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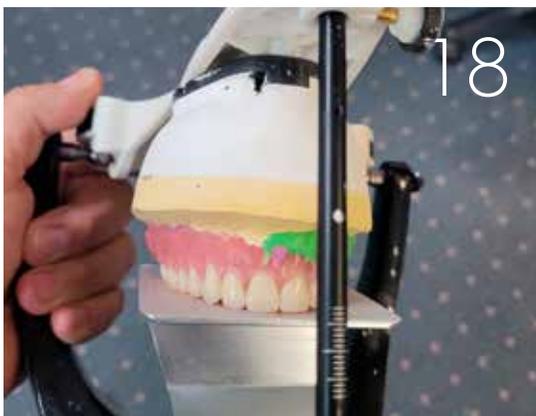
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What's Your Why?



By Danielle Wuensche

FDLA President

I am still on a natural high coming off the 2023 FDLA Southern States Symposium this past June. I hope you were able to attend the meeting. Whether you did or did not, I want to let you know that the presentation from Anton Wolf of the Argen Corporation really sat with me. He pulled back the curtains of his operations and shared the importance of vision, strategy, and metrics for running a successful organization. I really loved how Anton presented specific examples and tips. Now that we are three quarters into the year, don't get frustrated if you haven't achieved your goals. Or maybe you didn't set any goals at all. That's still okay. Let's take a positive approach and recognize that you still have three months left to draft, plan and implement a plan – professionally and personally.

Professional Vision and Strategy

A clear professional vision serves as your North Star, guiding your actions and decisions. It's not just about what you do; it's about why you do it. Ask yourself, what is your ultimate goal as a dental technician? Is it to create highly esthetic restorations, improve patient lives, or advance dental technology as a whole? Your vision should reflect your deepest passion and purpose.

Once you have your vision in place, it is time to craft a strategy. A strategy is the roadmap that leads you toward your vision. It includes setting achievable goals, breaking them down into manageable steps, and continuously evaluating and adapting your approach. Whether it

is mastering a new technique, investing in advanced equipment, or expanding your skill set, your strategy paves the way for success.

Personal Vision and Strategy

While your professional life is undoubtedly essential, your personal life should not be neglected. I have seen all too much lately my dental technician peers who are simply burnt out. Just as you fabricate dental restorations to perfection, you should also strive to shape your personal life with intention. What is your vision for your personal growth and well-being? Is it achieving a better work-life balance, pursuing further education, or nurturing meaningful relationships? Your personal vision should harmonize with your professional one, creating a holistic life strategy.

With your personal vision in mind, develop a strategy to bring it to fruition. This may involve setting aside time for self-care, setting boundaries, or seeking support from mentors and peers. Remember that personal growth not only enriches your life but also enhances your professional performance.

The synergy between professional and personal vision and strategy is the key to your success as a dental technician. Your vision fuels your passion, and your strategy transforms your dreams into reality. As you continue your journey in the field of dental technology, remember that with a clear vision and a well-crafted strategy, there are no limits to what you can achieve. So, dream big, plan wisely, and let your vision guide you to greatness, both professionally and personally.

Your vision fuels your passion, and your strategy transforms your dreams into reality.



FDLA Mission

Advancing the individual and collective success of Florida's dental laboratory professionals to enhance oral health care.

Values Statement

INTEGRITY - being honest and open in all that we do

LEADERSHIP - being the guiding light in a changing environment

RECOGNITION - honoring those committed to our industry

SAFETY - promoting safe and quality driven manufacturing practices

INNOVATION THROUGH COLLABORATION - fostering an environment where creative and inspiring ideas are encouraged to enhance patient care



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Innovations in OVERDENTURES

According to various surveys and studies, the world's population of 65+ year olds is continuing to grow.¹ Included in those surveys, 6-10 percent of the world's population, or roughly 300 million people, are also edentulous, meaning they do not have any natural teeth. Noted in these studies is the assumption that those in first-world countries have less edentulism compared to those in third-world countries. When thinking about this, some factors that may support this assumption are types of diet, lifestyle, culture, and access to preventative healthcare and treatment options.

Being able to plan the case using guided surgery software allows us to give informed options to the clinician.

As dental health care providers, why should we look into the aging edentulous population? Österberg, et. al., (2010), claim that edentulous patients are less likely to receive the proper nutrients due to the lack of masticatory function.² This means that the patient is not able to consume the proper nutrients to sustain themselves, and therefore, may experience failing health. As a community and society, we should help these patients improve their ability to consume the proper nutrients by providing restorative options to treat their edentulism.³ When a clinician discusses edentulous options for the patients, there are many factors that should be considered, including bone quality, patient lifestyle, overall health, and finances.

When a lab receives an edentulous case with just impressions or models, and the lab script says, "call me," you know that the clinician wants to discuss the options available to restoring the case. As the extension of the clinician, a dental lab should be informed about the latest and greatest solutions to restore edentulous

cases. In my experience working as the implant lead and surgical guide consultant in the lab, we would offer different options to the clinician based on VDO, bone quality (if CBCT available), anatomical landmarks, occlusal forces, class of occlusion, patient profile, clinician's desired outcome, and of course, cost.

Being able to plan the case using guided surgery software allows us to give informed options to the clinician based on what the patient presents with, and based on what we, as a lab, can provide the clinician. For example, based on material specifications and occlusal space available, we can say that an implant supported overdenture will need 8-10mm of VDO to make an adequately strong denture. Most fixed cases, based on material manufacturer's recommendations and industry standards, require 12-14mm of VDO space. If we have more space, there are more options. If we use 8-10mm of vertical as our minimum space requirement, then most, if not all, edentulous patients would be candidates for an implant overdenture.

Tissue supported, implant-retained overdentures bring retention and securement to patients who have experienced severe atrophy to their maxillary and mandibular arches. Traditional dentures are secured by suction, aided by denture adhesives. When the bone atrophies due to reduced vascularity caused by missing teeth and other factors, however, the anatomical support structures, such as the palate in the maxilla, are no longer effective in aiding retention. This is when implants can come to the rescue.

In the past, the idea that implants placed to support an overdenture had to be perfectly parallel was industry standard. This was because at the time, there were numerous studies on the efficacy and survivability of this treatment modality when implants were placed parallel. If we are to hold fast that all implants need to be parallel to support overdentures, then patients who need surgical augmentations to avoid sinuses and nerves may not be candidates because the added expense of these additional procedures may be cost prohibitive for them to proceed with surgery.

Now, there are many ways to correct tilted implants. We can do custom cast, custom weld, custom milled, custom overdenture bars, or even use a stock overdenture abutment that has an angle correction feature. In fact, traditionally, maxillary implant overdenture cases were recommended to be supported by a bar to disperse the occlusal forces due to the maxillary bone being softer. There are recent studies showing that maxillary implant supported overdentures are successful as immediate load unsplinted implant retained cases.⁴

When choosing the parts and pieces to restore the overdenture case, there are tips and tricks to consider.

Tip 1: Emergence profiles.

Make sure that the overdenture attachment you provide for the case is going to match the emergence profile established during the healing phase. Choosing an abutment that has a 3.8mm diameter won't fit into a healed site that used a 3.3mm wide healing abutment. For those companies, like Straumann and Neodent, who make their own attachments, sticking with the OEM versions will help avoid tissue impingement concerns.

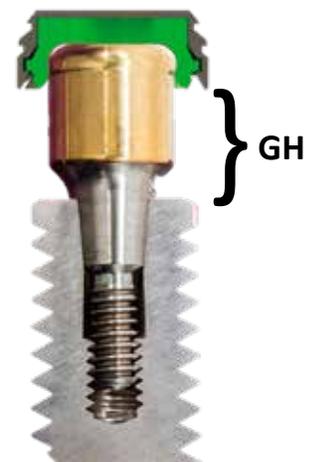
Maxillary implant supported overdentures are successful as immediate load unsplinted implant retained cases.



Sample of attachments with contoured emergence profiles

Tip 2: Abutment GH selection.

When measuring the height needed for the implant site, you must choose the highest gingiva at the site and order that height. Most overdenture attachments have a built-in portion at the top of the abutment that will accommodate the cap as it snaps on. For example, if you measure the M/D/B/L gingiva to be 5/3/4/4, you should choose the 5mm GH abutment, or the next one up if there is no 5mm. Then, when the cap is snapped on at that site, the bottom of the cap should not touch the tissue, or slightly touch the tissue. If you select an abutment that is too short, the cap will sit closer to the tissue, which may cause tissue blanching and discomfort for the patient. If the cap is too close to the gingiva, there may also be resistance to the cap, which may prevent the housing from fully snapping or engaging properly.



Order what you measure



Sample of angled attachments

Tip 3: Abutment Level impression taking.

In order to obtain the most accurate positioning of the overdenture abutments, the clinician should take a final impression of the overdenture abutments torqued in. This is to ensure that the final position of the abutment is stable and fully seated. If the lab were to process and finish a denture over abutments that were ordered by the lab and hand tightened in the lab, the position of the abutments may be different when they are torqued in the patient's mouth. Therefore, when doing a lab processed denture, the clinician should send an abutment level impression using a rigid impression cap like the Novaloc Forming/fixing matrix. Using a soft impression material or a soft impression cap may cause deviation at the impression phase as well as the analog insertion and model pour phase. Using the Novaloc Forming/fixing matrix as the impression cap and the try-in/base plate housing will also allow you to confirm the model work was done properly because if it doesn't fit, then either the impression was off or the model pour was off.



Novaloc impression coping used as baseplate try-in housing



Example of poor abutment level impression



Example of clean abutment level impression

Using a block out wax or other material can prevent the base plate acrylic from grabbing onto the abutment.

Tip 4: Use proper block out rings.

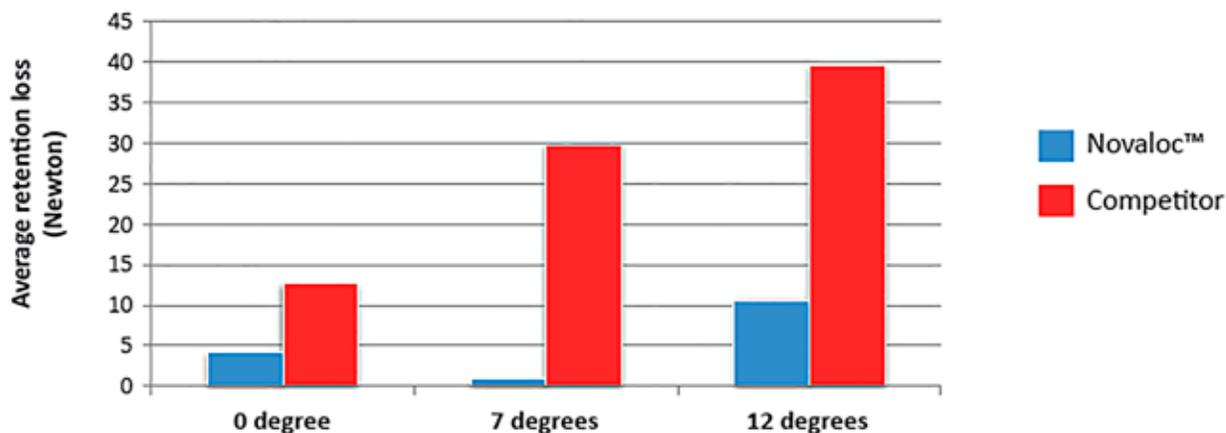
When doing a denture process and finish or a chairside pick up, it is important to prevent acrylic from grabbing underneath the lobe of the abutment and "locking in" the denture. Using a block out wax or other material can prevent the base plate acrylic from grabbing onto the abutment. Using as many of the block out rings as needed to create a solid column underneath the housing is recommended if the abutments are sitting much higher than the tissue.



Example of proper "blocking out" technique for overdenture pick-up

Test results - loss of retention

The determined average values of the retention loss after 2880 cycles (roughly equivalent to 2 years) of Novaloc™ retention inserts were compared to the results of a similar matrix system.



The test results and the comparison speak for themselves: The Novaloc™ retention inserts keep their retention force stable even after 2 years. The maximum loss of retention of Novaloc™ (24 %) compared to the competitors (47 %) is significantly lower.

http://www.valoc.ch/docs/de/Study_report_Novaloc_matrix_system_03_2014.pdf?m=1404823215&

Tip 5: Use the right liner system.

There are alternative housings and liner systems out there now that provide a different retentive solution that are designed to provide a more retentive “mechanical” and durable liner, instead of the traditional soft nylon liners. For example, the Novaloc Liner system uses PEEK as its liner material. PEEK is hydrophobic so it is less susceptible to moisture absorption, deformation, and drying. Some patients may experience an unusual loss of retention while using the traditional system, which may cause them to see their clinician more often to replace the liners. Loss of retention and frequency of maintenance visits is a time zap for clinicians and patients, which is why some clinicians stay away from overdentures. Using a liner system designed to stay retentive under function means that the patient should not have to come in as often when compared to the traditional system. Due to the different liner material of the Novaloc system, there are some new tools and auxiliary components needed in order to use the Novaloc system.

As dental technicians and health care providers, it is up to us to be up to date on the latest solutions out there and to support all restorations that may help the patients. It is our job to support the aging community as they rely on new innovations to return their function, their smile, and their livelihood.



Example of Novaloc Matrix Housing system with PEEK Liner.



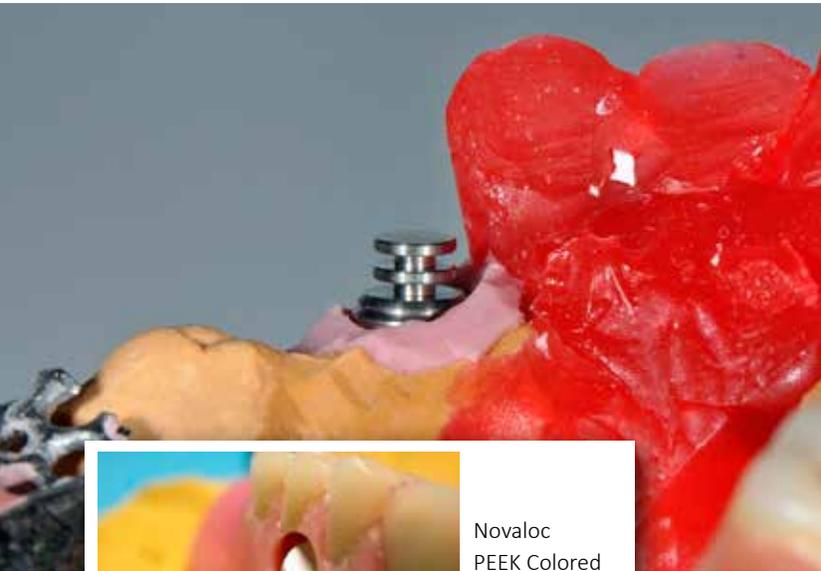
Special tooling needed to service Novaloc system.



Left: Using heated housing extraction tool to remove Novaloc housing



Left: Angled lab abutment level analog



Left: Extended height housing for additional retention
Above: Normal metal housing and common metal showing through



Novaloc PEEK Colored housing as alternative to metal housing

About the Author

John Luangrath, CDT, has been in dentistry for over 20 years. John was formally trained in Dental Technology at Diablo Valley College in Northern California, which included dentures. Shortly after, John started working at Arrowhead Dental Lab, a 250 person dental lab in Utah. While at Arrowhead, John was the implant team lead and was integral in growing the implant solutions offered at the lab, mainly focusing on full arch cases and guided surgery. John holds a BA from UCLA as well as completed the pre-dental requirements, and a Master in Public Administration from BYU. His CDT specialty is in Implants and he is currently the Associate Director of Product Management for Prosthetics on the Challenger brands at Straumann Group. He is currently enrolled in the American College of Denturism to further his clinical knowledge and understanding of all things overdentures. He enjoys working in the yard, fishing, playing tennis, and spending time with his three children and wife in all that New England has to offer. 



References:

- 1 Edentulism (%) in elderly in selected countries (Dye et al., 2012; Emami et al., 2013; Peltzer et al., 2014; Polzer et al., 2010).
- 2 Österberg, T., Dey, D. K., Sundh, V., Carlsson, G. E., Jansson, J. O., & Mellström, D. (2010). Edentulism associated with obesity: a study of four national surveys of 16 416 Swedes aged 55–84 years. *Acta odontologica Scandinavica*, 68(6), 360–367. <https://doi.org/10.3109/00016357.2010.514721>
- 3 Ellen, M.E., Demaiio, P., Lange, A., Wilson, M.G., December, 2017. Adult Day Center Programs and Their Associated Outcomes on Clients, Caregivers, and the Health System: A Scoping Review, *The Gerontologist*, Volume 57, Issue 6, December 2017, Pages e85–e94, <https://doi.org/10.1093/geront/gnw165>
- 4 Choi, DoHeum, "Immediate Loading Of 4 Guided Implants Supporting A Maxillary Overdenture Using A Novaloc Retention System" (2022). Graduate Theses, Dissertations, and Problem Reports. 11206. <https://researchrepository.wvu.edu/etd/11206>

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By NADL Chief Staff Executive Bennett Napier, CAE

FLORIDA SALES TAX ISSUE AND Dental Laboratories

Sales tax is generally a state-by-state issue. This article is specifically related to Florida law (Florida Statutes 212.08) and the corresponding administrative rules that implement Florida law.

This article addresses the most basic questions from a traditional dental laboratory business model workflow.

In Florida, finished devices produced by a dental laboratory sold to a licensed dentist are considered a medical device and thus exempt from sales tax. A model, however, is taxable as it in and of itself is not a medical device. This is a core distinction that is common in most states relative to state sales tax law.

Over the years, the FDLA has sought direct input from the Florida Department of Revenue

on specific scenarios to ensure its members have clear guidance. Any government response is based on “specific facts and circumstances.” As with any law, each individual business is encouraged to have their CPA and/or tax attorney review their specific business model and supply chain workflow to assess any legal compliance issues.

This article addresses the most basic questions from a traditional dental laboratory business

model workflow. The excerpted portion of the Florida Sales Tax Rules under Administrative Rule addresses those elements related to dentistry:

12A-1.021 Prosthetic and Orthopedic Appliances

(1)(a) Prosthetic and orthopedic appliances are exempt. The term "prosthetic and orthopedic appliances" means any apparatus, instrument, device, or equipment used to replace or substitute for any missing part of the body, used to alleviate the malfunction of any part of the body. Such apparatus, instrument, device, or equipment is exempt according to an individual prescription or prescriptions written by a duly licensed practitioner, or according to a list prescribed and approved by the Department of Health and certified to the Department of Revenue. For purposes of this rule, a "licensed practitioner" includes a dentist duly licensed under Florida law.

The list of tax-exempt prosthetic and orthopedic appliances is contained in Form DR-46NT, Nontaxable Medical and General Grocery List (incorporated by reference in Rule 12A-1.097, F.A.C.).

(2) Taxpayers who have a question concerning the taxable or exempt status of a prosthetic or orthopedic appliance may submit a written request to the Department, containing the name and a description of the appliance and its recommended use, for a determination of taxability of the appliance. The written request should be addressed to the Florida Department of Revenue, Technical Assistance and Dispute Resolution, P. O. Box 7443, Tallahassee, Florida 32314-7443.

(3)(a) Materials and supplies that are incorporated into and become a component part of a prosthetic appliance or device that will be dispensed by dentist licensed in the State of Florida to a patient pursuant to a prescription written by a licensed practitioner are not subject to sales or use tax.

(b) A licensed dentist, or its authorized representative, may extend an exemption certificate to the selling dealer certifying that materials and supplies purchased will be incorporated into and become a component part of a prosthetic appliance or device that will be dispensed to a patient pursuant to a prescription written by a licensed practitioner. No exemption certificate is required when:

1. The item is listed as an item exempt from tax in Form DR-46NT, Nontaxable Medical Items and General Grocery List; or,
2. The label of the material or supply indicates that it must be dispensed under federal or state law by the prescription or order of a licensed practitioner and that it is intended for use on a single patient.

(c) Expendable materials, supplies, and other items that do not become a component part of, or accompany, a prosthetic or orthopedic appliance dispensed to a patient are subject to tax.

As with any law, each individual business is encouraged to have their CPA and/or tax attorney review their specific business model and supply chain workflow to assess any legal compliance issues.



(d) The following is a suggested exemption certificate to be issued to purchase materials and supplies purchased that will be incorporated into and become a component part of a prosthetic appliance or device at the time of purchase exempt from tax (**Fig. 1**).

(e) The selling dealer is only required to obtain one certificate for sales made for the purposes indicated on the certificate and is not required to obtain an exemption certificate for subsequent sales made to the same licensed dentist or authorized representative.

The selling dealer must maintain the required exemption certificates in its books and records until tax imposed by Chapter 212, F.S., may no longer be determined and assessed under Section 95.091(3), F.S.

(f) Dealers must maintain copies of exemption certificates required under the provisions of this rule until tax imposed by Chapter 212, F.S., may no longer be determined and assessed under Section 95.091(3), F.S. Electronic storage of the required certificates will be sufficient compliance with the provisions of this rule.

Rulemaking Authority 212.08(2)(a), (b), 212.17(6), 212.18(2), 213.06(1) FS. Law Implemented 95.091(3), 212.06(1), 212.07(1), 212.08(2), 212.085, 212.12(6)(a), 213.37 FS. History—Revised 10-7-68, 1-7-70, Amended 1-17-71, Revised 6-16-72, Amended 6-9-76, 6-26-78, 12-31-81, Formerly 12A-1.21, Amended 12-8-87, 7-12-10.

As an additional resource to dental laboratories in Florida, a formal letter (**Fig. 2**) from the Florida Department of Revenue in response to a request from the Florida Dental Laboratory Association is provided as part of this article.

Figure 1

EXEMPTION CERTIFICATE

Materials and Supplies that Become a Component Part of a Prescribed Prosthetic Appliance

I, the undersigned individual, as a practitioner licensed in the State of Florida, or an authorized representative of a licensed dentist, certify that the materials and supplies purchased on or after _____ (date) from _____ (Selling Dealer's Business Name) will be incorporated into and become a component part of a prosthetic appliance or device that will be dispensed pursuant to a prescription written by a licensed practitioner.

I understand that if I use the materials or supplies for any nonexempt purpose, I must pay tax on the purchase price of the item directly to the Department of Revenue.

I understand that if I fraudulently issue this certificate to evade the payment of sales tax, I will be liable for payment of the sales tax plus a penalty of 200% of the tax and may be subject to conviction of a third-degree felony.

Under the penalties of perjury, I declare that I have read the foregoing Certificate and that the facts stated herein are true.

Name of Licensed Dentist: _____

Florida License Number: _____

Address: _____

Name of Authorized Representative: _____

Date: _____

Jan 27, 2003

Re: Technical Assistance Advisement 03A-003 Sales and Use Tax - Sales to Dental Labs

Section: 212.08, Florida Statute, Administrative Rules: 12A-1.020, 12A-1.021, F.A.C.

This letter is a response to your petition dated December 3, 2002, for the Department's issuance of a Technical Assistance Advisement ("TAA") concerning the above referenced party and matter.

FACTS

The petition sets forth the following facts:

[Taxpayer] is in the business of developing, manufacturing and selling dental and dental laboratory products.

[Taxpayer] is located outside the state of Florida, but sells to customers (commercial dental laboratories) within the state of Florida, and has nexus with Florida. Therefore, [Taxpayer] is required to collect applicable [sales and] use tax from Florida customers.

Most of [Taxpayer]'s products that are sold to dental laboratories become a component part of the dentures, dental crowns, bridges, and other products manufactured by the dental labs for sale to dentists. A few products, such as impression material and composites, are purchased by the dental labs for resale to dentists without any change in form.

The following is a list of the [Taxpayer]'s products that are sold to dental labs:

ALLOYS - metals that are used to make the framework or structure that is the base for a dental crown, cap or bridge. These alloys can be made of a combination of precious metals, mostly a gold and palladium mixture, or of non-precious metals, such as nickel or chrome-cobalt. In some cases, the [Taxpayer] will sell the precious metal in its pure form to dental laboratories for specific applications.

PORCELAIN - material that is applied as a veneer over the metal base of a dental crown, cap or bridge.

COMPOSITES - materials that are used to manufacture bridges, crowns, inlays, etc. (Note: This should not be confused with composites [that] are used by dentists to cement dental work or as a chair-side restorative.)

IMPRESSION MATERIAL - this is used by a dentist or doctor to take an impression of the patient's mouth. From the impression a working model is produced to simulate the patient's upper and lower teeth.

DENTAL OFFICE MATERIALS - Laboratories will rarely purchase dental office composites, impression materials, or bonding agents [that] will then be resold to dentists without a change in form.

The sale of all of the above items by [Taxpayer] is subject to federal regulation by the Food and Drug Administration ("FDA"). Under section 21 of Code of Federal Regulations, these devices must bear the language "Caution: Federal law restricts this device to sale by or on the order of a dentist". See 21 C.F.R. 801.109 for this application.

Under proposed rules, currently being treated as FDA regulations by the FDA, this statement can be reduced to "Rx Only".

[Taxpayer] also sells relatively small amounts of supplies to the labs, such as abrasives, which are used by [Taxpayer]'s customers in manufacturing the dental crowns and other dental products, etc. Machinery and equipment are also sold to the dental labs.

[Taxpayer] intends to charge the dental labs use tax on the sale of such items.

REQUESTED ADVISEMENT

Advice is requested on the taxability of the various products and proper documentation required for exempt sales.

LAW AND DISCUSSION

Section 212.08(2), Florida Statutes, provides in part:

(2) EXEMPTIONS; MEDICAL.

(a) There shall be exempt from the tax imposed by this chapter any medical products and supplies or medicine dispensed according to an individual prescription or prescriptions written by a prescriber authorized by law to prescribe medicinal drugs....

(f) Sales of drugs to or by dentists in connection with medical treatment are exempt.

continued

Rule 12A-1.020(6)(a), Florida Administrative Code, provides:

(6)(a) Medical products and supplies used in the cure, mitigation, alleviation, prevention or treatment of injury, illness, disease or incapacity are taxable, unless:

1. Temporarily or permanently incorporated into a patient or client by a practitioner of the healing arts licensed by the State of Florida.
2. Ordered and dispensed by or on the prescription of a duly licensed practitioner authorized by the laws of the state to prescribe medicinal drugs; or

Rule 12A-1.021(1)(b), Florida Administrative Code, provides in part:

... *NOTE: Gold, silver and other materials/devices temporarily or permanently incorporated into the human body by dentists shall be exempt (i.e.: dentures, dental bridge work and crowns).

The purchase by a dentist or a dental lab of raw materials that will become component parts of medical or dental products that will in turn be dispensed to a healthcare patient by a healthcare practitioner is exempt from tax. One-time use products, such as dental impression materials, that contain the FDA warning "Rx-Only" would be included within this category.

Such sales to licensed dental labs (and to licensed dentists) would require no further documentation when the medical product being sold is subject to federal regulation or is an "Rx-only" product. These one-time use products that contain the "Rx-Only" labeling would be product specific exempt, and the vendor would not be required to obtain a resale certificate or affidavit.

For sales of medical products that are to be resold, and which are not "Rx-only", to dental labs and dentists who are registered for sales and use tax purposes, a copy of their Annual Resale Certificate should be obtained. For sales of non-Rx materials to unregistered dental labs and unregistered dentists, an affidavit should be obtained which states that the specified products will be incorporated into a patient pursuant to a doctor's orders and are therefore exempt from tax pursuant to section 212.08(2), Florida Statutes. Form DR-97, titled "Suggested Format for Blanket Exemption Certificate Based on Property's Use," may be used if Taxpayer used the space marked "Other" to insert the justifying language.

This form is available on the Department's web site, Florida Dept. of Revenue - Forms and Publications (floridarevenue.com)

Sales to dental labs and dentists of equipment and consumable supplies are not exempt from tax, and the vendor should collect tax from the customer.

This response constitutes a Technical Assistance Advisement under Section 213.22, F.S., which is binding on the department only under the facts and circumstances described in the request.

You are further advised that this response, your request and related backup documents are public records under Chapter 119, F.S., and are subject to disclosure to the public under the conditions of s. 213.22, F.S.

Sincerely,

Sara D. Faulkenberry, Tax Law Specialist, Technical Assistance and Dispute Resolution

850/414-9838 Control #52951

Source: <https://www.flrules.org/gateway/ruleno.asp?id=12A-1.021>

About the Author

Bennett Napier is a Certified Association Executive and has worked with nonprofit organizations in the dental field since 1994. He has over thirty years in state and federal lobbying including work for a U.S. Congressman. He holds a Master of Science Degree in Applied Politics and Policy from Florida State University and attended the Graduate School of Public Policy at the Georgia Institute of Technology. 





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Challenges Facing Technicians Today: ONE SOLVED WITH THE CUSTOM TRAY

In a perfect world, every case would go well right from the start. Doesn't every technician think this when the case pan comes into the laboratory? Everyone, from the patient to the assistant, doctor, and technician would be happy if this were the case, but alas, this is not realistic.

I will go chairside to assist with the development of the case plan to address certain issues.

When the case hits the laboratory, many elements could work against the technician to start a good case, including an uncooperative patient, the patient's position, an unskilled assistant, or unsupervised assistants. An important starting point is a decent and functional impression. Just obtaining this is the start of a challenge. With minimal communication typically had at the start of the case, things can go well or badly, and we do not want to begin by needing to go chairside for help. There must be a better way.

The word custom tray pretty much gives it all away. This is the unseen part of the start of the case, but one of the most crucial parts of producing a successful denture.

I believe in being proactive. When the situation is warranted, I will go chairside to assist with the

development of the case plan to address certain issues. This is beneficial for both the technician and the assistant. The technician can see where the assistant may have shortcomings and provide aid to fix and correct by showing tips and tricks to take better impressions. This helps build a better relationship between the assistant and the technician and shows the patient the solidarity behind the work, providing the patient with confidence that there will be a favorable outcome.

Some things just need to be seen chairside hands on. For example: a midline that is shifting or a cant in the overall occlusal plane that is hard to solve with resets if not caught early. I'd rather do adjustments with the patient right there in the office, with my equipment, in order to eliminate reappointments and resets.

Here are some consulting techniques I'd like to share that can help provide a good start to the case.

Does the patient have an existing full denture? Asking the patient about their experience with their current denture can provide a multitude of answers that you need to know. Asking the right questions will help you see what they like or dislike about their current prosthesis. This provides multiple clues not only to set the case, but how to ensure the patient is happy with the final look of the prosthesis. Patients who have had their current dentures for over 10 years know what they want in the functionality of a new denture. They will be the ones who are very specific on how they want to look and feel in the end.

Which brings me to technique. I've learned that it can also be applied to many situations including digital dentistry. Now to the important part of the process, the custom tray.



1. Address the current occlusion and grind the existing to return to a more balanced and functional occlusion. Nine times out of 10 these patients have gone years without occlusal adjustments, and doing so will make the bite which you are about to take a lot easier and will afford set-up down the road. If the occlusion needs heavy adjustment to even out the bite, re-appointment the patient for a week and let them develop a new habit. The patient will be all over the place and never bite the same way twice, so have the patient bite three different times. If the bite is repeating, you are good to go for the next step.

2. Once a final bite is determined, it is time to take the impression. Whether the patient is a seasoned denture wearer, or this is their first set, taking this impression is a crucial step. The assistant needs to take a good impression so the laboratory can fabricate a custom tray. Once that base is made, the process is started. If the patient currently wears dentures, their current denture can also be a great custom tray. If that current denture fits poorly, you may have to border mold it to set-up and create a vertical stay using the heavy body. This will stabilize the denture before you do the wash impression. Next, once the wash impression is taken, always check for suction. If it pulls very easy, you might want to start again. Good results include a “pop” noise of suction, indicating you have captured the anatomy that you need to for a good fitting denture. Then move on to the same protocol on the next dentition.

3. After getting satisfactory impressions, it is time to take the correct bite. Check your occlusal plane. Make sure that the patient is sitting upright, not slouching in the chair, and their head is parallel to the floor looking straight ahead. Place the blue bite all over the area and place a wooden stick between the lips prior to the patient biting into the product for horizontal plane guide. Let that dry and release the bite.

4. Don't forget to take photos during these steps to refer to when you are working on the case back in the laboratory. Also, make sure to use mounting plates when you can.

5. Now, it is time to take measurements from the border to the incisal edge. Measure from the nose to the tip of the chin.

6. When using the plate, trace the buccal incisal edge as a guide and don't forget the midline!

7. If this is the patient's first denture this does not apply, but don't forget to take an impression of the existing denture to have for reference. This will be helpful when setting up the new case. Talk with the patient about their preferences, shade and size and how they want their new smile to look



before they leave the office. Arrangement is most important when finalizing with the patient. You can duplicate what they already have or improve on to make it much better.

In closing, using the right techniques for the right patient can save everyone time. Going to the office for a chairside consultation can sometimes help with difficult cases. Although it may not work with every case, with the right consult and the right patient it can. Developing a good relationship with the staff also helps with this process. Even if you can't be there for the chairside consultation, you can be assured they will do what is needed to produce a good product for a happy patient. 📍

About the Author

Bryan Johnson is a highly skilled dental laboratory technician with 25 years of hands-on experience in fixed, removable, and CAD/CAM technologies. He is the laboratory manager and vice president of his family-owned dental lab, Sterling Dental Arts in Merritt Island, Fla. His general passion and thirst for knowledge gives him a unique perspective that has lead him to specialize their removable department in flexible and hybrid partials.



Are You **RENEWAL READY?**

Did you know? Registered dental laboratories are required to renew their license no later than midnight, Eastern Time, on February 28, 2024. Follow the directions below if you have not renewed your dental laboratory license.

The Department's Continuing Education Tracking system is powered by www.CEBroker.com. If you do not have an account with CE Broker, you can create a "Basic" account for free. (Choose "Plans" near the top of the home page). For more information on CE Broker, call (877) 434-6323.

STEP 1:

Does your laboratory have a CDT? If so, CDTs in good standing can use their CDT documentation to renew their laboratory license. (If not, skip to step 2).

How to Report CDT Documentation: When you log into your account on CE Broker, click on "Report CE" and follow the instructions for uploading a copy of your current CDT card. (<https://www.fdla.net/assets/docs/Lab%20Renewals%20-%20CDT%20status.pdf>)

IMPORTANT:

You do not need to go through Step 2 if you uploaded a copy of your current CDT card. Skip to Step 3.

STEP 2:

If a laboratory does not have someone who is a CDT, they will still have to abide by the previous rules - 15 hours of general credit, 1 hour of laws and rules and 2 hours of prevention of medical errors.

Please go to www.CEBroker.com, log onto your account and verify you have the following credits: (see Table 1).

Once you have received a "complete" status notification on your CE Broker account, you are now ready to renew your license through the Florida Department of Health, Board of Dentistry.

STEP 3:

1. Go to www.flhealthsource.gov and click the "Account Login" button in the top right hand corner of the page.
2. Click the "Returning Business Establishment/School" button.
3. Enter your User ID** and Password**, then click the "Login" button.
4. Confirm or update your MQA Services Account email address, then click the "Continue" button.
5. You are now in the Dashboard. During renewals, a "Renew My License" option will populate no later than 90 days prior to your license expiration date. (Note: If you do not see the "Renew My License" option, please check back at a later time.)

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If you need assistance with the registration process, please contact the Florida Department of Health, Board of Dentistry directly at MQAOnlineService@FLHealth.gov or (850) 488-0595. 

Table 1

REQUIRED SUBJECT AREA	REQUIRED NUMBER OF HOURS	IMPORTANT INFORMATION
General Hours	13 to 15	Total general hours depends on the number of hours completed in the Laws and Rules course
Medical Errors	2	Must be Board Approved
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By Anne Petrik, VP Research at Vistage

Why EMPATHETIC LEADERSHIP Matters for CEOs



Workplace culture, whether good or bad, starts at the top — which is why it's so crucial for CEOs to be conscious of their leadership styles. Terms like empathetic leadership are more than just a buzzword.

For Vistage speakers Bob Day and Alicia Kae Miller, who have dedicated their careers to teaching empathetic leadership, it means tangible, positive change for your company, your products and your relationship with your employees. Here's how you can take an empathy-focused approach to your leadership and start achieving results for both your workplace environment and your bottom line.

What is empathetic leadership?

Empathetic leadership is when you genuinely put yourself in the shoes of the people you're leading and consider their needs and wants as part of your decision-making process. Empathetic executives care about their team members as people and take a holistic approach to their relationships with employees.

"I like to talk about it as moving from perception to perspective," Day says. That means recognizing that everyone has a different perception of the world informed by their lived experience. As a leader, it's important to recognize the validity and reality of that perspective.

"Empathy distills down to being seen, being heard and being understood," Miller adds. "From an employee perspective, it means you don't have to agree with me, but you need to know where I'm coming from when you lead with empathy."

Four characteristics of an empathetic leader

Empathetic leaders take on different roles to keep their organizations in good health. A CEO who successfully leads with empathy has the following characteristics:

1. Motivator

In Miller's experience, people are better motivated by empathy than by fear. The carrot works better than the stick. When your employees feel that you care about them, they're more likely to be loyal and to do their jobs well. They'll follow your lead because they sincerely want to contribute — not just because you're the boss.

"If I'm working with you and I'm your boss, but I have an understanding of who you are and where you want to be 5, 10, 20 years from now, then that empathy can motivate you because it can demonstrate a commitment to you and a shared desire to see you be successful," Day explains.

2. Supporter

An empathetic leader is invested in the development of their workforce. They have an open-door policy, but they also know how to step out that door and initiate important or difficult conversations. And they know that a company is only as strong as its people.

"As much as we want to think of ourselves as independent or our own thinkers, in reality, we're not designed to do it alone," Day says. Being a supportive leader can turn a business into not just a workplace, but also a community.

3. Communicator

Transparency and communication keep everyone on the same page. Otherwise, people will fill the vacuum with whatever makes sense to them, Day says, whether it's true or not. By considering how employees and team members

feel when they're kept out of the loop, you can avoid accidentally creating mistrust and discontent.

For example, at the onset of the pandemic, Miller worked at a biotech company where upper management refused to communicate a potential emergency plan, even when questioned until it became necessary. This caused chaos and confusion across the organization; employees wanted answers, or at least an acknowledgment that there were no answers to be had.

"Even bad news is really hard to share. But people will be a heck of a lot more loyal and faithful to you if you're honest with them," Miller adds.

4. Includer

An empathetic leader makes everyone feel like they belong. That sort of company culture is what every CEO wishes for; fulfilled and happy workers are productive workers, too.

"Empathy is inclusion, inclusion is belonging. And we all want to belong," Miller says. "It's why people go to the water cooler or go to church or join clubs. That's why so many are part of Vistage: to be part of something larger than yourself and give back."

For Day, it's all about the feedback loop between leaders and workers. Including everyone in that loop prevents disconnection, which can be damaging.

Outcomes of empathetic leadership

It's clear that empathetic leadership improves daily life for individuals — but it can also reap benefits for the company as a whole in the following key areas:

Innovation

A more engaged, comfortable workforce is also a workforce that's more open with their thoughts. The key to innovation is a willingness to receive ideas from everywhere, even the quietest voice in the room.

"That's the thing about empathy. We have to be comfortable with the uncomfortable and be vulnerable," Miller says. Otherwise, those people will take their ideas elsewhere.

But vulnerability goes both ways. Empathetic leadership also means admitting that you don't know everything and that you're willing to take chances.

"The use of empathy is really an underutilized tool in developing that level of commitment in your people by showing them that you are open and vulnerable to new ideas and new concepts," Day explains.

Engagement and retention

It's no secret that many companies struggle with retention these days. Empathetic leadership is key to getting workers to feel connected to your company and engaged in their work. If time is money, then a job is a huge investment that employees want to see a return on. By showing you care about your employees' development, you'll make your workplace somewhere people want to stay.

"Who doesn't want to work in that environment where you're able to just show up as who you truly are?" Miller asks.

Conversely, a lack of empathy can have a ripple effect. If employees leave your organization feeling undervalued, they might spread that opinion, potentially impacting your reputation as a company and a leader.

Work-Life balance

Understanding people might have things going on at home makes it easier to work with them during difficult times. It can also make work-life balance more attainable for yourself and your employees.

As Day discovered during the period of his life when his son was fighting terminal cancer, some things can make work feel unimportant. It takes empathy from both sides to achieve the right balance of responsibilities between work and home.

For Miller, flexibility with employees who work from home is also an essential part of empathetic leadership in the post-pandemic era. Accommodating different working styles is key to finding a healthy work-life balance for all.

Ultimately, the role of a CEO is to understand that everyone looks up to you for guidance, and the tone you set trickles down through the whole organization. "If you're not empathetic, no one will be," Miller says. 

About the Author

Anne Petrik is Vice President of Research at Vistage, the world's largest CEO coaching and peer advisory organization for small and midsize businesses. For more than 65 years, we've been helping CEOs, business owners and key executives solve their greatest challenges through confidential peer groups and one-to-one executive coaching sessions. Today, more than 45,000 members in 35 countries rely on Vistage to help make better decisions for their companies, families and communities.



FDLT Race for the Future 9.0

Once again, the Foundation for Dental Laboratory Technology (FDLT) linked up with the Chicago Triathlon for the Race for the Future 9.0. The Race is the Foundation's largest single fundraiser each year. This year over \$92,000 was raised, which is the second highest total raised in the history of the race. There were twenty-one racers, forty sponsors, and numerous individual donors, and 2023 included a considerable number of first-time racers and cheerleaders. FDLA's own Director at Large Barb Warner, CDT, AACD, has raced in every event and placed third in her division this race!



FDLA's own Director at Large Barb Warner, CDT, AACD, has raced in every event and placed third in her division this race!

Left: Barb Warner, CDT, AACD, and Shawn Nowak

The FDLT wishes to thank the many sponsors and individuals who donated to support individual racers and race teams in support of Race for the Future 9.0.

For more information on the race and to donate visit: dentallabfoundation.org.



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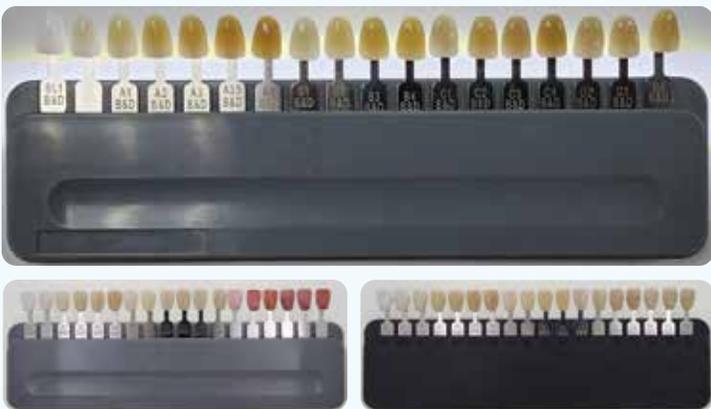
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CONTINUING EDUCATION REQUIREMENTS FOR FLORIDA DENTAL LABS

Get a Head Start on Your Next License Renewal!

Effective January 31, 2018, the Department of Health will accept proof of certification by the National Board for Certification in Dental Laboratory Technology to satisfy your continuing education requirements of Rule 64B27-1.003, F.A.C.

64B27-1.003 Continuing Education Requirements. (6) Owners or designated employees that are certified by the National Board for Certification in Dental Laboratory Technology as a Dental Laboratory Technician during the biennium can demonstrate compliance with the continuing education requirements of this rule by entering his or her Certified Dental Technician certification number and submitting a copy of his or her active certification card in the CE tracking system.

What You Need To Know To Be In Compliance

IF YOUR DESIGNEE IS A CDT

*Effective January 31, 2018 – CDT's in good standing can upload a copy of their CDT card to CE Broker and waive all other requirements (FL Laws & Rules, Prevention of Medical Errors and General Credits).

IF YOUR DESIGNEE IS NOT A CDT

Your laboratory will need 18 hours every two years:

- 1 Hour – FL Laws and Rules of Dental Laboratories and Dental Technicians
- 2 Hours – Prevention of Medical Errors (on either OSHA or FDA)
- 15 Hours – General (any combination)

Who is responsible for attaining all 18 hours of Continuing Education?

Each Florida dental laboratory for their February 2024 state registration renewal must prove that a person employed by the laboratory for one full year at full time status has acquired 18 hours of continuing education credit approved by the Florida Board of Dentistry. Florida requires every business that is registered as a dental laboratory with the Florida Department of Health to document that the owner of the laboratory, or a dental technician who is employed full-time by the laboratory, maintains 18 hours of approved continuing education in dental technology every two years.

Can laboratories split up the total continuing education hours between employees?

Laboratories may not split the required continuing education credit between employees.

Where can I get my credits and how do I know if the courses I attend will be accepted by the State of Florida?

The designated laboratory employee may obtain continuing education credits through online offerings, home study or in person courses. It is the responsibility of the laboratory to ensure a course is approved for Florida credits.

What is the timeframe in which I must attain all 18 hours?

All of the 18 hours that will be required with the February 2024 registration renewal must have been collected between March 2022 and February 2024. Credits earned before March 2022 will NOT be counted towards the required 18 hours of continuing education required in February 2024.

Sworn Affidavit and Certificates of Attendance

Florida laboratories will be required to submit a sworn affidavit with their February 2024 registration renewal listing the date, location, sponsor, subject matter and hours of completed continuing education for the designated employee. The laboratory will also be required to keep backup receipts, certificates of completion or vouchers for the submitted courses in case the state requests the information. The state may request this backup information at any time, or may select laboratories at random to audit.

Florida Board of Dentistry

The Florida Dental Laboratory Association and the Florida Dental Association are automatically accepted as approved providers of acceptable continuing education credits by the Florida Board of Dentistry.

- Suppliers, schools or other entities may be approved by the Florida Board of Dentistry to provide credits, after completing an application, which can currently be found on www.cebroker.com. You may find a list of courses approved by the Florida Board of Dentistry at www.cebroker.com. Online courses and courses outside the state of Florida are eligible for approval.

For more information, contact FDLA at 850.224.0711. For a list of FDLA sponsored continuing education courses and events, visit www.fdma.net.

The Best Solution

Chris Bormes, president of Preat Corporation based in Santa Maria, Calif., shares his outlook on today and the path to tomorrow.

FDLA has not only changed with the times, but embraced the change, and FDLA members have benefitted.

How does Preat help dental laboratories be successful?

Our business has always been focused on partnering with laboratories to help them grow and succeed. We have never been a sales organization, but rather, a technical partner. A core value is being a trusted resource, whether it be by providing education, implant identification, case design, or the widest choice of prosthetic solutions for both simple and complex cases.

Where do you see the industry headed in the next five years?

I think we will see a continuance of the golden era. This is a great time right now with changing demographics and economics driving demand; most labs I talk to are busy. We will see a continued increase in acceptance of digital workflow by clinicians, more DSOs and large-group

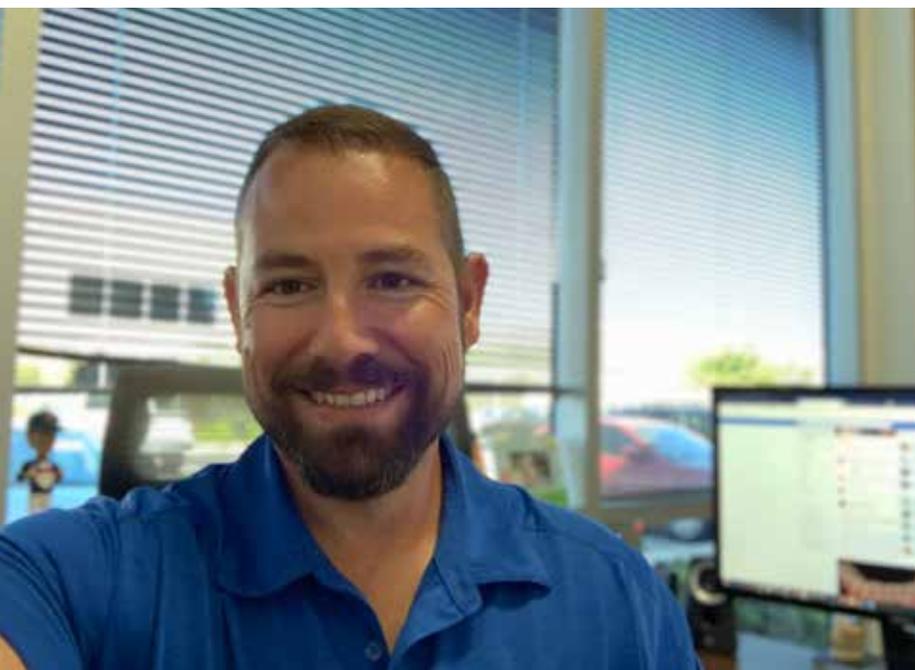
practices, and more industry consolidation. We will see more of a restorative-driven mindset, where the implant is a commodity and the quality of each laboratory's restoration is the differentiating factor. More clinicians will continue to realize that non-OEM prosthetics are as good, if not better, than OEM and provide greater restorative flexibility to the benefit of the patient. We will see more high-quality boutique labs open to support the demand for high quality removeable work. I also believe we will see more oversight by the FDA when it comes to implant restorations.

How can lab owners differentiate themselves in today's environment?

Differentiation all depends on the lab owner's value proposition. If a laboratory wants to serve a high volume of average-level dentists, they will differentiate on price. If they want to serve a smaller group of high-end clinicians, they will differentiate on quality. Every lab can differentiate themselves via relationships. In-person visits, digital marketing, study clubs, staff training, and offering educational courses are a few ways to create partnerships with clinicians.

Why is being an FDLA Business Partner valuable to you?

FDLA leadership has kept Florida laboratories in a preeminent position. Times have changed across each state; I used to go to 26 state shows per year, and now I might attend six. FDLA has not only changed with the times, but embraced the change, and FDLA members have benefitted. As a lab company, it is imperative to support state organizations any way we can to help continue their success and the decision to be an FDLA Business Partner was a no-brainer for me. 



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