

The background features a dark blue gradient with a prominent, glowing tunnel-like structure on the right side. This structure is composed of many thin, parallel lines that curve and converge, creating a sense of depth and movement. The lines are illuminated from within, giving them a bright, ethereal quality. The overall effect is modern and technological.

Full-Circle Endodontics

DEVELOPED FOR THE INSIGHT SALES MODEL | BY: MATT SWENSON

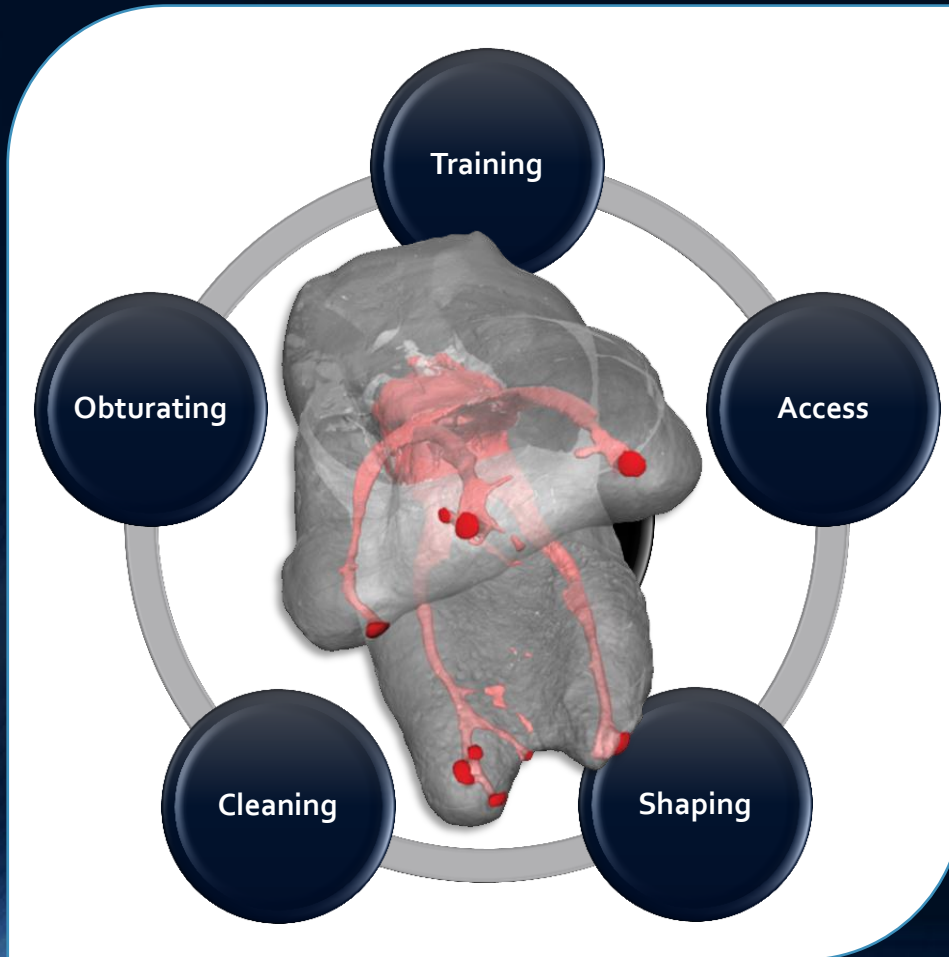
INSIGHT SALES

- Offer unique market perspective that builds differentiation.
 - We are not trying to uncover needs, we are defining them (making sure those needs lead to something only we can fix ... An area we have deep expertise.).
 - THIS DOES NOT MEAN WE DON'T ASK QUESTIONS.
 - IT DOES MEAN WE OFFER INSIGHT & MAKE ASSUMPTIONS THAT WILL LEAD.
 - Our goal is to share compelling information that creates (leads to) an emotional response in our customer. How? Insight leads the customer to something (Training; Access; Shaping; Cleaning; Obturation) through science; case studies; clinical studies; clinical photos; stories from other clinicians; universities; and chairside experience.
 - We want a "hmmm," rather than "yes, I agree."
 - The focus is the customer's business, not our business or products.
 - The current market is causing customers to look to vendors for new, unique perspectives. Our role is to "teach, tailor, and take control" through value, not price.

HABIT [hab-it]

- Habit is the divide separating agreement and action.
- Habit is defined as:
 1. An acquired behavior pattern regularly followed until it has become almost involuntary.
 2. A recurrent unconscious pattern of behavior that is acquired through frequent repetition.
 3. Customary practice or use.
 4. A particular practice, custom, or usage.
 5. A dominant or regular disposition or tendency; prevailing character or quality.
 6. Addiction, especially to narcotics (often preceded by).
- Habits are very hard to change; Many people resist changing habits–Not if they aren't aware their habits are being changed.

FULL-CIRCLE ENDO



- FCE is an open door, in every sales call. How? By leading to, rather than leading with ...

1. Training
2. Access
3. Shaping
4. Cleaning
5. Obturating

... Insight.

- Open door in every sales call?

“STORY-SELLING”



- “Gladwell has a knack for turning complicated (and often arcane) scientific ideas into digestible, tasty nuggets of knowledge. His readers don’t just passively sit and listen, they’re inspired to take action. To change their behavior. To transform their organizations. To tell others what they learned.”

1. Keeps it simple
2. Stories beat information
3. Powerful insight holds attention

“STORY-SELLING”

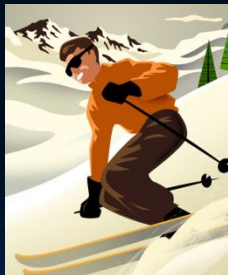


- The washboard, the washing machine, and the EndoActivator.
 1. Keep it simple
 2. Stories beat information
 3. Powerful insight holds attention



“STORY-SELLING”

- The wooden wheel, rubber tire, and NiTi file (Tulsa Shaping Files)
 - The illustration, box camera, and cone beam image (Full-Circle Endo)
 - Do you wax your car before you wash it? (Q-Mix & GuttaCore)
 - Obturation is an impression of the inside of the tooth. (GuttaCore)
- Customize stories to match clinicians and team members you are speaking to, that match or mirror their passions, interests, ideals, personality, training (e.g. skiing story).



- Remember –
 1. Keep it simple
 2. Stories beat information
 3. Powerful insight holds attention

Your Open Door

- **Training**

- Live; Online; Study Clubs; Chairside Observation; 1:1 w/Sales Rep; Over-the-Shoulder

- **Access**

- Access Kit; Ultrasonics; Burs; C-Files

- **Shaping**

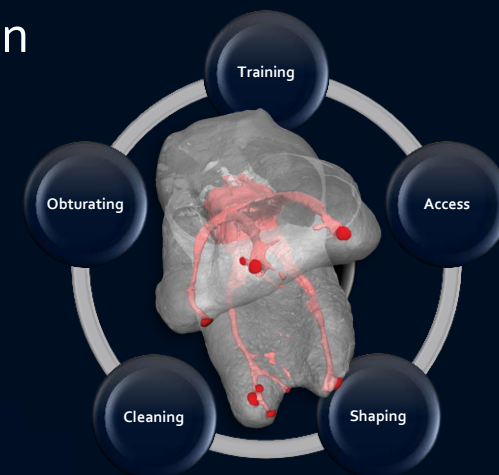
- Hand & Mechanical Glide Path; Motors; Rotary; Reciprocating; Verification

- **Cleaning**

- Irrigants; Activators (sonic and ultrasonic); Needles; Lasers

- **Obturing**

- Sealer; Paper Points; Cold; Warmed; Carrier-Based; Chemical



CANAL ANATOMY



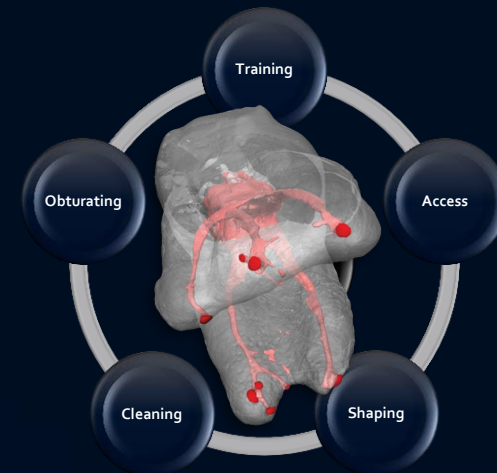
Mesial;

Distal;

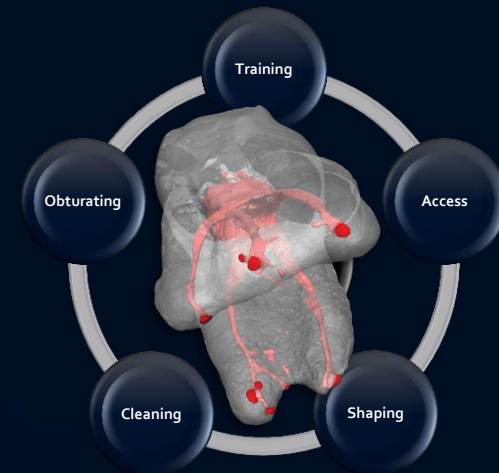
Buccal;

Lingual;

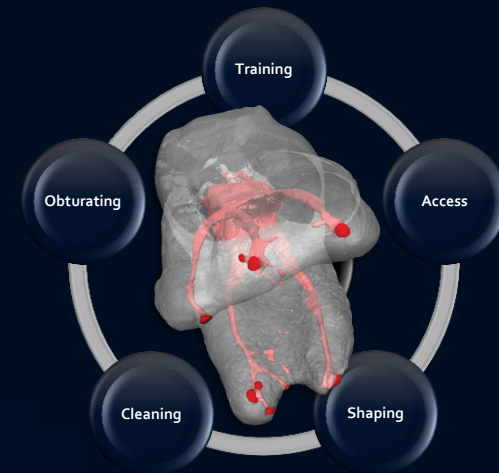
Occlusal



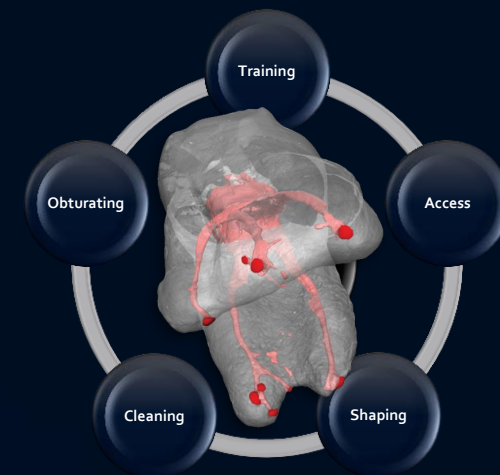
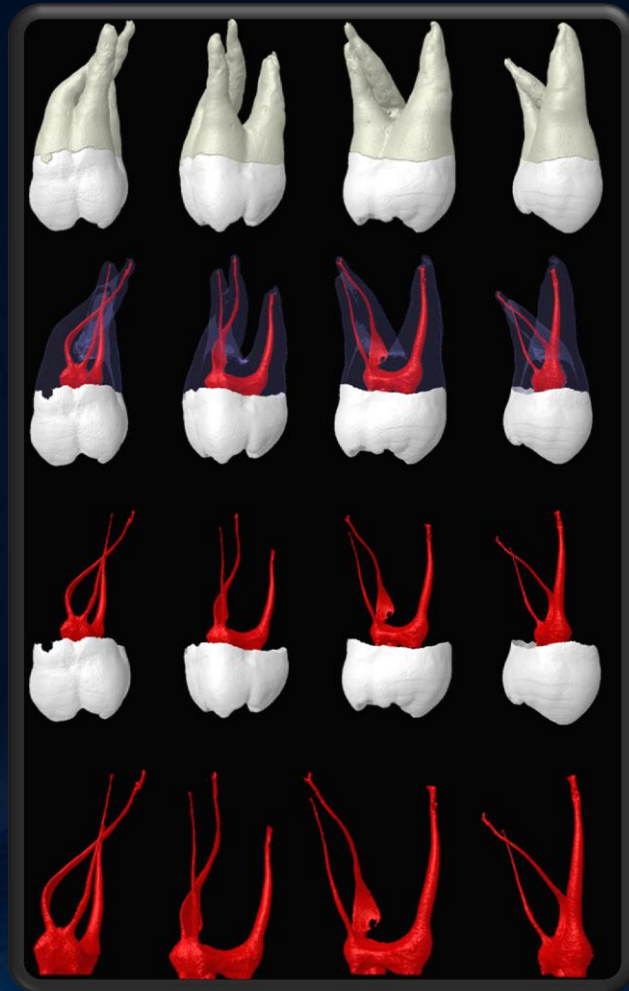
CANAL ANATOMY



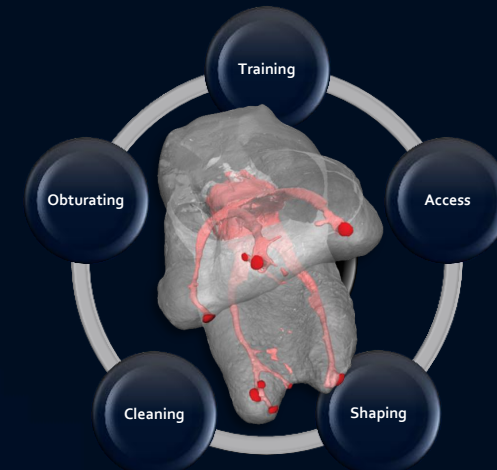
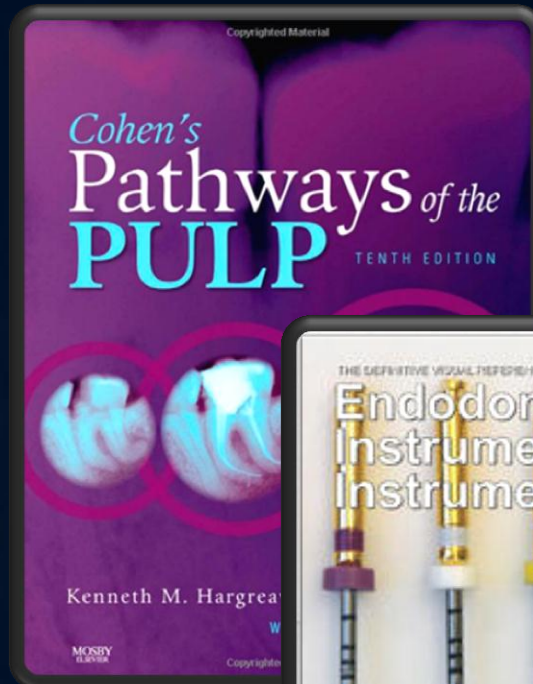
CANAL ANATOMY



CANAL ANATOMY



FINDING INSIGHT



"Endodontic procedures remain one of the most common sources of

Malpractice

claims, according to CNA HealthPro claims data."

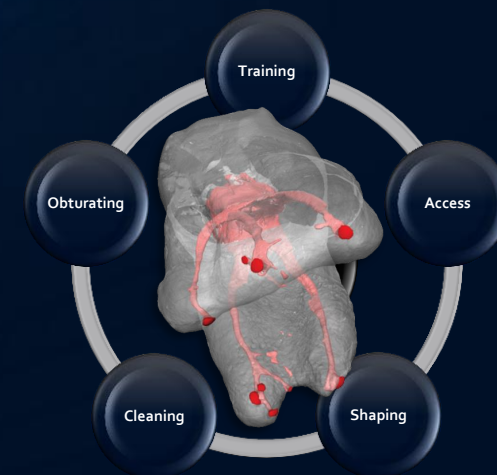
Training



MORE INSIGHT

Training

- “A thorough knowledge of tooth morphology, careful interpretation of angled radiographs, and adequate access to and exploration of the tooth’s interior are prerequisites for treatment.”
- “ Evaluation of the root canal system is most accurate when the clinician uses information from several radiographic views together with a thorough clinical exploration of the interior and exterior of the tooth.”
- “Magnification and illumination are indispensable aids in RCT.”



Access

"Adequate access is the key to achieving

Canal Location

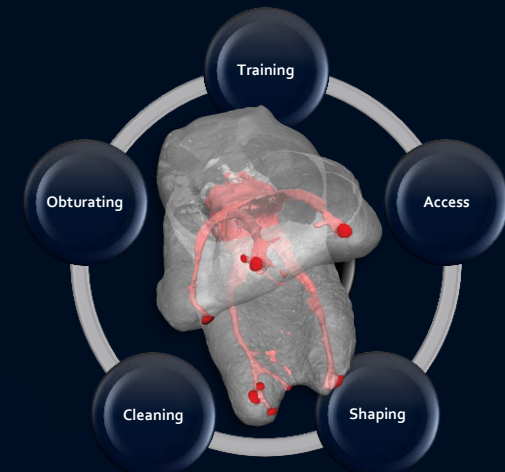
*And the ultimate endontic success —
healing of the body."*



MORE INSIGHT

Access

- “The cervical bulge (dentinal triangle) is always there, and we have to remove it.”
- “Begin with the end in mind.”
- “Allowing sodium hypochlorite (NaOCl) to remain in the pulp chamber may help locate a calcified root orifice.”
 - Story-Selling: The NaOCl “champagne bubble” test.
- “The optimal endodontic result is difficult to achieve if the access is not properly prepared.”
- “Unobstructed direct access to the root canal and apical foramina is crucial.”



Shaping

"The purpose of shaping instrumentation is a

Configuration suitable

for obturation,

*And elimination of pulpal tissue
and well as bacteria."*



MORE INSIGHT

Shaping

- “Microcracks are first formed on the surface of materials, especially where there are surface flaws or irregularities.”
- “The advantages of NiTi files over steel hand files is greater effectiveness and ability to follow original shape of canal.”
- “If you are not centered in a canal (radiographically), it’s a telltale sign of an additional canal.”
- “Strip perforations are avoided by staying centered in canal.”
- Files are there to shape the canal, giving irrigants access to the lateral and apical anatomy.”

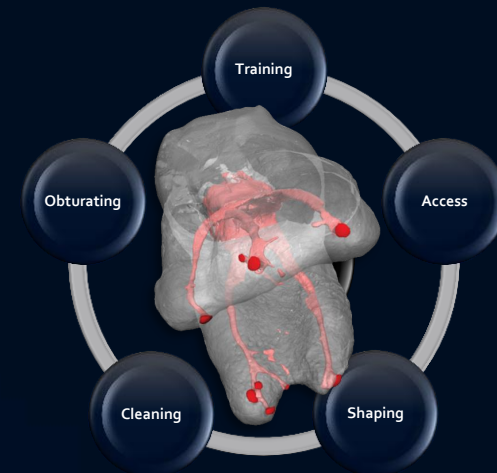


"All instrumentation techniques left

35%

*or more of the canals'
surface area unchanged."*

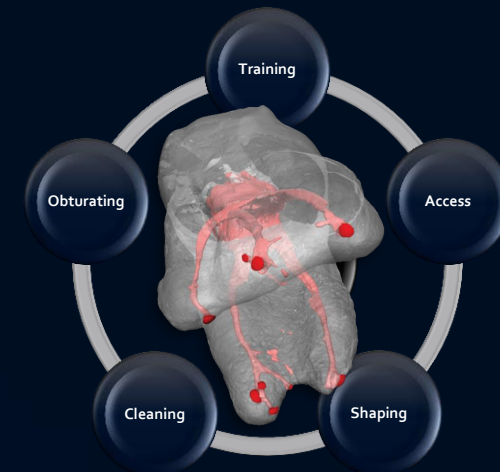
Cleaning



MORE INSIGHT

Cleaning

- “Sealer penetration does not occur when the smear layer is present.”
- “In necrotic cases the smear may be contaminated by bacteria.”
- “Smear layer obstructed tubular penetration of all sealers.”
- “Combination of smear layer removal, AH-26 Plus and vertical compaction of Gutta-Percha had a cumulative effect in reducing leakage.”
- “Smear layer permits leakage.”
- “Bacteria that remains in the dentinal tubules uses the smear layer for sustained growth.”
- “Root canal filling materials adapt better to canal walls after smear layer removal.”
- “Removal of the smear layer reduced both coronal and apical leakage.”



MORE INSIGHT

Cleaning

- “EDTA has no antimicrobial activity.”
- “60% of the samples in which the smear layer was not removed demonstrated bacterial leakage. There was no leakage in specimens from which the smear layer was removed.”
- “Evidence indicates that sealer penetration does not occur when the smear layer is present.”
- “Uninstrumented surfaces are easier to clean than instrumented surfaces.”
- “In 74% of cases, lateral canals were found in the apical third of root.”
- “When bacteria were present at the time of obturation, there was a correlation between the quality of obturation and non-healing.”



Obturing

"The final objective of endodontic procedures should be the

Total Obturation

Of the root canal space."



“No Mother Canal

Has just one portal of exit.”

Obturing



MORE INSIGHT

Obturing

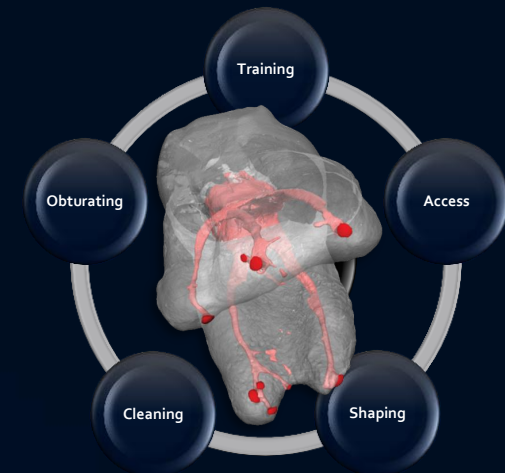
- "Anatomy and morphology of the radicular space vary tremendously."
- "Regardless of the obturating technique, emphasis should be placed on the process of cleaning and shaping of the canal."
- "Gutta-percha cones consist of approximately 20% gutta-percha, 65% zinc oxide, 10% radiopacifiers, and 5% plasticizers."
- "Unlike rubber, room temperature gutta-percha cannot be compressed or made to flow."
- "Compaction results in transmission of forces to the material and the canal wall equally and may result in root fracture."
- "Significant tubular penetration of gutta-percha and sealer has been shown w/thermoplasticized obturation."



MORE INSIGHT

Obturing

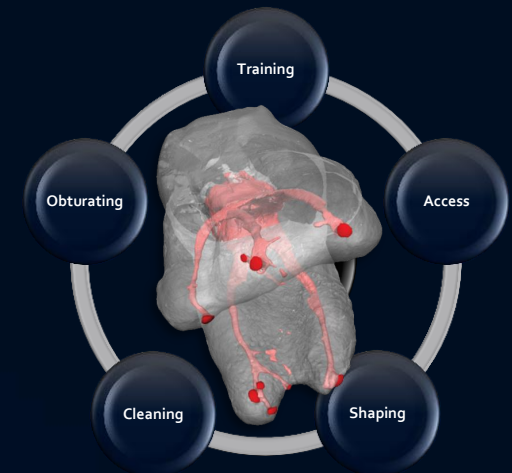
- “Significant tubular penetration of gutta-percha and sealers has been shown with thermoplasticized obturators.”
- “The goal of obturation is to replicate the inside of the tooth with gutta-percha.”
- “Biocompatibility of sealers is critical to the success of RCTs.”
- Three-dimensional obturation of the radicular space is essential to long-term success.”
- “Gutta-percha cones consist of approximately 20% gutta-percha, 65% zinc oxide, 10% radiopacifiers, and 5% plasticizers.”
- “Gutta-percha cones typically range from 19-22% gutta-percha.”



MORE INSIGHT

- “Significant tubular penetration of gutta-percha and sealer has been shown with thermoplasticized obturation.”

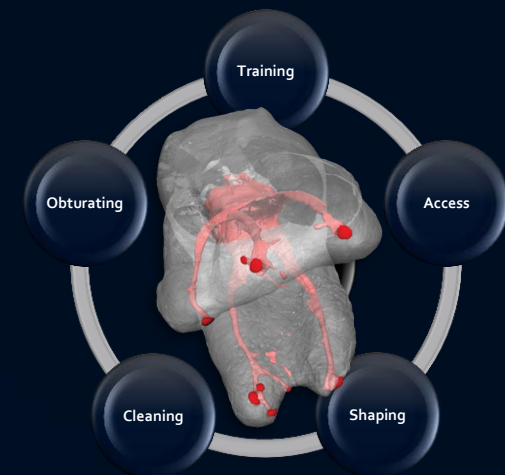
Obturing



LEAKAGE INSIGHT

Outside the Circle

- “Pulpal remnants, necrotic tissue, bacteria, and bacterial by-products remaining in the inaccessible areas of a cleaned and shaped canal system could and/or perpetuate a lesion because the host defense mechanisms are unable to remove them.”
- “Investigators suggest that it is more prudent to use a final restorative material versus a temporary material to prevent leakage.”
- “Investigators noted that the prognosis for endodontically treated posterior teeth restored with crowns was enhanced sixfold.”
- “combined high-quality endodontic and restorative treatment is a major factor in good clinical outcomes.”

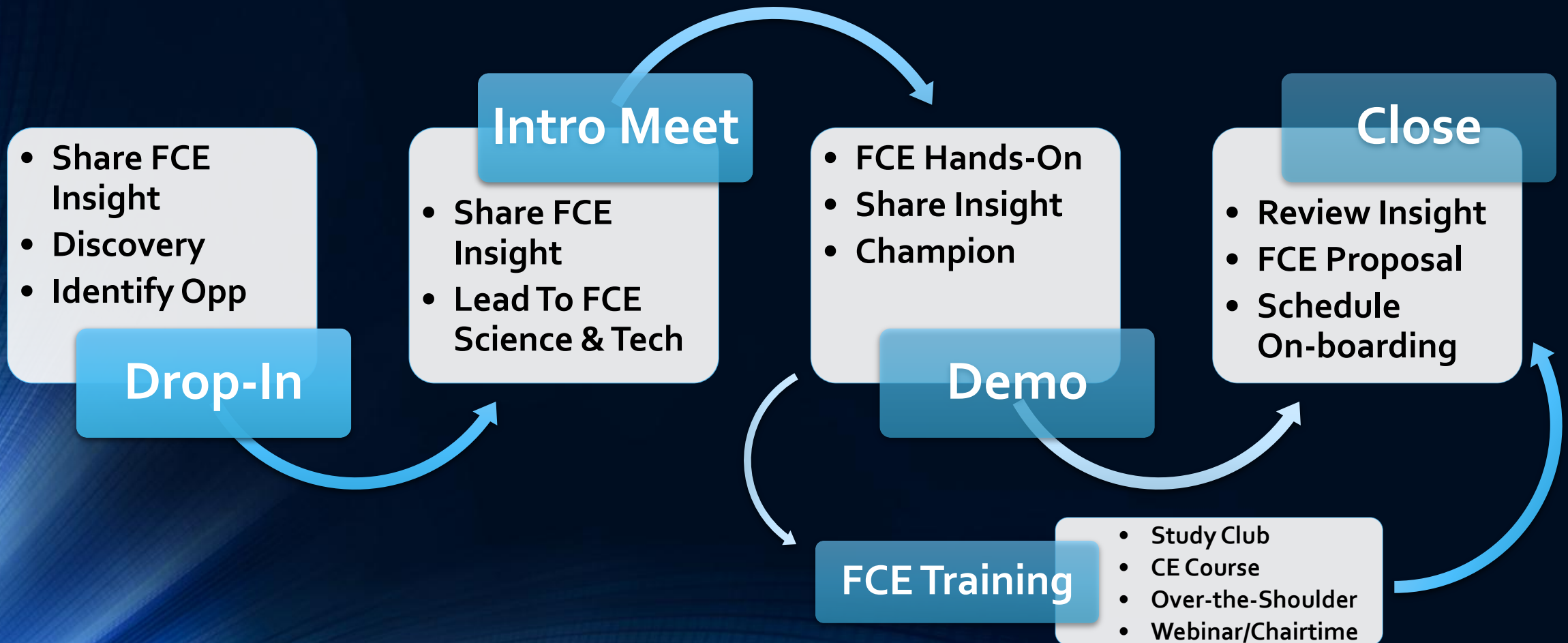


*"Nothing strengthens authority
so much as*

Silence"

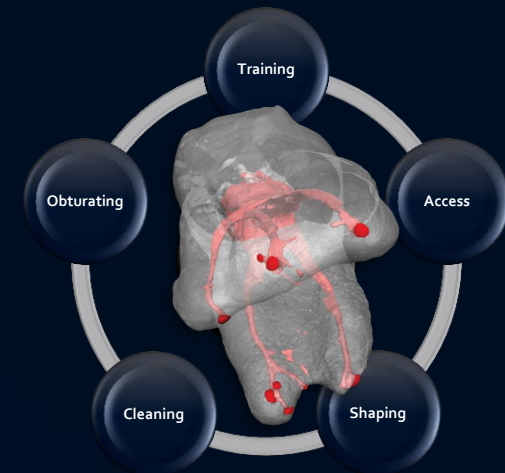


Full-Circle Insight Process



Full-Circle Endodontics:

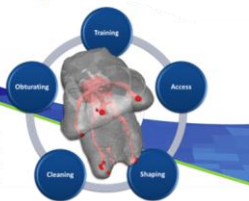
- Drop-In Tools for Success:
 - FCE Binder;
 - Elephant Letter;
 - Waste of Money Letter;
 - Hyperbole Letter;
 - FCE Flyer w/ Hand Written Insight;
 - FCE Compendium;
 - Current Marketing Dept Driven Campaigns
 - e.g. \$299.00 GuttaCore Trial; E3 Munich



Drop-In Tools:

Full-Circle Endo Compendium

DENTSPLY TULSA DENTAL SPECIALTIES



"Finding evidence begins with a specific, well-built clinical question. Once a specific question is framed, the validity and relevance of the evidence need to be appraised. The best levels of evidence can then be used to inform decisions regarding care. The purpose of this paper is to discuss the history of evidence-based treatment and to clarify the process of conducting a systematic review," (Torabinejad, DMD, MSD, PhD | *Journal of Endodontics* | Volume 31, Issue 8, August 2005, Pages 563-568)

TRAINING –

"Manage Your Endodontic Risks" | CNA HealthPro | Continental Casualty Company © 2005

Few areas of dentistry have seen as many changes in recent years as the field of endodontics. Many dentists find today's endodontic teachings and techniques very different from what they learned in dental school.

Even with all the advances in endodontic research, materials and techniques, endodontic procedures remain one of the most common sources of malpractice claims, according to CNA HealthPro claims data. Some of the more common claim allegations include: Failure to diagnose; Failure to refer after difficulties were encountered; Incorrect performance of the procedure; Failure to take reasonable precautions; Failure to inform.

TRAINING –

"Finding the Fair Fee for Endodontics" | Clifford J. Ruddle DDS | *Dental Economics* 10/98

The first financial factor is the comparison of interdisciplinary fees. Endodontic fees are the most undervalued of all dental services. The reasons behind this assertion are multi-faceted, complex, and historically-based. Endodontics, for example, was the last specialty to be recognized by the American Dental Association in 1963. In comparison, the ADA first recognized oral and maxillofacial surgery in 1947, orthodontics in 1950, pedodontics in 1948, periodontics in 1948, and prosthodontics in 1948.

At the end of the rainbow, there is said to be a proverbial pot of gold. Many practitioners are improving their annual income by performing more endodontic procedures, recapturing this discipline into an increasingly important profit center. However, the "real" endodontic pot of gold typically is not discovered.

ACCESS –

"Access Opening and Canal Location" | *Endodontics: Colleagues for Excellence Spring/01*

The endodontic triad consisting of biomechanical preparation, microbial control and complete obturation of the canal space remains the basis of endodontic therapy.¹ However, unless access to the canal orifices and the apical foramina are done properly, achieving the goals of the triad will be difficult and time consuming. The ultimate goal of endodontic treatment is to create an environment in which the body can heal itself. Adequate access is the key to achieving this and, therefore, the key to achieving endodontic success. The purpose of this newsletter is to help the practitioner develop an understanding of how to access the pulp chamber and find the orifices of the root canals. To do so, a systematic method for accessing the pulp complex and locating root canal orifices is presented.

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Full-Circle Endo Compendium | Page Two
DENTSPLY TULSA DENTAL SPECIALTIES



ACCESS –

"Anatomy of the Pulp Chamber Floor" | Paul Krasner, D.D.S. | *JOE* 01/04

Locating the number and position of orifices on pulp-chamber floors can be difficult. This is especially true when the tooth being treated is heavily restored, malposed, or calcified. After evaluating 500 pulp chambers of extracted teeth, new laws for finding pulp chambers and root-canal orifices are proposed. The use of these laws can aid in the determination of the pulp-chamber position and the exact location and number of root canals in any individual tooth.

SHAPING –

"Morphology of the Physiological Foramen" | B. B. Marroquin, Prof. Dr. Med.Dent. | *JOE* 05/04

The purpose of shaping during root canal instrumentation is, besides the elimination of pulpal tissue and/or bacteria, the creation of a root canal configuration suitable for obturation. The physiological foramen or apical constriction is considered the terminus of the root canal preparation (1). Thus, knowledge of the morphological dimensions of this area would be advantageous in determining the final shaping diameter in this area. Numerous investigations using injection of materials into the root canal system, dye perfusion with subsequent demineralization, histological sectioning, and examination of ground sections under a stereomicroscope have shown the anatomic variations in the root canal system (2-5). Further methods such as a three-dimensional imaging technique (6) and a noninvasive high-resolution tomography technique (7) have been used in an effort to obtain more accurate morphological information about the apical area.

SHAPING –

"Centering Ability...When Using WaveOne" | Pierre Machtou | *Int. Journal of Dentistry* 07/12

Root canal shaping is a key stage of endodontic treatment; when performed properly, it is a predictive factor for success. Ideally, root canal shaping should create a continuous tapered preparation from crown to apex while maintaining the original path of the canal and keeping the foramen size as small as practical [1]. These objectives can be difficult to achieve by using stainless steel hand instrumentation [2]. Thus, the introduction of rotary nickel titanium (NiTi) instrumentation was an important step in optimal root canal shaping [3]. This approach is faster, safer, and more reproducible, with a lower risk of procedural errors compared to hand instrumentation [4]. However, the risk of fracture of NiTi rotary files is still a concern amongst clinicians [5, 6].

The objectives of this new technique was to reduce the working time and cost, and improve safety of the shaping procedure.

SHAPING –

"A Progressive Shift In Technical Awareness" | Ken Serota, DDS | *Endodontic Solutions* Fall/12

The history of Endodontics in the latter part of the twentieth century was hallmarked by two tectonic milestones: the Envelope of Motion principle developed by Dr. Schilder in the 1970's (Fig 1) and the Balanced Force theory postulated by Dr. Roane in the 1980's (Fig 2). Dr. Schilder recognized that the shape of a prepared canal was directly related to the motion of the instrument used to sculpt the space, rather than to any particular instrument design or procedural protocol. Dr. Roane's concept of the Balanced Force Technique is derived from the physical law that states that for every action there is an equal and opposite reaction. Cutting/sculpting of the inner space of the root canal system is accomplished using counter clockwise rotation and inward pressure adjusted to match the file's strength; light for small instruments, heavy for large instruments.

CLEANING –

"... Irrigant Needle Depth In Removing Bacteria" | C. M. Sedgley | *Int. Endo. Journal* © 2005

Results: In group 1, there was a mean log10 decrease in bacteria of 0.68 ± 0.26 after 3 mL of irrigant compared with 1.19 ± 0.48 after 6 mL (P < 0.001); in group 2 the mean log10 decrease was 0.58 ± 0.28 after 3 mL of irrigant compared with 0.69 ± 0.35 after 6 mL (P < 0.02) (Wilcoxon matched pairs). Using 3 mL of irrigant, needle depth did not have a significant effect on reduction of intracanal bacteria (P % 0.407), but the effect became significant when 6 mL of irrigant was used (P < 0.002) (Mann-Whitney tests).

Conclusions The mechanical efficacy of 6 mL of irrigant in reducing intracanal bacteria was significantly greater when delivered 1 mm compared with 5 mm from WL.

CLEANING –

"Effects of four Ni-Ti preparation techniques" | O. A. Peters | *Int. Endo. Journal* © 2001

Aim: The aim of this study was to compare the effects of four preparation techniques on canal volume and surface area using three-dimensionally reconstructed root canals in extracted human maxillary molars. In addition, µCT data was used to describe morphometric parameters related to the four preparation techniques.

Results: Instrumentation of canals increased volume and surface area. Prepared canals were significantly more rounded, had greater diameters and were straighter than unprepared canals. However, all instrumentation techniques left 35% or more of the canals' surface area unchanged. Whilst there were significant differences between the three canal types investigated, very few differences were found with respect to instrument types.

OBTURATING –

"Methods of Filling Root Canals: Principles and Practices" | John Whitworth | *Endo Topics* 2005

Contemporary research points to infection control as the key determinant of endodontic success. While epidemiological surveys indicate that success is most likely in teeth which have been densely root filled to within 2mm of root-end, it is unclear whether the root canal filling itself is a key determinant of outcome. It is also unclear how different materials and methods employed in achieving a 'satisfactory' root filling may impact on outcome. This article provides an overview of current root canal filling practices in root canal filling and strives to untangle the limited and often contradictory research of relevance to the clinician's practice and performance.

OBTURATING –

"Filling Root Canals in 3 Dimensions" | Herbert Schilder | *Endodontics* 1987

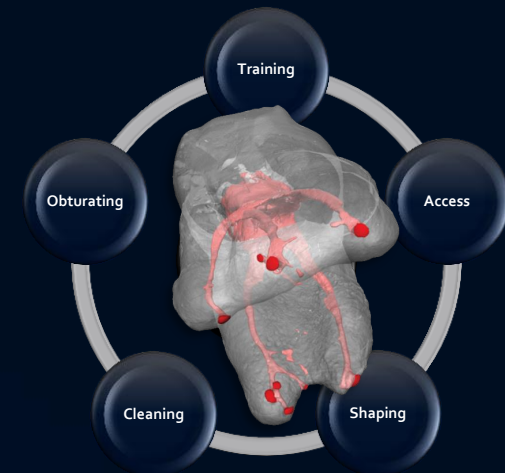
The final objective of endodontic procedures should be the total elimination of the protein degradation products, bacteria, and debris from the root canal system. While these irritants may be eliminated by extraction of the root canal, they are eliminated by the cleaning and shaping, sterilization, and the sealing off of the complex root canal system from the pulp attachment apparatus against breakdown of endodontic origin.

Full-Circle Endo Compendium
DENTSPLY TULSA DENTAL SPECIALTIES

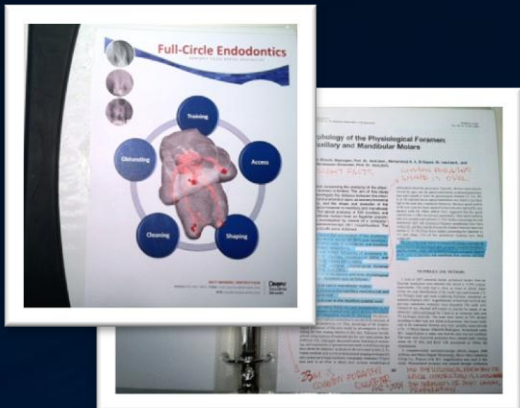
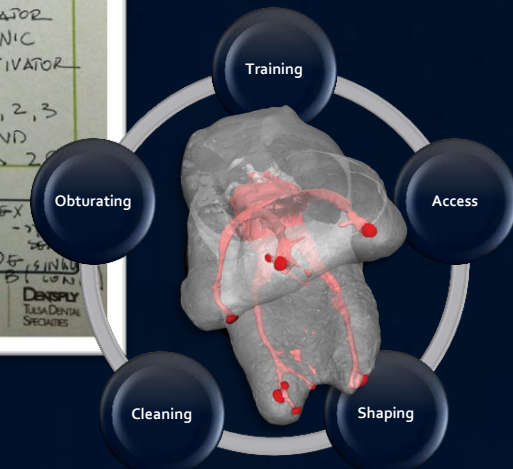


Full-Circle Endodontics:

- Intro Meeting Tools for Success:
 - FCE Insight Presentation (Kutler Images);
 - FCE PowerPoint Presentations;
 - Webinars & Chairtime
 - Endodontic Audit;
 - FCE Study Insights;
 - FCE Compendium;
 - Study Club Flyer;
 - CE Course Flyer;



Intro Meeting Tools:

Intro Meeting Tools:

Endodontic Audit:

- Not intended for every sales call; Can extend the sales cycle.
- Ideal for multi-office and multi-practitioner practices, as well as stagnant and/or sales opportunities that need to be defined.
- Great for sharing insight as well as leading to w/story-selling.

DR. BART SCHULTZ
Endodontic Audit
 DENTSPLY TULSA DENTAL SPECIALTIES

Do your endo cases look like these?

15 MINUTES LESS PER PROCEDURE EQUALS 200 ANTERIOR 280 PER MOLAR = \$344

The goal of the Endo Audit is to determine your true endodontic costs. Whether you are a general dentist or an endodontist, you should not be a loss leader. By going for Circle Endodontics to build better procedural probability with your team, you will increase your success, as well as the quality of patient care.

Gordon Christensen says the **VALUE OF YOUR CHAIRTIME IS \$600.00** per hour

UNRESTORATED DELTA (ALL) - CASH - PATIENTS

How much do you charge for endo? How much does insurance reimburse? A - \$1032 PRE - \$1130 POST - \$1376

How much total chairtime does endo take? A - 1.5 PRE - 1.5 POST - 2

How many endo vendors do you work with? IDS SYBRON PATRICKSON DENTAL HEALTH PRO BRASSFIELD

What endo equipment do you own? What equipment do you use? 330 BUR - RUBBER DIAMOND LAND HARDSDON APEX LOCATOR ULTRASONIC ENDOACTIVATOR PATH GATES 1, 2, 3 GT HAND SERIES 2.0 HYPO CIVIL

How much endo do you do? How much do you refer? K - 10 R - 0

Do you like doing endo? Does your staff like endo? DOC - YES WHEN WORKS STAFF - THINK THEY ENJOY

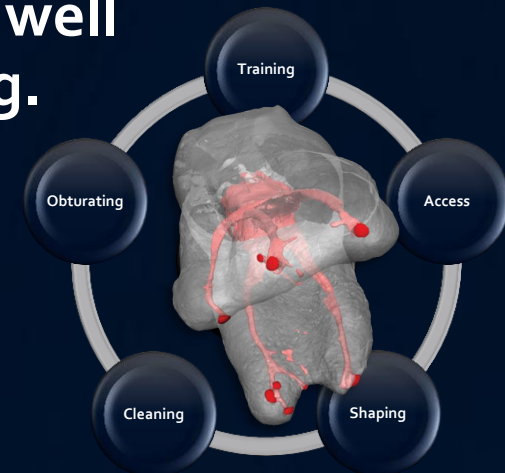
How does endo fit into your practice growth plan? - PROFIT CENTER - NO PLANS

When was the last time you took an endo CE course? - 2012 LIVE & ONLINE

What is your current endodontic procedure? - REUSE ALL FILES UNTIL THEY DONT FEEL SHARP - PAPADEX - GDTL - PEROXIDE - SYSTEM B

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DENTSPLY TULSA DENTAL SPECIALTIES



Full-Circle Endodontics:

- Demo Tools for Success:
 - FCE Insight Presentation (Kutler);
 - FCE PowerPoint Presentations;
 - Endodontic Audit Notes and Matching Insights;
 - Webinars & Chairtime
 - FCE Hands-on Equipment
 - Access; Shaping; Cleaning; Obturating; Teeth
 - FCE Clinical Standards & Success Flyer
 - CE Course Flyer & Study Club Flyer
 - FCE Proposal



Demo Meeting Tools:



Clinical Standards & Success

DENTSPLY TULSA DENTAL SPECIALTIES

Todd Geisler, DDS | Clinical Case

MOBILE 952-463-7404

The Root of Restorative Dentistry

"If a complete endodontic examination was conducted on each patient, then a staggering and sobering number of quiescent pulpally involved teeth would be identified,

ENDO EXAM

And could be ethically addressed before proceeding with other dental services."

— Cliff Ruddle

DENTSPLY TULSA DENTAL SPECIALTIES

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DR TODD GEISLER & DR JD SIMONTON

ITEM NO.	DESCRIPTION	QTY	UNIT PRICE	TOTAL PRICE
INSTRUMENTS & HANDPIECES				
110	Handpiece	1	\$1,200.00	\$1,200.00
115	Handpiece	1	\$400.00	\$400.00
120	Handpiece	1	\$150.00	\$150.00
OBTURATION				
130	Obturator	1	\$2,500.00	\$2,500.00
135	Obturator	1	\$750.00	\$750.00
140	Obturator	1	\$250.00	\$250.00
APICAL LOCATOR				
150	Apical Locator	1	\$700.00	\$700.00
ULTRASONIC				
160	Ultra Power Booster & Handpiece	1	\$885.00	\$885.00
CANAL ACTIVATION				
170	Canal Activation	1	\$325.00	\$325.00
APICAL PLACEMENT SYSTEM				
180	Apical Placement System	1	\$515.00	\$515.00

Subtotal: \$6,835.00
Sales Tax: \$1,025.25
Shipping: \$100.00
Total: \$7,960.25
Amount Due: \$7,960.25



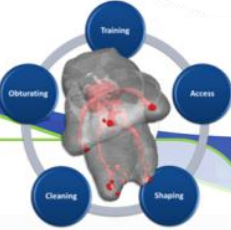
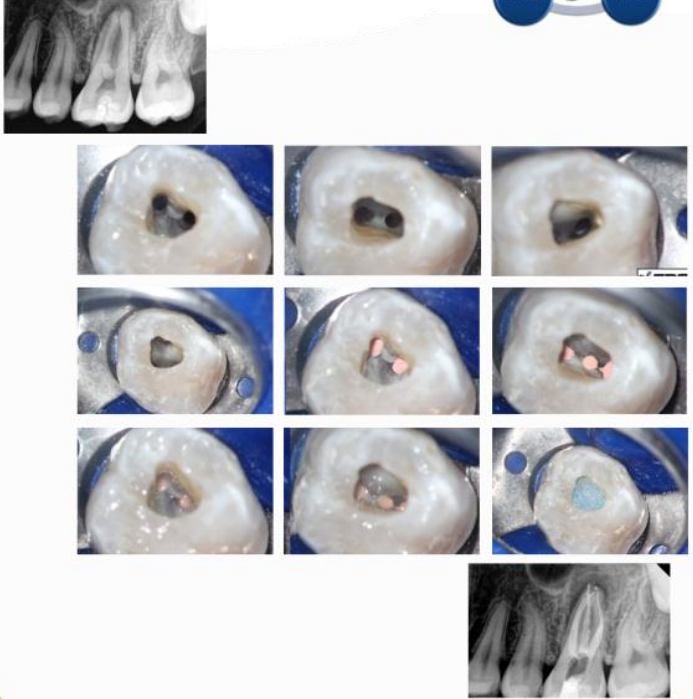
Demo Meeting Tools:

Advocates & Unofficial Advocates:

- A strong way to create buy-in and trust is through awareness and advocacy.
- Spend time chairside; Gather case photos and radiographs; Listen and gather ideas for later story-selling.

Clinical Standards & Success
DENTSPLY TULSA DENTAL SPECIALTIES

Todd Geisler, DDS | Clinical Case



MATT SWENSON | DENTSPLY TULSA
MOBILE 952-463-7404 | EMAIL matt.swenson@dentsply.com
WEB tulsadentalspecialties.com

DENTSPLY
TULSA DENTAL
SPECIALTIES



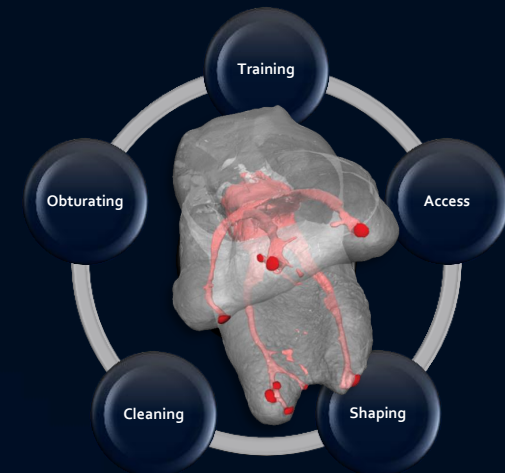
Full-Circle Endodontics:

- Closing Tools for Success:
 - FCE Proposal
 - FCE Clinical Standards & Success Flyer
 - FCE Full Version Studies To Back-Up Key Insights
 - On-Boarding Plan



Full-Circle Endodontics:

- On-Boarding Tools for Success:
 - FCE Organization Bins & Labels
 - FCE Technique Card
 - Training Presentation for Lunch Training
 - Chairtime Videos
 - Reorder Form
 - Schedule Chairside
 - Ask for a Referral



On-Boarding Tools:



DENTSPLY TULSA ENDODONTIC REORDER FORM – DR BRAD BULLARD

ENDO ACCESS KIT REFILLS		WAVEONE RECIPROCATING SHAPING FILES	
COMPONENT	QUANTITY	COMPONENT	QUANTITY
Round Diamond Bur #2 (5-Pack) (# EAD2)		WaveOne 21/06 (21mm) (25mm) (31mm)	
Round Diamond Bur #4 (5-Pack) (# EAD4)		WaveOne 25/08 (21mm) (25mm) (31mm)	
Amalgam Bur (5-Pack) (# EAM8)		WaveOne 40/08 (21mm) (25mm) (31mm)	
Round Carbide Bur #2 (5-Pack) (# EARC2)			
Round Carbide Bur #4 (5-Pack) (# EARC4)			
Tapered Diamond Bur (# EATD8)			
Pulp Shaper Bur (5-Pack) (# EAP58)			
X-Gates (5-Pack) (# XGATE)			

GUTTACORE OBTURATORS		PATHFILES	
COMPONENT	QUANTITY	COMPONENT	QUANTITY
GuttaCore 20 (Equal to WaveOne 21/06)		PathFiles 13/ 02 (21mm) (25mm) (31mm)	
GuttaCore 25 (Equal to WaveOne 22/08)		PathFiles 16/ 02 (21mm) (25mm) (31mm)	
GuttaCore 40 (Equal to WaveOne 40/06)		PathFiles 19/ 02 (21mm) (25mm) (31mm)	
		PathFiles Asst. (21mm) (25mm) (31mm)	

PROLUBE CANAL LUBE & CONDITIONER		PRORINSE ENDO IRRIGATION NEEDLES	
COMPONENT	QUANTITY	COMPONENT	QUANTITY
Prolube (100 Ampoules) (# PROLUBE100)		ProRinse Needles (100-Pack) (# MAMP301T)	
		ProRinse Needles (5-Pack) (# PRORINSE5)	

ENDOACTIVATOR REFILLS		THERMASEAL PLUS RIBBON SEALER	
COMPONENT	QUANTITY	COMPONENT	QUANTITY
EndoActivator Tips (15/ 02) Yellow (# EAYW22)		T-Seal Ribbon (1-15g syringe; 20 tips) (# RIBBON)	
EndoActivator Tips (25/ 06) Red (# EAO22)			
EndoActivator Tips (35/ 06) Blue (# EABL22)			
EndoActivator Protective Barriers (100) (# EAPB100)			

Q-MIX CANAL IRRIGANT & DISINFECTANT		LEXICON K-FILES & C-FILES	
COMPONENT	QUANTITY	COMPONENT	QUANTITY
Q-Mix 2 In 1 Irrigation (480 ML)		Lexicon K-Files #08 (21mm) (25mm) (30mm)	
		Lexicon K-Files #10 (21mm) (25mm) (30mm)	
		Lexicon K-Files #15 (21mm) (25mm) (30mm)	
		Lexicon K-Files #20 (21mm) (25mm) (30mm)	
		Lexicon C-Files #06 (21mm) (25mm) (30mm)	
		Lexicon C-Files #08 (21mm) (25mm) (30mm)	
		Lexicon C-Files #10 (21mm) (25mm) (30mm)	

PAPER POINTS (MATCH WAVEONE FILES)		GUTTA-PERCHA POINTS (MATCH WAVEONE FILES)	
COMPONENT	QUANTITY	COMPONENT	QUANTITY
Paper Point Yellow (180) (Small) (# WOAP5)		Gutta-Percha Yellow (60) (Small) (# WOGP5)	
Paper Points Red (180) (Primary) (# WOAP6)		Gutta-Percha Red (60) (Primary) (# WOGP6)	
Paper Points Black (180) (Large) (# WOAPL)		Gutta-Percha Black (60) (Large) (# WOGPL)	

FAX (1-888-442-2811) / EMAIL (MATT.SWENSON@DENTSPLY.COM) / PHONE (952-463-7404)



On-Boarding Tools:

WAVE One™
RECIPROCATING FILE
Small 21.06 / 21mm & 31mm

WAVE One™
RECIPROCATING FILE
Primary 25.08 / 21mm & 31mm

WAVE One™
RECIPROCATING FILE
Large 40.08 / 21mm & 31mm

WAVE One™
RECIPROCATING FILE
Small 21.06 / 25mm

WAVE One™
RECIPROCATING FILE
Primary 25.08 / 25mm

WAVE One™
RECIPROCATING FILE
Large 40.08 / 25mm

LEXICON
K-Files 10.02 / 25mm

LEXICON
K-Files 15.02 / 25mm

LEXICON
K-Files 10.02 / 31mm

LEXICON
K-Files 15.02 / 31mm

PROTAPER NEXT
X1 17.04 / 25mm

PROTAPER NEXT
X1 17.04 / 31mm

ProRinse
Periodontal/Endodontic
Irrigation Probes

ENDO ACCESS KIT
by Drs. Ruddle, West and Machiou

ProLube
Root Canal Conditioner

GUTTA CORE™
GuttaCore 20 / Equal to Small W1

GUTTA CORE™
GuttaCore 25 / Equal to Primary W1

GUTTA CORE™
GuttaCore 40 / Equal to Large W1

Q-Mix 2in1
IRRIGATING SOLUTION
Q-Mix Canal Cleaner

ThermoSeal Plus RIBBON
Root Canal Sealer Mixing Syringe
ThermaSeal Plus Ribbon Sealer Syringe / Mixing Tips / Mixing Pad

EA Yellow Tips 15/02

EA Red Tips 25/04

EA Blue Tips 35/04

ENDO ACTIVATOR
EndoActivator Handpiece and Covers

WAVE One™ ALLEGENT FORM
SMALL / 20.06
Verifier 20 / Equal to Small W1

WAVE One™ ALLEGENT FORM
PRIMARY / 25.08
Verifier 25 / Equal to Primary W1

WAVE One™ ALLEGENT FORM
LARGE / 40.08
Verifier 40 / Equal to Large W1



Full-Circle Endodontics

DENTSPLY TULSA DENTAL SPECIALTIES



<https://twitter.com/FullCircleEndo>

MATT SWENSON | DENTSPLY TULSA
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WEB tulsadentalspecialties.com



On-Boarding Tools:

WAVEONE HYBRID TECHNIQUE REFERENCE GUIDE

(FULL-CIRCLE ENDO / ACCESS, SHAPING, VERIFYING, CLEANING & OBTURATING)

SMALL CANALS (21/.06)	*** PRIMARY CANALS (25/.08) ***	LARGE CANALS (40/.08)

Use EndoAccess Kit to initiate, progressively expand and finish access preparations in ceramic crowns, metal framework crowns, and composite or natural teeth.
Contents: Round Diamond Burs #2 and #4 / Amalgam Bur / Round Carbide Burs #2 and #4 / Tapered Diamond / Pulp Shaper Bur

START SHAPE
Using a #10 K-File, in both a balanced force technique and brushing on the out stroke technique (with all files in complete series, always away from the center or furcation of canal), start developing your glide path by working the #10 K-File to your estimated working length. If #10 K-File is resistant to movement at estimated working length, the Small WaveOne File will likely be used for final shaping. Now, using a #15 K-File, in a balanced force motion, continue your glide path by working your #15 K-File to your estimated working length. If your #15 K-File is resistant to movement at estimated working length, the Primary WaveOne File will likely be used (the Primary WaveOne File should be your goal file for most cases). If your #15 K-File is not resistant to movement at your estimated working length, the Large WaveOne File will likely be used. If your #15 K-File will not go to estimated working length, use the X-Gate or S-6 to flare the orifice a bit more (in the event the S-6 is very narrow, curved, or casted, consider using PalmFile 13.5 and/or 16.0). Now, using your Apex Locator, establish your actual working length.

COMPLETING SHAPE
Using an SX File (or X-Gates if preferred), completely flare the orifice in a radicular manner (removing the dentinal triangle). The SX and X-Gates are only used in the very coronal one-third for flaring. The X-Gates is never taken deeper than one-and-one-half the bust length.

VERIFY
Using an X3 File, complete the glide path by working the X3 File down to full working length, in a non-packing motion (let the file run to resistance; gently press into resistance to engage; then in a brushing motion away from the center or furcation, bring the file back up the canal); continue this shaping motion until the X3 File progresses to working length. If the file is resistant to movement

Based on your hand, complete the canal shape in a non-pack back up. **IMPORTANT** to remove debris!

CLEAN
Size Verification (use a Yellow, 20 Size Verifier) the Size Verifier should easily turn 360 degrees. The Size Verifier to fine tune canal, with a technique (move down chart).

3D FILE
Canal Cleaning Step 1. With Sodium Hypo Chlorite the Endoactivator mounted with a Small Tip, each canal for 60 seconds. Suction and dry canal.

Canal Cleaning Step 2. With Q-Mix (EDTA and Chlorhexidine) in each canal and the Endoactivator mounted with a Small Tip, run the Endoactivator in each canal for 60 seconds. Suction and dry canal (move down chart).

Obturation Step 1. W/ #15 PP, apply a large tear-drop size amount of ThermalSeal Plus Sealer to full canal working length, then in a circumferential motion, remove PP and coat canal. Place extra PP in dry canals, to prevent GP over flow.

Obturation Step 2. With a size 20 (yellow) GuttaCore obturator, remove excess GP bulb; set rubber stopper; set oven to lowest heat level; place obturator in oven arm w/rubber stopper below arm; push arm down to start heating; remove obturator at first beep; take obturator from oven w/cotton forceps; remove obturator handle; place obturator in canal w/cotton forceps, in a straight line, four-one-thousand count. Blow w/air to help set. Repeat Step 2 for additional canals OR ...

Let set 3 min., clean chamber w/round diamond bur, restore.

WAVEONE / ACCESS, SHAPING, VERIFYING, CLEANING & OBTURATING REFERENCE GUIDE

SMALL CANALS (21/.06)	PRIMARY CANALS (25/.08)	LARGE CANALS (40/.08)

Use EndoAccess Kit to initiate, progressively expand and finish access preparations in ceramic crowns, metal framework crowns, and composite or natural teeth.
Contents: Round Diamond Burs #2 and #4 / Amalgam Bur / Round Carbide Burs #2 and #4 / Tapered Diamond / X-Gates / Pulp Shaper Bur / X-Gates (move down chart).

START SHAPE
Establish working length w/ #10 K-File, if #10 K-File is resistant to movement at working length, the small WaveOne File will be used for final canal shaping (move down chart).
If #10 K-File is loose, follow primary file size technique (move to immediate right).

VERIFY
Working length has been set w/ #10 K-File, now take a #15 K-File to length. If #15 K-File is resistant to movement at working length, the Medium WaveOne File will be used for final canal shaping (move down chart). If #15 K-File is loose, follow large file size technique (move to immediate right).
A Large WaveOne file will be used for final canal shaping (move down chart).

Working length has been set w/ #10 K-File, a #15 K-File has been taken to length; now take a #20 K-File to length. If #20 K-File is resistant to movement at working length, the Large WaveOne file will be used for final canal shaping (move down chart).

Working length has been set w/ #10 K-File, a #15 K-File has been taken to length; now take a #20 K-File to length. If #20 K-File is resistant to movement at working length, the Large WaveOne file will be used for final canal shaping (move down chart).

Working length has been set w/ #10 K-File, a #15 K-File has been taken to length; now take a #20 K-File to length. If #20 K-File is resistant to movement at working length, the Large WaveOne file will be used for final canal shaping (move down chart).

Working length has been set w/ #10 K-File, a #15 K-File has been taken to length; now take a #20 K-File to length. If #20 K-File is resistant to movement at working length, the Large WaveOne file will be used for final canal shaping (move down chart).

Working length has been set w/ #10 K-File, a #15 K-File has been taken to length; now take a #20 K-File to length. If #20 K-File is resistant to movement at working length, the Large WaveOne file will be used for final canal shaping (move down chart).

Working length has been set w/ #10 K-File, a #15 K-File has been taken to length; now take a #20 K-File to length. If #20 K-File is resistant to movement at working length, the Large WaveOne file will be used for final canal shaping (move down chart).

Working length has been set w/ #10 K-File, a #15 K-File has been taken to length; now take a #20 K-File to length. If #20 K-File is resistant to movement at working length, the Large WaveOne file will be used for final canal shaping (move down chart).

Working length has been set w/ #10 K-File, a #15 K-File has been taken to length; now take a #20 K-File to length. If #20 K-File is resistant to movement at working length, the Large WaveOne file will be used for final canal shaping (move down chart).

Working length has been set w/ #10 K-File, a #15 K-File has been taken to length; now take a #20 K-File to length. If #20 K-File is resistant to movement at working length, the Large WaveOne file will be used for final canal shaping (move down chart).

Working length has been set w/ #10 K-File, a #15 K-File has been taken to length; now take a #20 K-File to length. If #20 K-File is resistant to movement at working length, the Large WaveOne file will be used for final canal shaping (move down chart).

Working length has been set w/ #10 K-File, a #15 K-File has been taken to length; now take a #20 K-File to length. If #20 K-File is resistant to movement at working length, the Large WaveOne file will be used for final canal shaping (move down chart).

WAVEONE FILE DIAMETER & CANAL CONFIGURATION CONSIDERATIONS

AVERAGE ROOT CANAL CONFIGURATIONS

Root	Average Length	No. of Roots	No. of Canals
Maxillary Anterior			
Central	25.0mm	5	5
Lateral	22.0mm	5	5
Canine	24.5mm	5	5
Maxillary Premolars			
First	25.0mm	2 (1/2)	5 (2/5)
Second	23.5mm	2 (1/2)	5 (2/5)
Maxillary Molars			
First	30.0mm	3	4 (3/3)
Second	25.0mm	3	4 (3/3)
Third	25.0mm	3	4 (3/3)
Maxillary Anterior			
Central	25.0mm	5	5 (1/5)
Lateral	23.0mm	2 (1/2)	5 (2/5)
Canine	25.0mm	5	5 (1/5)
Maxillary Premolars			
First	25.0mm	5	5 (1/5)
Second	22.5mm	5	5 (1/5)
Maxillary Molars			
First	31.0mm	2 (1/2)	5 (2/5)
Second	28.0mm	2 (1/2)	5 (2/5)



Working with Purpose

BIG

MEDIUM

LITTLE



Working with Purpose

- “Pausing every once and a while to look at your surroundings – to reconnect with your personal guideposts, your strengths, weaknesses, differences, and passions – can prevent you from being lulled into unconscious movement in the wrong direction.”
- Ask yourself each day, “Am I still in sync with my plan, when taking the above realities into account?”