride toothpastes can state "prevents cavities"
- USE A THERAPEUTIC DOSE

80

Fluoride Toothpaste:
< 3 "grain of rice"
> 3 "pea size"



81

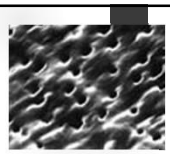
Other Options

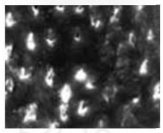
- CPP-ACP
- Hydroxyapatite
- Nano silver
- Calcium

82

MI Paste and MI Paste Plus

- Benefits
  - Relief of sensitivity
    - CPP-ACP occludes dentinal tubules
  - Prevention
  - Remineralization
- Non-irritating for xerostomic patients
- Safe for lactose intolerant patients
- Contraindicated for patients with a casein (milk protein) allergy





SEM by Prof E. Reynolds

83

Correct size toothbrush

84

"Powered toothbrushes were more effective than manual toothbrushes for plaque removal in children."

PEDIATRIC DENTISTRY V 42 / NO 4 JUL / AUG 20

SYSTEMATIC REVIEW AND META-ANALYSIS

Plaque Removal by a Powered Toothbrush Versus a Manual Toothbrush in Children: A Systematic Review and Meta-Analysis

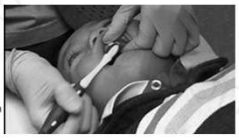
Esti Davidovich, MSc, DMD[1] • Salome Shafir, DMD[1] • Boaz Shay, PhD, DMD[1] • Avraham Zini, PhD, DMD, MPH[2]

Abstract: Purpose: The purpose of this study was to determine the relative plaque reduction efficacy of powered versus manual toothbrushes in children. **Methods:** A systematic review and meta-analysis were conducted based on a literature search that included Medline, Embase, FDA publications, Cochrane Database of Systematic Reviews, Dentistry and Oral Science, and Berman Medical Library, Hebrew University. Studies were chosen that were randomized controlled trials and published between 1980 to 2019 in English that compared plaque reduction with manual and powered toothbrushes in children. The Grading of Recommendations Assessment, Development, and Evaluation (GRADE) approach was used to assess the quality of evidence. **Results:** From a search of 1,502 articles, nine articles were selected for meta-analysis. A statistically significant plaque reduction benefit for a powered toothbrush versus manual toothbrush (P<0.001) combined mean difference (MD) was 0.590 and the 95 percent confidence interval was 0.352 to 0.828 (random-effects model). Two tests revealed considerable heterogeneity (I^2 equals 96 percent; Cochran's Q, P<0.001). A low possibility of bias was indicated by Begg-Mazumdar and Egger tests (P>0.1 for both). Evidence quality was given a GRADE score of moderate. **Conclusions:** Powered toothbrushes were more effective than manual toothbrushes for plaque removal in children. (Pediatr Dent 2020;42(4):280-7) Received November 4, 2019 | Last Revision March 24, 2020 | Accepted March 24, 2020

KEYWORDS: META-ANALYSIS, POWERED TOOTHBRUSH, CHILDREN

85

Position



Chicken pecking or 6 o'clock position

Oral Health Instructions for Special Needs Patients in a...

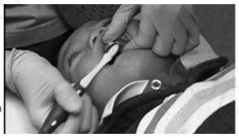
Elevate Oral Care

253 subscribers

10 or 2 o'clock position with person sitting

86

Position



Chicken pecking or 6 o'clock position

Oral Health Instructions for Special Needs Patients in a...

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10 or 2 o'clock position with person sitting

87

Brushing Apps

88

89

Black expanding floss shows the debris

90

Supervised brushing and flossing

91

Would you let her put on your makeup??

- Toddlers and children are still developing their dexterity and fine motor skills

92

Who's teeth are they?

- Do you want to spend your time and money at the dentist when you're older?
- Or would you rather spend it on other things?

93

Fluoride Varnish Application

94

2.5% FluoriMax Varnish

- Enamel maxes fluoride absorption at 2.5%
  (Carey, U of CO, IADR)
- "Consequently it can be stated at a reasonable level of certainty that if a difference in the efficacy of the two varnishes exists, it is probably minute. Lowering the fluoride concentration of Duraphat is worth considering at least when used in children."
  (Seppa et al 1994)

95

For patients with fixed orthodontic appliances and high caries risk, we strongly recommend:

- ▶Rx 5000ppm fluoride toothpaste
- ▶3 month recall
- ▶Powerbrush

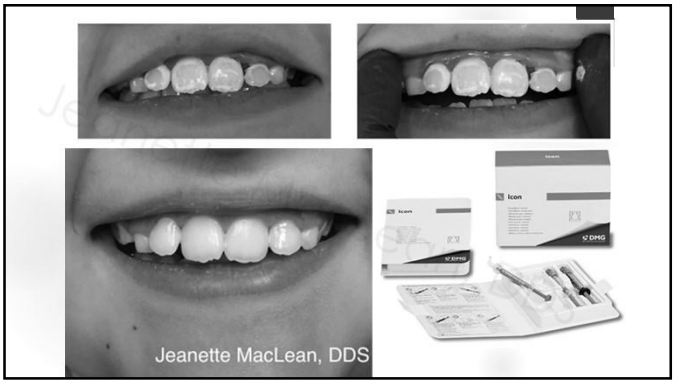
96

5000 ppm Fluoride Toothpaste

- Best for preventing WSLs in the first place!

97

98

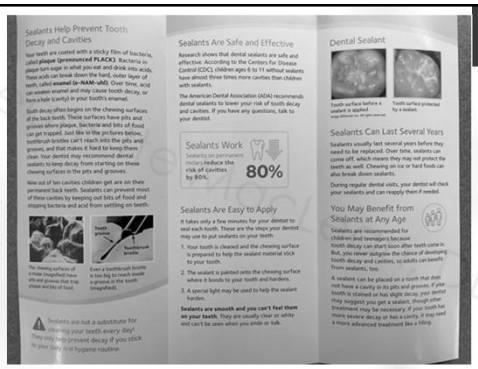


99

Dental Sealant Placement

100

101



102

Past challenges with resin sealants;

- Difficult to achieve ideal isolation
- Time consuming
- Young and/or phobic patients cannot tolerate procedure
- Etch syringe looks like a "shot"
- Etch burns
- Can't seal partially erupted molars with resin
- Chipping and leaking over long term
- Decalcification and/or decay present

103

Deep Thoughts…

104

What defines sealant SUCCESS ?

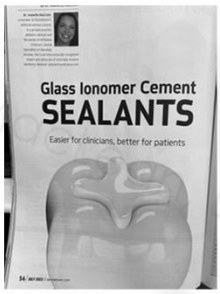
- Is it RETENTION of the sealant material ?
  (common study metric/dentist mentality)
- Or is it PREVENTION of caries ?

105

Leaking resin sealant

106

Benefits of GIC sealants article



107

LOW VISCOSITY GLASS IONOMER CEMENT

- SIMPLICITY OF APPLICATION
- HYDROPHILIC
- BIOCOMPATIBLE
- RELEASES/RECHARGES W/ FLUORIDE
- WELL TOLERATED BY WIDE RANGE OF PATIENTS
- CAN BE USED ON PARTIALLY ERUPTED MOLARS
- FLOWS INTO PITS AND FISSURES
- GIC SEALANT WEAR/LOSS IS NOT ASSOCIATED WITH CARIES

108

LVGIC sealants

109

Glass ionomer cements as fissure sealing materials: yes or no? A systematic review and meta-analysis
Alirezaei JADA 2018

- "There was no difference between the percentage of caries development with use of GICs as fissure sealing material compared with that for the conventional RBSs"


Systematic Review
Glass ionomer cements as fissure sealing materials: yes or no?
A systematic review and meta-analysis

110

- "These findings indicate that the caries prevention effect of GIC-based sealants is not associated with retention."

Alirezaei et al. JADA 2018

111

112

- "Mickenautsch and Yengopal indicated that the risk of loss of complete retention of sealant materials was associated with the risk of developing caries occurrence for RBSs but not for GIC-based sealants. The explanation of this result was that small particles remained in the bottoms of fissures that acted as a fluoride reservoir and that the slow release of fluoride enhanced nearby enamel remineralization."

Alirezaei et al. JADA 2018

113

Cross section view

Tooth has been sectioned bucco-lingually to demonstrate the penetration of the GIC into the depths of the fissure. It is apparent that the restoration is very efficient.

Mount, G.J., Hume, W.R. (2006). *Preservation and Restoration of Tooth Structure*. Queensland, Australia: Knowledge Books and Software.

114

Alirezaei et al. JADA 2018

- "Use of a surface conditioner (polyacrylic acid) with the glass ionomer sealant increased the chance of a chelation reaction between the calcium of the enamel and polyacrylic acid in the glass ionomer matrix that established a more stable bonding surface"

115

- "It seems that GIC-based sealants, with their lower technique sensitivity, good adherence, and fluoride-releasing properties, have an additive effect of being a sealant and fluoride provider for the prevention of occlusal caries. Therefore, GIC-based sealants may be a good alternative to RBSs specifically in community procedures when there is limited equipment, no chairside assistant for the dentist or dental hygienist, and a considerable number of children at high risk of developing caries."

Alirezaei et al. JADA 2018

116

Longitudinal caries prevalence in a comprehensive, multicomponent, school-based prevention program

Starr et al JADA 2021

- 6-year prospective open cohort study in 33 US public elementary schools, providing care to 6,927 children in communities with and without water fluoridation. After dental examinations, dental hygienists provided twice-yearly prophylaxis, glass ionomer sealants, glass ionomer interim therapeutic restorations, fluoride varnish, toothbrushes, fluoride toothpaste, oral hygiene instruction, and referral to community dentists as needed.
- The prevalence of untreated caries decreased by more than 50%
- Fuji IX


Original Contributions

Longitudinal caries prevalence in a comprehensive, multicomponent, school-based prevention program

117

High Viscosity Glass Ionomer Cement
HVGIC Fuji IX

118

Triage Sealant Application Video

Triage Sealant Application Tutorial for Low Viscosity...

YouTube

6.5K views • 1 year ago

Affiliated Children's Dental Specialists
3.11K subscribers

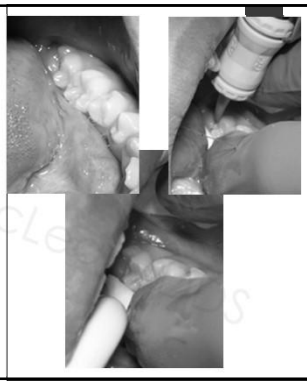
119

Triage Pink tutorial

120

Triage Pink

- Command set w/ curing light (absorbs heat)
- Visual/color indicator
- Great for partially erupted molars
- Interim restorations
- Toothbrush abrasion
- Exposed roots



121

Partially Erupted Molars

Inside

Preventing Caries in Partially Erupted Molars

Glass-ionomer sealants provide a superior alternative to resin sealants

"Because poor isolation and a poor resin bond can actually contribute to the development of caries rather than preventing it, a bad sealant is worse than no sealant at all."

122

On a cooperative patient you can do all 4 first permanent molars with one capsule of Triage in under 5 minutes

- Teeth are protected!
- Parents are happy because you can do them right at the checkup
- Kids are happy because it's fast, easy, and painless
- Saves chair time and supplies
- Increases production

123

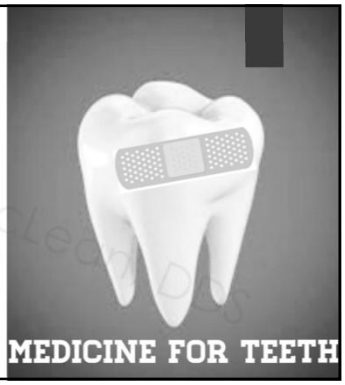
On a cooperative patient you can do al… one … minut…

- Tee…
- Par…
- Kid…
- Sav…
- Inc…

124

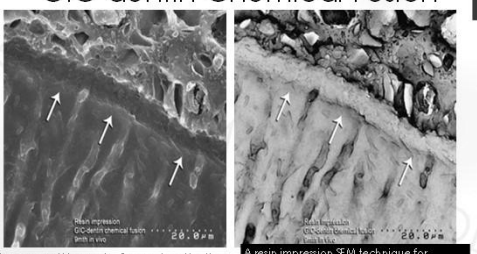
Explanation to patients (parents)

- GIC sealant is more than a physical barrier to the grooves. Unlike resin, which is just gluing something to a surface and has no other redeeming qualities, the GIC sealant is like medicine for the tooth. It delivers fluoride to help the enamel mature and be more acid resistant and less likely to decay.
- In time they may see the white (or pink) sealant wear, but it's leaving behind stronger, more acid resistant enamel.



125

GIC-dentin Chemical Fusion



Ionic constituents from both the GIC and the underlying dentin

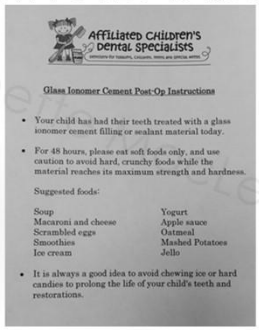
A resin impression SEM technique for examining the glass–ionomer cement chemical fusion zone. Milicich G. Journal of Microscopy, Vol 217, Pt1 January 2005, pp. 44–48

126

Sharing is Caring!

127

SOFT FOODS 48 HOURS



Affiliated Children's Dental Specialists

Glass Ionomer Cement Post-Op Instructions

- Your child has had their teeth treated with a glass ionomer cement filling or sealant material today.
- For 48 hours, please eat soft foods only, and use caution to avoid hard, crunchy foods while the material reaches its maximum strength and hardness.

Suggested foods:

Soup	Yogurt
Macaroni and cheese	Apple sauce
Scrambled eggs	Oatmeal
Smoothies	Mashed Potatoes
Ice cream	Jello

- It is always a good idea to avoid chewing ice or hard candies to prolong the life of your child's teeth and restorations.

Download at
kidsteethandbraces.com

128

Silver Diamine Fluoride

129

AAPD policy statement & guideline

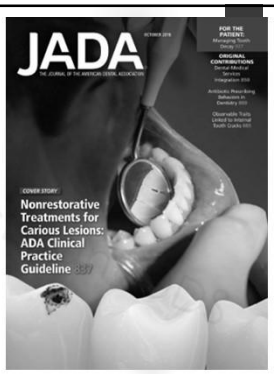

Policy on the Use of Silver Diamine Fluoride for Pediatric Dental Patients

Use of Silver Diamine Fluoride for Dental Caries Management in Children and Adolescents, Including Those with Special Health Care Needs

130

ADA Clinical Practice Guideline on the Use of Nonsurgical (Nonrestorative) Treatments for Caries Management

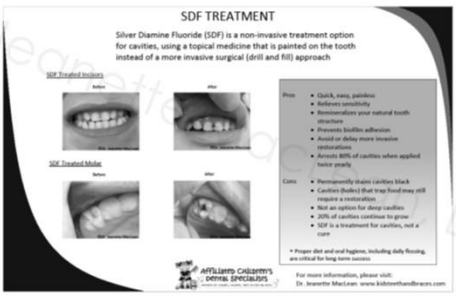
- Council on Clinical Affairs
- Chair Dr. Rebecca Slayton
- Available at ADA.org/caries



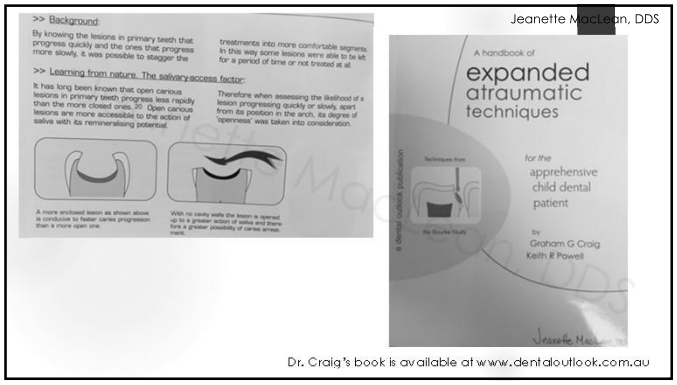
131

SDF Chairside Guide

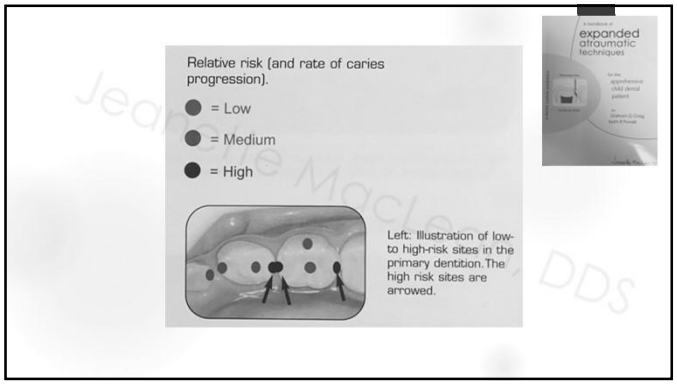
Free Download:
kidsteethandbraces.com



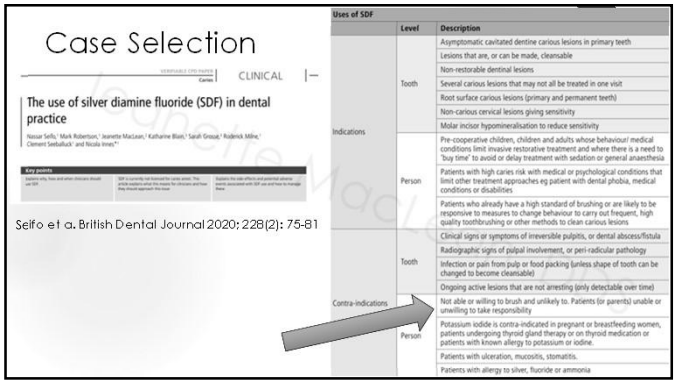
132


Jeanette MacLean, DDS
>> Background:
By knowing the lesions in primary teeth that progress quickly and the ones that progress more slowly, it was possible to stagger the treatments into more comfortable segments. In this way some lesions were able to be left for a period of time or not treated at all.
>> Learning from nature: The salivary-access factor:
It has long been known that open carious lesions in primary teeth progress less rapidly than the more closed ones. 20 Open carious lesions are more accessible to the action of saliva with its remineralising potential.
Therefore when assessing the likelihood of a lesion progressing quickly or slowly, apart from its position in the arch, its degree of 'openness' was taken into consideration.
A more enclosed lesion as shown above is conducive to faster caries progression than a more open one.
With no cavity walls the lesion is opened up to a greater action of saliva and therefore a greater possibility of caries arrestment.
A handbook of
expanded atraumatic techniques
for the apprehensive child dental patient
by
Graham G Craig
Keith R Powell
a dental outlook publication
Dr. Craig's book is available at www.dentaloutlook.com.au

133


Relative risk (and rate of caries progression).
= Low
= Medium
= High
Left: Illustration of low- to high-risk sites in the primary dentition. The high risk sites are arrowed.

134


Case Selection
CLINICAL
The use of silver diamine fluoride (SDF) in dental practice
Seifo et a. British Dental Journal 2020; 228(2): 75-81
Uses of SDF
Level
Description
Indications
Tooth
Asymptomatic cavitated dentine carious lesions in primary teeth
Lesions that are, or can be made, cleansable
Non-restorable dentinal lesions
Several carious lesions that may not all be treated in one visit
Root surface carious lesions (primary and permanent teeth)
Non-carious cervical lesions giving sensitivity
Molar incisor hypomineralisation to reduce sensitivity
Person
Pre-cooperative children, children and adults whose behaviour/ medical conditions limit invasive restorative treatment and where there is a need to "buy time" to avoid or delay treatment with sedation or general anaesthesia
Patients with high caries risk with medical or psychological conditions that limit other treatment approaches eg patient with dental phobia, medical conditions or disabilities
Patients who already have a high standard of brushing or are likely to be responsive to measures to change behaviour to carry out frequent, high quality toothbrushing or other methods to clean carious lesions
Contra-indications
Tooth
Clinical signs or symptoms of irreversible pulpitis, or dental abscess/fistula
Radiographic signs of pulpal involvement, or peri-radicular pathology
Infection or pain from pulp or food packing (unless shape of tooth can be changed to become cleansable)
Ongoing active lesions that are not arresting (only detectable over time)
Person
Not able or willing to brush and unlikely to. Patients (or parents) unable or unwilling to take responsibility
Potassium iodide is contra-indicated in pregnant or breastfeeding women, patients undergoing thyroid gland therapy or on thyroid medication or patients with known allergy to potassium or iodine.
Patients with ulceration, mucositis, stomatitis.
Patients with allergy to silver, fluoride or ammonia

135

Depth of Lesion

- The use of SDF in deep lesions is NOT a contraindication
- Irreversible pulpitis IS a contraindication

Misconception

components of SDF and/or the pH may irritate the pulp

- A histologic study found silver components had reached the pulp, and hypothesized that the silver component may act on the pulp via direct inactivation/destruction of bacteria in carious dentine and mechanical sealing of carious and sound dentinal tubules when followed by atraumatic placement of a glass ionomer cement restoration
- pH 10 SDF products are equivalent to direct pulp capping materials, such as calcium hydroxide (pH 10) and MTA (pH 10.2, after mixing, pH 12.5, 3 hours after setting)

136

Silver Fluoride + Deep Lesions

Griffith, M. CDA Jan. 2021

- Treating Deep Caries in 277 Adult Teeth with Silver Fluoride
- Used silver nitrate + fluoride varnish and SDF
- "Silver fluoride demonstrated the capacity to protect the pulp in this series of 277 teeth with very deep decay, with only 13 teeth requiring endodontia. It was successful in managing peripulpal caries with minimal recourse to endodontia and with asymptomatic clinical outcomes."

137

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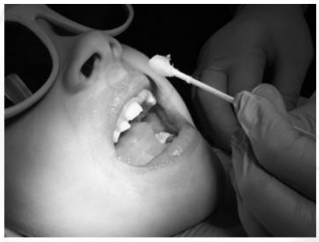
138

Basic Protocol

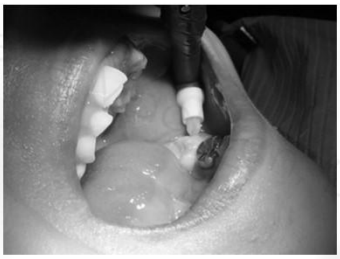
1. Patient/Clinic protection; safety/sunglasses, plastic lined bib, bracket cover
2. Vaseline over perioral area



139

Basic Protocol

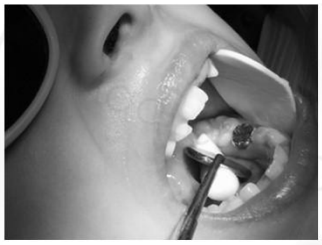
3. "Toothbrush clean" (*** SUBSTITUTE A MICROBRUSH VS. PROPHY BRUSH ***)



140

Basic Protocol

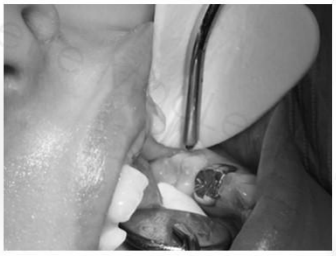
4. Isolate with Dri-Aides and cotton rolls



141

Basic Protocol

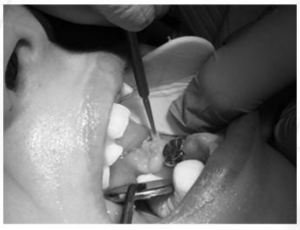
5. DRY DRY DRY!!! (*** SUBSITUTE COMPRESSED AIR WITH DRY GAUZE ***)



142

Basic Protocol

6. Apply SDF with a microbrush for 1 - 3 minute
- Use a plastic, disposable dappen dish
- Use caution to only get it on the desired tooth/teeth
- Saturate the surface of the lesion and allow to absorb via capillary action



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Basic Protocol

- DO NOT RINSE
- DO NOT BLOW COMPRESSED AIR while the SDF absorbs
- DO NOT LIGHT CURE
- Simply allow to absorb via capillary action, ideally for at least 1, up to 3 minutes
- If needed, blot excess after 1-3 minutes
- Remove cotton isolation
- FINISHED!

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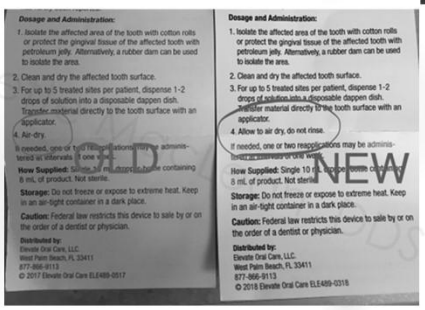
Updated package insert

Jeanette MacLean, DDS



Dosage and Administration:

1. Isolate the affected area of the tooth with cotton rolls or protect the gingival tissue of the affected tooth with petroleum jelly. Alternatively, a rubber dam can be used to isolate the area.
2. Clean and dry the affected tooth surface.
3. For up to 5 treated sites per patient, dispense 1-2 drops of solution into a disposable dappen dish. Transfer material directly to the tooth surface with an applicator.
4. Allow to air dry, do not rinse.

If needed, one or two reapplications may be administered at intervals of one week.

How Supplied: Single 10 mL bottle with cap containing 8 mL of product. Not sterile.

Storage: Do not freeze or expose to extreme heat. Keep in an air-tight container in a dark place.

Caution: Federal law restricts this device to sale by or on the order of a dentist or physician.

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West Palm Beach, FL 33411
877-866-9113
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NEW

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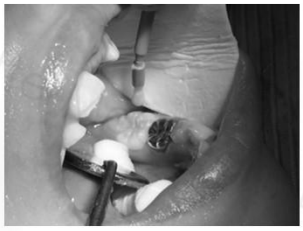
Basic Protocol

7. Cover with fluoride varnish (OPTIONAL)



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FV is NOT necessary for the proven efficacy of SDF alone

- No clinical trial (yet) compares SDF with or without FV
  - We don't know if it's good or bad (after 5 years of routine use, I'd say it's not bad, I'd argue it's good)
- Why do some practitioners like to use it?
  - Masks poor taste, improves the patient experience
    - I've had patients cry that they didn't "want the spicy medicine" that their other dentist used
  - Keeps it where you place it, help prevents unwanted stain on other surfaces
- Where have we seen FV used?
  - Graham Craig's Bourke Study (BMC Oral Health. 2013; 13: 73 doi: 10.1186/1472-6831-13-73)
  - Silver Nitrate + FV Steve Duffin CDA Journal 2012, Frank Mendoza IHS Warm Springs Protocol
  - Hammersmith, DePalo proximal SDF + FV (JOCPD 2020 Vol. 44, No. 2, pp. 79-83 doi.org/10.17796/1053-4625-44.2.2)

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SDF + FV

- 38% SDF + 5% fluoride varnish
- Applied at baseline and reapplied at 4 months
- Reassessed at 8 months
- 96.2 % arrest after 2nd application
- Compare to biannual, no FV Zhi 91%, Fung 75.7%


jcda.ca
ESSENTIAL DENTAL KNOWLEDGE

The Effectiveness of Silver Diamine Fluoride and Fluoride Varnish in Arresting Caries in Young Children and Associated Oral Health-Related Quality of Life

Abstract

148

Basic application tutorial

Video link available at Kidsteethandbraces.com

YouTube

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- 3 year shelf life
- Replace when discolors
- Dispense just before using
- Immediately recap
- Store in box or dark place

LAUNCHING GEL VERSION

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SDF + KI

Turton, B. Clinical and Experimental Dental Research Nov. 2020

- The use of KI is associated with poorer caries control
- those teeth which had KI placed had around twice the odds of becoming pulpally involved
- The use of KI reduced the staining, however, it also reduced the chances of caries arrest. A higher proportion of lesions progressed to involve the pulp over a 12-month period in those teeth where KI was used

ORIGINAL ARTICLE

WILEY

Caries arrest and lesion appearance using two different silver fluoride therapies on primary teeth with and without potassium iodide: 12-month results

Bathsheba Turton | Rithvitou Horn | Callum Durward

Abstract

1 | INTRODUCTION

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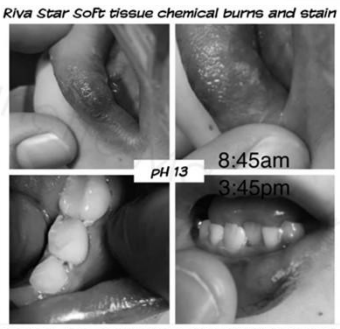

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Can SDF stain skin?

Judy Bendit, RDH

Dr. Liz Holguin

Judy Bendit, RDH

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Stain Removal

- Fabrics
  - Iodine
  - Napisan
- Surfaces
  - Bar Keeper's Friend
  - Mr. Clean Magic Eraser
  - Comet
  - Bleach
- Skin
  - Hydrogen Peroxide
  - Salt slurry
  - Hair dye remover pads
- **Remember – prevention is the best stain remover!**

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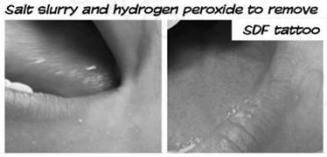
Salt slurry and hydrogen peroxide to remove SDF tattoo



Dr. Jeanette MacLean kidsteethandbraces.com

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SDF CODES

- 1354 = CARIES ARREST
  - Interim caries arresting medicament application
- 1355 = PRIMARY PREVENTION
  - Caries preventive medicament application per tooth
  - This is an ADDITIONAL code
  - It does NOT replace 1354
  - Coverage and limitations ?
- Both per tooth

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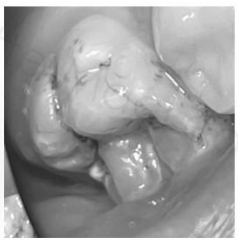
SDF as a "sealant?"

158

SDF as a "sealant?"



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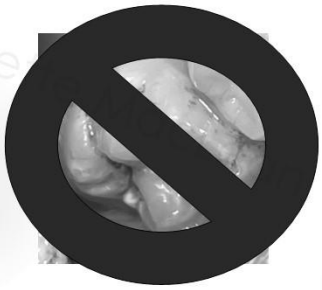
SDF as a "sealant?"



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AMERICA'S PEDIATRIC DENTISTS
THE BIG AUTHORITY on little teeth

AAPD E-NEWS

AAPD Releases New Guidance on the Use of CDT 2021 Code D1355

With the release of the CDT-2021 dental coding manual on January 1, 2021, the CDT code **D1355 – caries preventive medicament application, per tooth** --was approved. A recent analysis by experts from the AAPD's Councils on Clinical and Scientific Affairs, and Committee on Dental Benefit Programs concluded that, although Silver Diamine Fluoride (SDF) has proven efficacy as a secondary preventive agent (i.e., arrest of carious lesions) in numerous clinical studies, evidence of its efficacy as a primary preventive agent on children is insufficient at present. Therefore, without solid scientific evidence, the AAPD does not support the use of the code D1355 for use of SDF as a primary preventive agent in children. Accordingly, the AAPD recommends D1354 as the appropriate code for SDF when used as a caries arresting agent on cavitated carious lesions in primary teeth.

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If SDF is to be used to treat tooth decay, and not as a preventive measure, why is there a new SDF insurance code (D1355) for caries prevention?

The CDT-2021 Dental Coding Manual contains the approved code D1355 (caries preventive medicament application, per tooth) effective Jan. 1, 2021. SDF is included in this code, along with a number of preventive medicaments. SDF has proven effectiveness as a *secondary* preventive agent (stopping the progress of existing tooth decay) in numerous clinical studies. However, the evidence of its efficacy as a *primary* preventive agent (applied to teeth without decay) is insufficient. Therefore, without solid scientific evidence, the AAPD does not support the use of the code D1355 for use of SDF as a primary preventive agent in children. Accordingly, the AAPD recommends D1354 as the appropriate code for SDF for the arrest of progression of small cavities.

May 2021

SILVER
DIAMINE FLUORIDE

Policy and Fact Summary

Silver Diamine Fluoride (**SDF**) has been shown to help stop cavities from getting worse and is a valuable additional tool to manage tooth decay. Its effective use requires a professional diagnosis of cavities, a plan of use specific to the treatment of an individual patient, and monitoring by a dentist.

What is silver diamine fluoride (SDF)?

SDF is a clear liquid that combines the antibacterial properties of silver with the remineralizing power of fluoride.[1] According to the 2017 clinical practice guidelines of the American Academy of Pediatric Dentistry (**AAPD**), SDF may be used in certain circumstances as a non-restorative management technique for the arrest of progression of dental caries (decay) in primary and permanent teeth.[2] SDF is painted on the caries-affected areas of teeth in a quick, painless procedure. After application, the treated decay is permanently stained black.

Primary front teeth before SDF

Primary front teeth after SDF

AMERICA'S PEDIATRIC DENTISTS
THE BIG AUTHORITY on little teeth

Pediatric Oral Health Research & Policy Center

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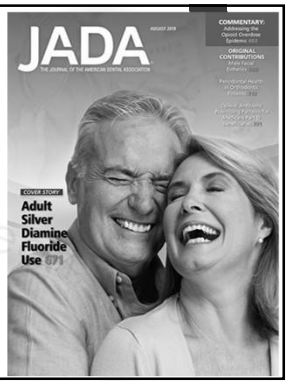
Controlling caries in exposed root surfaces with silver diamine fluoride: A systematic review with meta-analysis

- "Yearly 38% SDF applications to exposed root surfaces of older adults are a simple, inexpensive, and effective way of preventing caries initiation and progression."
  - Oliveira JADA August 2018



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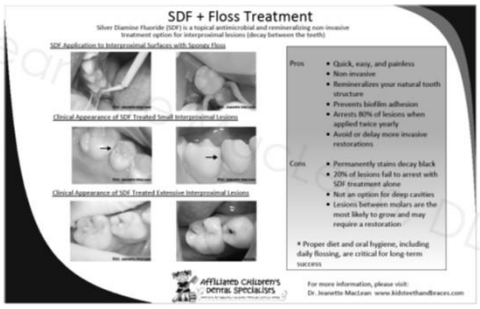

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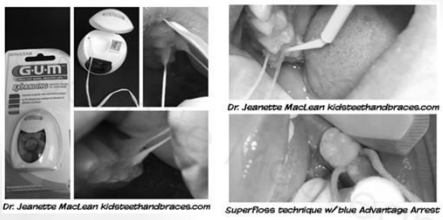

Interproximal tutorials online

YouTube

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Is floss necessary ?

Polacek et al Pediatr Dent 2021;43(6):475-80

- 76.4% arrest on incipient approximal caries in permanent molars & premolars
  - But not as successful as our study on primary molars (84% arrest)
- Not sure their exact protocol
- "Lesions where SDF was applied with Superfloss progressed more per month, on average, versus microbrush application."
- BOTH microbrush & Superfloss was the most successful at arrest, but they only examined 4 teeth treated this way

Silver Diamine Fluoride and Progression of Incipient Approximal Caries in Permanent Teeth: A Retrospective Study

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Interproximal SDF Research with Ohio State University

JOCPD
Journal of Clinical Pediatric Dentistry

84.0% showed radiographic evidence of non-progression at 12-month

Silver Diamine Fluoride and Fluoride Varnish May Halt Interproximal Caries Progression in the Primary Dentition.
Hammersmith KJ, DePalo JR, Casamassimo PS, MacLean JK, and Peng J Journal of Clinical Pediatric Dentistry: 2020, Vol. 44, No. 2, pp. 79-83.

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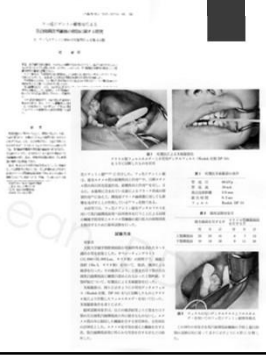
Studies on Topical Application of $Ag(NH_3)_2F$ for the Control of Interproximal Caries in Human Primary Molars

Tsutsumi, Osaka University, 1981

Clinical trial of 58 children with contralateral interproximal lesions treated with SDF applied with unwaxed floss followed for 18 months

- Significantly reduced incidence of new interproximal caries vs. control
- Significantly reduced progress of enamel caries on interproximal surfaces vs. control
- Summary: multiple topical applications of SDF on interproximal surfaces in primary molars should be effective for interproximal caries development



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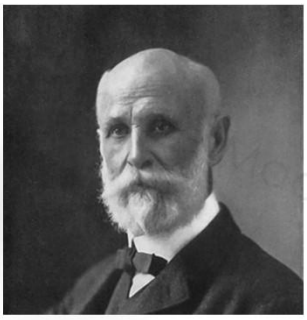

GV Black applied silver nitrate to proximal lesions with silk floss

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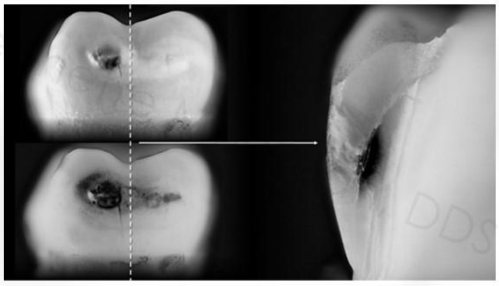
SDF Penetration

- Photo from Dr. Gabriel Dominici



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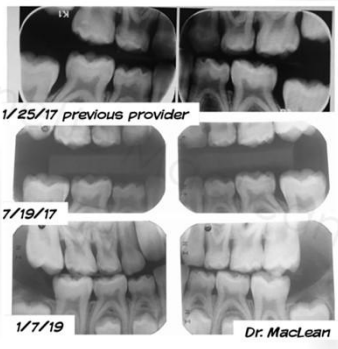

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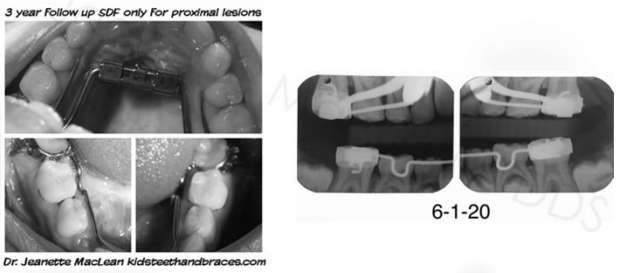
3 year follow up



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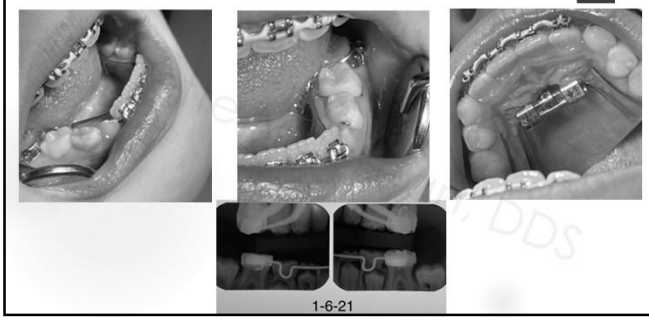
3.5 Years



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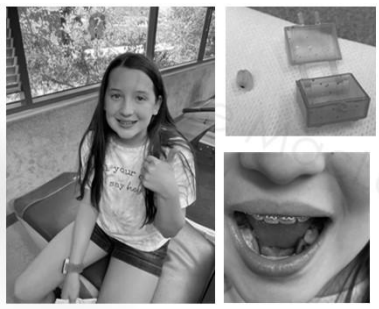
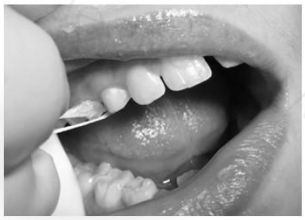
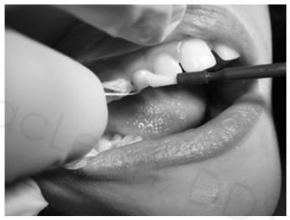
Exfoliating



174

Tips to avoid accidental stain

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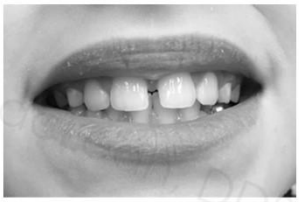
Tips to avoid accidental stain

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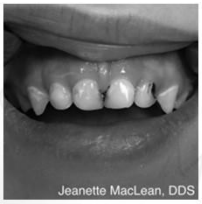
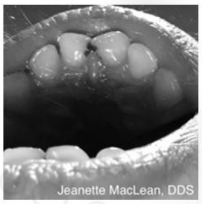
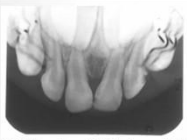
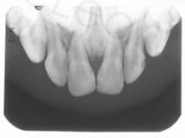
Notice how the arrested lesions did not stain





2/7/18 Jeanette MacLean, DDS 2/13/19 Jeanette MacLean, DDS

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Follow up assessment

- Clinical assessment
  - SDF arrested caries should have a matte black "charcoal briquette" appearance
  - Should feel firm to a perio probe or dycal instrument
  - Do not try piercing it with a sharp explorer
- Radiographic assessment
  - Watch for stability of lesion size
  - Secondary dentin formation
- Patient assessment
  - Asymptomatic
  - Decreased sensitivity

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Frequency of application

- Reapplication frequency varies depending on the clinical trial
  - Do not reapply more than once a week
  - Biannual application is most effective (91% arrest, Zhi et al 2012)
  - Average 80% arrest
- Reassess and reapply in 3-6 months depending on the size and location of the lesion as well as the patient's risk level
  - My approach - Re-evaluate and reapply to cavitations or lesions into dentin in 2-4 weeks, incipient lesions in 6 months
- Once a restoration is placed or the lesion is shiny and hard/smooth, stable and/or asymptomatic, it is not necessary to keep reapplying the SDF

*** It is important to communicate that this is a treatment, not a cure, and proper diet, hygiene, and daily fluoride use will play a critical role in the success of this treatment. Further, if the tooth is non-cleansable and broken down, a restoration is favorable when possible

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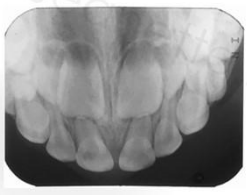

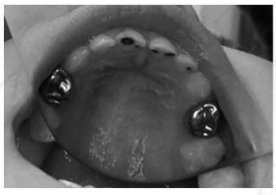

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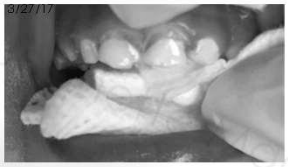
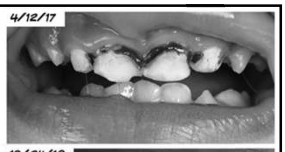
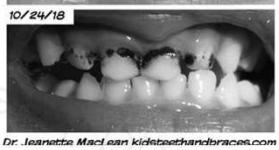
3 year follow up, SDF only







- 2nd opinion = "IV sedation only or risk sepsis"
- Both parents are physicians
- Research and find NYT SDF article
- FIT drinking Pediasure, frequent eating
- Diet and hygiene improve
- SDF applied 4 times; 3/17, 4/17, 10/17, 5/18
- Patient has been seen q6mo, FV applied, no additional cosmetic treatment desired, teeth remain asymptomatic
- Lesions are shiny, hard and arrested

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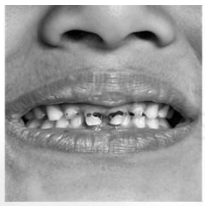

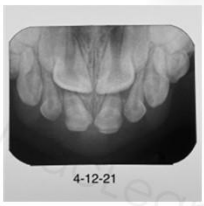

4 year follow up, SDF only

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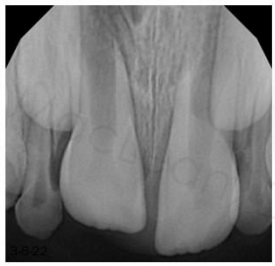
5 year follow up, SDF only



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5 year follow up, SDF only
Dr. Jeanette MacLean
Dr. Jeanette MacLean

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Sometimes you win,
sometimes you lose…
3/8/17
9/20/17
6/21/18
1/31/19
Interproximal SDF on an admitted non-flosser

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3/8/17
9/20/17
6/21/18
1/31/19
Interproximal SDF on an admitted non-flosser

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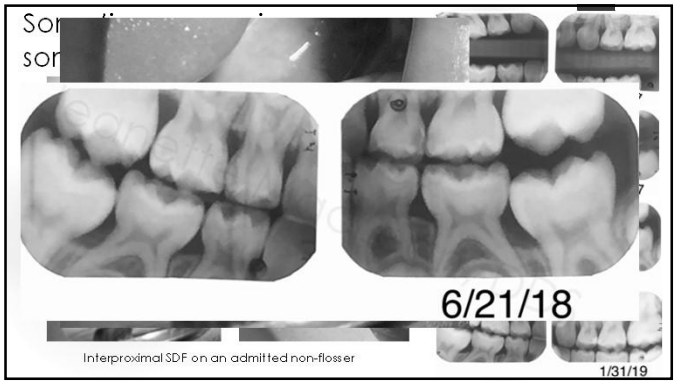
6/21/18
Interproximal SDF on an admitted non-flosser
1/31/19

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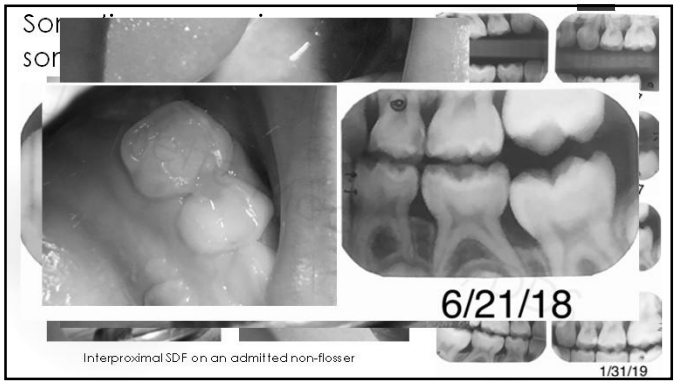
6/21/18
Interproximal SDF on an admitted non-flosser
1/31/19

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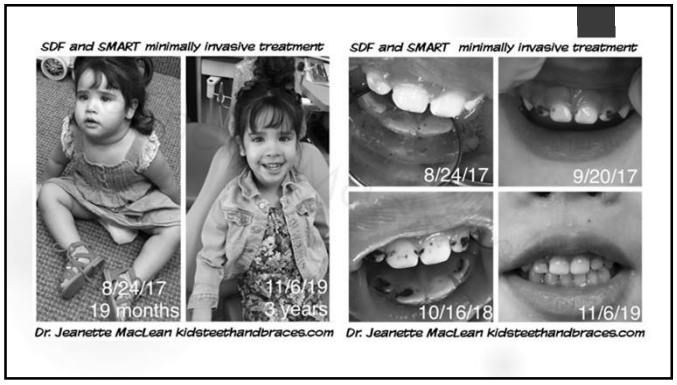
SDF and SMART minimally invasive treatment
8/24/17
19 months
11/6/19
3 years
Dr. Jeanette MacLean kidsteethandbraces.com
SDF and SMART minimally invasive treatment
8/24/17
9/20/17
10/16/18
11/6/19
Dr. Jeanette MacLean kidsteethandbraces.com

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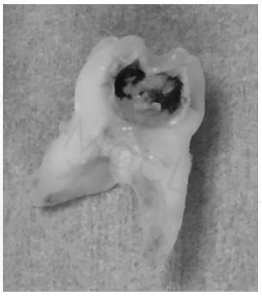
SDF is Not a Cure-all



Extracted primary molar treated with SDF only for 2 years

Jeanette MacLean, DDS

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SDF Pitfalls

- Poor case selection
- Inadequate isolation and drying
- Rinsing
- Light curing
- Not covering with varnish
- Patient/parent is not on board with behavior modification
- "Cure all" or "one and done" mentality
- Lack of understanding of caries etiology
- Delayed placement of a sealed restoration (SMART, Hall) in cavitated lesions that are not easily cleansed or open to saliva

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SDF Pitfalls

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Jeanette MacLean, DDS

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Atraumatic Restorative Treatment (ART)

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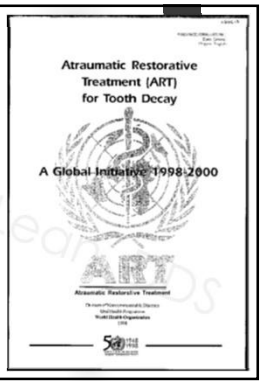
World Health Organization

The Global Promotion of ART

ART was introduced on World Health Day, April 7, 1994, as part of the Year of Oral Health

"The majority of the world's population still suffers from untreated dental decay. The main reason for this is the continued dependency on traditional approaches to oral health care."

"An innovative approach that brings safe and effective care for dental decay to communities without the need for expensive dental equipment is Atraumatic Restorative Treatment (ART). With this approach dental decay is removed solely with hand instruments and the cavity is filled with an adhesive, tooth coloured material which released fluoride."



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The Art and Science of Minimal Intervention Dentistry and Atraumatic Restorative Treatment

By Dr. Jo Frencken

Leading expert on ART and caries

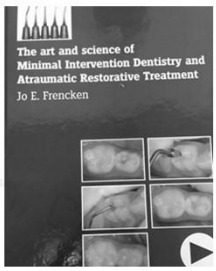
1977 leaves the Netherlands to live and work in Malawi for 3 years, addressing a gap in oral health between the Western world and Africa

WHO ART project manager

"ART combines modern cariology, a biomimetic dental material and patient-centered care." Giving it a place in "the (modern) dental practice and in outreach situations."

Stephen Hancocks Publishing

shancocks@aol.com



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The material of choice for ART is a self-curing, glass ionomer cement (GIC)

- Biocompatibility – mimics dentin
- Ease of use - hydrophilic
- Antimicrobial effect
- Fluoride uptake and release
- Superior marginal seal – via ion exchange and chemical bonding

196

TRAC Research by Rella Christensen, RDH, PhD

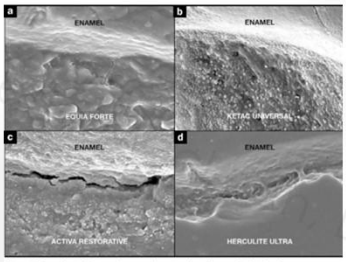

Figure 8. Scanning electron microscope images of replicas made in vivo of one-year margins of restorations serving clinically. **Figures 8a** and **8b** show examples of the excellent margin seal of EQUIA Forte (GC America) and Ketac Universal (3M) conventional glass ionomer (GI) products. **Figures 8c** and **8d** show examples of the separation at the tooth-material interface typical of non-GI, current dental products.

197

TRAC Research by Rella Christensen, RDH, PhD

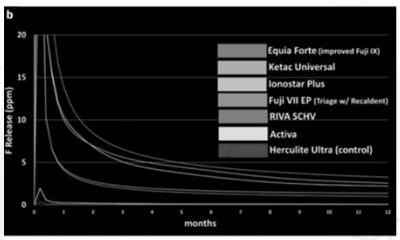

Figure 9. In vitro fluoride release in parts per million from 7 restorative materials we assayed weekly for one year. In **Figure 9a**, the scale of this graph allows the reader to see the typical spike in fluoride release that occurs within the first 24 hours after placement. The scale in **Figure 9b** allows the reader to see the differences in fluoride release among the 7 products tested. EQUIA Forte showed the consistently highest fluoride release throughout the one-year test.

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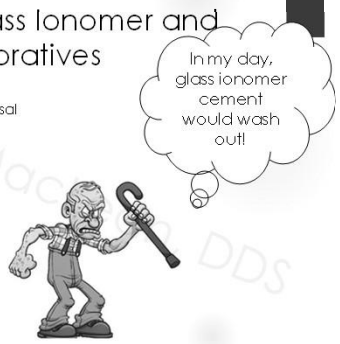
High Viscosity Glass Ionomer and Glass Hybrid Restoratives

- Fuji EQUIA Forte and Ketac Universal
- Amalgam replacement in Europe
- This is NOT an "interim" material
- Bulk-fill



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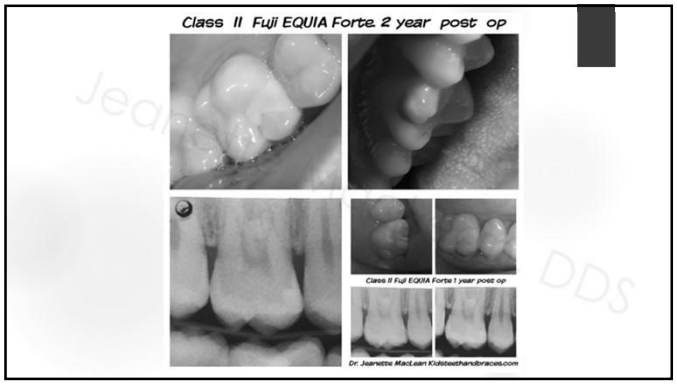
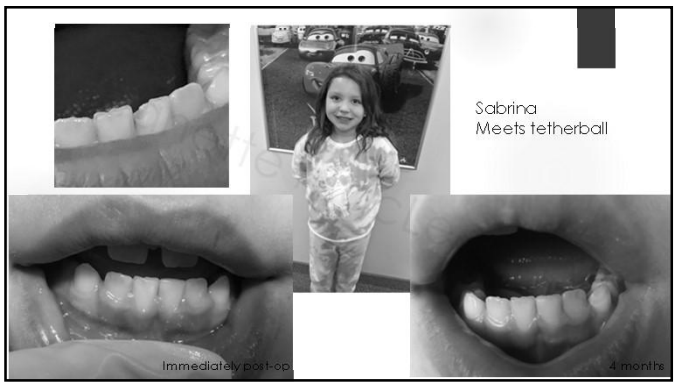


200



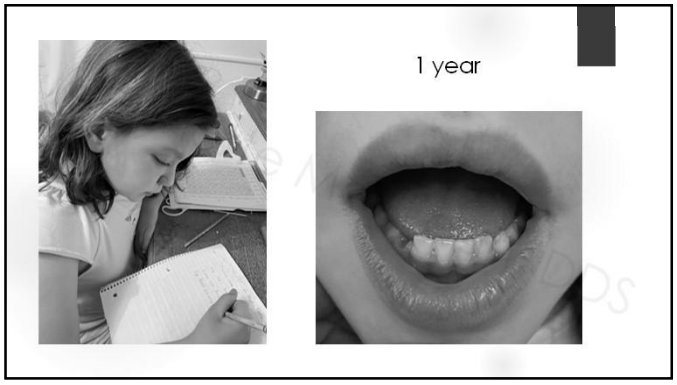
201


abrina
Meets tetherball
EQUIA Forte™ HT Fil
EQUIA Forte™ HT Fil
Immediately post-op
4 months

202


EQUIA Forte HT Dr. Jeanette MacLean
8 months

203


1 year

204

15+ months

205

Controversy over terminology "Interim" vs. "Atraumatic"

- "Interim" implies temporary
  - All restorations have a finite longevity
- "Atraumatic"
  - Placing a restoration in an atraumatic way does not equate "temporary"

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207

Effectiveness of Single-surface ART Restorations in the Permanent Dentition: A Meta-analysis

Frencken et al J Dent Res 2004

"there is no difference in survival results between single surface ART restorations and amalgam restorations in permanent teeth over the first 3 yrs."

RESEARCH REPORTS
Biomaterials & Bioengineering

J.E. Frencken[1*], M.A. van 't Hof[2], W.E. van Amerongen[3], and C.J. Hüngerer[3]

Effectiveness of Single-surface ART Restorations in the Permanent Dentition: A Meta-analysis

ABSTRACT

INTRODUCTION

KEY WORDS: dental caries, atraumatic restorative treatment, ART, permanent teeth, meta-analysis.

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208

Survival of ART and Amalgam Restorations in Permanent Teeth of Children after 6.3 Years

Frencken et al J Dent Res 2006

"We conclude that the restorations produced with the ART approach, with high-viscosity glass ionomer, survived longer than those produced with the traditional approach, with amalgam, in the permanent teeth of young children. We recommend the ART approach as a complement to the preventive activities in the Syrian school oral health programs."

RESEARCH REPORTS
Clinical

J.E. Frencken[1*], D. Taifour[2], and M.A. van 't Hof[3]

Survival of ART and Amalgam Restorations in Permanent Teeth of Children after 6.3 Years

ABSTRACT

INTRODUCTION

MATERIALS & METHODS

Sampling Procedure

Implementation

622

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Frencken re: ART vs. ITR

- "To name as "interim" a dental procedure (ART) that has evidence that its survival percentages is not significantly different from amalgam and resin composite in single-surface cavities is to say that amalgam and resin composite restorations should not be considered permanent procedures."

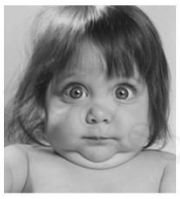
210

Tooth Preparation for ART will vary on a case by case scenario, depending on the patient, the lesion, and the clinical situation, and may involve removal of tooth structure ranging from:

- All
- Some
- or None

211

None…?



212

"When you are considering whether to remove carious tissue in your pediatric patients, evidence-based research suggests that you should make your clinical decision based on hardness and not on a tooth's discoloration."

DR. MARGHERITA FONTANA, ADA ATLANTA 2017

213

The International Caries Consensus Collaboration (ICCC)

- 21 global experts in cariology convene in Belgium, 2015
  - Frecken, Innes, Fontana…
- To address "A gap between research findings and clinical practice. The reasons for this are complex, but contributing factors are inconsistencies in clinical guidelines, dental education, national health care policies, and renumeration systems."
- Findings and consensus publications featured in the 2016 special issue of Advances in Dental Research

Introduction

Managing Carious Lesions: Why Do We Need Consensus on Terminology and Clinical Recommendations on Carious Tissue Removal?

J.E. Frencken[1], N.P.T. Innes[2], and P. Schwendicke[3]

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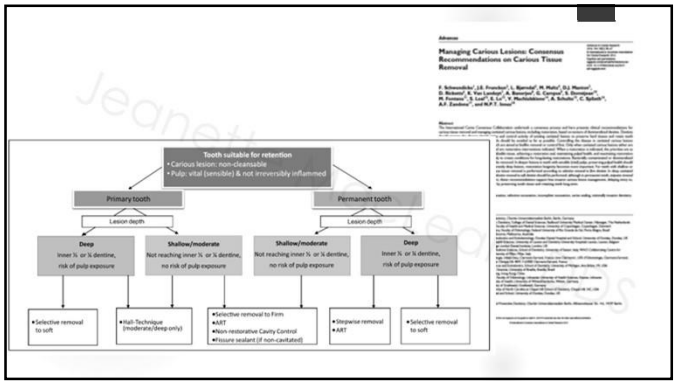
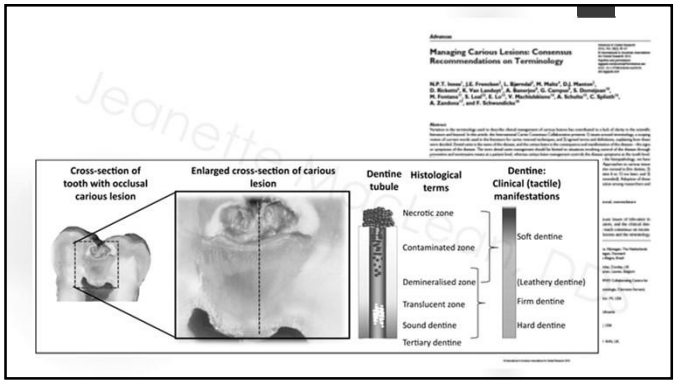


Advances

Managing Carious Lesions: Consensus Recommendations on Carious Tissue Removal

F. Schwendicke[1], J.E. Frencken[2], L. Bjørndal[3], M. Maltz[4], D.J. Manton[5], D. Ricketts[6], K. Van Landuyt[7], A. Banerjee[8], G. Campus[9], S. Doméjean[10], M. Fontana[11], S. Leal[12], E. Lo[13], Y. Machiulskiene[14], A. Schulte[15], C. Splieth[16], A.F. Zandona[17], and N.P.T. Innes[18]

215



Advances

Managing Carious Lesions: Consensus Recommendations on Terminology

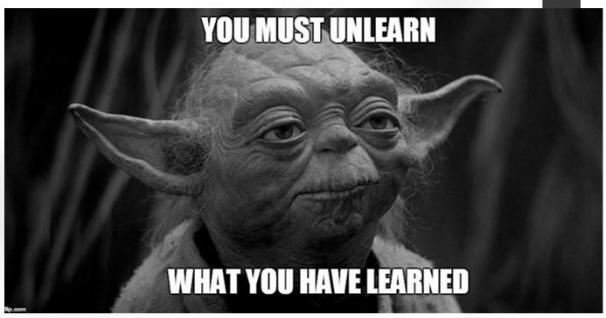
N.P.T. Innes[1], J.E. Frencken[2], L. Bjørndal[3], M. Maltz[4], D.J. Manton[5], D. Ricketts[6], K. Van Landuyt[7], A. Banerjee[8], G. Campus[9], S. Doméjean[10], M. Fontana[11], S. Leal[12], E. Lo[13], Y. Machiulskiene[14], A. Schulte[15], C. Splieth[16], A. Zandona[17], and P. Schwendicke[18]

216

Many US trained dentists are still "Bondodontists"

- Complete caries removal
- Extension for prevention
- Drilling based on color vs. hardness

217



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Contemporary Concepts in Carious Tissue Removal: A Review

"Modern concepts for managing caries and its symptoms (i.e., carious lesions) aim to avoid invasive treatments whenever possible and instead attempt to control the activity of the biofilm and the lesions."


WILEY

Contemporary concepts in carious tissue removal: A review

Falk Schwendicke, Dr. med. dent., DDS, PhD, MDPH

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Glass Ionomer Options

- Fillings with High Viscosity GIC/ GLASS HYBRID RESTORATIVES
  - EQUIA Forte (HT high translucency)
  - Primary Bulkfill Class I, V, Strip Crowns, V, Permanent I,II, III, V (HT)
- Sealants with Low Viscosity GIC
  - Fuji Triage

  (Fuji IX HVGIC also a great option)
- Fillings with Resin Modified Glass Ionomer (RMGI) – a good option for situations in which you want to light cure for speed and/or a resin-like appearance, while still providing fluoride release.
  - Fuji II LC
  - Primary Class II, III (tip – use Fuji coat like bond to finesse/seal)
- Crowns
  - Fuji CEM2

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Cavity Conditioner "PAA" = Polyacrylic Acid

- PAA and phosphoric acid etch for resin composite are NOT the same thing!
- PAA should be used whenever possible for SMART and GIC restorations
- Improves chelation and chemical bond
- A bonding agent is NOT necessary
- GC Cavity Conditioner =
  - 20% Polyacrylic Acid: removes the smear layer to enhance the bond of GIC to enamel and dentin
  - 3% Aluminum Chloride Hexahydrate seals dentinal tubules to reduce sensitivity

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Basic GIC Capsule Mixing Steps

1. Remove from wrapper immediately before use
2. Tap capsule on its side to loosen the glass particles

222

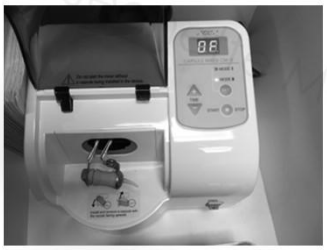
3. To activate the capsule, push the plunger until it is flush with the main body and hold it down for 2 seconds

223

4. Ensure the plunger is fully pressed to avoid the incorrect mixing ratio of powder and liquid
5. The capsule should be activated just before mixing and used immediately

224

5. Place in triturator and mix for 10 seconds



225

5. Set a timer for 2 minutes, 30 seconds
(*** 3.5 minutes with matrix or crown form ***)

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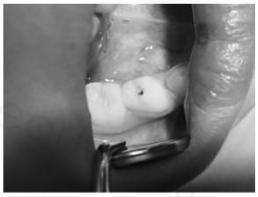
Basic Aesthetic SMART

- SDF applied at exam
- Patient returns in 2-4 weeks for re-eval
- Lesion is matte black and ideally has sound margins
  - Remove soft dentin with hand instruments or slow speed round bur if needed or tolerated, this is optional but it can improve long term retention and performance of the restoration



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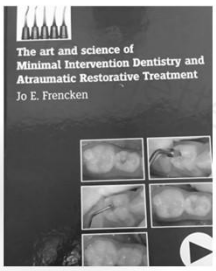


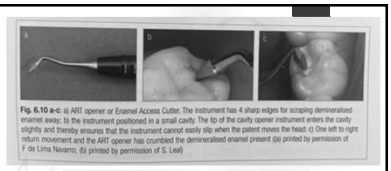
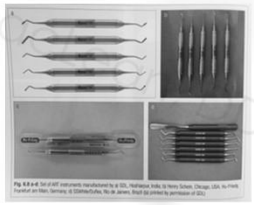


Fig. 6.10 a-c: a) ART opener or Enamel Access Cutter. The instrument has 4 sharp edges for scraping demineralised enamel away; b) the instrument positioned in a small cavity. The tip of the cavity opener instrument enters the cavity slightly and thereby ensures that the instrument cannot easily slip when the patient moves the head; c) One left to right return movement and the ART opener has crumbled the demineralised enamel present (a) printed by permission of F de Lima Navarro; (b) printed by permission of S. Leal)



228

- GC Cavity Conditioner
- Fuji EQUIA Forte
- Equia Forte Coat

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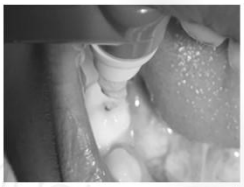
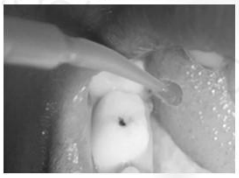
- Clean with plain pumice



- Apply PAA for 10 seconds



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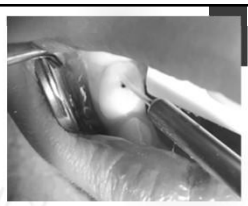
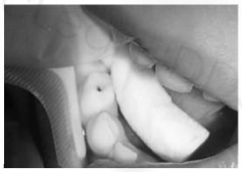
- Rinse, dry, BUT DO NOT DESSICATE
  - ***remember GIC needs moisture to set
  - "rinse" with wet gauze
  - "dry" with dry gauze
  - (vs. air/water syringe)



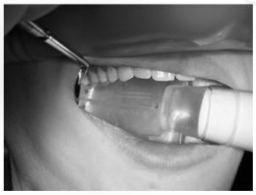
- Isolate



231

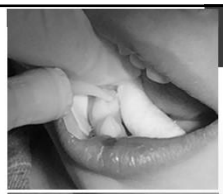
Turn suction isolation systems
WAY down
or OFF

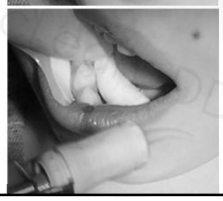
DryShield



232

- Activate and triturate your HVGIC according to the manufacturers specifications
  - In this example I am using Fuji EQUIA Forte
- Set a timer for 2 ½ minutes
- Apply the material to the cavity using the applicator gun (some use their finger, though I feel I have more control with the applicator)





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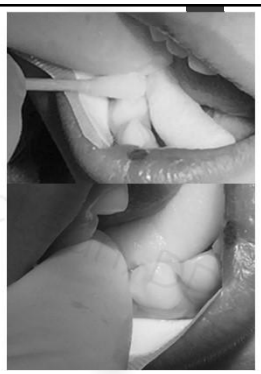
- Working time is SHORT
  - Get into place within approx. 45 seconds (varies depending humidity, package insert specifies 1 minute 15 seconds working time), then leave it alone until the full 2 ½ minutes are up (or longer)
  - Options to press it into place; condenser, damp q-tip, finger, or microbrush/instrument dipped in coat
  - Remove excess (I like a Hollanback)
  - Over manipulating this material beyond the point of it being doughy (i.e. when it starts to get crumbly) will disrupt the glass matrix and the material will fail



234

If it starts to look like parmesan cheese, it's going to fail…

235

- Apply Fuji Coat and light cure
  - Provides a barrier to saliva while the glass achieves/reaches ideal properties
- Light cure 20 seconds

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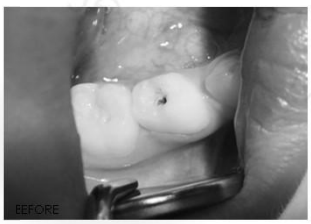
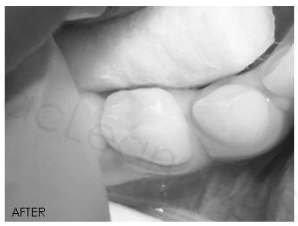
The Finished Product





- Instruct the patient to avoid chewing hard foods for 48 hours

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Affiliated Children's Dental Specialists

Glass Ionomer Cement Post-Op Instructions

- Your child has had their teeth treated with a glass ionomer cement filling or sealant material today.
- For 48 hours, please eat soft foods only, and use caution to avoid hard, crunchy foods while the material reaches its maximum strength and hardness.

Suggested foods:

Soup	Yogurt
Macaroni and cheese	Apple sauce
Scrambled eggs	Oatmeal
Smoothies	Mashed Potatoes
Ice cream	Jello

- It is always a good idea to avoid chewing ice or hard candies to prolong the life of your child's teeth and restorations.

Download at kidsteethandbraces.com

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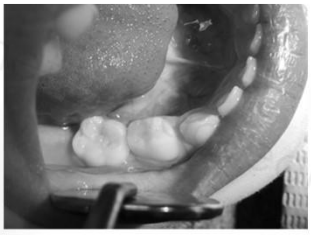
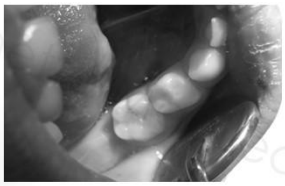
6 month follow-up



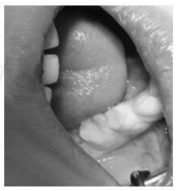
239

12 month follow-up



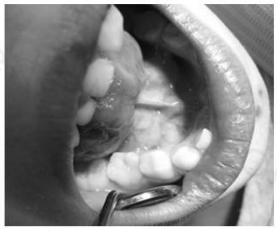
240

18 month follow-up



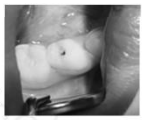
241

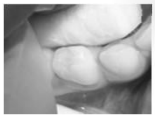
2 year follow-up



242

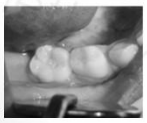
Pre-op, 1 SDF application 2 weeks prior





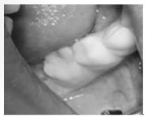
Immediate post-op, no prep, EQUIA Forte A1

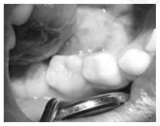
6 months



12 months

18 months

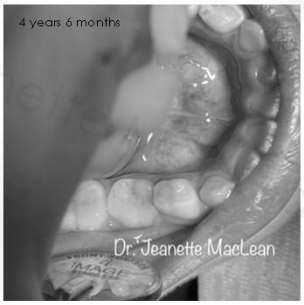




24 months

243

244



245

Case Studies

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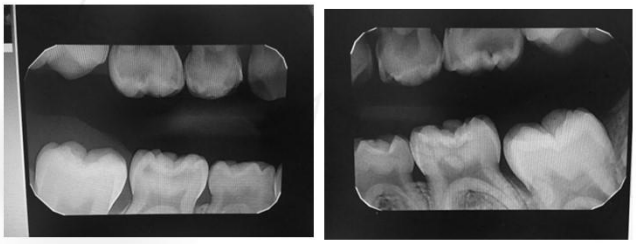
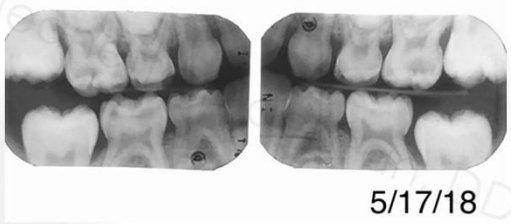
5/1/18 x-rays from previous provider



247



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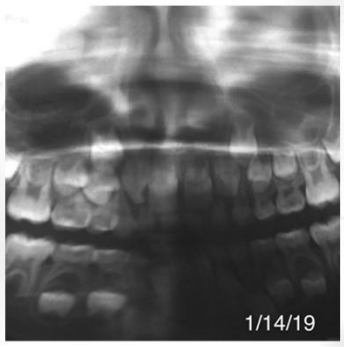
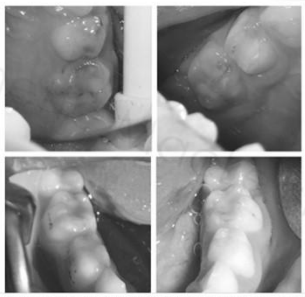


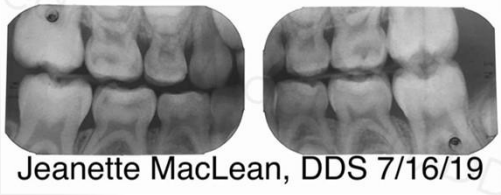
249

1 year later...



Dr. Jeanette MacLean kidsteethandbraces.com

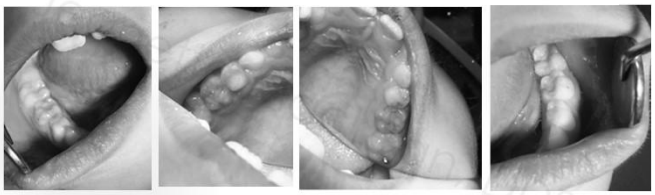
250



Jeanette MacLean, DDS 7/16/19

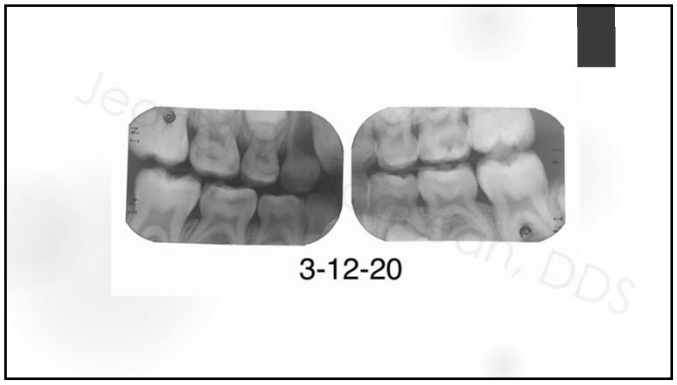
251

Near 2 year follow up

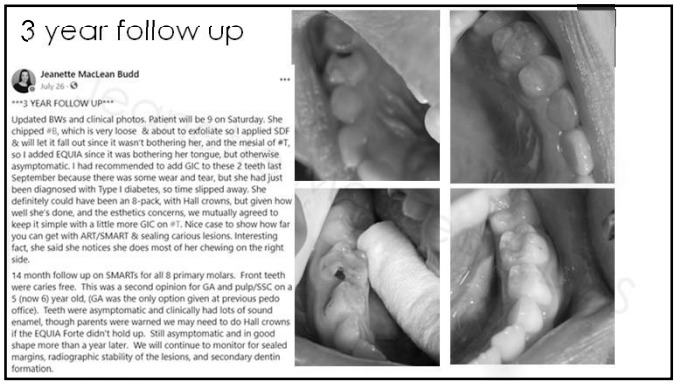


3/12/20

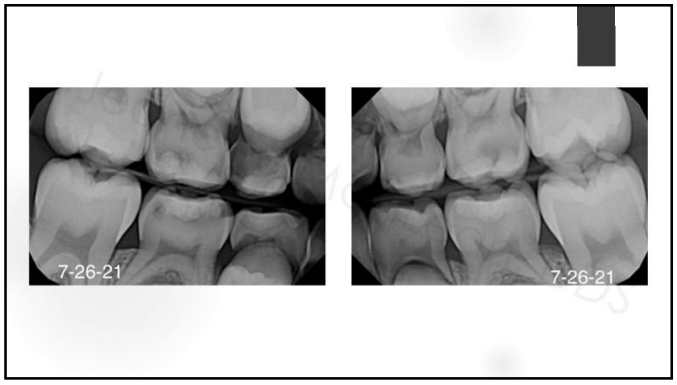
252


3-12-20

253

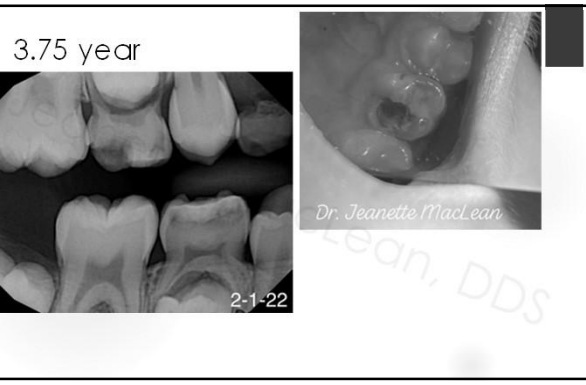

3 year follow up
Jeanette MacLean Budd
July 26 ·
3 YEAR FOLLOW UP
Updated BWs and clinical photos. Patient will be 9 on Saturday. She chipped #B, which is very loose & about to exfoliate so I applied SDF & will let it fall out since it wasn't bothering her, and the mesial of #T, so I added EQUIA since it was bothering her tongue, but otherwise asymptomatic. I had recommended to add GIC to these 2 teeth last September because there was some wear and tear, but she had just been diagnosed with Type I diabetes, so time slipped away. She definitely could have been an 8-pack, with Hall crowns, but given how well she's done, and the esthetics concerns, we mutually agreed to keep it simple with a little more GIC on #T. Nice case to show how far you can get with ART/SMART & sealing carious lesions. Interesting fact, she said she notices she does most of her chewing on the right side.
14 month follow up on SMARTs for all 8 primary molars. Front teeth were caries free. This was a second opinion for GA and pulp/SSC on a 5 (now 6) year old, (GA was the only option given at previous pedo office). Teeth were asymptomatic and clinically had lots of sound enamel, though parents were warned we may need to do Hall crowns if the EQUIA Forte didn't hold up. Still asymptomatic and in good shape more than a year later. We will continue to monitor for sealed margins, radiographic stability of the lesions, and secondary dentin formation.

254

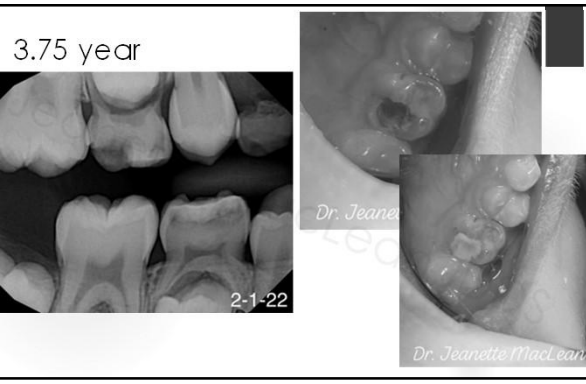

7-26-21
7-26-21

255

256


3.75 year
2-1-22
Dr. Jeanette MacLean

257


3.75 year
2-1-22
Dr. Jeanette MacLean

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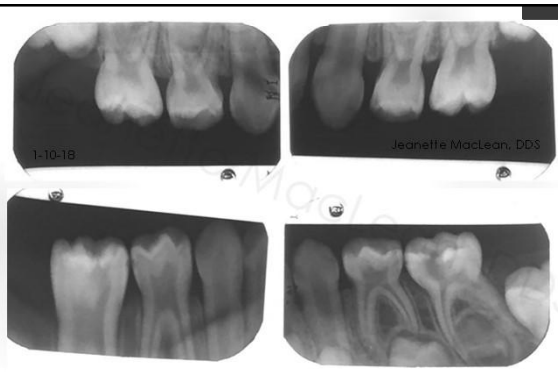
Update

259

Sometimes the x-rays lie…

260



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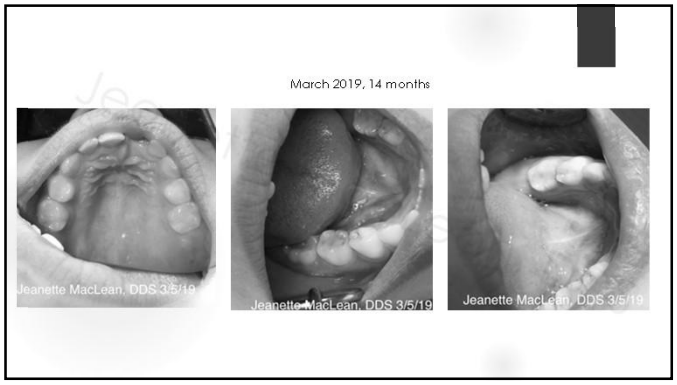
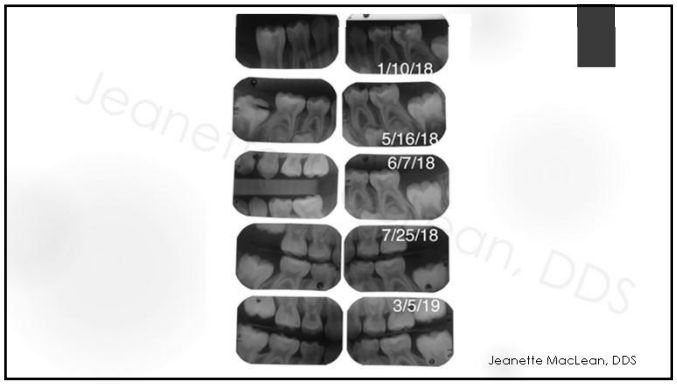

March 2019, 14 months
Jeanette MacLean, DDS 3/5/19
Jeanette MacLean, DDS 3/5/19
Jeanette MacLean, DDS 3/5/19

262


1/10/18
5/16/18
6/7/18
7/25/18
3/5/19
Jeanette MacLean, DDS

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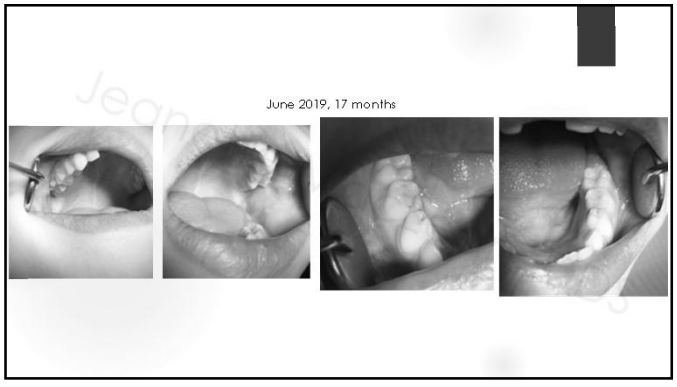
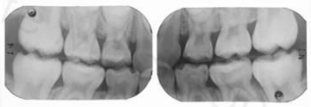

June 2019, 17 months

264

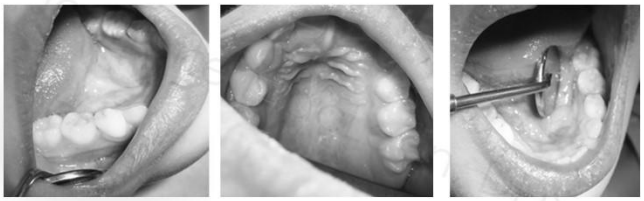
2 year follow up



3/4/20

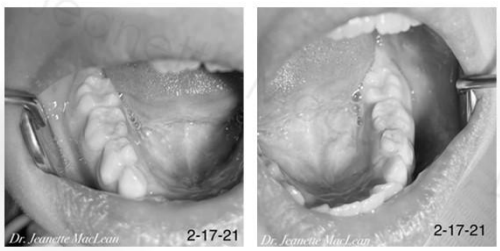
265

2 year follow up



266

3 Year follow up



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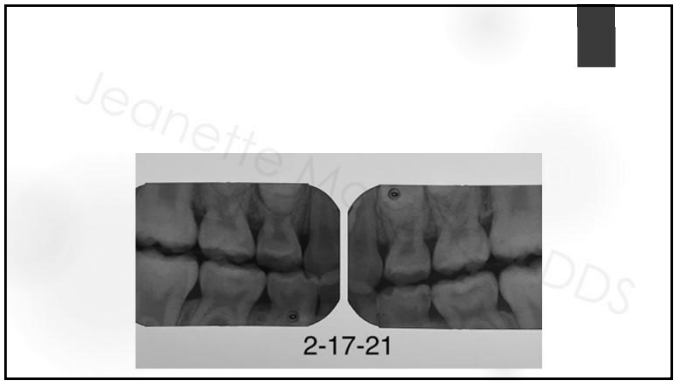

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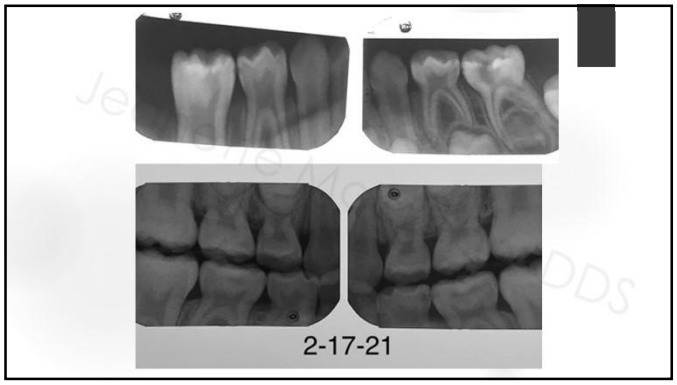

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From Doug Young

- Partial caries removal will always look the same (radiolucent) in the dentin on a radiograph. That goes for active or arrested, remin or demin, or even infected dentin. Enamel lesions often can appear to regress on a radiograph when remineralized but dentin has less mineral by volume and improvement is difficult or impossible to detect on a radiograph. I teach that a radiolucency under a filling can be three things:
  - 1. Recurrent decay
  - 2. Nonradiopaque dental material
  - 3. Partial caries removal (infected, affected, remin, demin, etc.)
- Only recurrent decay needs a new restoration and you simply tell this by clinical exam of the margins. It needs to have an open margin for bacteria to get in. #2 and #3 still have sealed margins....no treatment needed

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CLASS II

271

DENOVO MATRIX SYSTEMS

- GREAT FOR PRIMARY TEETH
- BAND CAN HOLD ITSELF OR USE WITH A C-RING/BITENE RING OR WEDGE
- Average Tooth Sizing:
- - 1st permanent molar size 12
- - 2nd primary molar size 7
- - 1st primary molar size 3
- - Primary
- canine size 1
- Kit available

Matrix Band Refills – Pedo 3/16" (box of 20) Price: $12.95

272

Howe Plier

- Place and remove matrix bands
- Adjust SSCs
- Place wedges

273

EQUIA FORTE FUJI II LC

- Wait longer to remove the matrix
- GIC can stick to metal, especially when not fully set
- Vaseline? (not my preference, could get on the enamel)
- Wait 3.5 minutes (vs. 2.5)
- Check the material with a Hollanback
- Peel back the matrix with an instrument
- Gently slide matrix out to the side

Class II EQUIA Forte Tutorial: Glass Hybrid Restorative...

274

Tips

- Restore entire quad or ½ mouth at a time
  - Utilizing a DryShield (or similar) helps facilitate this
- Minimizes material waste
  - Utilize 1 capsule of GI by bulk-filling and sealing simultaneously
- Shortens appointment time
- More productive for you, easier on the child

275

ADJUSTING AND FINISHING

276

GARRISON POLISHING STONES
FINISHING BURS

Rally™ Composite Mini Polisher Refills

7901CM FG Flame C-Series Carbide (5

5025813U0
UNSPSC #: 42151614

Blade Configuration: 12 Blade
Cutting Length (mm): 3.8
Head Size (1/10 mm): 009
Shape: Flame
US Number: 7901CM
Shank: 31 Friction Grip Standa
Package Quantity: 5/pk

7404CM FG Football I C-Series Carbide (5 P

5025816U0
UNSPSC #: 42151614

Blade Configuration: 12 Blade
Cutting Length (mm): 3.2
Head Size (1/10 mm): 014
Shank: 31 Friction Grip Standard (
Shape: Football
US Number: 7404CM
Package Quantity: 5/pk

- USE WATER SPRAY WITH THE SLOW SPEED LATCH STONE
- BE CAUTIOUS ON EQUIA FORTE WITH BURS, HASN'T REACHED MAXIMUM HARDNESS (LIKE WAITING TO POLISH AMALGAM)

277

278

Twirl it like a sardine can

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Finishing and adjusting

- Use water spray
- Fuji II LC – gold polishing burs work well in high speed
- Caution with EQUIA Forte, it is soft initially
  - Slow speed latch polishing stones work best to adjust without accidentally removing excessive material
  - TIPS for Class II, III, V:
    - Over fill
    - Let it set
    - Cut back with stone under water spray
    - (vs. messing around with the material while it's setting and messing it up)
    - Apply Fuji Coat and light cure 20 seconds
    - (Coat seals the margin and surface defects, leaving an extra smooth surface on final restorations. GC Fuji COAT LC protects against moisture contamination and serves as a protective shield for glass ionomer materials.)

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Dentaltown, March 2020

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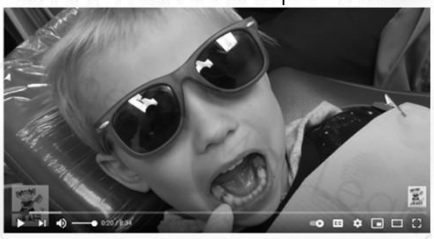
SMART Hall Technique video



SMART Hall Crown Technique With NuSmile Stainless Steel Crowns and Advantage Arrest SDF

467,751 views • Jan 14, 2019 2.4K 256 SHARE SAVE

Affiliated Children's Dental Specialists
6.01K subscribers

YouTube

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Red Flags

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Abuse and Neglect

Prevent Abuse and Neglect through Dental Awareness

P.A.N.D.A

WHAT IS P.A.N.D.A.?

P.A.N.D.A. stands for Prevent Abuse and Neglect through Dental Awareness. Over 3 million reports of child abuse are documented each year. By state law, dentists in every state are required to report suspected cases of child abuse and neglect to authorities.

WARNING SIGNS OF ABUSE

- Loose or fractured teeth
- Bruises or cuts
- Cigarette burns
- Absence of hair from hair pulling
- Immersion or rope burns
- Human bite marks
- Child is dressed inappropriately for the weather (covering bruises, etc.)

WARNING SIGNS OF NEGLECT

- Child is dirty, unkempt or displays poor oral hygiene
- Rampant cavities in a child's mouth
- Untreated pain, infection, bleeding or trauma
- History of a lack of follow-through for care
- Evidence of poor supervision

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AAPD Definition of Dental Neglect

- Dental caries, periodontal diseases, and other oral conditions, if left untreated, can lead to pain, infection, and loss of function. These undesirable outcomes can adversely affect learning, communication, nutrition, and other activities necessary for normal growth and development.
- Dental neglect is willful failure of parent or guardian to seek and follow through with treatment necessary to ensure a level of oral heath essential for adequate function and freedom from pain and infection.

285

Think before you act.

- Do they understand?
- Do they have the financial means?
- Do they have transportation?
- What are the barriers?

286

When to Refer

287

When should you refer to a pediatric dentist, orthodontist, or other allied health professional ?

288

When in doubt, refer them out!

- Don't try to be a hero
- If you don't know what you're doing and/or don't have the proper materials and experience, refer out to someone who does

289

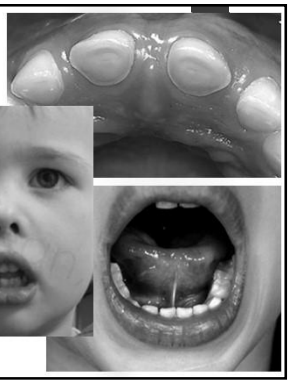
Just because you don't treat it, doesn't mean you can't screen for it!

290

If you see something, say something

"(Dental Home) land Security"

- Mouth breathing
- Narrow, high-vaulted palate
- Erosion
- Tethered oral tissue
- Dry, cracked lips
- Bruxing
- Snoring
- Obstruction
  - Tonsils, Adenoids, Turbinates, Allergies, Large tongue



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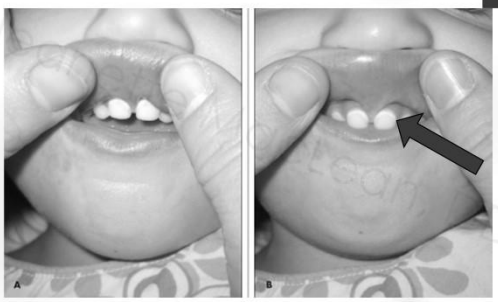
"The Flavor Savor"



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Find your teammates!

- GP
- Pediatric Dentist
- Orthodontist
- Oral Surgeon
- Periodontist
- TMD Specialist
- Myofunctional Therapist
- Pediatrician
- ENT

Team Approach to Comprehensive Care

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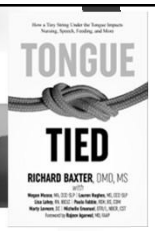
The New York Times

Texas Boy Speaks Clearly for First Time After Dentist Discovered He Was Tongue-Tied

Dr. Amy Luedemann-Lazar

TONGUE-TIED ACADEMY



Tongue- and lip-ties are causing heartache for the families you serve.

Dr. Richard Baxter

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https://mymyomyhealth.com/teletherapy

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Airway Screening Questions

DOES YOUR CHILD...

- SNORE ?
- HAVE LOUD BREATHING WHEN ASLEEP ?
- HAVE NASAL CONGESTION ?
- BREATHE MOSTLY THROUGH HIS OR HER MOUTH ?
- HAVE YOU EVER OBSERVED YOUR CHILD PAUSE IN HIS OR HER BREATHING DURING SLEEP ?
- IS YOUR CHILD A RESTLESS SLEEPER ?
- IS YOUR CHILD EXCESSIVELY SLEEPY ?
- IS YOUR CHILD HYPERACTIVE OR INATTENTIVE ?

THE BREATHE INSTITUTE
Breathing Is The Beginning

DR. SOROUSH ZAGHI

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THANK YOU

@drmaclean

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For more information;

@drmaclean

Affiliated Children's Dental Specialists

info@Kidsteethandbraces.com

YouTube Affiliated Children's Dental Specialists

dentaltown

Less is More: Minimally-Invasive Cosmetic Treatment Options for Enamel Defects

Hall Technique Webinar
Icon, MI Paste, Etch Bleach Seal Webinar

ACES
ADVANCED CONTINUING EDUCATION SYSTEMS

Live interactive monthly webinars
Pediatric Dentistry for the GP
Pulp Therapy and SSCs

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QUESTIONS

300