“Tommy Can You Hear Me?”

Paul Feuerstein, DMD

According to Sam Shamardi, DMD, a Boston-based periodontist who has been studying dentistry’s noise level issues, noise-induced hearing loss is nearly a guarantee to some degree for all dental professionals.

Years of playing in rock bands as well as attending concerts have put a strain on my hearing, which is often a good excuse for not hearing orders from my wife or coworkers. Auditory damage is well documented, and OSHA requires hearing protection for people working in loud noise environments. In its literature, it clearly states this: “Exposure to high levels of noise can cause permanent hearing loss.” And neither surgery nor a hearing aid can help to correct this type of hearing loss.

Short-term exposure to loud noise can also cause a temporary change in hearing or tinnitus. OSHA sets a permissible exposure limit on workplace noise, which is 90 dB during an 8-hour day. The National Institute for Occupational Safety and Health recommends that “all worker exposure to noise be controlled below a level equivalent to 85 dB for 8 hours to minimize occupational, noise-induced hearing loss.” It suggest that noise levels be controlled or if not possible that “hearing protection for people working in loud noise environments. In its literature, it clearly states this: “Exposure to high levels of noise can cause permanent hearing loss.” And neither surgery nor a hearing aid can help to correct this type of hearing loss.

“The dental literature and the ADA as early as 1974 clearly show our environment causes damage—handpieces, suctions, ultrasonics, lab equipment, and even solvents can contribute to hearing loss and other significant systemic health issues. And we are doing nothing to protect ourselves.

“Another problem we can do something about is the noise from the chairside assistant or listening to a patient. This also comes with the muffling of sounds, and this is not really desirable, for example, when speaking to the chairside assistant or listening to a patient. Some may think that noise cancelling headphones could be an answer. There are a number of negatives. They cancel all external sounds including familiar noises of instruments being used as well as some outside voices—not a good thing for interoffice communication. Also, the better devices are oversized ear-covering headphones, which would surely be in the way. Dr. Shamardi has devised a better, more high-tech solution—he has developed the DI15 Electronic Earplug. He explains: “The DI15 is revolutionary for our field and the only product of its kind. Unlike foam or filters, which significantly muffle sounds and compromise communication with patients and staff, the DI15 uses a high-tech microcircuit developed in the United States that allows for all sounds to be heard 100% naturally, with no distortion, despite having a sealed, plugged ear. At the same time, noises in the high frequency/decibel range are specifically targeted and instantly compressed to safe levels. The result is an environment where communication is not compromised, and hearing damage is prevented.”

To obtain more information about hearing issues in the dental practice, Dr. Shamardi can be contacted at dentalinnovationsllc@gmail.com. For more details on the DI15, visit his website, located at dentalinnovationsllc.net.

Typical noise levels in a dental practice.

<table>
<thead>
<tr>
<th>Noise Level (dB SPL)</th>
<th>Description</th>
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<tr>
<td>65</td>
<td>Conversation</td>
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<tr>
<td>72-86</td>
<td>Polishing Equipment</td>
</tr>
<tr>
<td>83-86</td>
<td>Ultrasonic Scaler</td>
</tr>
<tr>
<td>83-89</td>
<td>Air Turbine Handpiece</td>
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<tr>
<td>86-89</td>
<td>Suction Pump, High Volume</td>
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<tr>
<td>91</td>
<td>Ultrasonic Cleaner</td>
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<tr>
<td>81-95</td>
<td>Lathe Trimmer</td>
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<tr>
<td>90-96</td>
<td>Vibrating Equipment</td>
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