

Growing Your Practice Through Endodontics

Executive Summary

The dentist of the future is a clinician, scholar, manager, communicator, and advocate. However, none of these talents and skills matter if they have a lack of business. One solution to today's waning business conditions is to increase the restorative dentist's skills and services within dentistry's specialty areas. For many generalists, endodontics provides a perfect solution. Today's dentist may consider growing his or her practice, for example, through endodontics for a variety of reasons, such as expanding access to care for patients or adding a new revenue stream to their business model. John West, DDS, MSD, who has taught more than 500 continuing education classes while maintaining his own globally admired and successful endodontic practice, says the best reasons to add endodontics to your practice are to achieve increased control and satisfaction as well as adding predictable profitability.

According to West, the practitioner looking to expand through endodontics should acquire the following:

- A positive and affirmative attitude and outlook toward his or her endodontic results. Fear and trepidation can be easily changed to fun and confidence with today's sophisticated and advanced tools, techniques, and technologies.
- The correct equipment and instruments, including a microscope, digital radiography, [Tooth Atlas](#), and high-quality endodontic knowledge, skills, and nuances in skill sets.
- Continuing education on proper endodontic thinking, planning, and implementation. West advocates for education offered in a safe environment, where dentists can validate and practice their endodontic skills while receiving constructive and positive peer feedback. New knowledge

can be learned through organized presentations and structured courses lead by trustworthy educators, internet, journals, and dental companies themselves.

When these elements come together effectively, dentists can not only grow their practices but also provide patients with high-quality dental care while reaffirming or recapturing the autonomy and enthusiasm that attracted dentists to dentistry in the first place.

Introduction

Although dental schools teach root canal treatment as part of their general practice education, research reveals that only one in four dentists actually perform a majority of root canals themselves and that 17 percent of dentists say they refer *all* root canals to endodontists.¹

While endodontists may remain the choice for certain procedures or levels of difficulty, many dentists are looking at endodontics as a viable way to expand their practice. Some are seeking to provide a continuum of care for patients with whom they have built trust and rapport. In other situations, such as in rural clinics, the dentist may be the only reasonable provider of timely root canal treatment.

In addition to increasing access to care, dentists also provide endodontic treatment as a possible strategy to facilitate cost-savings to their patients while expanding the capacity of their dental practice. This could especially be true if the dentist feels competent to successfully treat a certain type of endodontic degree of difficulty. In fact, introducing endodontics appears to be a leading strategy in growing dental practices.

1) www.TheWealthyDentist.com



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Dr. John West is founder/director of the Center for Endodontics and believes there is another factor at play when dentists add endodontics to their practices: job satisfaction and regaining a sense of control. Masterful endodontics has been known to actually put the *FUN* back into dental technique as evidenced by numerous endodontic hands-on workshops!

“In dentistry, sometimes it feels like the insurance company is in charge or the government is the boss,” West said. “Endo can help dentists feel like they are the boss again.”

Research confirms his point. In recent years, researchers have examined various challenges faced by today’s general dental practitioners. The findings, in general, agree that being a dentist can be a difficult challenge. Stressors such as a perceived lack of control and pride have a tremendous impact on job satisfaction.

“When a dentist looks over the day’s calendar and sees a root canal treatment scheduled at 10:00 a.m., the possibility is that they will smile because they know that endo could be the best part of their day,” West said.

A 2007 meta-analysis of research in workplaces revealed that professionals gain a sense of empowerment when: their role reflects their beliefs and values, they have confidence in their abilities, they have a sense of self-determination in making choices and they feel their decisions have significant influence over the outcomes.²

Achieving this sense of empowerment is key to job satisfaction in any career; however, it is particularly important in dentistry, which requires an individual to invest tremendous intellectual, financial, and physical resources. As job satisfaction increases, professionals realize greater efficacy and lower stress levels.³

“When a dentist looks over the day’s calendar and sees a root canal treatment scheduled at 10:00 a.m., the possibility is that they will smile because they know that endo could be the best part of their day,” West said. “It will be the part of the day when they have almost complete control over the outcome and that is something that any professional looks forward to. There is no concern about lab quality or even oral hygiene! The dentist is truly in the driver’s seat...me against or, better yet, *with* the endodontic anatomy.”

West said these dentists look forward to endodontic procedures because they have the right tools, the right skills, and the right thinking to do the job effectively and efficiently.

Proper Endodontic Mindset

In presenting more than 500 continuing education courses to dentists on three continents, West has interacted with tens of thousands of dentists and listened to the reasons they give for not adding or improving predictable endodontics to their existing practice.

“These are not real barriers, they are just perceived barriers; they are artificial walls,” West said. “Once dentists acknowledge that they have these illusions or limiting belief systems, we begin to overcome each one of them in a relatively short amount of time.”

West said most of the “imagined” barriers to performing safe, effective, and efficient endodontics fall into one of three categories: 1) lack of expertise in proper endodontic procedure; 2) confusion on which tools are best to effectively and predictably perform endodontics; and 3) lack of confidence in the ability to perform endodontic procedures safely and successfully.

Part of West’s educational philosophy is teaching practitioners to vividly envision the preferred outcome, actually feel the success of the outcome in their gut, and affirm to change to a new and technically successful endodontic belief system. The brain wants to learn new things. Now we are learning how to teach it *and* we are

2) Spreitzer, G. “Taking Stock: A review of more than twenty years of research on empowerment at work.” The Handbook of Organizational Behavior, Sage; 2007, p.7.

3) Ibid, p. 17.



learning how the brain wants to teach us. West says “this is nothing new...this preparation protocol has been practiced by Olympic athletes and exceptional people from all walks of life for centuries. It is now however, that we are learning how to apply this same neuroscience to optimizing endodontic performance.

“The first – and most important – step I walk dentists through is learning to picture in their mind the desired or preferred outcome,” he said. “I tell them, ‘You can picture a pink elephant dancing on the moon, can’t you? Then you can certainly picture the image of a perfect root canal for the tooth you are about to treat!’” When you think about it, the mind can picture anything you tell it to imagine or conceive or simply think about. It has been proven over and over again that anything the mind can conceive, it can achieve. Further that thought with “if it is to be, it’s up to me.” This audacious attitude is the cornerstone of predictable endodontics.

By envisioning the perfect result in your mind’s eye and holding onto that picture and feeling its achievement in your gut for 10 seconds before starting the procedure, West said dentists increase their success rate tremendously. The more times you do this per endo procedure, you increase the probabilities of the outcome you want. “A useful cue to remember is to place the specific technical outcome you most desire onto a 3 x 5 card and paste it next to the button that fires the digital or X-ray machine. You might write on your card, for example: ‘My rotary endo shapes are predictably funnel form from top to bottom.’ Or the card might read: ‘I maintain apical patency’ or ‘my packs are solid.’ The desired technical skill must be written first person, present tense, and measurable. The 3 x 5 card is your cue to remember the most important thing. If you don’t believe it, test it yourself and watch the shapes take shape!

“This isn’t mumbo jumbo, cumbia, or New Age stuff,” West laughed. “Envisioning the perfect result and holding that picture as well as feeling the outcome in your gut actually helps reorganize the brain’s neurons in a way to accomplish exactly what is intentionally imagined. Again, this is what Olympic athletes do. It works.” While practicing perfect imagery

does not guarantee the gold medal or perfect endodontic result, science proves that the perfect rehearsals increase the probabilities of the preferred performance outcome. (For more on the subject of the mind/endo connection, go to johnwestendo.com or centerforendodontics.com.)

As a type of pre- and post-test measurement of his day-long course, West asks *dentists to write their biggest endodontic fear or challenge on a 3 x 5 index card as suggested above.* Before introducing his practical continuing education on endodontics, he first works with the dentists to create positive reinforcement statements, based on those initial statements.

Stated obstacles such as, “I struggle to reach working length on lower molars” or “I am fearful when I have to clean and shape a narrow canal,” become positive statements such as “I love lower molars” and, “I confidently clean and shape narrow canals.”

If you can picture a pink elephant dancing on the moon, you can picture a perfect root canal.



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“Henry Ford said, ‘Whether you think you can or whether you think you can’t, you’re right,’” West reflects. “Once dentists turn their ‘can’t’ statements into ‘success’ statements, they are far more open to learning more about how to **do** endo that until now they simply dreamed of. Yes, endo dreams can come true. It is all a matter of technique and vigilance.”

Proper Endodontic Mindset

“If the only goal of our practice is to eliminate disease and its symptoms, then that’s easy. We can just pull the tooth and accomplish that,” West said. “But endodontics is the practice of removing the disease while retaining the tooth and that requires excellent endodontics and dentistry.”

The rationale for endodontics is that any endodontically diseased tooth can be predictably saved if the root canal system can be nonsurgically or surgically sealed and the periodontal condition is healthy or can be made healthy.

There are three essential skills needed to perform successful root canal treatment: the three Fs: “Find”, “Follow”, and “Finish.” West said that if a dentist intends to perform these steps thousands of times in the course of his/her career, it is worth learning to do it correctly and confidently. The three “Fs” are an example of the power of three. They are law. There is no argument. All predictably successful endodontic clinicians must understand and master the three “Fs.”

“Nature sometimes likes to make it hard for us to find those canals,” West said. “Nature refuses to create straight lines and she absolutely insists on making every tooth unique just like the uniqueness from snowflakes to DNA. But we have the knowledge of what to do, the skills to get there but do we have the willingness to succeed?” West affirms that “I can teach knowledge and skills but **willingness** has to come from inside and when it is all said and done, willingness is the difference that makes the difference. If a dentist really wants to produce consistent predictable endodontic results; they absolutely can with a little help from their friends (knowledge, skills) and a little desire from themselves (willingness!)”

In his continuing education courses, West guides dentists as they validate and practice the skills of “Finding” the canals, creating smooth glidepaths by learning the art of “Following” and, “Finishing” by cleaning and shaping the canals, irrigating, cone-fit, and finally filling the root canal system in three-dimensions including the largest portal of exit itself, the access seal.

The rationale for endodontics is that any endodontically diseased tooth can be predictably saved if the root canal system can be nonsurgically or surgically sealed and the periodontal condition is healthy or can be made healthy.

West opens his classroom to representatives of equipment and instrument suppliers, which allows participants to practice endodontics using the latest technology, such as microscopes and digital radiography. Having top-notch equipment on hand allows dentists to hone their endodontic skills outside the clinical environment.

“Practitioners want to practice being safe and predictable in a safe environment,” West said. “In my classes, they practice creating a smooth glidepath from the orifice to the exit using a loose #10 as glidepath validation. And I help them do it until they are confident.” Drills become skills.

West also guides dentists through the technique of “let it run and paint,” which allows smart files to safely clean and shape the canal. He teaches the critical distinction of “**Brush and Follow**” with Shapers and “**Follow and Brush**” with Finishers.

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Because he helped develop many of the endodontic products used by practitioners today, West knows that many thousands of hours are spent making the equipment the best it can be. It also has to predictably work in the field and not just the bench top. West said the greatest challenge is convincing the dentist to get out of the way and let the tools do the work that they are designed to do. “This doesn’t mean the dentist can play a round of golf in their head while doing root canal treatment!” West emphasized. “They have to be focused and be present at all times but, with the right tools, they can be present and focused without being exhausted by the end of the procedure.” In fact, when done right, endodontics is energizing where even sometimes the dentist will feel a little guilty because the treatment went so smoothly and the time seemed to fly by!”

Right Tool for the Right Job

Any dentist serious about performing endodontics as a part of his or her practice must be willing to invest in the appropriate education, equipment, and instruments.

“When you have the right ‘tools’ and you combine it with having the right skills and the right mindset, everything goes smoothly,” West said. “In fact, you might even feel guilty - you think, ‘Are these tools this great or am I really that good?’ But the truth is: it’s both!”

Microscope

A key piece of equipment every dentist should acquire when adding or wanting to improve their endodontics is an operating microscope. A high quality microscope will allow the dentist to use magnification to see the endodontic roadmap he or she wants to successfully treat. It will also assist by highlighting color differences which helps guide the dentist into the canal.

In addition, microscope-produced images can be shown to the patient, which allows him or her to actually see and understand the extent of damage to the tooth and to educate the patient. This makes it far easier for the practitioner to explain the need for root canal treatment and educate the

patient about their investment in saving their tooth. “This increases the perceived value of the procedure in the patient’s mind,” West said. “They can see their tooth and better understand what it will take to save it as well as learning the value of saving and preserving vs. removing and replacing.”

Finally, the assistant half of a microscope will allow the dental assistant to be present with the dentist during the procedure. The dental assistant can anticipate what the doctor wants because they can see what the doctor is doing. When a dentist is in sync with their assistant, harmony, flow, and energy are the byproduct which all add up to more enjoyment in the treatment experience not only for the treatment team but also the patient. An attitude of joyfulness and playfulness positively rubs off on everyone. An environment is created where the staff feels included, affirmed, and valued.

“Endodontics can be lonely sometimes,” West said. “Having the assistant right there with you makes a difference. He or she can see exactly what you are doing and precisely what you need from them at any given moment.”

Digital Imaging

West recommends that any practitioner not already using digital commit to using it as soon as possible. He said dentists are amazed at how digital allows them to instantly see big pictures and the details in the big pictures.

West recalled when he first began using digital in his practice, he was similarly shocked at how much better he could see the endodontics he needed to do as well as the endodontic results he had done in the past.

“I had a patient who came in for a recall and we had the old, small film we had originally used,” he said. “Then I had this huge recall film and, for the first time, I saw what I had done. I could see the anatomy that I couldn’t see before. That was a real ah-ha moment for me.”

Tooth Atlas

West also recommends dentists invest in a tooth atlas that provides a three-dimensional virtual environment illustrating



the morphology of the human dentition. Although every tooth a dentist encounters will be anatomically one of a kind, reviewing the basic topography of each tooth model will increase proficiency and confidence. For more information about Tooth Atlas, visit eHuman.com.

Endodontic Instruments

The equipment used to access and heal the tooth provides vital tools for the practitioner. Today's filing instruments, including both reciprocating and rotary filing systems, are designed to make following and shaping canals as efficient as possible.

"There are dozens of options out there, but when you look at the meaningful geometries created by [DENTSPLY Tulsa Dental Specialties](#) in their [ProTaper Gold](#)[®], [ProTaper NEXT](#)[®] or their [WaveOne](#)[®] file systems, you see how these particular NiTi shaping instruments allow you to make shapes that are simply elegant but more importantly allow for easy 3D cleaning and obturation," West said. "And, for a lot of dentists, that puts the fun back into endodontics."

Using the appropriate tools with the appropriate technique at the appropriate time is the key to successful endodontic practice.

"What today's NiTi technology provides is an opportunity for the practitioner to make choices," West said. "Yes, they can choose from a genre of product options, but the right products also give them more choices in their practice: choosing to slow down; to irrigate more; to create a smart, curved, navigating file; to proceed at a comfortable pace. It's that choice and control that dentists crave."

Making the Choice

West said many of the dentists he teaches and "coaches" report feelings of being overwhelmed by the number of NiTi systems available.

"I give them permission to be selfish in choosing their favorite system," he said. "A great clinician should have a variety of tools and should have experience using different systems.

Then, after unbiased subjective testing, make the right choice using ease of predictability as your guide."

Even clinicians with a variety of available tools typically have one or two that they prefer. West recommends a cross-pairs matching technique for discovering which system is preferred.

"I tell doctors that, after they leave my class, they should just continue doing what they were doing for the next 10 root canals," West said. "But to do it more mindfully and full of awareness." Rate the NiTi system's performance 0-10; 0 being poor, 10 being excellent, and 5 being average. Then write down WHY? This step is critical. Do this for all 10 root canals. You could choose 5 instead.

He suggests that the practitioner then complete the **NEXT** 10 root canals using a second system, such as the [ProTaper Gold](#). Do the same test you did with your old system and then write down the pluses and minuses of the old system vs. the new system. The preferred shaping NiTi system will jump out at you!

"Once they've tried both, they will know which one they like the least and they know that they can permanently toss that option – which is probably whatever tool they were using before," West said. "That leaves them with retesting the new NiTi system to be sure they have made the right choice. It's that simple!"

This cross-pairs matching allows the clinician to experience the value of each option under various conditions to determine which system works best in which situation. He describes the [WaveOne](#) system as frequently a single file system while [ProTaper Gold](#) provides greater variability of choices, safety, simplicity, efficiency, and performance all in one. "ProTaper Gold offers the simplest system (*progression through suggested files* **or as some clinicians have suggested just two files: S2/F2 for example**) and yet the system with the greatest variability found in global endodontics."

"The key thing to understand here is that the dentist is in control," West said. "With today's technology, which keeps



improving constantly, clinicians can decide what they like without wasting their time or feeling frustrated.”

West said the advent of new tools and refinements should be invigorating and encouraging to dentists. He said he knows dentists approaching retirement age who decide to keep practicing because they enjoy all the new instruments and infrastructure available on the market.

“They say, ‘I’m not stopping now – not with all these fun new tools I just got that make the dentistry more predictable, enjoyable, and profitable!’ It is energizing and it reminds you what you truly love about dentistry: predictably fixing teeth!” West said.

Putting It All Together

West describes the ideal endodontic procedure as one that uses the correct tools and the correct procedures to create the correct outcome for the patient.

Designing Access

Successful endodontic practitioners prepare the access in anterior teeth by removing two triangles: a triangle of enamel on the facial and a triangle of dentin on the lingual. The first will be removed with the “penetrate and flare” access [round bur](#) and the second with a delicate [diamond taper](#), “X” Gates, or ProTaper® SX.

“There are several instruments that can be used,” West said. “But the instruments you use have to allow you to feel like you own the canal system. If you are going around corners, you aren’t going to feel like you ‘own’ that canal.” In multi-rooted posterior teeth, restrictive dentinal triangles also often exist especially as the pulp chamber calcifies with age. They, too, must be removed in order to produce straight line access into the canal itself.

Preparing a Glidepath

When creating a glidepath, (what West prefers to think of as a “slide path”) modern manual file systems are designed

to intelligently avoid or dislodge blockage without requiring that the practitioner create a risky situation by pushing or poking into the canal.

“Finding” canals is a step that requires patience and is the first step of glidepath management. West recommends using activation with [QMix® 2in1](#) irrigating solution followed by a flush of water to clear the field, after which the orifice will have patency and will be ready for a #6, #8, or #10 file.

An alternative method to locate orifices is through the use of ultrasonics, which can be alternated with air until the orifice is identified.

In any of these situations, using the proper tool with the proper technique will efficiently clear the [glidepath](#) with the least amount of effort. West describes four possible scenarios in which glidepath may be obstructed and explains the appropriate actions the practitioner should use to overcome each of these four situations:

1) Dentin mud or collagenous pulp is blocking the canal.

In this situation, the dentist must be prepared to disrupt the most coronal segment of the blockage, which will loosen the rest of it. This cannot be accomplished by pushing, which will only pack the blockage tighter.

West advocates a slow, patient approach to disrupting the “dentin mud” or dense collagen blockage. Using a solution of [ProLube®](#) root canal conditioner, the practitioner should attempt 10 circuits of simply touching the top of the blockage, then withdrawing and irrigating.

“You’ve got to relax and forget about the clock,” he said. “Then accurately picture in your mind the goal of “Following” to the radiographic terminus and slowly proceed with absolutely no intention of getting through the apparent blockage – only the intention of touching the top of that surface, which feels like a trampoline. Pretty soon that top will become disrupted and you’ll pass through to the radiographic terminus.”



2] The curve of the file doesn't mimic the curve of the canal.

West said practitioners often falsely anticipate what they believe the canal will do. Some canals will appear straight; others will be curved or even have a double curve. There is no reasonable way for this to be anticipated.

"You've got to surrender or better yet yield to the curve and let the curved navigating file go where it wants," he said. "Fortunately, manual files will allow you to produce a slight curve or a hook that will allow you to follow it more easily." Be gentle, be nimble, and show amazing restraint. The human tendency is to push. Don't!

West described curved files as being "smart" files that will find their way on their own if given the right curvature. He said he will re-curve a file each time he comes out to ensure that the instrument continues to follow, which it may not do if it loses its curve.

3] The file is too big to fit into the canal.

"Sometimes a practitioner will start with a #15 because that's what they were taught," West said. "But if a canal is the size of a #10, that's not going to work. You've got to use a smaller file."

4] Restrictive dentin is coronally narrowing the canal.

In this situation, the shaft is withholding the progression of the manual file and there is no reasonable way to know this in advance.

"This is where early coronal enlargement comes in or pre-enlargement, such as described by Dr. Clifford Ruddle⁴," West said.

In the classroom setting, West helps dentists validate and practice four manual motions, which include "**following**", "**smoothing**", "**enveloping**", and "**balancing**."

Shaping

West offers what he considers to be a lifetime take-home message to practitioners, which is: "No Glidepath, No Rotary." "This is where we get into trouble. If you have a

glidepath but you are still unsure of the situation, it is fine to manually experience it," West said. "Just because you have a motor doesn't mean you have to use it.

"When it comes to shaping, some people are 'spinners' forever and some people are 'reciprocators' forever," West said. "There are also dentists who use each for different situations and that's fine."

With the [ProTaper Gold](#)[®] system, there are two specific types of files, Shapers and Finishers, which provide the needed shape with the fewest number of files. View West's [free video](#) titled Predictability is the Gold Standard.

Cleaning

Removing the bacterial and smear layer are key to long-term endodontic success in any given patient.

[QMix](#)[®] 2in1 irrigating solution is a single solution used as a final rinse after bleach for one-step smear layer removal and disinfection. It is non-antibiotic and comes in a pre-mixed formula that provides a "best practice" irrigation protocol in fewer steps for proven and effective irrigation.

An article in the Journal of Endodontics described the effect of QMix on removal of canal wall smear layer and debris. The results of the study indicated QMix was as effective as 17% EDTA in removing canal wall smear layers after the use of 5.25% NaOCl as the initial rinse.⁵

Shape Verification

After completing debridement, shaping and cleaning steps, practitioners will want to verify the shape and working length with a size verifier. By using the calibration marks on the verifier, it should reach the apical constriction passively, with no significant resistance or twisting required.

"You don't get what you want in endodontics," West said. "You get what you measure."

The best verifiers are nickel-titanium and fluted, which make them excellent for minor apical shaping if necessary. West

4) Drs. Cliff Ruddle and John West videos available at the DENTSPLY Tulsa Dental Specialties video library at www.ChairTime.com.

5) Dai L, Khechen K, Khan S, et al. The effect of QMix, an experimental antibacterial root canal irrigant, on removal of canal wall smear layer and debris. J Endod. 2011 Jan;37(1):80-4.



recommends using a digital radiograph to confirm that the size verifier has reached its working length. In the vertical compaction of warm gutta-percha technique – West typically uses the [Calamus® Dual 3D Obturation System](#) – the cone fit is the verifier. When is the shape finished? Answer: when the cone fits. When do you fit the cone? Answer: when the apical flutes of the Finishers are visibly loaded with dentin shavings.

Sealer, Obturating and Finishing

Using a sealer, such as [ThermaSeal® Plus](#), will close off and seal the portals of exit. It also provides lubrication for the gutta-percha as it proceeds apically down the canal. Any excess sealer can be wicked away with a paper point before using gutta-percha.

West recommends using classic warm gutta-percha or carrier-based obturation, which provides the best opportunity to fill in three dimensions.

“This warm wave of shaping and compaction has great value,” West said. “The foramina are not round but we have round materials to fill them – we could use chemical or friction heating but these methods lack control and are vulnerable to shrinkage – but warming is the best because it is safe and predictable.”

Warming the material distorts it so that the gutta-percha/dentin interface can become very narrow. In fact, the interface between the gutta-percha and the dentin can be made as small as the size of a red blood cell.

“Once this is done, the practitioner just has to ‘backpack’ and finish,” West said. “What they’ll find is that, with the right tools and the right technique, they will arrive at the finish point and still have energy left to enjoy the rest of their

patient day. In fact, when endo is made easy, it is energizing in and of itself. For many endodontically educated dentists, it is their fix for the day!”

Conclusion

Adding endodontics to an existing dental practice can have several positive outcomes for both dentists and patients, including:

- Increasing access to endodontic care, especially in remote locations such as rural practices
- Providing a continuum of care for patients, who can receive endodontic care from a known and trusted provider
- Reducing costs of endodontic care for patients
- Increasing sources of revenue for traditional dental practices
- Increasing job satisfaction through a sense of empowerment and control

The key to adding endodontics is ensuring the practitioner has a positive mind set toward his/her ability to achieve the best outcome, that he/she has chosen the best equipment and tools needed to practice endodontics effectively, efficiently, and predictably, and that the practitioner has had an opportunity to validate and practice their technique in a safe, instructive atmosphere.

West recommends that dentists seeking to expand their practice through endodontics invest a little time in his seven-hour educational course titled, “[Making Endodontics Fun: The Secrets to Predictable, Safe and Efficient Endodontics](#).” Information on the next offering of [Dr. West’s continuing education courses](#) can be found at the [DENTSPLY Tulsa Dental Specialties website](#).



John D. West, DDS, MSD

As the founder and director of the *Center for Endodontics*, British-born Dr. John West continues to be recognized as one of the world’s premier educators in clinical and interdisciplinary endodontics. John West received his DDS from the University of Washington in 1971 where he is an Affiliate Associate Professor. He then earned his MSD in endodontics at Boston University Henry M. Goldman School of Dental Medicine in 1975 where he is a clinical instructor and has been awarded the Distinguished Alumni Award.

Dr. West has presented unrivaled endodontic continuing education in North America, South America, Europe, and Asia while maintaining a private practice in Tacoma, Washington. John is a clinical visionary, an inventor, a teacher, and a coach for any dentist that wants to experience the possibilities of endodontics in his or her practice.

He coauthored **Obturation of the Radicular Space** with Dr. John Ingle in Ingle's 1994 and 2002 editions of Endodontics, and was senior author of **Cleaning and Shaping the Root Canal System** in Cohen and Burn's 1994 and 1998 **Pathways of the Pulp**. He has authored **Endodontic Predictability** in Dr. Michael Cohen's 2008 Quintessence text **Interdisciplinary Treatment Planning: Principles, Design, Implementation**, Michael Cohen's 2010 Quintessence text **Interdisciplinary Treatment Planning Volume II: Comprehensive Case Studies**, and is lead author of **Esthetic Management of Endodontically Treated Teeth** in Ronald Goldstein's 2015 third edition of **Esthetics in Dentistry**.

Dr. West's memberships include: 2009 president and fellow of the American Academy of Esthetic Dentistry and 2010 president of the Academy of Microscope Enhanced Dentistry, founding member of the Northwest Network for Dental Excellence, and the International College of Dentists.

He is a 2010 consultant for the ADA's prestigious ADA Board of Trustees and is a consultant to the ADA Council on Dental Practice. Dr. West further serves on the Henry M. Goldman School of Dental Medicine's Boston University Alumni Board.

He is a Thought Leader for Carestream Digital Dental Systems and serves on the editorial advisory boards for: The Journal of Esthetic and Restorative Dentistry, Practical Procedures and Aesthetic Dentistry, The Journal of Microscope Enhanced Dentistry and Endodontic Practice.

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