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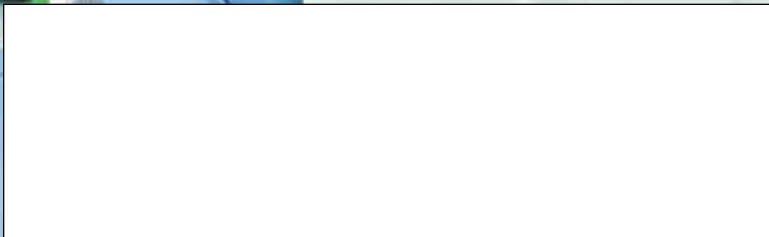
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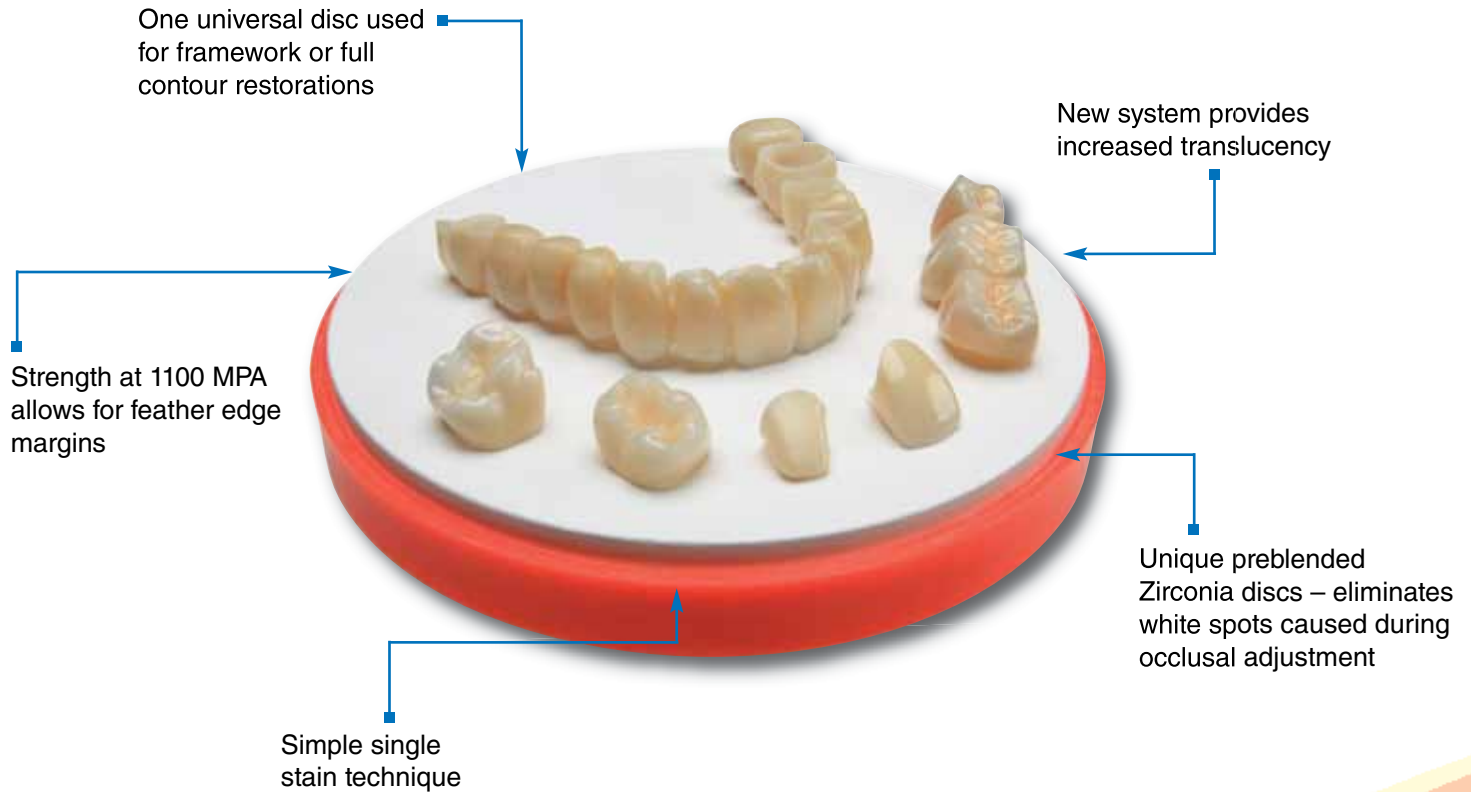
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A Look Ahead

As the president of FDLA, I want to express my gratitude for the hard work and commitment of the board and the executive staff as well as the generous support of our business partners and vendors for the success of the 2013 Southern States Symposium & Expo. The new venue along with the educational and social events received great reviews and we know next year will be even better.

Next year will mark the 50th anniversary of FDLA's founding. Back then, a few technicians had a vision to organize and establish this association so we could learn together, share ideas and be recognized as professionals in the dental team. Today, FDLA is the largest state nonprofit laboratory association in the country. Our symposium is the largest in the country run by a nonprofit dental laboratory association. We have worked hard to achieve the highest standards for Florida laboratories and bring top-notch education from the best technicians and clinicians in the world. This fall we will present a half-day clinic free to all members about challenges we all have in regards to the business aspect of our profession.

There are approximately 1,100 registered labs in Florida. Only 220 are FDLA members, which is less than 20 percent. Think of what we could achieve with full participation. We could have a much stronger voice in handling those issues which hinder our businesses, including taking a stand against illegal

unregistered laboratories. We must come together and support our association in promoting its growth. I can guarantee you the FDLA board members will continue to work hard to ensure your success and strive to preserve, enrich and strengthen our association for the next 50 years.

"I can guarantee you the FDLA board members will continue to work hard to ensure your success."

I plan to advance an agenda in which all Florida laboratories are equipped with the tools and resources to not only survive, but excel in the difficult business climate of today and in the future. The association is dependent on your support so it can continue to provide you with the services and education needed for technical and business success. FDLA membership is the best value for your dollar in the laboratory.

FDLA Immediate Past President Eric Wade, CDT, deserves a big thank you for his leadership as do all those who care and are dedicated to dental technology and this association.

I look forward to this coming year knowing we can chart the course for all technicians in this rapidly changing business environment. The future of dentistry is extremely exciting. New technology has dramatically changed the industry. Let's all get active and involved in our profession and association. Together we can accomplish our goals, strengthen our skills, and ensure a financially sound business model.



By Morris Fucarino, CDT
FDLA president



FDLA Mission

Serving Florida's dental technology professionals as a valued part of the dental team enhancing oral health care.

FDLA Vision

Advancing the individual and collective success of Florida's dental technology professionals in a changing environment.

Values Statement

FDLA's board of directors and professional staff are guided by these principles:

- Integrity
- Leadership
- Recognition
- Safety
- Acceptance
- Innovation

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Florida Dental Laboratory
Association
325 John Knox Rd,
Ste L103
Tallahassee, FL 32303
Phone: 850-224-0711
Fax: 850-222-3019

Southern States Symposium & Expo Office

866-873-FDLA
E-mail: fdla@
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focus Staff

Bennett E. Napier, CAE
Executive Director &
focus Publisher
bennett@fdla.net

Cassandra Corcoran
Editor
editor@fdla.net

Jillian Heddaeus, CMP
Program Manager
jillian@fdla.net

John Galligan
Advertising Sales/
Publications Coordinator
advertising@fdla.net



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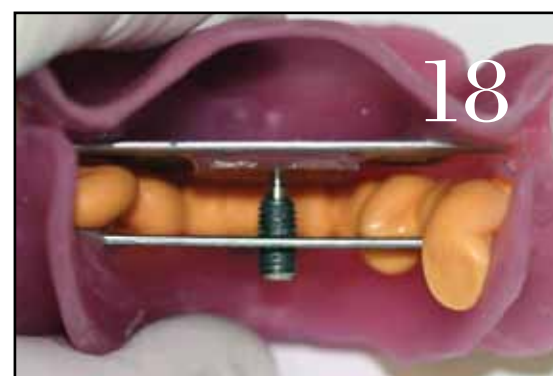
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The 2013-2014 FDLA Board of Directors taking the oath of office. Some directors are not included in the picture.



Fun at the Polynesian Friday Night Reception at the symposium.



(Above) From left to right: Winston McClintock, CDT; Erol Morgan, CDT; Gene Morgan and Richard Harrell, CDT, at Friday Night Reception.



(Above) Gary and Paula Gann at the Polynesian Friday Night Reception.



(Above) The Best of Show Award went to Amann Girschbach.



(Above) Dewey Parnell sharing with an attendee how Argen can help lab customers.



(Left) Networking at the tradeshow.



(Above) Tradeshow/Expo Networking.



(Above) From left to right: outgoing FDLA Director Fernando DeLeon and FDLA Immediate Past President Eric Wade, CDT.



(Above and Right) CDT Milestones recipients at the FDLA Awards Luncheon.



(Above) NADL President Henry Martin, CDT, and FDLA President Morris Fucarino.



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Face *to* FACE

Chairside consulting builds a team environment with your dentist clients

Tony Phillips, CDT, of Phillips Dental Innovations had no intention of offering chairside consultation as a regular part of his dental laboratory services. However, as so often happens in business, he began the service because a dentist asked him to come to the office to help develop a plan to address shade and contour issues on a particularly difficult case.

Phillips' experience is similar to most dental laboratory owners and technicians who offer chairside consultation. The Milton-based lab does 95 percent of its chairside consults because the dentist requests it.

"It's basically an on-call situation based on what's needed," he said.

Indeed, that's how chairside consultation often begins, with a call from a regular client who's facing an advanced or more difficult case. Often those are anterior cases, and those in which the client has certain expectations of the final results in terms of smile, color, phonics or tooth position.

"The most difficult case is a single anterior, with different shade issues to match up to the other teeth," Phillips said. "That usually requires an office visit."

Offering chairside consultation may require some rethinking of your business model, if only because having a technician away from the bench may cut into your profit margins and labor costs. After all, a non-productive technician does not help the bottom line, unless you've made a plan and folded the costs of that time away from the bench into your pricing structure. That makes offering chairside consultation particularly challenging

for small laboratory owners, although not at all impossible. In fact, many smaller boutique laboratory owners can offer chairside as a way to differentiate themselves from larger, production-oriented laboratories. And many higher-end and complicated cases—such as cosmetic clients—appreciate the personalized attention and are willing to pay for it.

"Implants and high-end cosmetic cases are the least likely to be commoditized," said Rick Sonntag, RDT, AAACD, of 4Points Dental Design in St. Petersburg. "With implant cases, a dentist with limited implant-restorative experience can tap into the experience of a technician who is accustomed to large cases and can recommend optimal materials and sequencing for each case. High-end cosmetic cases often involve high-maintenance patients who appreciate their dentist consulting with team members (the experts, the artists, etc.) to provide an optimal result. These same patients want to be able to tell their story and communicate their expectations with the person actually doing the case, and as is often the case, they tend to open up more to a technician and provide a fuller picture of what

This is your opportunity to add real value to the relationship.

Photo: Tony Phillips, CDT



they had and what they want versus simply telling the dentist.”

One major requirement to launching a chairside consultation program is that the dentist and the technician develop a teamwork approach—the

Suggesting a chairside consult may help you demonstrate your particular skills.

technician is no longer just the person that makes the restoration, but an equal and experienced partner in the patient’s case management. As such, you shouldn’t have to convince the doctor to use your chairside consulting services. Instead, if at all possible, a dental laboratory should choose to work with those who are predisposed to working as a team and consider

the technician’s expertise are an added value to their practice.

Some technicians and doctors form relationships at the Pankey Institute, where interdisciplinary teams and collaborative relationships are core philosophies. Pankey CEO Ricki Braswell, CAE, noted that some of these relationships form during educational opportunities, such as backyard

Photo: Tony Phillips, CDT



continuing education, where the dentist and the technician are learning together. If that’s not the case, invite the dentist to the laboratory to show the work that you can do, said Braswell. That’s one way to market the service subtly, and also to show the dentist other services and products you offer.

“Remember, your doctor only sees the work that you give them,” said Braswell. “This reminds the doctor of what else the lab can perform for them.”

What happens once you’ve been asked to perform a chairside consult can make or break your relationship with that dentist, so handle the situation as professionally as possible. This is your opportunity to add real value to the relationship, said Braswell, so begin the conversation prior to the actual visit to determine what the doctor is looking for with the invitation, and how he or she envisions the collaboration working for both of you. That will include such details as what questions each of you will ask the patient, how you will discuss the case—chairside or in private—and what kinds of materials you’re considering before presenting it to the client. A team approach can draw out different information than just having the dentist alone discuss the case with the patient.

“Then you’d discuss how you want to collaborate, either talking with the patient, or just asking questions and then stepping outside and talking about it,” Braswell said. “The important thing is managing the expectations, and knowing what each person thinks their role is.”

After he’s introduced to the patient, Phillips asks the doctor to tell him a little bit about the case.

“Then I ask the patient questions,” he said. “What expectations he has, the shape, the color, what they are looking for in the final results. That helps me develop a plan for the case.”

Phillips doesn’t bring any marketing materials with him because the doctor has all the information already, and besides, most patients have already consulted the Internet.

“We just talk about the different materials that we have to achieve the patient’s goals,” said Phillips.

In fact, many technicians consider the chairside consult as their marketing for the next case. It’s an unmatched opportunity to prove to your dental client that you have unique skills, professionalism and insight into complicated cases. A chairside consultation is the perfect time to build the

dentist/technician relationship, according to Sonntag. Additional marketing materials aren't usually necessary, because the dentist already knows about your offerings, and more than likely, your patient has already researched the materials on his or her own.

"If you have marketing materials at all they should be related to the materials used in the case to help educate the doctor. Nobody wants to be sold something during a consult," Sonntag said.

The one item you might consider handing off to a doctor after a consult (but not during) is a laminated one-sheet that has tips on taking accurate digital inter-oral photographs. Many doctors lack those skills, so this is both educational and useful to successful case outcomes. You can add your laboratory name and logo in the bottom corner as a way to remind the dentist where the information came from. Also, Braswell recommended (but again, not during the consult) bringing in your best diagnostic models.

"Show your doctor your highest quality work and invite them to be part of that work," she said.

There are as many different models for pricing as there are different kinds of dental labs. And sometimes it comes down to your lab's philosophy and business plan. For example, you may want to make chairside consulting an added value service for your best customers. In that case, you may not charge more because they're already doing a significant volume of business with you. However, you may want to set a minimum volume level for that kind of high-touch service. Alternatively, you can use chairside consulting to segue customers with a lot of potential into a more intimate relationship. If you have a dentist that does a lot of implants, suggesting a chairside consult may help you demonstrate your particular skills in that area. The key, though, is to account for the cost and the time involved in any chairside consultation, including the cost of lost productivity while the technician is out on the call. Laboratory technicians are highly skilled and knowledgeable, and they bring unique skills to the table.

"Charging for consultation is very appropriate," said Braswell. "The other approach is to fold it into the fee for that work."

Most dentists who are interested in chairside consultation have no problem paying the extra fee, adding a little on to the price of the restoration.

*To be successful,
you need only be
professional and
prepared.*



"My price list has a line item indicating in-office consultations, but it can be modified depending on the case and patient expectations," said Sontaag. "Charging vs. not charging is completely dependent on the business model and price level of the lab. Your time, experience, and knowledge all have value and it's my personal opinion that one should be paid for that, whether it's with an actual line-item charge or a price level adjustment for cases requiring chairside consultation."

As Braswell noted, you don't have to own a large laboratory to offer chairside consultation—you only have to price your services appropriately and offer chairside consultations for the appropriate, higher-dollar cases. To be successful, you need only be professional and prepared. The chairside consult is as much about instilling confidence in a patient who's about to pay a large sum of money as it is tapping into a source of knowledge, said Sonntag.

"Also, you're not only representing your lab but you're also a reflection on who the doctor chooses to surround himself with so a positive experience looks good on the doctor as well as yourself," he said.

To succeed at chairside consulting, bring your most professional appearance and demeanor, listen rather than dictate and speak on the doctor's level. Do that and you'll have a thriving consulting service to offer your clients and beef up your bottom line. ①

What's Next For Your Laboratory?

Seminar will help FDLA members *plot a course for success.*

By Chuck Yenkner

They say there is nothing so constant as change. That about sums up the dental laboratory business today.

Change is here and more is coming and it's coming faster than ever. Because of that, it's really helpful to step back and ask yourself what's next for your business.

This fall, I'll be working with FDLA members to answer that question during a free, half-day seminar sponsored by Vident. During this interactive program, I'll help you focus on your laboratory by utilizing examples and data from actual dental laboratory businesses of various sizes. Together, we will help you gain perspective and discover what might be next for you focusing on several topics.

Benchmarking:

Compare your business to other laboratories by measuring your performance in a variety of ways. Are you more profitable than others? Less profitable?

Productivity:


How productive is your workforce? Where are you when it comes to new technology? What can you do to improve?

Understanding and Figuring Costs:

If you don't know what products cost to produce it's really hard to price them profitably. Learn some simple ways to calculate production costs in your laboratory.

Mergers and Acquisitions:

Merging or acquiring other laboratories can help you grow and increase the value of your business. Should it be a part of your strategy? During this course, we will examine the process and how it works for buyers, sellers and equal partners -- including what factors lead to success and how to avoid pitfalls.

Watch FDLA's website (www.fdma.net) for more details about the seminar. 

Choose Your Course

Chuck Yenkner will present his FDLA business management seminar, *What's Next for Your Lab*, at two locations. It is free for FDLA laboratory members.

Oct. 18 in Tampa

8:30 a.m. – 12:30 p.m.

Tampa Marriott Westshore

Oct. 19 in Ft. Lauderdale

8:30 a.m. – 12:30 p.m.

Hilton Ft. Lauderdale Airport

FDLA laboratory members can register today by calling FDLA at 850-224-0711.

About the Author:

Chuck Yenkner has a masters in business administration and is president and founder of Business Development Associates, which provides clients with the knowledge and insights he has gained through more than 30 years of practical, successful experience in sales and marketing for industry leading companies. His past positions have included senior vice president for Ney Dental, vice president of sales and marketing for Degussa-Ney Dental, director of sales for Dentsply Ceramco and vice president Operations for DTI Dental Technology Lab Group.



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The 11 Biggest Challenges and Solutions for Achieving Removable Excellence

By Donald Yancey, CDT

The recent growth in the removable market has created increased demand and heightened expectations for technicians to perfect the fit, form, function, esthetics, and comfort of removable dentures for patients.¹ Although the challenges for achieving removable excellence have not changed, the onset of high quality implant technology has brought them to the renewed attention of laboratory technicians, clinicians and patients. Understanding the concepts, differences of occlusal forces with the dentate patient verses the edentulous patient and the parameters of the materials used in their fabrication is the first step toward removable excellence. The 11 biggest challenges in removable dentures stem from lack of education, human error and shortcomings in new technology, but all have simple and readily available solutions.

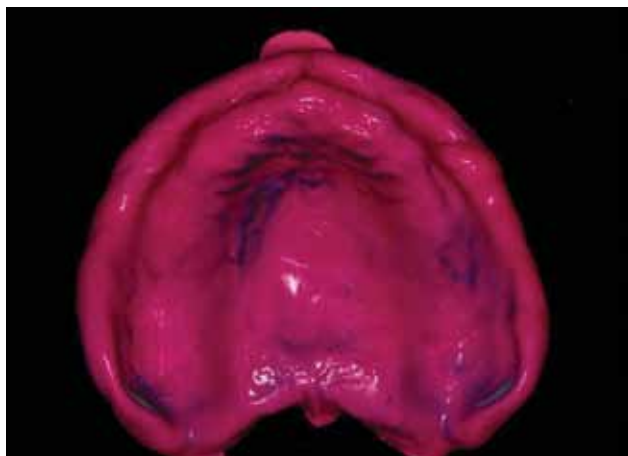


Figure 1 (above)
Typical inadequate impressions received by the laboratory.



Figure 2. (above)
Inadequate impressions result when clinicians are not properly trained and are unable to accurately capture and record the extensions of the borders and bearing areas of the soft tissues to ensure retention and stability of the appliance.

Figure 3. (right)
The proper positioning of the tray while taking impressions.



1. Clinician Education

While clinicians are trained in dental school regarding conventional dentures, it was not their favorite class and some may not possess the interest or experience in removable nor implants after graduating. Due to a lack of solid concepts on this matter, technicians carry the responsibility of helping guide new clinicians in understanding denture occlusion, denture concepts and the parameters of dental materials.² By training them to utilize the Removable Smile Design Kit (Ivoclar Vivadent), technicians can provide them with tools to communicate with the laboratory so that patients receive the best fit, function and esthetics possible.

2. Finding Experienced Technicians

The recent high demand for removable technicians will increase the number of newer technicians lacking practical experience. This challenge can be addressed with extensive training. Although the preference is to employ experienced removable trained individuals, training within laboratories enables an in-depth, hands-on and accurate education. Utilizing in-house training combined with manufacturer continuing education courses, the technician receives customized training in the shortest period of time.

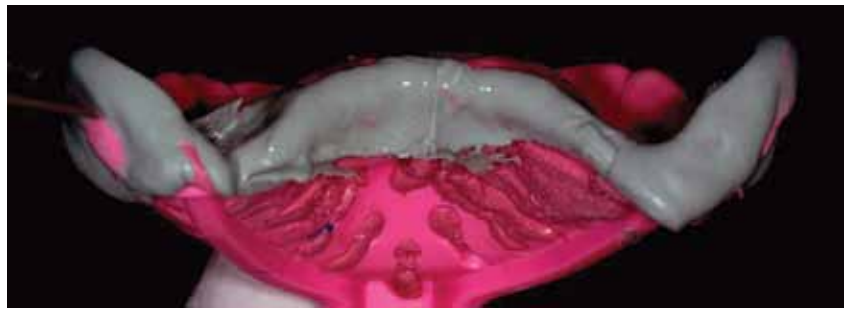
3. Inadequate Impressions

Scientific evidence shows no partiality to a specific type of dental impression, but confirms that the technique employed by the skilled clinician ensures a good impression. Inadequate impressions result when clinicians are not properly trained and are unable to capture definitive impressions (**Figures 1 and 2**). A quality impression, regardless of the type of material used, accurately captures and records the extensions of the borders and bearing areas of the soft tissues to ensure retention and stability of the appliance (**Figure 3**). The maxillary impression must include the retrozygomatic region (**Figure 4**) and the mandibular retromolar pads.

An irreversible hydrocolloid system with two viscosities, such as light body and heavy body, (**Figure 5**) saves chair time and simplifies the impression technique (Accu-Dent System I and II, Ivoclar Vivadent).³ This system provides superior results over polyvinyl siloxane elastic impression materials.⁴ The light body captures hard to get hamular notches, vestibule sulcus and deep palatal areas on the maxillary (**Figure 6**). It also captures the mandibular arch, including the retromolar pads, vestibule sulcus, retromyohyoid, myohyoid and lingual frenum areas. The heavy body supports the light body and captures the remaining soft tissue in a relaxed static state. The overextended mandibular cast allows technicians to see the origin of the muscle attachment sites allowing them to identify the myostatic outline, thus eliminating border adjustments by the clinician, and again saving valuable chair time (**Figure 7**).

4. Inadequate Vertical Dimension

An accurate ridge-to-ridge relationship is crucial to the success of the appliance, and a properly made occlusal rim with stabilized bases greatly enhances the clinician's ability to capture this the first time. In a bilateral distal extension case just using bite putty in the anterior region is not sufficient (**Figure 15**). The vertical dimension also plays a large part in the esthetics of the dentures and the patient's satisfaction.⁸ A Removable Smile Design Kit can provide the tools needed to record and communicate all the necessary information for the laboratory technician to achieve the proper vertical dimension first time, with no resets. For those patients with whom the clinician has challenges determining a correct ridge-to-ridge relationship and centric relation, an intra-oral tracing device is advised (**Figures 16 and 17**). They are the most



*Figure 4. (above)
The foundation of the impression is capturing the retrozygomatic region, which is crucial for the maxillary retention.*

*Figure 5. (right)
To make the impression, the syringe gel material is first injected over the retromolar pad area and then pulled forward up to the midline area.*



*Figure 6. (left)
The final maxillary impression with the border molded correctly.*



*Figure 7. (left)
Unlike the maxillary impression, the mandibular impression is not considered border molded and therefore overextended. The borders must be outlined according to the anatomical landmarks. The tissue detail of the Accu-Dent impression facilitates reading these landmarks.*

dependable appliance for reprogramming the elevator muscles.

5. Degree of Posterior Occlusion

A common challenge in achieving removable excellence is determining the degree of posterior occlusion for the patient. One of the most functional occlusal schemes used is the lingualized contact occlusion⁵ (**Figure 8**). The 30° maxillary lingual cutting cusp occludes with a mandibular occlusal surface of a flat or a semi-cusp with an uncomplicated central fossa. This gives a mortar and pestle action for the bolus of food and allows the maxillary cutting cusp to penetrate, while the shallow table holds the bolus during chewing. With lingual contact occlusion, the buccal cusps of the maxillary teeth are tilted upward, so there is no contact with the opposing arch (**Figure 9**).

6. Time Management

Lack of time and miscommunication between the laboratory and dental offices can create tension and a challenge for technicians. To eliminate this

potential problem, proper scheduling and dialogue is fundamental.⁶ Organize cases by establishing a monthly calendar with due dates that the dental office can follow, or ask them to call the laboratory prior to scheduling appointments.

7. Doctor and Laboratory Communication

The current system for selecting denture teeth for patients is complicated, unpredictable, and difficult to teach. It creates confusion and miscommunication between clinicians and technicians, ultimately resulting in improper dentures for the patient. The Removable Smile Design Kit was created to increase communication and accuracy between clinicians and technicians (**Figure 10**). It removes imprecision and flaws in current methods by providing all the tools clinicians need to communicate the essential components for making the dentures, without costly resets or remakes. Avoiding these problems can be realized by sharing during the diagnostic and planning phases in all restorative cases.⁷ Another way to increase communication between clinicians, technicians, and patients is by using tools like Ivoclar's Form Selector, the papillameter, and the denture gauge (**Figures 11 through 13**). This equipment encourages the patient to contribute to—as well as standardizes—the process.



Figure 8. (above)
The 30° maxillary lingual cutting cusps occlude with a mandibular occlusal surface of a flat or a semi-cusp that have an uncomplicated central fossa.

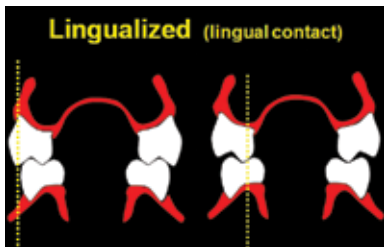


Figure 9. (left)
With lingual contact occlusion, the buccal cusps of the maxillary teeth are tilted upward so there is no contact with the opposing arch.



Figure 11. (above)
The size of the patient's anterior 1x6 can be determined by utilizing the Ala of the patient's nose with the Form Selector.



Figure 12. (above)
The papillameter is used by lightly placing it onto the patient's incisive papilla and letting the lip rest. A recording can be taken of the patient's low lip line or in resting position.

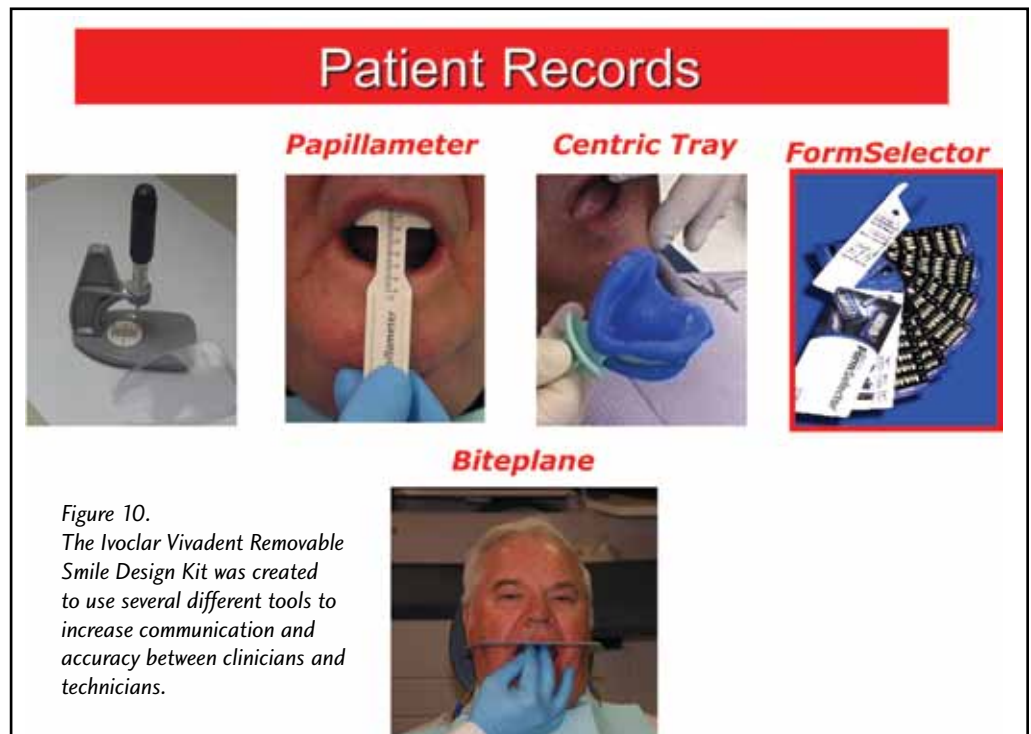


Figure 10.
The Ivoclar Vivadent Removable Smile Design Kit was created to use several different tools to increase communication and accuracy between clinicians and technicians.

8. Multiple Resets

Multiple resets cost time and money. To avoid these costly errors, the rim former and the Removable Smile Design Kit are tools to ensure accuracy the first time. The kit standardizes measurements to easily communicate to the technicians the needs of the patient. The rim former allows for the dentists to melt the wax rim uniformly and make only minor placement adjustments. Anterior tooth set up can also be set with the 5mm gate resting into the hamular notches of the cast by the technician to keep esthetic plane parallel (**Figure 14**).

9. Unmarked Midlines

Midlines tend to slant toward the clinician due to where they stand in relation to the patient during measurement. Another factor for the clinician to consider is that the midline is approximately situated in the middle of the mouth in only 70 percent of patients (**Figure 18**).⁹ One simple step to eliminate resets due to improper midlines or those from a midline that was not marked at all on the occlusal rim is to mark the median raphe and center of the incisal papilla (**Figure 19**) and transfer this straight line onto the labial of the occlusal rim using a sharp instrument, prior to

sending the occlusal rim out to the clinician. A piece of floss from the patient's forehead to tip of the chin can also be used to verify the midline (**Figure 20**). If the line needs to be moved left or right, a simple perpendicular line can be marked by the dentist, using the straight line as a guideline.

10. Leaning Occlusal Planes

Resets are a common challenge in removable placements. A rim former tool allows clinicians to prevent resets by simply marking the desired length of the incisal edge of the occlusal rim. Then, by placing the 5mm gate of the rim former into the hamular notches and melting the wax, it can stop at the desired anterior incisal edge. This can then be delivered to the clinician when using the Fox Plane to verify that the occlusal plane is parallel to Campers Plane and the patient's inter pupillary (**Figure 23**).

11. Processing Error

Processing error has been blamed by dental offices for all occlusal and fit challenges. Conventional press packing has a 5 percent to 7 percent shrinkage or distortion while Ivoclar and Ivoclar injection systems have shown that they compensate for shrinkage during processing, thereby producing exact results.^{10,11}



*Figure 13. (above)
The denture gauge is used to take measurements of an existing appliance and can then be transferred to the occlusal rim, thus reducing clinician chair time and resets from the laboratory.*



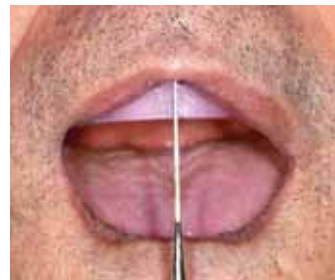
*Figure 14. (above)
The rim former can be utilized to set the anterior teeth.*



*Figure 15. (left)
Occlusal rims are needed for all distal extension cases to capture the posterior opening.*



*Figure 17. (above)
The recorder is inserted back into the patient. The patient is asked to move until the recording pin falls into the hole. This holds them into this position until bite registration material is injected.*



*Figure 18. (above)
The midline is generally completed at the occlusal rim stage, but can be influenced by which side of the chair the clinician is on.*



*Figure 16. (above)
Intra-oral tracers are the most dependable appliance to determine centric relation in an edentulous patient.*



*Figure 19. (left)
A median line can be placed on the occlusal rim prior to delivery to the office by marking the median Raphe on the patient's cast and the center of the papilla. After transferring this to the labial portion of the occlusal rim, the clinician can determine if any changes need to be made.*



Figure 20. (above)
A piece of floss from the patient's forehead to tip of the chin can also be used to verify the midline.



Figure 21. (above)
The leaning occlusal plane (esthetic plane) can be avoided by utilizing the Rim Former to construct the occlusal rim and then checked by the clinician at the occlusal try-in appointment.



Figure 24
(A and B).
The result of achieving removable excellence.




In today's growing removable market, many challenges have presented themselves to technicians, clinicians and patients. These challenges can be overcome by increasing education to all members of the dental team, obtaining accurate impressions, and ensuring hands-on and relevant technician training (**Figure 24**). Another method for decreasing difficulties in the removable field is reducing human error by incorporating time management strategies, increasing doctor and laboratory communication with tools like the Removable Smile Design Kit, and preventing multiple resets. Finally, good communication tools and new technologies can resolve many of today's current problems, including inadequate vertical dimension, unmarked midlines, leaning occlusal planes and processing errors. With the onset of increasing demand for removable excellence, the challenges can be combated simply and completely. 



Figure 22. (left)
The rim former has a 5mm fence placed into the patient's hamular notch, and the occlusal rim can be reduced to the desired anterior height.



Figure 23. (left)
The clinician can use the Fox Plane to verify the occlusal plane is level to the patient's Campers Plane.

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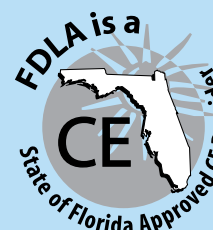
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About the Author:

Donald Yancey, CDT, has been involved in the dental profession since 1973. He has gained a broad background in dentistry by working as a chair side assistant in the U.S. Navy, as a laboratory technician and as the owner/operator of a highly specialized removable laboratory. He actively lectures at universities, dental study groups and laboratory functions. Yancey is certified in full dentures and is presently the prosthetic specialist for Ivoclar Vivadent, Inc. in the Southeastern part of the United States.

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What to Tell Employees **About** Facebook

By Sandy Seay

The proliferation of social networking and social media is continuing to move forward at warp speed, which is to say that it's pushing ahead so fast we can hardly keep up with it. News, messages, texts, e-mails, tweets — 140 characters, more or less — all instantaneous and mobile, and all with a great opportunity for good or ill, as Manti T'eo, and others, might tell us. Our society today is a digital society and we know that the workplace mirrors society — that is, what is going on in society will, ultimately, make its way into the workplace. Thus, our employees now come to work armed with smart phones that include voracious social networking capabilities, not the least of which is the ubiquitous Facebook.

If employees use Facebook to talk about their own personal interests, that's one thing — but if they use Facebook to talk about work related activities, all of a sudden we're in an entirely different arena because employees might post derogatory information about their employer, their work, their pay, their co-workers, their supervisor, their customers. If they post in this way, what can we, as employers tell them and what restrictions can we require? The answer is — very little, and very few, owing to the National Labor Relations Board's regulations on concerted protected activity.



Protected Concerted Activity on Facebook

For the most part, according to the NLRB, employees have the right to engage in protected concerted activity, which is where two or more employees are discussing their wages, benefits and working conditions. They have the right to engage in this activity and we, as employers, cannot prohibit it. An example would be where two or more employees discuss their pay rates with one another. Employees have this right and employers are not allowed to have a policy prohibiting it. They have this right at work, at the water cooler, on the job and on Facebook. As strange and objectionable as it seems, this right even extends to offensive language about the employer or the supervisor, language my mother used to call uncouth.

However, in order for the behavior to be protected concerted activity, it must:

1. Concern wages, benefits or working conditions.
2. Two or more employees must be involved.

Thus, if an employee posts something to the effect of, "My supervisor is a purple jackwagon," and if other employees respond with their own postings, then the behavior has met both criteria and is, thus, protected concerted activity.

The situation gets a bit more complex when it comes to members of a private club, congregants at a church or synagogue, customers, clients, etc., in the following way. If a person posts a derogatory comment about, for example, a club member, and if that comment relates to wages, benefits and working conditions, then it is protected. An example might be, "Mr. Blogcycle was rude to me when I was serving him at lunch today. Sometimes he can act like a real jerk." Other employees answer the post and agree that Mr. Blogcycle is a real jerk. Then, as much as we don't like this sort of thing, and as much as Mr. Blogcycle might get upset, it is protected concerted activity, in this context, as it has to do with working conditions.

On the other hand, if the comment does not relate to work, it is probably, but not assuredly, not protected. An example might be, "Did you see Mrs. Blitherington's outfit today at the tennis court. She looked like she belonged in a circus!" Since this comment is unrelated to wages, benefits and working conditions, then it probably would not be protected concerted activity, as defined by the NLRB regulations.



Sandy's Suggestions for Successful Solutions

From a human resources standpoint, our best recommendation is to leave the Facebook pages of employees alone as much as you can. We strongly recommend that supervisors not access the Facebook pages of their employees, not friend employees on Facebook, not comment about the Facebook pages of employees and not post on

Our best recommendation is to leave the Facebook pages of employees alone as much as you can.

the Facebook pages of employees. This is trouble waiting to happen. We also don't recommend an employment policy that instructs employees about proper posting on Facebook, as this moves us ever closer to the protected category. If absolutely necessary, a few words about caution and prudence might be all right, but in general terms, the less said about employees' personal Facebook pages, the better.

In addition, we recommend that you exercise extreme caution when considering whether to discipline or reprimand an employee for a personal Facebook posting. We don't say it can't be done, but we do say that, if it is done, we have to be very, very careful. We might come out ahead at the end of the day, but sometimes we can spend a lot of money proving we were right.

The question of the use of smart phones at work is another, similar issue. Some employers completely prohibit their use at work, while others allow restricted use. Without question, employees should not be allowed to use their smart phones to access any of the social networking sites at work or to take pictures with their smart phone cameras, as this is trouble waiting to happen.

We trust this information is helpful to you on this evolving workplace issue. If you have a social networking situation occur at work, be sure to

contact your Seay Management consultant, so we can work through the situation with you and provide you with the comfort and assurance that you're handling it the right way.

About the Author:

Raleigh F. "Sandy" Seay, Jr., is President of Seay Management Consultants, Inc., a full service human resources management firm, located in Orlando. He is a frequent speaker at management conferences and seminars and has conducted management development workshops throughout the United States and in three foreign countries. He is the author of a host of articles and management guides in the field of human resources management and labor relations, including *How to Write an Employee Handbook* and *How to Hire and Retain Good Employees and Motivate Them to Superior Performance*. [i](#)





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Oct. 18

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A Passion for the Industry

Bradley Stevenson.

Digital is making a big impact and the industry is growing.

Linda Stevenson, part owner of Stevenson Dental Technology in Crystal River, Fla., has a passion for the dental laboratory profession. She and husband Tim had already been married 15 years when she purchased the laboratory. Tim was working with a dentist and had a second job at UPS, so Linda ran it on her own until Tim was able to quit both jobs and join her full time. Their son, Bradley, joined the business three years ago.

"My husband and I have worked together for 20 years and we're still married," Stevenson joked.

When a dentist calls Stevenson Dental Technology, they will know the person who answers the phone. The laboratory, now in its 20th year of business, prides itself on superior, personalized service. Stevenson uses words such as "cherish" and "love" and "fun" when describing the laboratory's dentist clients.

"We bend over backwards for every account," Stevenson said. "We don't charge for remakes and each account is cherished and is the most important account we have. We work long hours and we pride ourselves on delivering the best product. When you call you know who you are going to talk to. We put the customer first."

It's a small laboratory, so that helps keep things intimate with customers. Stevenson will sometimes drive hours to deliver a case to a dentist if she knows it's urgently needed. Each case is accompanied by a point of origin and material/manufacture sticker and is sourced in the US.

Additionally, all department heads are CDTs.

Stevenson Dental Technologies is also highly committed to continuing education. It is a member of the Seattle Study Club and everyone—not just the owners—attend FDLA's educational meetings. The laboratory is working on obtaining the Certified Dental Laboratory designation and hopes to complete the process this summer.



Although there are plenty of challenges facing the dental laboratory industry, Stevenson remains upbeat.


"Of course it's hard to know how others are doing," she said. "Our business is booming. Digital is making a big impact and the industry is growing."

Stevenson added that those who aren't as optimistic may not be embracing technology to its fullest extent.

"If you don't use the new technologies you will suffer in the end. If you go forward with all the new things that are offered it's a great industry," she said.

One concern, according to Stevenson, is that the industry may not be doing enough to attract young people to dental laboratories. Stevenson pointed out that her son is a graduate of the University of Florida with a degree in geology. Instead of pursuing that career, he chose to join her and her husband in the dental laboratory.

Stevenson's a strong supporter of the FDLA. In addition to the conferences, she's grateful to the association for keeping them up-to-date on legislative and tax issues. During meetings, she takes advantage of the networking opportunities but would like to do more. The association, she said, can be a galvanizing force.

"I just believe if everyone holds hands and works together we are stronger in the end," she said. "You are part of an organization that wants the best for your industry." 



Bradley Stevenson.

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