Welcome to REALITY TEAM. With the explosion of products, materials, and equipment being marketed to the profession, there is a real need to cut through the marketing hype aimed not just at dentists, but targeted at the other essential members of clinical staff of most dental practices, namely dental assistants and dental hygienists. This publication will not only accomplish that task, but will go far beyond it.

Based on the successful product evaluation protocols established and refined over 20 years by the gold standard, the REALITY Annual Edition, REALITY TEAM, also known simply as aRTie, is co-edited by Shannon Pace, C.D.A. and Deborah Dopson-Hartley, R.D.H. With a combined dental experience of over 40 years, these dynamic professionals will not pull any punches when it comes to informing you, their colleagues, as to which products to embrace, which to avoid, and how to flatten their learning curves.

aRTie promises to further our mission of “Informing dental professionals to protect patients”. We are confident that, combined with its sister publications for dentists, aRTie will be a significant, important, and indispensable information source for the clinical dental team. We invite you to give aRTie a try.

Professionally yours,

Michael B. Miller, D.D.S.
President
REALITY Publishing Co.

Deborah Dopson-Hartley, R.D.H.
Shannon Pace, C.D.A.

**PROSPEC MI Paste**

**GC America**

**What is it?** Remineralizing topical water-based paste containing Recaldent CPP-ACP (Caesin Phosphopeptide-Amorphous Calcium Phosphate). The pH is 7.4. Available in melon, vanilla, mint, strawberry, and tutti-frutti. Since Recaldent is derived from milk casein, patients with milk allergies may not be candidates for this product.

**What are its benefits?**

Basically remineralizes tooth structure by releasing calcium and phosphate ions.

**Who are its main candidates?** Patients with a variety of dental ailments including sensitivity and caries. It seems especially effective for post-bleaching sensitivity.

**How is it applied?** Application can be done professionally in the dental office or via a supervised home regimen. It is applied after a prophylaxis in the office or after tooth brushing at home. Application by patients can be in a bleaching tray, on a toothbrush (no rinsing), on a cotton swab, or even with a clean finger.
**OptiDam**

*Kerr*

**What is it?** First truly anatomically contoured rubber dam with a 3-D profile to fit the topography of the mouth better than the typical flat sheet. It is made from blue, powder-free, medium gauge latex, has raised tabs in the expected position of the teeth, comes with a wide, contoured plastic frame, and is available in anterior and posterior versions. It also has a bead of rolled latex around the periphery to help it maintain its shape.

The anterior version features 12 tabs extending posteriorly to the first molars bilaterally, while the posterior variant has seven tabs on each side of the dam extending from second molar to central incisor. However, unlike the anterior configuration, the posterior dam is not meant to isolate both sides of the same arch at the same time. One set of tabs is meant to correspond to the maxillary right and mandibular left quadrants, while the other set fits the maxillary left and mandibular right quadrants. You merely flip the dam over depending on the arch being treated.

**RAVES & RANTS**

+ No stamping, no punching
+ Contoured frame and 3-D design fits better than conventional versions

- Much more expensive than conventional dams
- Latex composition can still cause allergic reaction

**Cost:** $27.90 ($2.79/ea)
**Includes:**
- 10 dams (anterior or posterior)
- 1 frame

**Cost:** $70.85/30 dams ($2.36/ea)
**Shelf Life:** 2 years

The anterior version also has a + just superior to the maxillary central incisors to indicate the midline and identify it as the maxillary arch, while the mandibular side is identified by a straight vertical line. These symbols are actually embossed into the latex itself and cannot rub off. It is debatable whether these symbols are really needed, but they could aid you in properly aligning the dam into position.

**What are its benefits?** The anatomical shape reduces some of the stretching and adapting that occurs with a flat dam. The tabs eliminate having to stamp the dam for the positions of the teeth and, instead of using a rubber dam punch to make the holes, you merely cut off the top of the tabs with scissors. For larger holes, cut the tabs closer to the dam. This is certainly easier than rotating the size dial on a rubber dam punch, but it is not as calibrated. In some instances, you may be able to eliminate the clamps, but especially posteriorly, clamps are still required most of the time.

The frame, with its curved profile and wider spread, is less obtrusive when accessing the treatment area, keeps the dam away from the nose, and makes the dam more comfortable presumably by reducing the tension on the face. However, these same contours cause the frame to take up much more room in your instrument drawer compared to a more conventional one.

**How is it applied?** Exactly the same as conventional dams.

**Is the packaging also innovative?** Not really. The dams come in a plastic bag that has a Post-It-Note-like adhesive at the top flap for resealing, but you still need to reach into the bag to remove a dam—they don’t pop out one at a time.

**aRTie OptiDam** is the first true innovation in rubber dam technology in possibly 50 years. Its unique characteristics definitely reduce some of the complaints about dams. No longer do you need to stamp the dam with messy ink and cleaning all those small round sections of the dam out of the rubber dam punch is a task of the past. Patients also tend to find them somewhat more comfortable.

But the fact remains that OptiDam is still a rubber dam. You still need to stretch it over each tooth, floss between the teeth, and position the frame properly. While the benefits of rubber dam in general are legion and we are staunch advocates of its use, it is debatable whether the design advantages of OptiDam are strong enough to convert a non-user. It also is made from latex, which eliminates those who are sensitized to this natural rubber. In addition, it is substantially more expensive than its conventional brethren.

One final note: It is stated that the frame can be autoclaved at 134°C/273°F for only three minutes. This recommendation is based on the European standard. In the U.S., most autoclaves only reach 121°C/250°F. At this temperature supplemented with 15psi pressure, you still need a minimum of 30 minutes of exposure for an instrument to be deemed sterile.
Are you also confused about which products to use?

Well, choosing the right products is not child’s play.

Only in REALITY can you get:

**Product evaluations**—that show which products are best and which you should avoid

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20 years of **experience** serving the dental profession

**Unique clinical relevancy**—the only private research laboratory in the world where dental products used only by dentists are tested only by dentists

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