

Optimal Oral Health Report

YOUR GUIDE TO OPTIMAL ORAL HEALTH AND BEAUTY

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THE PANKEY INSTITUTE

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FOCUS ON ORAL HEALTH

What comes after the comprehensive oral health evaluation?

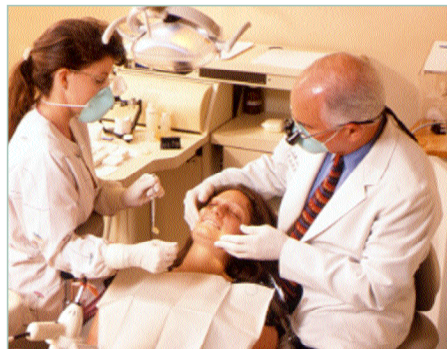
by Steve Ratcliff, DDS, Director of Academic Affairs

Not long after you and your dentist complete your comprehensive oral health evaluation, you will discuss the findings of that evaluation and have an opportunity to consider treatment options. Your dentist will have spent time studying the diagnostic data that was collected at the examination, including your preferences and requests. Taking time to do this study means you will have the very best recommendations for your individual situation.

You may easily finalize a comprehensive plan for a lifetime of oral health, or you may discover that you feel the need to learn more, think more, and develop an understanding of your feelings and values relating to recommended treatment before choosing a plan of treatment. Keep in mind that your health is one of your most important assets in leading a productive and meaningful life. Your dentist will assist you in developing an understanding of your oral health and the means available to solve problems you may be experiencing. It is in your best interest to be proactive in thinking through the objectives you want to achieve and what is most appropriate for you.

Whether or not you feel ready to proceed with restoring your teeth to a

younger, healthier, more functional and esthetic condition, there may be ongoing disease in your mouth that should be eliminated or slowed down until it is time to do more advanced treatment. This may include tooth decay, periodontal (gum) disease, abscessed teeth (typically a very painful condition), teeth that cannot be restored, and painful jaw muscles or jaw joints.



There are many approaches to this first phase of treatment, and you and your dentist will sort out what the priorities are for you. First and foremost, your dentist will want to address your main concerns and put them to rest as soon as possible.

In almost all circumstances, the first phase of treatment includes periodontal cleaning to remove both hard and soft

deposits from your teeth and polish the tooth surfaces. This time spent with the oral hygienist will help return your gums to a state of health. It is not uncommon for initial periodontal treatment to take multiple visits, and your dentist will recommend that you have regularly scheduled oral hygiene "cleanings" throughout every year of your life to help you maintain healthy gums.

The hygienist will spend time discovering how you care for your teeth and discuss alternative methods that may be helpful for your unique situation. If there is active decay in your mouth, your dentist will talk with you about achieving a cavity-free state. This may include discussion about nutrition, home care, dental treatment, and a plan to stay cavity-free for a period of time before moving on to more dental treatment. Pankey Institute-trained dentists recognize you are in partnership with them and that your oral health care at home is as important to your long-term success as the work done in the dental office.

When the "disease suppression" process is completed, you and your dentist will take time to reassess and revisit your next steps. The goal is a lifetime of health and comfort with the least possible treatment necessary.



**The L.D. Pankey Dental
Foundation, Inc.**

Mission

To improve the health and well being of the world's citizens by helping dentists achieve professional excellence through the practice of personalized, relationship-based, comprehensive dentistry.

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Becoming a Dentist

by Richard A. Green, DDS



Many dentists tell us they were inspired to enter dentistry by a dentist in the family or by their dentist. Perhaps, you wondered what's involved in becoming a dentist. Here's some information to get you started.

During college, the typical "dentist-to-be" completes one year of biology, a year of organic chemistry, and a year of general chemistry in preparation for dental school. There are 56 dental schools in the United States and Puerto Rico, and another 10 in Canada, that offer a 4-year graduate DDS or DMD program.

Admissions requirements include taking the Dental Admissions Test (DAT), completing the Associated American Dental School Application Service (AADSAS) form, and submitting application materials to individual dental schools. As in any professional graduate program, admission is competitive.

A recent American Dental Association (ADA) survey reports the average dentist graduating from a state dental school in 2003 had a total of \$92,795 in expenses for the four years if the student was a resident of the state. Nonresidents had a higher average of \$135,546. Although this amount seems high, the rewards of dental practice offset this investment over time. A dentist's income – increasing with age and experience, ultimately reaches a point where the significant investment pays itself back.

Once the DDS or DMD degree is in hand, the next step is to pass a state licensing exam. Should he or she want flexibility to practice in more than one state, the new dentist has to pass each state's exam.

Some dentists desire to continue with their education to become specialized in periodontics, orthodontics, endodontics,

prosthodontics, or oral surgery. Postgraduate training for specialists runs three years, and Dental Resident Training Programs take an additional year. Some dentists will practice as general dentists for a period of time before making that decision.

Many newly graduated dentists associate with an established dentist when they start in practice and from there decide if they want to practice in a large or small group, have their own solo practice, or become part of a managed care organization.

Studies show that Pankey Institute-trained dentists typically go into solo or small group practice and create environments in which they can spend time with each patient in order to know their needs well, thoughtfully plan an optimal course of treatment, and communicate with their patients in such a way that patients can make informed choices.

Dentists attend continuing education courses throughout their career to learn about many new restorative materials and techniques and how to serve their patients better. Studies show Pankey Institute-trained dentists annually invest an average of 2% of their total practice revenue in continuing education. This investment enables them to provide the best esthetic, functional, and long-lasting dentistry available.

Studies also show that Pankey Institute-trained dentists enjoy their patients and doing the best dentistry. They are reluctant to retire because they find great fulfillment in helping others. Your happy dentist is an excellent source of information about dentistry as a career!

FOCUS ON YOU

It sometimes takes a team.

by Irwin M. Becker, DDS, Chairman of Education



The best dentists recognize that they cannot be competent in all areas of dentistry and that it is sometimes necessary to involve specialists in a patient's oral health evaluation and care. For example, you may be referred to an:

- Endodontist, a dentist specializing in diseases that affect the inside of teeth (the dental pulp and nerve);

- Periodontist, a dentist who specializes in the care and prevention of gum-related diseases, guided bone regeneration, and dental implants;

- Orthodontist, a dentist who specializes in the prevention or correction of irregular positioning of teeth;

- Oral Surgeon, a dentist with special training in surgery of the mouth and jaw;

- Prosthodontist, a dentist who is expert in dealing with the replacement of teeth and related mouth or jaw structures by artificial devices (for example dentures).

Involving a specialist requires significant levels of communication on the part of your dentist, the staff of your dental office, the specialist, and the specialist's staff. It may mean that the specialist and your dentist meet to discuss their respective findings and thoughts before developing a treatment plan that meets your goals and objectives. This is especially common when periodontal surgery, implants, and orthodontics are involved.

The role of your dentist and dental staff is to coordinate the team, making sure that everyone knows where you are in the process at all times. The best dentists believe you are an important part of the process and should know at

every juncture what to expect, what will happen, and who will be involved.

Developing a high degree of synergy with highly competent specialists is a goal of every Pankey Institute-trained dentist. Together they have discussed the importance of your understanding your oral health condition and the course of treatment you have chosen or may be in the process of choosing. They will continue to communicate with each other after each phase of your evaluation and treatment.

By involving a group of dentists, who are all expert at what they do, you are ensured of having the best possible result. By communicating well with each other and with you, the result will be gratifying and will meet your expectations. It is very common practice for Pankey Institute-trained dentists to take additional time to schedule this kind of conference for the sole purpose of coordinating the potentially different perspectives of those who will be providing their special expertise during the course of your treatment.

Many patients don't realize the extra value of the time your dentist and specialists spend on your behalf when you are not in the dental office. The times when they confer and discuss your treatment are an important part of the quality care you are receiving. They are "doctoring" on your behalf. This is what we really mean by the term "Interdisciplinary Dental Care."

If you have any questions concerning these difficult yet extremely important issues, just ask your dentist for further explanations.

DEALING WITH DENTAL ANXIETY

Millions of Americans suffer from dental anxiety; some tough it out and see their dentist anyway, while others ignore their oral health for years. At root for most people is the memory of a painful dental experience and the sense of not being in control.

Many advances have made dentistry comfortable and quite painless. Working through your fears and allowing your dentist to help you in the process will enable you to take advantage of today's standard of complete oral care.

It starts with talking to yourself. Remind yourself that your dentist understands and wants to help. Your dentist has helped countless others overcome their fears.

Try to determine what it is that upsets you. For many it's the memory of receiving a painful injection of Novocain early in their life. There have been advances in local anesthetics, and dentists now apply a numbing topical agent on the gum before any injection.

Does the sound of the drill or the smell of the office trigger anticipation of pain? Do you fear being unable to speak with hands and "foreign objects" in your mouth? Is it a feeling that your personal space is being invaded? Are you embarrassed that you have not sought earlier treatment?

If so, you are not alone. Here are some things you can do.

1. When you make your appointment, tell the receptionist about your concerns.

(Continued on page 6)

FOCUS ON BEAUTY & FUNCTION

The New Age of Orthodontics by Juan-Carlos Quintero, DDS, MS

Do you long to have a beautiful smile composed of properly aligned teeth? Do you have functional concerns for your jaw as you chew? Are you concerned about the esthetics of your child's smile and whether it will develop into a beautiful one? Does your child have an abnormal bite or crowded teeth?

If you said yes to any of these questions, it's likely that your Pankey Institute-trained dentist has already anticipated your desires and concerns. Your dentist may have recommended that you consult with an orthodontist.

If you are consulting with an orthodontist recommended by your dentist, you are in fine company. More and more people are seeking orthodontics as a component of comprehensive oral health care that will ensure proper facial development, preserve natural teeth, eliminate jaw pain, and provide for a naturally beautiful, young-looking smile.

Recent information about how the face grows, smiles develop, and both continue to change throughout life have brought the field of Orthodontics to a new age. No longer must we wait for the teenage years to correct orthodontic problems. **No longer is treatment limited to adolescents but is now available to patients of all ages and, more importantly, to children early in their life.**

This article will focus on orthodontics early in life. A subsequent issue of this newsletter will discuss advances in orthodontics for adults.

Orthodontists have always had the option of treating early. Until recently, though, treatment basically amounted to holding or maintaining space. The window of opportunity to develop arches and correct severe problems such as

crowding was missed. If the jaws were too small there still wasn't enough room for all of the permanent teeth. Many times, permanent teeth were removed to make room to properly align the remaining teeth.

Teeth and bone are the supporting structures of the face. When permanent teeth are extracted, facial profiles often become less attractive. Faces can become flattened in appearance or collapse showing a decrease in lower facial height. Bites can collapse resulting in more overbites, increase in tooth crowding, gum problems, and even jaw joint (TMJ) problems. Smiles can collapse with lips becoming pencil-thin rather than full and attractive, and smiles can become narrower. Noses can look larger than they really are.

From day one of my practice, I decided to avoid extracting permanent teeth whenever possible. I swore never to treat the bite at the expense of the face. For the past six years, our practice has used early two-phase treatment to both hold **and gain** space in the jaws for incoming permanent teeth. We concentrate on the proper development of the upper and lower jaws, as well as the development of the gums and bone supporting the teeth.

This has been accomplished through various types of expansion appliances, as well as braces. When used properly these create healthier gum and bone tissue around the teeth, make enough room so the permanent teeth do not need to be removed, ensure that the patient develops the most pleasing face possible, assist in creating a naturally beautiful smile, reduce the need for corrective jaw surgery later in life, and eliminate the use of appliances that pull

the lower jaw forward and are uncomfortable to wear.

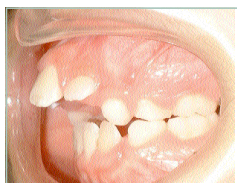
The tooth straightening portion of orthodontic treatment has also been revolutionized. Space age titanium wires allow us complete treatment in fewer visits and with very little discomfort for the patient. It is routine now to use clear, non-staining ceramic brackets to hold the wires instead of metal which means they are more attractive to wear.

I recommend that children be seen for the first time at four or five years of age to check facial development, although treatment this early is usually not necessary. Since most facial growth occurs between ages 6 and 10 (90% by age 10), it is important to begin any needed facial growth modification treatment during this window of opportunity.

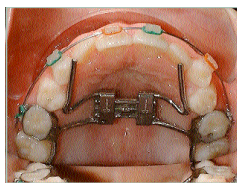
The American Association of Orthodontists (AAO) has issued the clear recommendation that all children be seen by an orthodontic specialist for an orthodontic evaluation by the age of seven. Conditions warranting early orthodontic intervention include cross-bites (some of the upper teeth are inside the lower teeth when biting), permanent teeth erupting in the wrong place or at an abnormal angle, the lower jaw outgrowing the upper jaw, a severe overjet (upper jaw extending beyond lower jaw), a severe overbite (upper teeth overlapping the lower teeth when the jaw is closed), open bite (upper teeth do not make contact with lower teeth when biting), and crowded teeth.

Your Pankey Institute-trained dentist is qualified to explain and screen for these problems and will assist you in seeking the orthodontic specialist you and your family need.

Early orthodontic treatment will make a big difference in young Daniel's life.



At left, Daniel is shown at the beginning of treatment.



The second photo shows Daniel's upper palate as it is gently pushed to grow wider. This photo was taken 7 months after the start of treatment.



The third photo was taken at the end of Daniel's Phase I treatment. Phase I

usually lasts for 12 to 15 months. There is then a resting phase of 6 months to 2 years, followed by Phase 2 of treatment which may last from 10 to 15 months.

Phase I treatment for Estephania produced dramatic results.



Estephania is shown before treatment. She was in phase I for 12 months.



Here are her results following Phase I growth modification.

The information in this newsletter is general in nature and may not pertain to your specific oral health. For your specific oral health information, consult your dentist.

Health Link

SLEEP DISORDERED BREATHING

by W. Keith Thornton, DDS

Do you or a loved one snore?

Snoring occurs when a partial collapse in the throat causes vibration of the soft tissue as you breathe. Snoring usually begins as a mild noise occurring occasionally. As the condition worsens, usually with age and weight gain, it becomes continuous, loud, and obtrusive, indicating a greater collapse of the throat.

If the breathing effort interrupts the patient's sleep, the condition is known as "upper airway resistance syndrome." For many people, the throat continues to collapse to a point of total blockage, causing a cessation of airflow, and this condition is called "obstructive sleep apnea."

Research indicates that people with obstructive sleep apnea are deprived of significant oxygen during their sleeping hours and are at higher risk for irregular heartbeat, high blood pressure, heart attack, and stroke.

Although less of a health problem, the fragmented sleep resulting from simple snoring can cause headaches, difficulty in concentration, fatigue, and reduced work performance. Not only does the snorer suffer from interrupted sleep but also anyone awakened by it.

Who has sleep apnea?

According to the National Sleep Foundation, as many as 18 million Americans have obstructive sleep apnea. It occurs in all age groups and both sexes but is more common in men (4% compared to 2% of women).

You are most likely to develop sleep apnea if you are overweight, have high blood pressure, or have a physical abnormality in the nose, throat or elsewhere in the upper airway. Ingestion of alcohol and sleeping pills increases the frequency and duration of breathing pauses in people with this condition.

Treatment

Treatments for snoring and obstructive sleep apnea fall into three categories. The first is surgery to remove some of the soft tissue of the upper airway or surgery to move the upper and lower jaws forward to open the airway. The second is wearing a mask attached to a machine while you are sleeping that provides continuous airway pressure to keep your throat open. The third is wearing an oral device that has been properly constructed for you to adjust and retain your jaw in a favorable position for breathing while you sleep.

More people select the third category of treatment because it is noninvasive, less expensive, and reversible. It also can be provided and adjusted by your dentist. Most people receiving this treatment find it comfortable and therefore comply with their physician's or dentist's recommendations to wear it. They report getting a better night's sleep and know their health is improved.

Your dentist ...

Your dentist may be among those who have undertaken a course of study on sleep disordered breathing so they can appropriately treat their patients with the problem. Your Pankey Institute-trained dentist knows how to work with the medical community to help you receive the health evaluation and treatment that achieves the best results.

May I please have another cookie? by Kenneth E. Myers, DDS

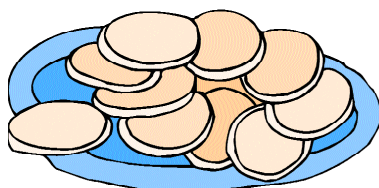
As I walked into the room, the nurse was applying medication to a hand wound my grandmother had received from a fall a week earlier. My eight-year-old son and I had traveled a thousand miles to say goodbye to her. At 89 years of age, her body was finally ready to give in to breast cancer, and her mind had fallen victim to Alzheimer's disease over the previous several years.

I knew she would hardly know who I was, and if she did remember, the memory would be gone moments after I left. However, it was important to help my father through these difficult times. My son also needed to learn about his roots.

It was sad to see her unable to hold herself up in a chair. I said hello to her, and she opened her eyes enough to gaze at me. Her air-filled voice repeated, "I'm so tired. I'm so tired." I held her hand and comforted her the best I knew how. I introduced her to my son, and she struggled out a sincere smile towards him. I told her stories about my family, my job, the tree we planted in honor of my grandfather, and how full our lives were. It was as if I were trying to justify her life through the one I was able to live now.

We had brought some cinnamon cookies with us, and I offered one to her. Her dry frail hand reached for a cookie. She slowly nibbled on it. As you spend time with someone who is close to death and appears to have lost every-

thing, one naturally thinks about how unimportant much of one's life can be. I thought about the worldly parts of my life: the cars, the boat, my home, and our ability to travel. I thought about the simple functions of life: walking, running, feeding ourselves, dressing ourselves... We have so much when we are healthy. Being a dentist, I reflected on how trivial teeth seem at a moment such as this. I pondered these thoughts as the first



cookie disappeared, then another.

My grandmother's exhausted manner seemed to temporarily dissipate. She had found pleasure in nibbling the cookies. With her eyes closed and body relaxed, my attention focused on a collage of colorful photographs hanging next to her bed. Looking down at me was a picture of my grandfather, almost as if he approved that I had come.

My grandfather was a righteous man who always felt it was important to do things the correct way. His home was not large, but it was perfect. Every part of it was neat, crisp, and clean. The saying "everything has a place and every place has a thing" describes how well

he took care of his belongings. In the same manner, his and my grandmother's health had been important to them, including their teeth. They both had most, if not all, of their teeth until the end. Even at the time of my grandfather's death at the age of 84, he was scheduled to have some major dental work completed. My grandfather had been comprehensive about caring for his health and life.

My grandmother was now working on a fifth cookie. I watched as she gently grasped it, lifted it to her mouth, bit and sighed with pleasure at its wonderful taste. Suddenly, I realized that because she had her own teeth at age 89, she was able to find some pleasure in what most would consider a horrible existence. She could still eat and experience the pleasure of taste! What had seemed small in the scale of things a moment ago had renewed importance.

Many patients judge the competence of a dentist based on whether they are free of pain. However, a dentist's true competence may be measured by whether patients still have the ability to eat at the end of their lives. This can only be achieved with a comprehensive long-term approach to dentistry and helping people understand the importance of this type of care.

As her hand reached out, her fragile voice whispered to me, "May I please have another cookie?"

DENTAL ANXIETY (Continued from page 3)

2. Once in the office, tell your dentist and other members of the dental team exactly what about the visit provokes anxiety for you.
3. Ask your dentist to fully explain each procedure and to keep you informed as it is done. Focus on your breathing, making it regular and slow.
4. If you feel pain or a sense of panic, signal to your dentist. If you are unable to talk, raise a hand.
5. Before your appointment, avoid caffeine and eat a light meal that includes high-protein foods.
6. Remember your dental care team understands and wants to help.

ETHICS *and* DENTISTRY

Editorial by Christian B. Sager, Executive Director and Publisher

In an age when services are rapidly delivered with an eye towards efficient productivity, many professionals hurry through their work and make judgments so quickly that optimal results are not considered. Like anyone else, dentists are influenced by perceptions of what their clients want.

Does the patient hope to be out of the dental office within an hour? Does the patient expect only the usual and customary dental services their insurance covers (commonly very limited)? Is the patient fearful of dental procedures? Is the patient in pain? Is the patient upset by the condition of her/his mouth? Does the patient want a smile makeover? Is the patient willing to take the time and invest in achieving comprehensively optimal results? Until both the patient and dentist speak about what's truly on their minds, how can the dental team and patient figure out together what is in the patient's best interest?

Four years ago, I described to dentists the Institute's ethical position on the practice of dentistry. It was a short statement composed of four sentences. As the patient of a Pankey Institute-trained dentist, I thought you would be interested in knowing this position.

The Pankey Institute's philosophy is that the dentist must take time with each patient to thoroughly ascertain how to achieve optimal oral health,

comfort, function, and naturally beautiful teeth for that patient, and to inform the patient about what can be optimally achieved. After discussing available treatment options, without undue concern about expense, the dentist should counsel the patient to assure the patient understands the choices in order to make appropriate ones. If need be, the dentist can help the patient achieve comprehensively healthy results through phased treatment over a period of years.

According to this philosophy, the professional does not prejudge what the

We believe dentists have the moral obligation to do the best they know how for all patients who seek their help.

patient will decide is appropriate. By communicating what is optimal and providing an understanding of treatment choices, the dentist allows the patient to work through what she/he really desires. As a result, more optimal results are achieved for more people.

Fundamental to the application of this philosophy is the understanding that

quality treatment and service cannot be rushed. For this reason, your dentist is apt to spend more time with you and see fewer patients in order to develop a meaningful doctor-patient relationship and provide you with the comprehensive care you deserve.

The comprehensive oral health evaluation takes time and thought. This process must be thorough and done well so that the actual oral health condition becomes known and the diagnosis of problems is accurate. On this foundation, appropriate treatment can be planned and options explored.

We believe that dentists have the moral obligation to do the best they know how for all patients who present themselves. The Pankey Philosophy of the practice of dentistry puts significant value on the giving of one's best self before personal gain. As a result, the patient receives lasting dentistry that is fairly valued.

We also believe that you, the patient, are a critical member of the team that will determine your needs and achieve your oral health objectives. Your dentist needs and wants to know your oral health concerns and desires. Your dentist wants to know about obstacles that may be holding you back from pursuing appropriate treatment. Your dentist will welcome your input.

We also believe that you, the patient, are a critical member of the team that will determine your needs and achieve your oral health objectives.

Let's Talk Toothbrushes

by Erik Zudans, DDS, Clinical Instructor

You can't hear this too many times. You should brush your teeth after every meal. If that's not possible, fit in at least two brushings a day, one in the morning and one in the evening. Floss your teeth at least once a day to remove the food and bacteria between teeth that isn't removed by brushing. Ideally, you will brush after every time you eat, and your mouth will be clean (teeth brushed, teeth flossed, and mouth rinsed) prior to going to sleep at night.

If your toothbrush has bristles that are too firm (hard), as you apply pressure during brushing, you may wear away the protective enamel of your teeth. This will leave them susceptible to cavities and sensitivity. Brushing too hard with firm bristles also can injure your gums causing them to recede.

What makes a toothbrush good?

The best toothbrushes for you have soft bristles, compact heads, and flexible handles for easily moving around the mouth and reaching your back teeth. Many manual toothbrushes on the market meet these criteria.

Electric toothbrushes have become popular and are effective because they meet the above criteria, automatically perform gentle, circular scrubbing motions (the recommended motion for optimal oral hygiene), and some even have built-in timers that assist you in brushing for the full two minutes dentists recommend.

My Personal Inquiry

The first question I usually hear when a new friend finds out I'm a dentist is, "What toothbrush and toothpaste do you recommend?" I recently decided to take on a project to find out what toothbrush I should recommend to patients.

In order to be thorough, I reviewed relevant scientific literature, spoke with hygienists and patients, and personally tested three electric brushes.

My review of the scientific literature revealed two important facts to me. First, electric toothbrushes do a better job for most patients than a traditional toothbrush. Second, various studies support each of the different electric brushes as being better. Therefore I believe they each have a high degree of effectiveness.

In speaking with my own patients and some hygienists, I sensed quite a bit of brand loyalty. Those, who have long-term experience with Sonicare Plus,

We have the technology in electronic toothbrushes to help us maintain our teeth for a lifetime, and the investment is very small considering the overall positive effect it will have on our health.

praised its effectiveness. Similarly, those with a long history of Oral-B 3D use were very happy with its results.

What do I use?

Personally, I have used Sonicare, Sonicare Plus, Oral-B 3D, Crest Spinbrush Pro, and a manual Crest Complete toothbrush. The advantage of the more costly Sonicare Plus and Oral B 3D is that they regulate how long the patient is brushing and tell you when to move to the next part of the mouth. This feature alone makes them worth the cost for many individuals. They are rechargeable and well engineered



ergonomically.

The Crest Spinbrush Pro is a little less durable and less ergonomic, but essentially very effective in doing its job. It takes 2AA batteries and doesn't have its own charger. It requires a little extra care in cleaning as debris can clog its on/off mechanism unlike the Sonicare Plus and Oral-B 3D. On the other hand, it is hard to argue with the cost of the Spinbrush Pro which is about about 1/10 the cost of the Oral-B or Sonicare and twice the cost of a traditional toothbrush.

It should be noted that with proper technique, all the above brushes can be effective.

So what do I use now? I like the Oral-B 3D because of the way it feels when I use it. I am very comfortable recommending the Sonicare Plus and the Crest Spinbrush Pro, and members of my family use them with my recommendation.

My Advice

Take advantage of today's technology and use an electronic toothbrush. As with a manual toothbrush do not press too hard as you brush. After even a week or two, the bristles on a toothbrush (manual or electronic) can become jagged and sharp. Because this roughness may cut your gums and also because microorganisms (bacteria, yeast and viruses) cling to toothbrushes, you should frequently replace your electronic toothbrush head with a new one – ideally every two weeks.