# **CRA Foundation Has Expanded Goals, New Name—CR Foundation™**

Effective January 2008, CRA Foundation Newsletter was renamed Gordon J. Christensen CLINICIANS REPORT™ with changes in style, format, and color in all languages presently circulated in 90 countries. The name change reflects an expanded direction for the non-profit CR Foundation™. It includes the team effort of Dentist Project Directors, in-house Basic Scientists, trusted practitioners serving as Cyber Evaluators, the current team of 400 In-Office Evaluators, and thousands of clinicians reporting their experiences with products they

have purchased, all to provide you with fast, broad, in-depth research and clinical observations of interest to you and your patients. We feel confident you will be pleased with these expanded services.

The need to evaluate products in an unbiased, privately sponsored, non-profit organization is greater than ever before! You can depend on CLINICIANS REPORT to fill that need every month.

Thank you for your continuing support!

The new @ format introduces major topics on page 1 with report details on subsequent pages.

# **Glazing Resins: Are They Important And How Do They Differ?**

Gordon's Clinical Bottom Line: Glazing resins are needed for everyday situations such as: filling and sealing open margins caused by shrinkage of resin-based composites (the superficial glaze wears off, but the marginal crevice glaze remains); providing a slick, shiny surface on otherwise dull or rough provisionals; and protecting restorative materials that are soluble when initially placed such as glass ionomers and resin-modified glass ionomers.

Low-filled and unfilled resins, commonly called glazes, liquid polishes, sealers, etc., are promoted for a myriad of intraoral, extraoral, and lab uses, including:

- 1. Sealing margins of new and old, direct and indirect, resin-based composite restorations and resin-modified glass ionomers.
- 2. Glazing the surface of restorations and temporary materials to improve esthetics and reduce the need to finish and polish.
- 3. Bonding and repair of various prosthodontic materials and acrylic appliances.
- 4. Sealing cracks and defects in natural tooth structure.

There are many brands available with a variety of properties and clinical characteristics. The latest developments include elimination of the oxygen inhibition layer and improved resistance to staining. The chart



Resin temporary crowns have a rough texture & dull appearance

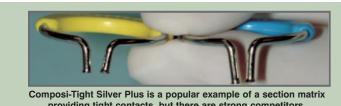


Glazing produces a smooth surface & glossy appearance

on page 2 compares cost and features of 13 brands of glazing resins, and gives CR Conclusions. Continued on page 2

# **Matrix Bands: Achieving Tight Contacts In Varying Situations**

Gordon's Clinical Bottom Line: Sectional matrices have nearly solved the open contact problem associated with direct resin-based composite restorations. The following excellent matrices differ in design and are useful for either wide or narrow box forms or for universal use depending on specific needs.



providing tight contacts, but there are strong competitors.

Traditional Tofflemire matrices are usually inadequate to produce tight contacts with direct resin-based composite restorations. Fortunately, several matrix systems are available to restore proper contacts both in form and function. The chart on page 3 compares four products that solve the dilemma of open contacts caused by improper placement of resin-based composites and problems associated with matrix application.

Continued on page 3

# **Clinical Evaluators Reports**

**QwikStrip:** Interproximal stripping/finishing system.

Reports are on page 4

Touch Free Soap/Sanitizer Dispenser: Liquid soap or sanitizer dispenser eliminates cross-contamination.

### Glazing Resins: Are They Important And How Do They Differ? (Continued from page 1)

The following chart characterizes 13 glazing resins grouped by general application. Within each group, brands are listed in order of most desirable features.

brands are listed in order of most desirable features.			Manufacture Primary Infortestions	, ood ;	Viscosity	Dispenser &	Smooth The	Appendia 1	Osocial Prisen	Sain P. L.		Overall Patific
	Brand & Company	Cost	<u> </u>	المحى /	/ 💥	\ \\ \dag{2}_2 \dag{2}_2 \.	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	/ठींदे		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	/ S <sup>R</sup>
EXTRAORAL/ LAB USE ONLY INTRAORAL & EXTRAORAL USE	GC America 800-323-7063 www.gcamerica.com	\$58.50/Kit 4 ml bottle (\$14.60/ml)	• Direct composites • Indirect restorations • Temporary materials	Yes	Thin	Bottle & Micro Applicator	Excellent to Good	Good	No	Excellent to Good	Yes	Excellent
	BisCover LV Bisco 800-247-3368 www.bisco.com	\$75/Kit 5 ml bottle (\$15/ml)	Direct/Indirect     Temporary materials     Tooth structure     Acrylic appliances	No	Thin	Bottle & Brush	Excellent	Good	No	Good	Yes	Excellent
	,   · · · · · · · · · · · · · · · · · ·	\$53.99/Kit 5 ml bottle (\$10.80/ml)	Direct composites     Temporary materials	Yes	Thick	Bottle & Brush	Excellent to Good	Good	No	Excellent to Good	No	Excellent
	Lasting Touch Dentsply Caulk 800-532-2855 • www.dentsply.com	\$105/Kit 5 ml bottle (\$21/ml)	• Direct composites • Indirect restorations • Temporary materials	Yes	Thin	Bottle & Micro Applicator	Good	Good	Yes Tacky	Good	Yes	Excellent to Good
	Ultradent Products	\$35.99/Kit 4x 1.2 cc syringes (\$7.50/ml)	• Direct composites	No	Medium	Syringe & Flocked Tip	Excellent	Excellent to Good	Yes Wet	Fair	Yes	Excellent to Good
	Fortify Plus Bisco 800-247-3368 • www.bisco.com	\$36/Kit 2x 1.5 g syringes (\$15.50/ml)	• Direct composites • Indirect restorations • Temporary materials	Yes	Thick	Syringe & Flocked Tip	Good to Fair	Good	Yes Wet	Poor	Yes	Good
	OptiGuard Kerr 800-537-7123 • www.kerrdental.com	\$119.95/Kit 2x 5 ml bottles (\$12/ml)	• Direct composites	No	Medium	Bottle & Micro Applicator	Excellent	Good	Yes Wet	Fair to Poor	Yes	Good
	Embrace WetBond Seal-n-Shine PulpDent 800-343-4342 • www.pulpdent.com	\$69/Kit 6 ml bottle (\$11.50/ml)	Direct/Indirect     Temporary materials     Tooth & ceramics	No	Thick	Bottle & Brush	Excellent	Good to Fair	Yes Wet	Poor	Yes	Good
	Fortify Bisco 800-247-3368 • www.bisco.com	\$32/Kit 5 ml bottle (\$6.40/ml)	• Direct composites • Indirect restorations • Temporary materials	No	Medium	Bottle & Brush	Good to Fair	Fair	Yes Wet	Fair	Yes	Good
	QuikGlaze All Dental ProdX 877-647-7639 • www.alldentalprodx.com	\$54.95/Kit 5 ml bottle (\$11/ml)	• Temporary materials • Acrylic bonding/ repair	No	Thin	Bottle & Brush	Excellent	Excellent to Good	No	Excellent to Good	No	Excellent to Good
	SternVantage Varnish LC SternGold 800-243-9942 • www.sterngold.com	\$49/Kit 30 ml bottle (\$1.60/ml)	<ul><li> Temporary materials</li><li> Lab composites</li><li> Acrylic bonding/repair</li></ul>	No	Thin	Bottle & Brush	Excellent	Good	No	Excellent to Good	No	Excellent to Good
	ExactaGlaze Exacta Dental 800-474-7665 • www.exactadental.com	\$64.95/Kit 6 ml bottle (\$10.83/ml)	Temporary materials	Yes	Thick	Bottle & Brush	Excellent to Good	Good	Yes Tacky	Fair	Yes	Excellent to Good
		\$65.50/Kit 6 ml bottle (\$10.90/ml)	Temporary materials	Yes	Thick	Bottle & Brush	Excellent to Good	Good	Yes Tacky	Fair	Yes	Excellent to Good

### **Summary of Chart & Clinical Implications**

Cost: Cost ranged from about \$2 to \$21 per milliliter. Fortify was best buy for intraoral use; SternVantage Varnish LC was best buy for extraoral/lab use.

Contains Filler: About half contain some filler which can improve wear resistance.

Viscosity: Thick resins had more controlled handling, while thin resins produced a thinner coat & flowed into tight spaces better. Personal preferences vary.

**Dispenser & Applicator:** Syringe dispensing was least messy. Brushes gave better access into tight spaces than micro applicators & could be used with any product, as needed.

**Smooth, Thin Layer:** Applying a smooth, thin layer was best achieved by wiping excess resin from applicator & applying in single smooth stroke. Lower ratings indicate greater technique sensitivity where resin had to be left thicker or greater care was needed to avoid leaving brush marks. With practice, all can give satisfactory results.

**Initial Appearance:** Appearance was judged immediately after freshly placed resin was brushed with toothbrush & paste. Initial gloss is typically lost in a few days to weeks as low-filled resins wear off surfaces.



R indicates products with best combination of features.

Oxygen Inhibition Layer: Most had a tacky or wet layer that required washing or removal with alcohol. Resins with no discernible layer typically had higher initial gloss & better stain resistance. BisCover LV, DuraFinish, QuikGlaze, SternVantage Varnish LC, & G-Coat Plus had least oxygen inhibition. Clinical placement on occlusal margins is best done with products without oxygen inhibition since thickness can be observed to avoid affecting occlusion.

**Stain Resistance:** Resins were subjected to red wine, coffee, mustard, blueberries, green tea, balsamic vinegar, & ultraviolet light. None were impervious, but DuraFinish, QuikGlaze, SternVantage Varnish LC, & G-Coat Plus were most stain resistant.

**LED Compatible:** Most were compatible with narrow-spectrum LED lights. Transparent, low-filled resins often need more time to polymerize than traditional restorative composites. Care should be exercised to ensure adequate polymerization.

**Overall Rating:** All were clinically useful for some purposes & were rated good or better. Clinicians can base purchase decision on specific features desired & cost.

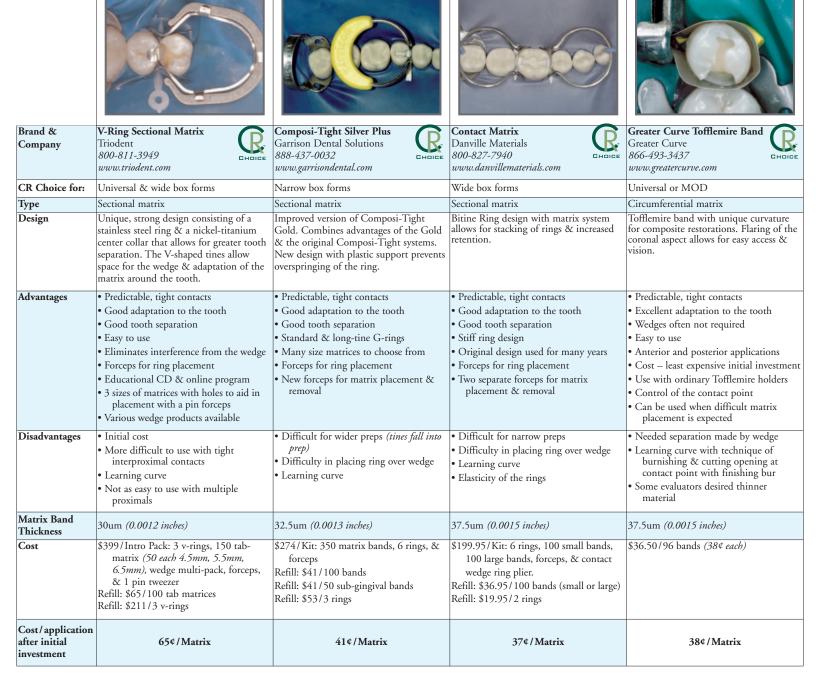
### **CR Conclusions:**

All 13 brands of glazing resins tested were clinically useful and produced sealed surfaces with improved initial esthetics. Major advances were elimination of oxygen inhibition layer and improved stain resistance. Overall, G-Coat Plus, BisCover LV, and DuraFinish demonstrated best combination of features for clinical use.

### Matrix Bands: Achieving Tight Contacts In Varying Situations (Continued from page 1)

While resin-based composites have evolved over the years to an acceptable functional and esthetic level, the problem of open contacts with class II restorations continues to be a major clinical frustration for

many. The following four matrix systems have demonstrated the ability to facilitate tight contacts with direct resin-based composite restorations.



#### **Comments**

CR evaluated most popular matrix forms. Numerous matrix systems not included here also have benefit for the practitioner. A variety of techniques & products are available that can assist in restoring a class II preparation. These include the use of elastic interdental wedges (Contact Wedge/Danville Materials), combining the Greater Curve Band with the

V-Ring, the utilization of the Ho Band (.001 inch thick/Ho Dental) in place of a sectional matrix band, & the use of interproximal contact formers (ContactFormer/Envision Dental & Contact Pro Plus/Clinicians Choice). Although each matrix system offers distinct advantages, one technique may not be applicable for all situations.

#### **CR Conclusions:**

All four matrix systems reported here are useful in producing tight, anatomic interproximal contacts with resin-based composites. The Greater Curve Tofflemire Band has emerged as a technique using the well-known Tofflemire configuration. The V-Ring Sectional Matrix continues to gain popularity due to its ease of use and innovative design.

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# **Clinical Evaluators Reports**

## **QwikStrip (New Additional Designs)**

#### "Clinical Success is the Final Test"

*Gordon's Clinical Bottom Line:* Thin metal finishing strips have many uses. Some cut on one side only; some cut on both sides. This brand does both, is easily held, and now has curved strips.

Use of finishing strips often accidentally cuts either the patient or the clinician. Frequent uses for strips are trimming and finishing proximal surfaces of composites, amalgams, and crowns, as well as removal of calculus, contouring proximal enamel, stripping for orthodontics, breaking contact areas, etc. Recently, **QwikStrip** added new designs to already well accepted single-sided product (CRA Newsletter Jan. '07).

Original: Single-sided thickness\*: 50um (serrated edge only), 80um, 100um, 140um, 180um (0.002–0.007 inches)

**New:** Double-sided thickness\*: 180um, 200um, 220um, 350um; (0.007–0.014 inches)

**New:** Curved and single-sided thickness\*: 80um, 100um, 140um, 180um; (0.003–0.007 inches)

#### Advantages:

- Excellent grip compared to typical strips
- Color coded
- Minimal thickness
- Four grits
- Autoclavable (steam or chemical vapor)

Disadvantages: None noted.



#### **Axis Dental**

800 West Sandy Lake Rd Suite 100 Coppell TX 75019 USA

800-355-5063 469-635-6100 Fax: 469-635-6600 www.axisdental.com

\$60.85/10 strips

\* Thickness includes finishing particles. For comparison, a typical clear mylar strip is 50um (0.002 inches).

88% of 16 Evaluators stated they would incorporate the new QwikStrips into their practices. 100% rated QwikStrips Excellent or Good and worthy of trial by colleagues.

## **Touch Free Soap/Sanitizer Dispenser**

*Gordon's Clinical Bottom Line:* One of my pet peeves is contaminated soap containers or soap bars touched before each patient. The following device eliminates this cross-contamination problem.

Elimination of contaminated soap containers is well recognized to be desirable, but clogging of automatic soap dispensers is a commonly occurring, frustrating problem. Often, when you need to wash your hands, the solution will not come out of the dispenser.

#### The **Touch Free** dispenser:

- 1. Installs with adhesive tape or screws.
- 2. Uses gel or foam waterless hand sanitizer, soap, or lotion.
- 3. Is battery operated (three C size batteries).
- 4. Measures 10 inches high, 4.25 inches wide, & 4 inches deep.
- 5. Comes in white or smoke color.
- 6. Has a 5-year warranty.

**Advantages:** The Touch Free dispenser is simple to use by waving hand under the unit to dispense 1 ml of solution. Blinking red light indicates normal function or low battery. Features window for solution check. Minimal clogging occurred during CR trial.

Disadvantages: None noted.

67% of Evaluators stated they would incorporate the Touch Free Soap/ Sanitizer Dispenser into their practices. 100% rated Touch Free Dispenser Good or Excellent and worthy of trial by colleagues.

### **Touch Free Soap/Sanitizer Dispenser**



**Touch Free Solutions** 

12237 N 56th Dr Glendale AZ 85304 USA

877-263-8585 623-979-2771 Fax: 623-215-4779 www.touchfreesolutions.net

\$79 Each

Products evaluated by CR Foundation™ & reported in the Gordon J. Christensen Clinicians Report™ have been selected on the basis of merit from hundreds of products under evaluation. CR conducts research at 3 levels: (1) Multiple-user field evaluations, (2) Controlled long-term clinical research, & (3) Basic science laboratory research. Over 400 clinical field evaluators are located throughout the world & 40 full-time employees work at the institute. A product must meet at least one of the following standards to be reported in this publication: (1) Innovative & new on the market; (2) Less expensive, but meets the use standards; (3) Unrecognized, valuable classic; or (4) Superior to others in its broad classification. Your results may differ from CR Evaluators or other researchers on any product because of differences in preferences, techniques, batches of products, & environments. CR Foundation™ (CR) is a tax-exempt, non-profit education & research organization which uses a unique volunteer structure to produce objective, factual data. All proceeds are used to support the work of CR Foundation™. ©2008 This Report or portions thereof may not be duplicated without permission of CR Foundation. Annual English language subscription \$95 worldwide, plus GST Canada subscriptions. Single issue \$8 each. See www.cliniciansreport.org for non-English subscriptions.