

TREATMENT RECOMMENDATIONS



EDITION
2026

EMS 
MAKE ME SMILE.

THE ONLY TOOLS



CHECK FOR MORE INFORMATION

SDA 
SWISS DENTAL ACADEMY



CERTIFIED PRACTICE



AIM OF THIS DOCUMENT

This document provides guidelines for optimal Guided Biofilm Therapy (GBT) treatment with the new GBT Machine. It enables clinicians to ensure a simplified workflow, enhancing both the clinician and patient experience with the highest level of efficiency, safety, and comfort during biofilm and calculus management as well as stain removal. The connectivity feature helps clinicians and practices to maintain clear visibility and full control at all times.

The treatment recommendations support the clinicians in optimizing ergonomics while performing GBT in the most intuitive manner and facilitating the highest level of patient compliance. In addition, it provides a structured approach that is both economical and sustainable.

GBT is an evidence-based, indication-oriented, systematic, and modular protocol for prevention, prophylaxis, therapy, and maintenance.

The Swiss Dental Academy (SDA), the educational branch of EMS, follows the guidelines of the EFP (European Federation of Periodontology) where equal importance is given to education on professional teeth cleaning and oral hygiene practices at home. SDA trains dental professionals in the use of the GBT Machine through dedicated hand-on sessions to provide state-of-the-art treatment, ensuring optimal oral health and hygiene for patients.

See the Instruction for use (FB-1022) for more informations.



THE **GBT** COMPASS AND ITS

08 RECALL

HEALTHY PATIENT = HAPPY PATIENT

- ▶ Schedule recall frequency according to risk assessment
- ▶ Ask your patient if he or she liked the treatment

07 CHECK

MAKE YOUR PATIENT SMILE

- ▶ Do a final check for remaining biofilm
- ▶ Ensure calculus is fully removed
 - ▶ Accurately diagnose caries
 - ▶ Protect with fluoride
 - ▶ No polishing anymore

06 PIEZON® PS

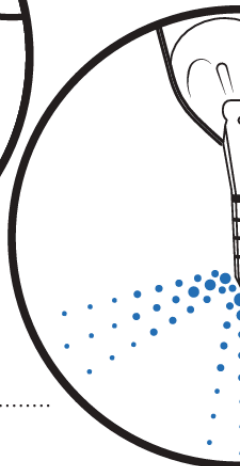
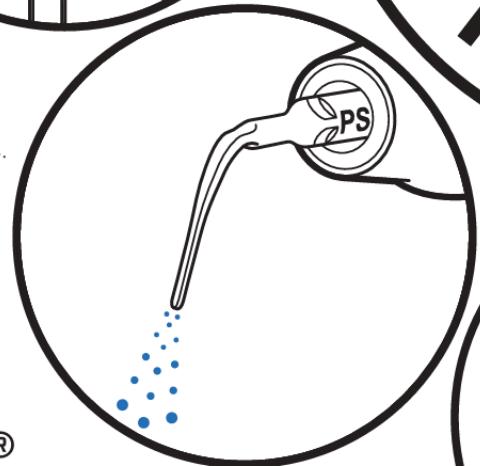
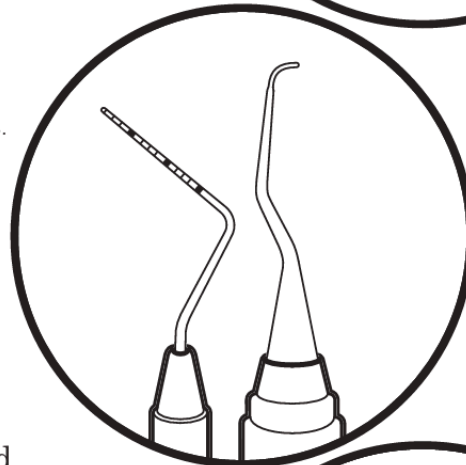
REMOVE REMAINING CALCULUS

- ▶ Use the minimally invasive EMS PIEZON® PS Instrument supra- and subgingivally up to 10 mm
- ▶ Clean > 10 mm pockets with mini curette
 - ▶ Use EMS PIEZON® PI MAX Instrument around implants up to 3 mm subgingivally and on restorations

05 PERIOFLOW®

REMOVE BIOFILM UP TO 5 MM POCKETS

- ▶ Use AIRFLOW® PLUS Powder on natural teeth in deep pockets and root furcations and on implants
- ▶ Use new and slimmer PERIOFLOW® Nozzle



8-STEPS PROTOCOL

01 ASSESSMENT AND INFECTION CONTROL

ASSESS EVERY CLINICAL CASE AND IMPLEMENT HYGIENE MEASURES

- ▶ Start by rinsing with an antimicrobial mouth rinse
- ▶ Assess teeth, gingiva and periodontal tissues
- ▶ Assess implants and peri-implant tissues

02 DISCLOSE

MAKE BIOFILM VISIBLE

- ▶ Highlight to patients the disclosed biofilm and their problematic areas with a two-tone disclosing agent
- ▶ The color will guide biofilm removal
- ▶ Once biofilm is removed, calculus is easier to detect

03 MOTIVATE

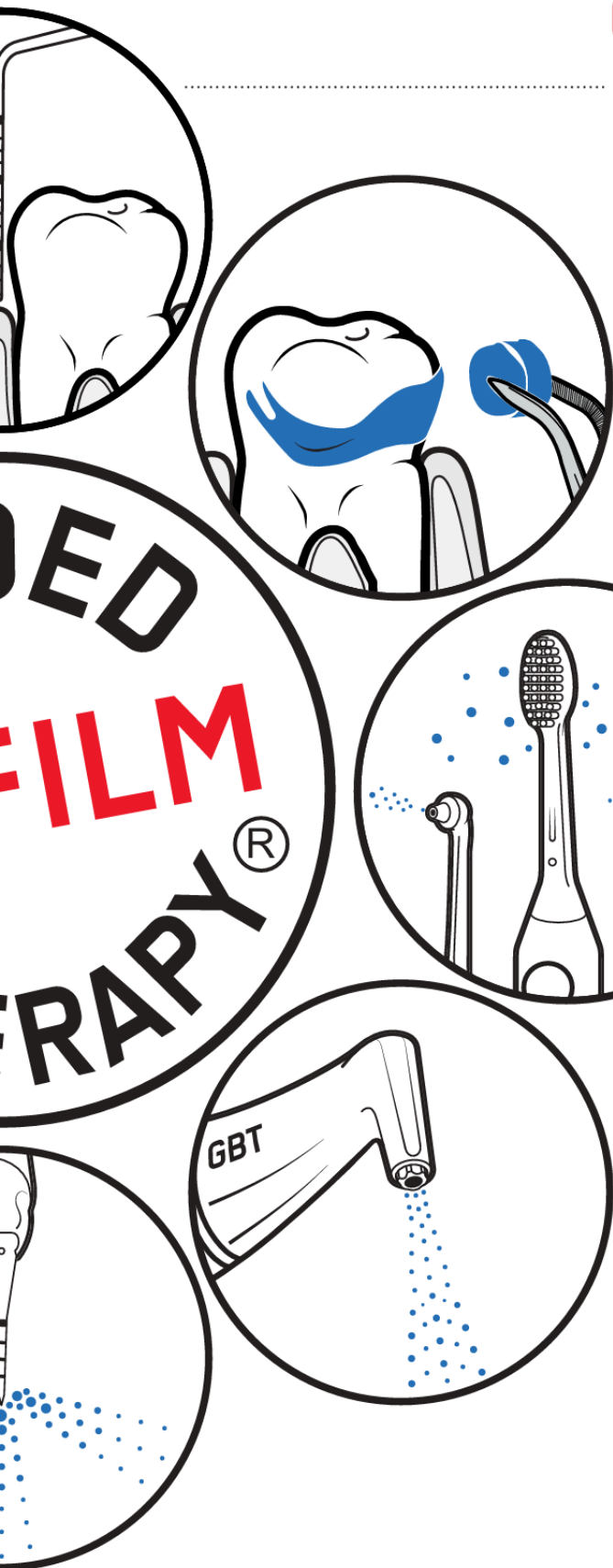
RAISE AWARENESS AND TEACH

- ▶ Emphasize the importance of prevention
- ▶ Instruct your patients in oral hygiene
- ▶ EMS recommends interdental brushes or dental floss as well as electric or manual toothbrushes and toothpaste for daily home care

04 AIRFLOW® MAX

REMOVE BIOFILM, STAINS AND EARLY CALCULUS

- ▶ Use AIRFLOW® MAX for natural teeth, restorations and implants
- ▶ Remove biofilm supra- and subgingivally up to 4 mm using AIRFLOW® PLUS 14 µm Powder
- ▶ Also remove biofilm from gingiva, tongue and palate.



Receive **insights** into optimal device settings to improve efficiency, **enhance the patient experience** and reduce powder consumption

Ability to **export detailed treatment** data to add to patient records

Ability to **track and detect** accurately when your GBT Machine will require maintenance

Connected handpieces to monitor their lifetime and much more

30% less plastic

PIEZON®
NO PAIN!
**MAX
Module**

Optimizing
powder
consumption

Simplified GBT settings to optimize your GBT treatments



PREPARATION

DENTAL PROFESSIONAL

Protect yourself with a face mask (bacterial filtration efficiency, BFE 96%), dental loupes and gloves.



MASK



DENTAL LOUPES



PROTECTIVE GLOVES

DENTAL PRACTICE

Fill the AIRFLOW® PLUS Powder chamber of the GBT Machine to the maximal indicated limit with AIRFLOW® PLUS Powder. Prepare the EMS Biofilm Discloser*, salivary ejector, VISIGATE, AIRFOAM*, PERIOFLOW® Nozzles if needed and sterilized Instrument set kit containing:

1. MOUTH MIRROR
2. PERIODONTAL PROBE
3. EXPLORER
4. GBT FLOWCONTROL®
5. AIRFLOW® MAX HANDPIECE
6. PERIOFLOW® MAX HANDPIECE
7. PIEZON® HANDPIECE
8. PIEZON® PS INSTRUMENT/PI MAX INSTRUMENT

PATIENT

BACTERX® PRO*, eyeglasses, patient drape.

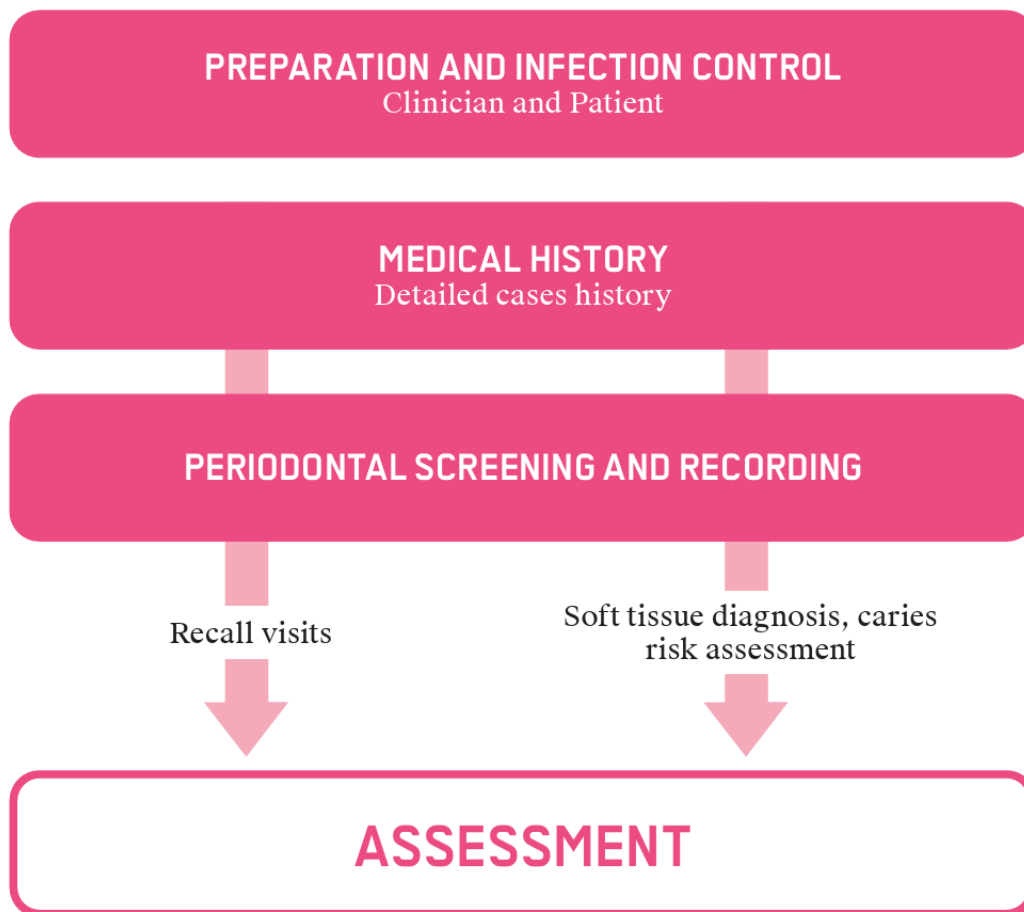


*UNAVAILABLE IN NORTH AMERICA

01 ASSESSMENT AND

MEDICAL AND DENTAL CASE HISTORY

- ▶ Assessment is the initial step in the Guided Biofilm Therapy (GBT) protocol, which involves a comprehensive evaluation. This includes analysing the risk of caries and periodontal disease, as well as documenting a detailed dental and medical case history that covers medication history and patient habits.
- ▶ It is essential to ask patients specific questions about allergies and sensitivities to substances such as iodine, CPC/CHX, and common flavors or aromas like mint, cherry, and lemon. Also important are erythritol and xylitol. Additionally, there are special considerations where clinicians must use their own discretion or consent from the physician, see the FB-1022.
- ▶ Ask your patient to pre-rinse or gargle for 30 seconds with mouth rinse.
- ▶ A thorough periodontal/peri-implant screening and recording is mandatory to plan the treatment: 6-point pocket charting, bleeding on probing, color, contour consistency of the gingiva should be assessed.



INFECTION CONTROL

► Risk assessment protocols are an addition to treatment planning, allowing diagnosis based on relative risk of oral disease and not just the presence of actual disease.

Choose and fill out the correct caries risk assessment documents for your patients¹.

CARIES RISK ASSESSMENT



For children
0 - 6 years of age



For children
≥ 6 years of age



For adults

The aim of oral health assessment and review is to facilitate the move from a restorative to a preventive and long-term approach that is risk-based and meets the specific needs of individual patients. The information gathered from this step forms the basis of discussion with patients on their oral health. It also facilitates the discussion during the motivation step.



1. Courtesy of Prof.dr.med.dent. Adrian Lussi, University of Bern.

PROBE **AND** SCREEN EVERY

► Probing and screening is the cornerstone to discuss long-term oral health status with the patient.

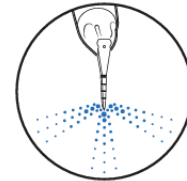
Unless the depth is measured, the treatment can not be started.

Assessment of the soft tissues guides us to the next step of the GBT protocol.

The below gives an overview on the instrumentation to be used for different clinical scenarios.



AIRFLOW® MAX
SUPRA- AND SUBGINGIVAL
UP TO 4MM

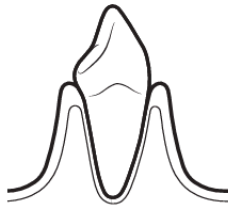
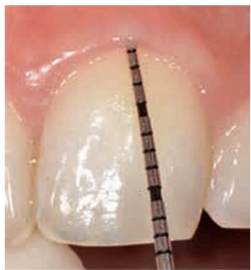


PERIOFLOW® MAX
SUBGINGIVAL
DEEPER THAN 4MM



PIEZON® PS
SUPRA- AND SUB-
GINGIVAL UP TO
10 MM

ON NATURAL TEETH

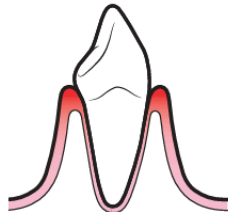


HEALTHY

- HEALTHY GINGIVA
- NO BLEEDING ON PROBING



IF CALCULUS



GINGIVITIS

- SHALLOW POCKET
- NO BONE LOSS
- BLEEDING ON PROBING

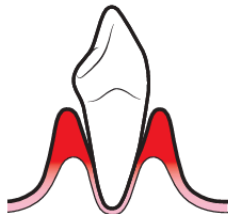


4 mm

NOT
NEEDED



IF CALCULUS



PERIODONTITIS

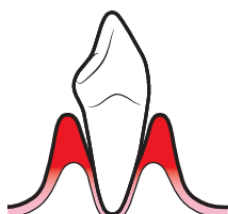
- DEEP POCKET
- BONE LOSS
- BLEEDING ON PROBING
- NO SUPPURATION



4 mm



10 mm



SUPPURATING

- PERIODONTITIS
- BONE LOSS
- BLEEDING ON PROBING
- SUPPURATION



ONLY
SUPRA



10 mm

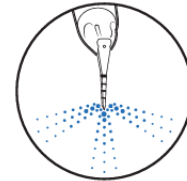
CLINICAL CASE

Probing around implants should be done at every appointment. We can use either a metal probe or a plastic probe to assess the probing depths.

ON IMPLANTS



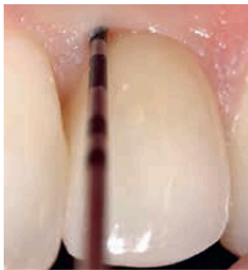
AIRFLOW® MAX
SUPRA- AND SUBGINGIVAL
UP TO 4MM



PERIOFLOW® MAX
SUBGINGIVAL
DEEPER THAN 4MM



PIEZON® PI MAX
SUPRA- AND SUB-
GINGIVAL UP TO 3MM



HEALTHY

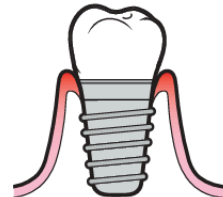
- ▶ NO BONE LOSS
- ▶ HEALTHY GINGIVA
- ▶ NO BLEEDING ON PROBING
- ▶ NO SUPPURATION



4 mm



IF CALCULUS



MUCOSITIS

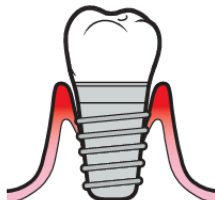
- ▶ NO BONE LOSS
- ▶ BLEEDING ON PROBING
- ▶ NO SUPPURATION



4 mm



IF CALCULUS



PERI-IMPLANTITIS

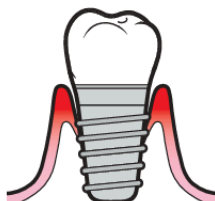
- ▶ BONE LOSS
- ▶ BLEEDING ON PROBING
- ▶ NO SUPPURATION



4 mm



IF CALCULUS



SUPPURATING PERI-IMPLANTITIS

- ▶ BONE LOSS
- ▶ BLEEDING ON PROBING
- ▶ SUPPURATION



ONLY
SUPRA



IF CALCULUS

02 DISCLOSE

► Disclosing biofilm is a crucial step in Guided Biofilm Therapy (GBT) to visualize supragingival biofilm, which is typically invisible to the naked eye.

GOAL

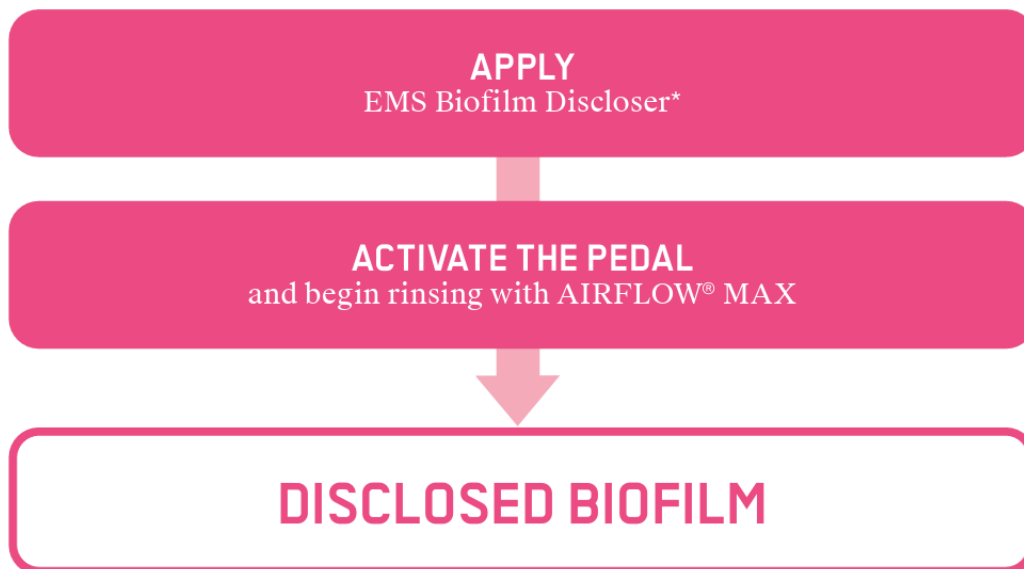
► To make all supragingival biofilm visible to assure minimally invasive treatment and complete biofilm removal.

ADVANTAGES FOR THE PATIENT

- Motivation, re-education on oral hygiene
- Understanding the need for professional prophylaxis
- Personalized patient instruction and motivation
- Self-evaluation by the patient
- Effectiveness of oral hygiene maintenance

ADVANTAGES FOR THE CLINICIAN

- Visualizing the dental biofilm
- The color guides the biofilm removal
- Take plaque indices



Disclosing is safe to use in all age groups as well as in all clinical applications, e.g. around teeth, implants, restorations, prosthetics and orthodontic appliances. Follow instructions for use carefully to rule out any contraindication.

***UNAVAILABLE IN NORTH AMERICA**

RECOMMENDATIONS

1. Ensure that the GBT VISIGATE® is in place.
2. After disclosing remove excess biofilm discloser with the intuitive feature of the new GBT Machine with AIRFLOW® MAX and the water only mode; automatically set to level 2 - GBT Setting.



HOW TO USE WATER ONLY MODE

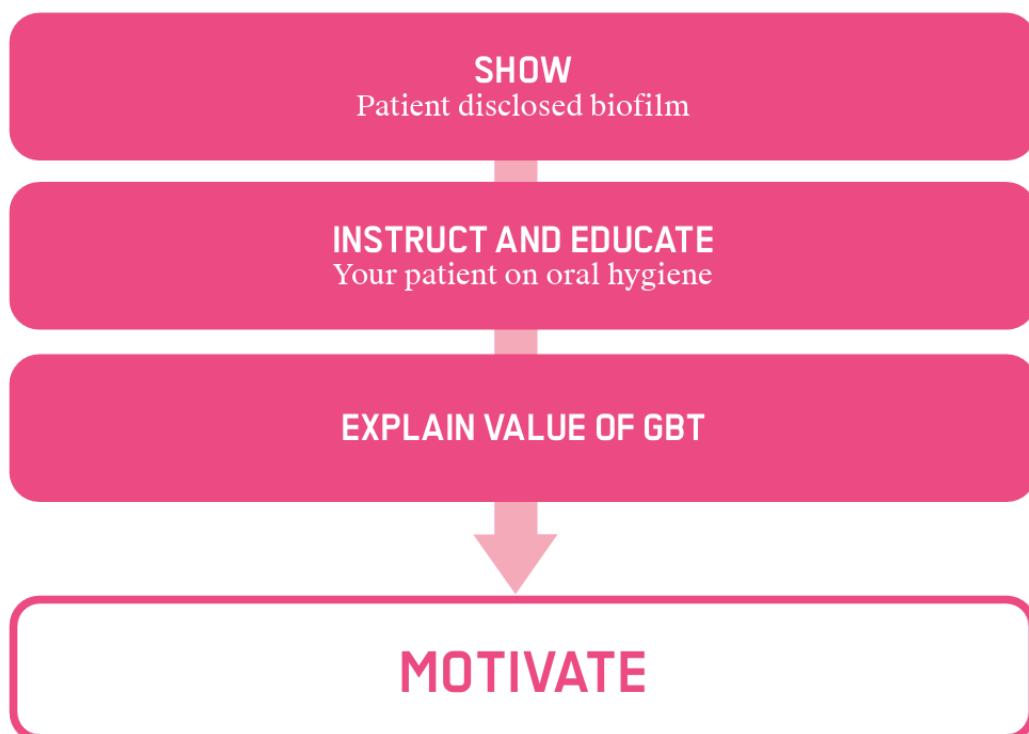
- ▶ Ensure chamber is unpressurised | picking up the AIRFLOW® MAX handpiece with the chamber unpressurised will automatically be 'water only' mode.
- ▶ Pick up AIRFLOW® MAX handpiece.
- ▶ Press pedal.
- ▶ Begin rinsing disclosing solution.



03 MOTIVATE

MOTIVATION IS THE CORNERSTONE AND FORMS THE BASIS FOR TRUST AND PATIENT COMPLIANCE IN ORDER TO ACHIEVE OPTIMAL LIFETIME ORAL HEALTH.

Successful, long-term oral health is not only based on professional teeth cleaning through GBT but, more importantly, on daily home care. Reeducate and instruct your patients on oral hygiene. Emphasize the importance of prevention. Discuss any habits like smoking, etc. Dietary counseling may be necessary at this point. Show the patient areas where improvement in oral hygiene is needed, tell them what to do and, finally, work with them on using individualized interdental aids or flossing, where needed.



**"I FEEL
GOOD"**



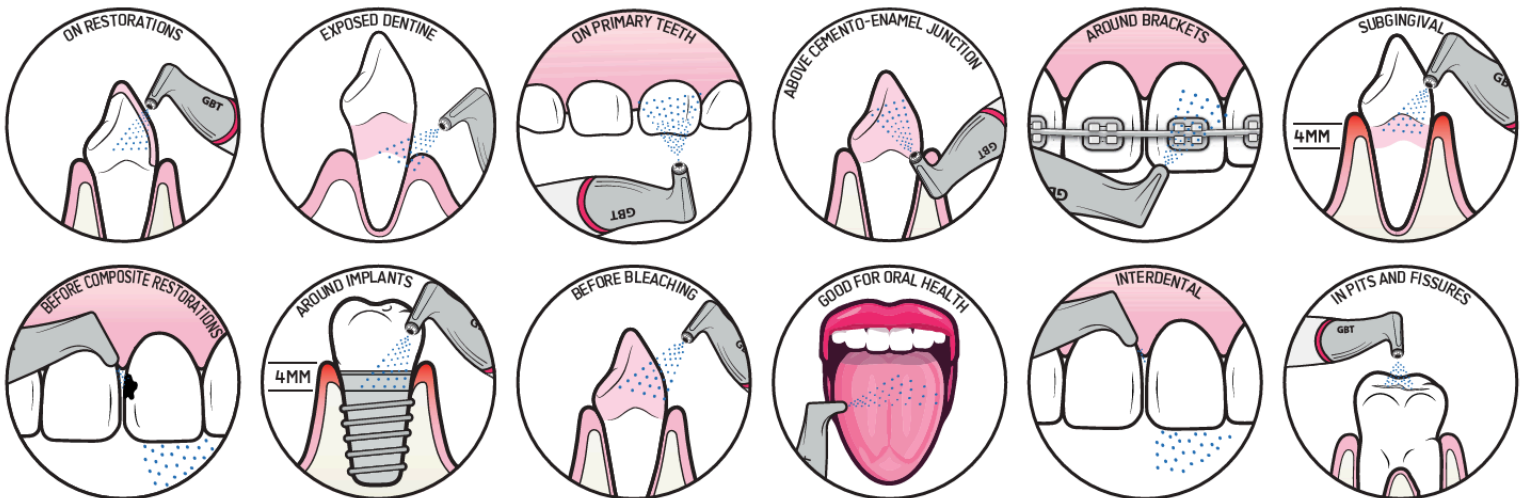
AIR-FLOWING®

- ▶ AIR-FLOWING® is the synergy of the new GBT Machine, the respective handpieces AIRFLOW® MAX as well as PERIOFLOW® MAX and the erythritol- based AIRFLOW® PLUS powder.
- ▶ Only AIR-FLOWING® works with the patented Laminar AIRFLOW® Technology (LAT) allowing a constant and regulated flow of the AIRFLOW® PLUS Powder. This makes biofilm management during Guided Biofilm Therapy (GBT) more predictable, safe, efficient, comfortable and economical.
- ▶ AIR-FLOWING® is an integral part of the Guided Biofilm Therapy protocol.

AIR-FLOWING®



APPLICATIONS



TEETH

- ▶ Primary and secondary teeth

DENTAL HARD TISSUES

- ▶ Enamel
- ▶ Dentin
- ▶ Cementum

ORAL SOFT TISSUES

- ▶ Supra- and subgingival pockets up to 9mm

IMPLANTS

- ▶ Peri-implant sulcus
- ▶ Deep peri-implant pockets

RESTORATIONS AND PROSTHETICS

- ▶ Restorations
- ▶ Prosthetics
- ▶ Dentures

ORTHODONTICS

- ▶ Orthodontic brackets
- ▶ Aligners
- ▶ All parts of the orthodontic appliance

REMOVE BIOFILM BEFORE

- ▶ Caries diagnosis
- ▶ Fluoride treatment
- ▶ Orthodontic treatment
- ▶ Restorative and prosthetic treatment
- ▶ Bleaching procedures



“I'm also
a water
bottle!”

CONTAINS

Erythritol, CPC, amorphous silica.
Size: 14 µm

The original AIRFLOW® PLUS Powder is available in a high-quality aluminum bottle (400 grams) for greater sustainability. When empty, give it to your patient or recycle it to be eco-friendly.

EMS[®]

04 AIRFLOW® MAX

AIRFLOW® - THE ORIGINAL EMS TECHNOLOGY

The original AIRFLOW® MAX handpiece with its guided Laminar AIRFLOW® Technology is a brilliant innovation from the EMS Research Center.

GOAL

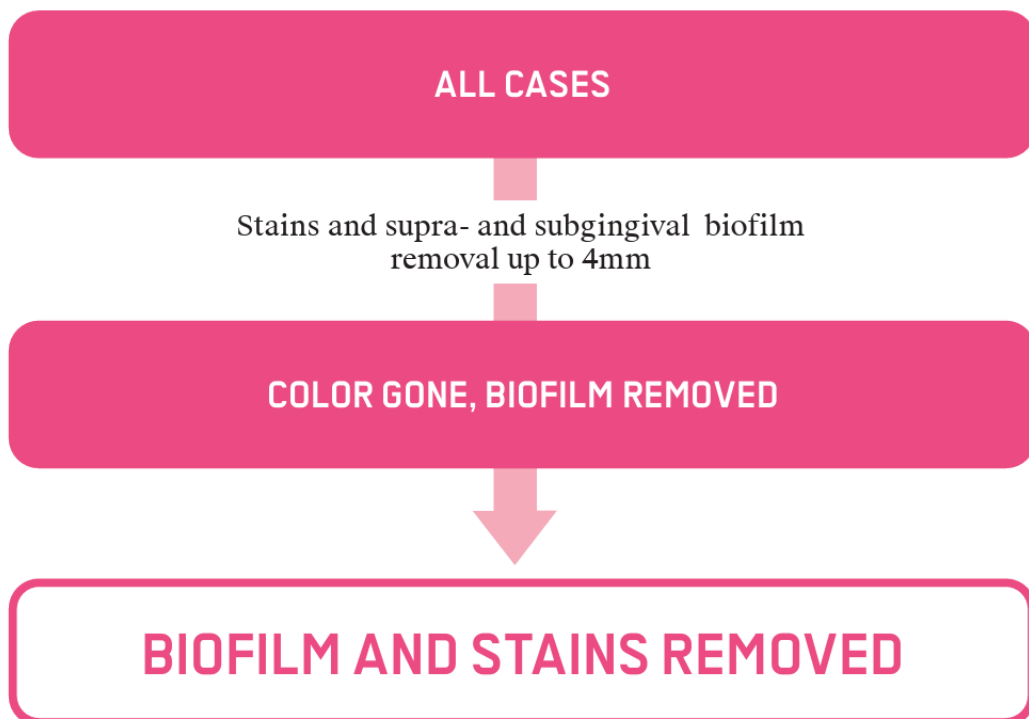
► To remove oral biofilm in a safe, minimally invasive, predictable and comfortable way. Once the disclosed biofilm is removed completely, there is no need to clean any further. This assures minimally invasive treatment.

ADVANTAGES FOR THE PATIENT

- Safe: on tissues, restorations, prostheses, implant and orthodontic appliances.
- Minimally invasive.
- Comfortable.

ADVANTAGES FOR THE CLINICIAN

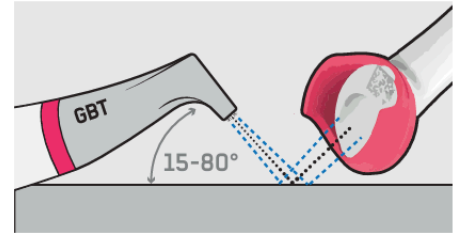
- Simplified workflow: intuitive settings, efficient biofilm removal - time-saving
- Connectivity: clear visibility and follow-up of treatments.
- Better ergonomics: with 8+ hours of daily work
- Predictable biofilm removal: improves trust and patient compliance
- Economical: lower powder consumption



RECOMMENDATIONS FOR USE

ANGLE

- ▶ Range of usage is between 15°- 80°.
- ▶ Continuously adjust the angle while working.
- ▶ Avoid using the AIRFLOW® MAX Handpiece at 90°.



DISTANCE

- ▶ General rule for AIRFLOW® MAX: work closer!
- ▶ Keep the handpiece at 2 to 5mm during treatment.
- ▶ In case of heavy stains, keep the handpiece at maximum 2mm.

MOVEMENT

- ▶ Make continuous semi-circular movements.
- ▶ Create small 'Smileys' from mesial to distal.
- ▶ Never hold the handpiece stationary!

POWER AND WATER SETTINGS

- ▶ **GBT:** OPTIMAL default setting
- ▶ **Low:** Children, very sensitive or patients on regular recall, light biofilm
- ▶ **High:** Heavy stain

BOOST

- ▶ The boost function can be activated by pressing the wireless pedal in the centre
- ▶ The light will flash (it is proportionate to the setting they are currently on)



 **DEFAULT WATER SETTING FOR AIRFLOW® IS MIDDLE SETTING**

CLINICIANS MUST USE THEIR OWN DISCRETION OR CONSENT FROM THE PHYSICIAN.

- ▶ See the Instruction for use (FB-1022) for more informations.

05 PERIOFLOW[®] MAX

GOAL

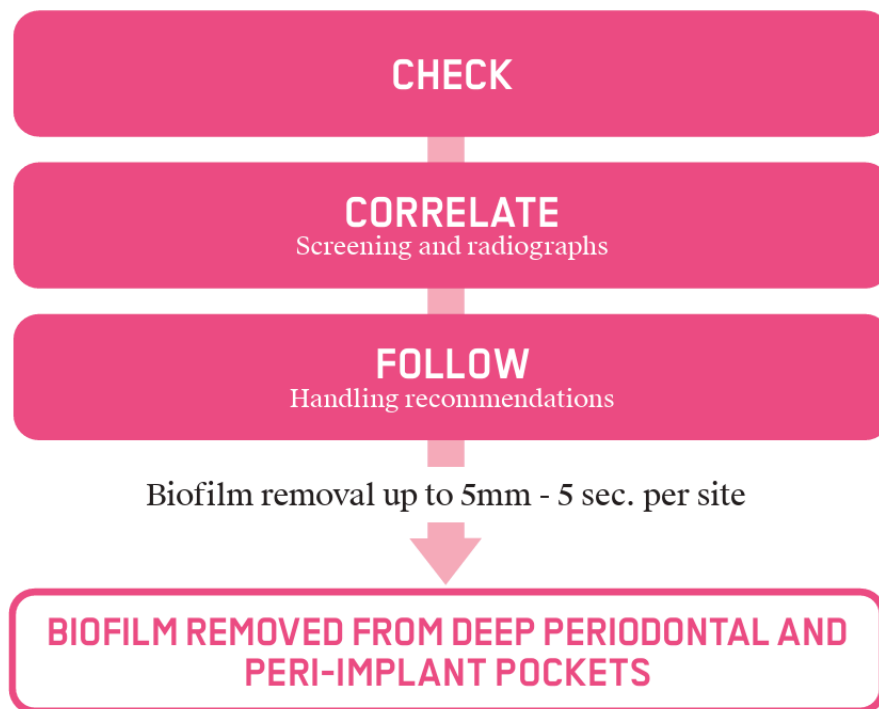
- ▶ Remove biofilm from periodontal and peri-implant pockets safely, minimally invasively, predictably and comfortably at probing depths greater than 4mm during periodontal and peri-implant therapy, whether supportive or non-surgical.

ADVANTAGES FOR THE PATIENT

- ▶ The new design reduces intra-pocket pressure.
- ▶ Minimally invasive: no change on root or implant surfaces.
- ▶ Comfortable: no need for anesthesia.

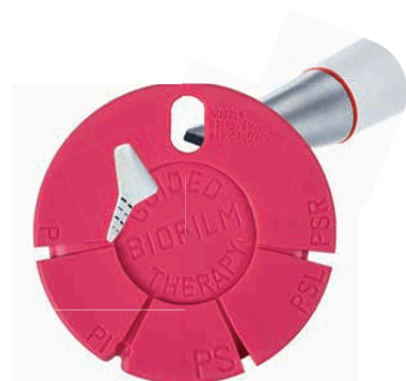
ADVANTAGES FOR THE CLINICIAN

- ▶ Simplified workflow: intuitive settings, efficient, gentle biofilm removal
- ▶ Connectivity: clear visibility and follow-up of treatments.
- ▶ Better ergonomics.
- ▶ Predictable biofilm removal: greater accessibility to reach deeper periodontal and peri-implant areas.



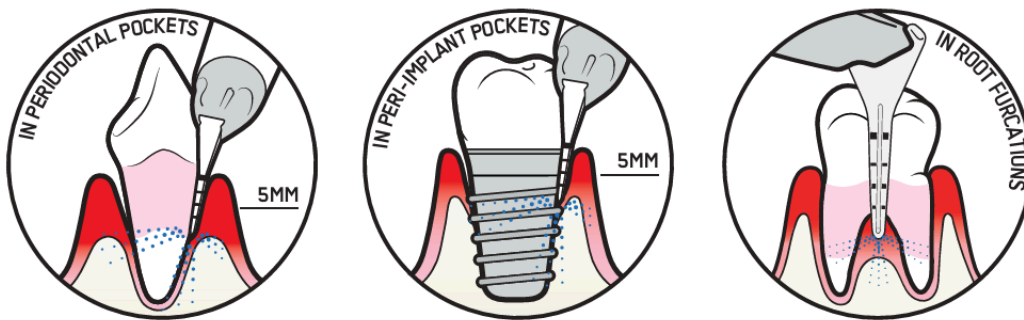
REMOVE THE NOZZLE

- ▶ Use the PIEZON[®] Check tool.



RECOMMENDATIONS FOR USE

- ▶ ONLY use AIRFLOW® PLUS or PERIO Powder.
- ▶ Correlate clinical probing depth with radiographs.
- ▶ PERIOFLOW® Nozzle is disposable/single use per patient
- ▶ Insert the Nozzle up to the depth of the pocket.
- ▶ Start with vertical, overlapping repetitive movements as you come out of the pocket.
- ▶ Natural tooth: site specific usage, implant: minimum 6 sites to be treated.
- ▶ Never push the Nozzle into the pocket even if the probing depths are more than 4mm.
- ▶ Use min 5 secs per site
- ▶ Remove oral biofilm in deep pockets up to 5mm.
- ▶ If treating multiple sites in 1 patient, check that the tip is not bent and the quality has not changed.
- ▶ After 20 sites, use a new Nozzle.
- ▶ Use your finger and thumb to compress the site.



POWER AND WATER SETTINGS

- ▶ A NEW Radio Frequency Identification (RFID) handpiece has been developed.
- ▶ If the clinician is using the SWISS ORIGINAL PERIOFLOW® Handpiece (with RFID*), it will recognise the PERIOFLOW® Handpiece, and the default GBT setting will be adjusted to reflect the correct setting for PERIOFLOW®.
- ▶ If the clinician uses the old PERIOFLOW® Handpiece, there is no RFID. Therefore, the device is unable to detect the change from AIRFLOW® to PERIOFLOW®. The clinician will need to select the high setting to have the correct PERIOFLOW® setting.

BOOST

- ▶ The PERIOFLOW® MAX handpiece does not have a boost function.

 DEFAULT WATER SETTING FOR PERIOFLOW® IS HIGH SETTING

CONTRAINDICATIONS*

- ▶ See the Instruction for use (FB-1022) for more informations.

RISK OF EMPHYSEMA

- ▶ Subcutaneous emphysema occurs as a result of an abnormal introduction or presence of air or gas into tissue or tissue spaces. It has been recognized and documented as a complicating factor for any dental procedure using pressurized air.

Read more about clinical signs and what to do in case of emphysema.



06 PIEZON® PS

PIEZON® NO PAIN TECHNOLOGY IS TO BE USED AFTER AIR-FLOWING® IN ORDER TO REMOVE THE NOW VISIBLE CALCULUS SUPRA- AND SUBGINGIVALLY.

GOAL

To remove supra- and subgingival calculus in a safe, efficient, minimally invasive, predictable and highly comfortable way with linear movement and dynamic power regulation.

ADVANTAGES FOR THE PATIENT

Safe and preserves the natural integrity of teeth, restorations, prostheses, implants and orthodontic appliances. Minimally invasive. Highly comfortable.

ADVANTAGES FOR THE CLINICIAN

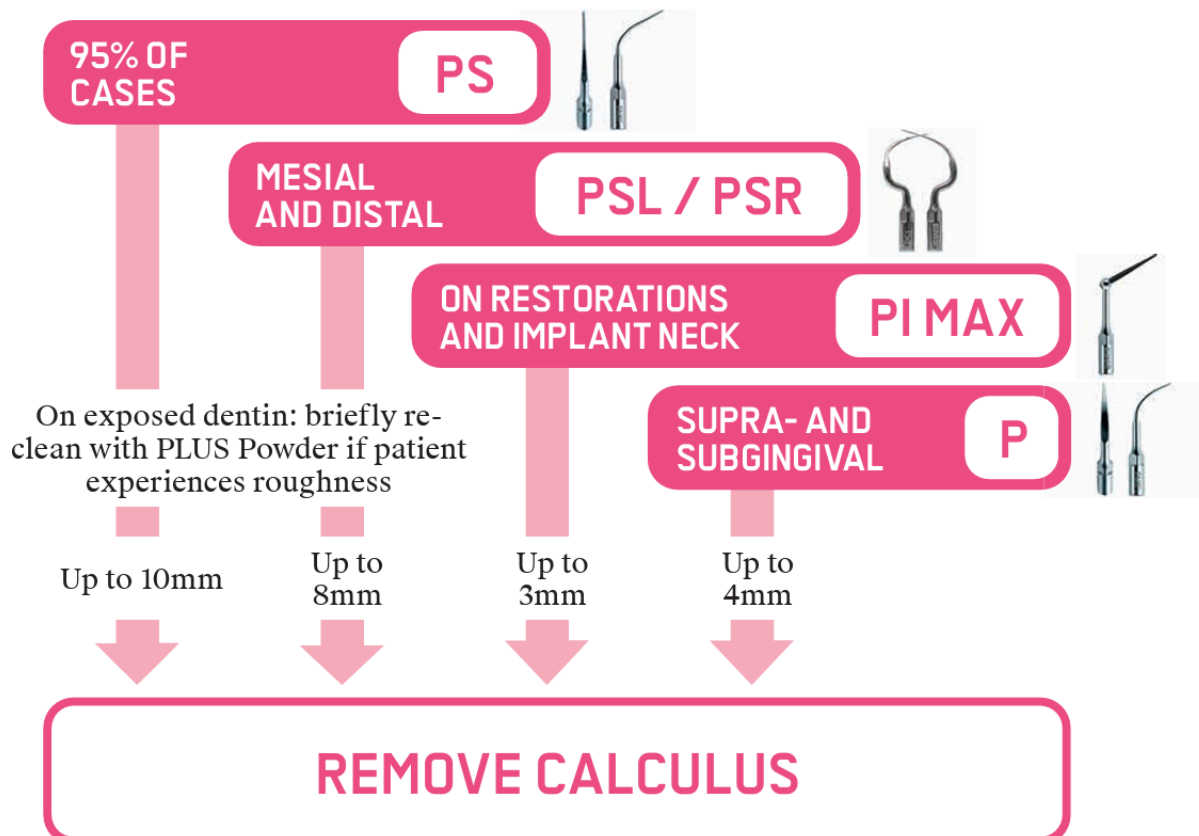
Slim design with optimal accessibility.

Similar tactile sensation to a probe to detect calculus in subgingival areas.

Intuitive automatic power regulation making GBT treatments highly efficient.

Predictable calculus removal with precision.

Optimal ergonomics.



RECOMMENDATIONS FOR USE

ADAPTATION

- ▶ Hold the original PIEZON® PS Instrument parallel to the tooth, adapting the lateral side of the Instrument.

ANGULATION

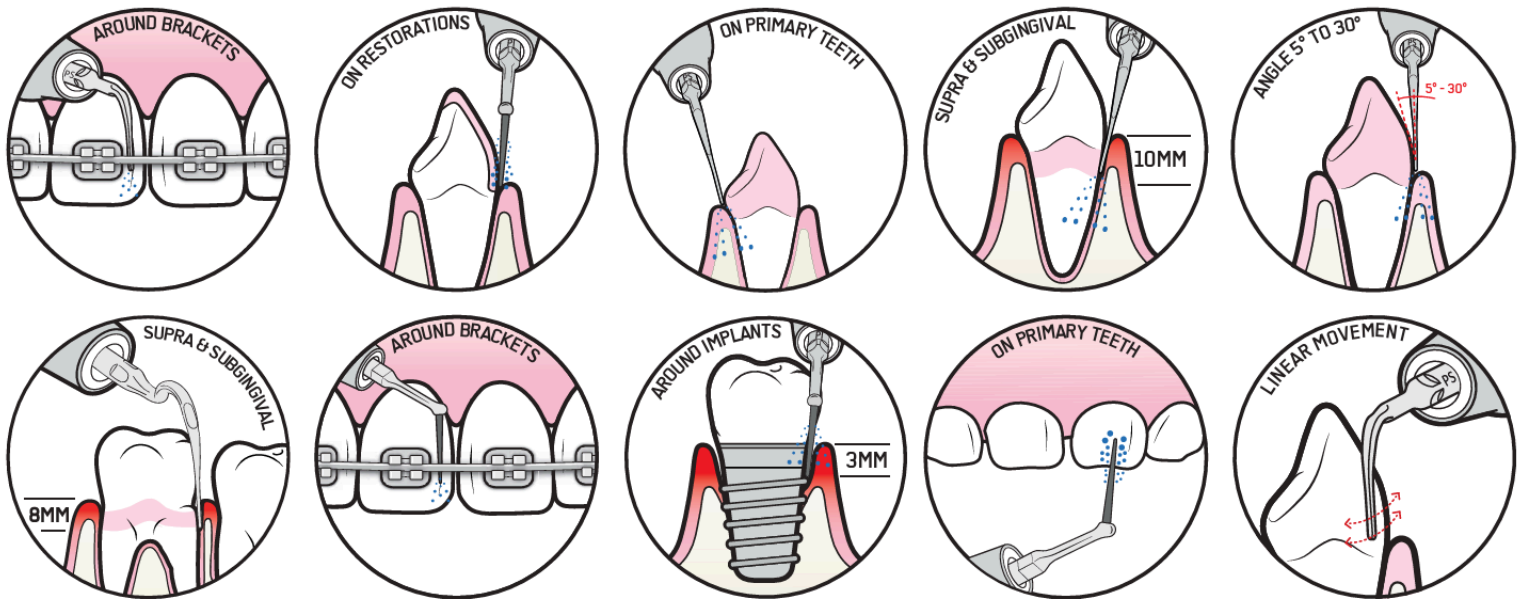
- ▶ Angulate the instrument with a slight tangent (5° - 30°).
- ▶ Only the last 1-2 mm should be in contact with the tooth.

PRESSURE

- ▶ Let the instrument work effortlessly, apply no pressure.

MOVEMENT

- ▶ Make small back-and-forth strokes after you encounter calculus.
- ▶ Never use the tip, front or back of the Instrument.



SPECIFICATIONS

- ▶ See the Instruction for use (FB-1022) for more informations.

06 PIEZON® PS

SAME POWER AND WATER RECOMMENDATIONS FOR ALL PIEZON® INSTRUMENTS

DEFAULT POWER SETTING FOR PIEZON® IS **GBT SETTING**



LOW SETTING

- ▶ For extremely sensitive patients
- ▶ Minimal calculus
- ▶ Children
- ▶ Gentle, however effective way to remove light calculus.

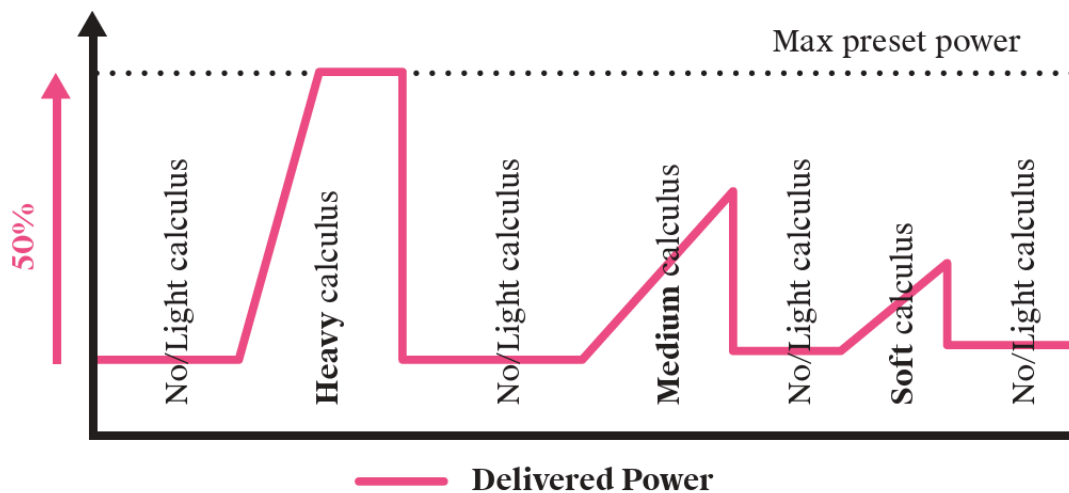
GBT SETTING

- ▶ Default setting for PIEZON treatment
- ▶ Power regulation is activated as soon as the instrument tip encounters calculus.
- ▶ Calculus is removed gently from the teeth; with no pain.
- ▶ GBT Machine will always be set on this setting once the handpiece is back on its holder.

HIGH SETTING

- ▶ Calculus efficiently, saving time and with high patient compliance.
- ▶ The power is set +25% higher than the GBT setting to remove all old calculus

DEFAULT WATER SETTING FOR PIEZON® IS **MIDDLE SETTING**



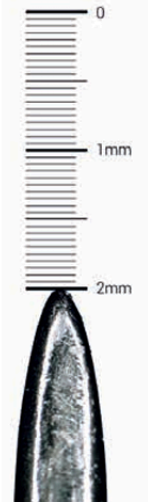
CHECK TOOL

- ▶ Always check the wear of all your PIEZON® Instruments to ensure maximum comfort for your patients during treatment.
- ▶ You must change your PIEZON® PS Instrument if 2mm* is worn from the tip.
- ▶ By using an Instrument that is worn, you will damage the handpiece's sonotrode and therefore will need to buy a new handpiece.

WHEN OUT!

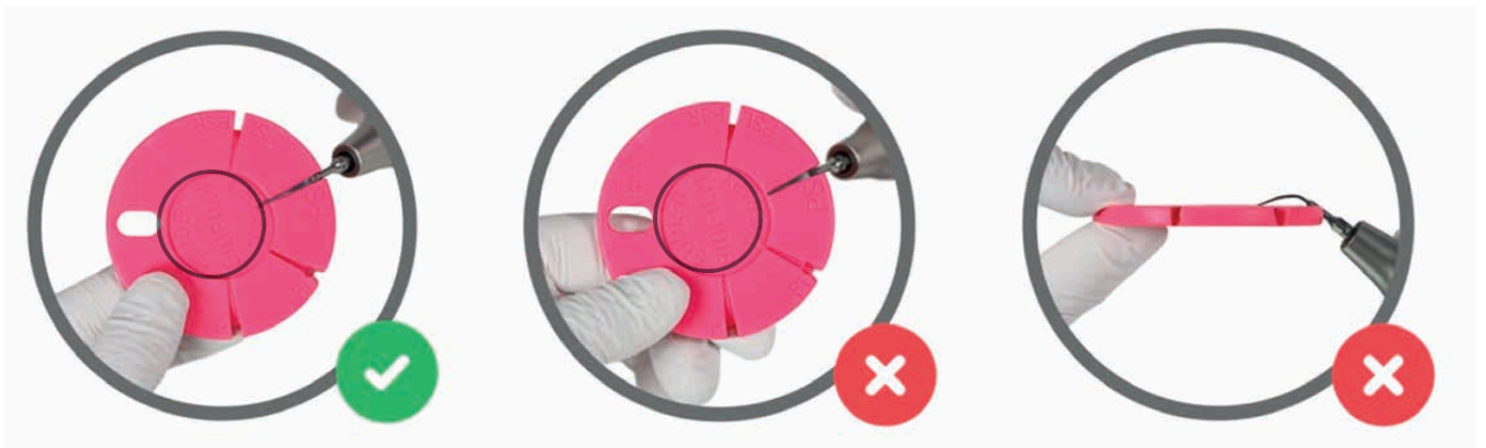


NEW



REPLACE!

- ▶ Instruments must be replaced for optimal efficacy.
- ▶ Predictability changes after 2mm.
- ▶ Efficiency and patient comfort may be affected.
- ▶ The handpiece's sonotrode can be damaged too, when using a worn out instrument.



FIND OUT
MORE ABOUT THE
PIEZON® CHECK TOOL



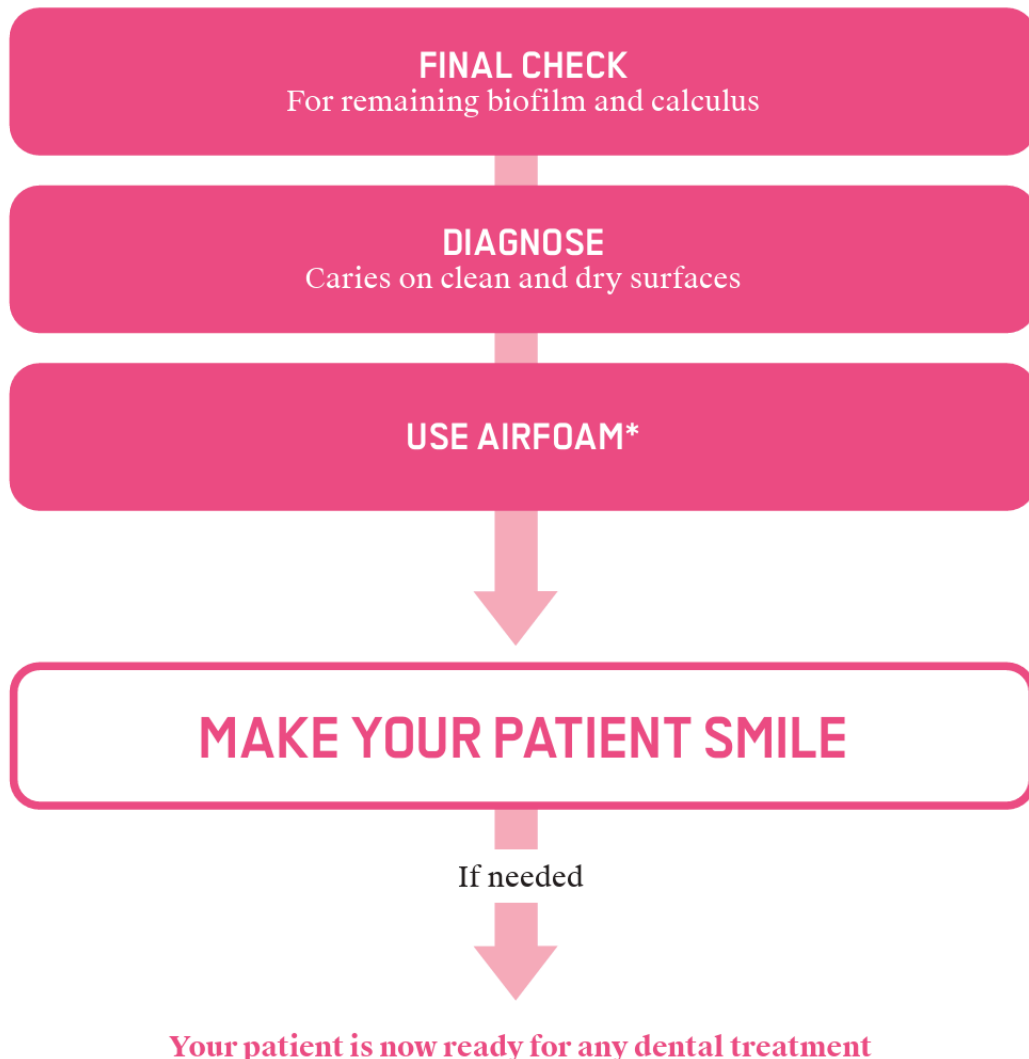
07 CHECK

FINAL CHECK

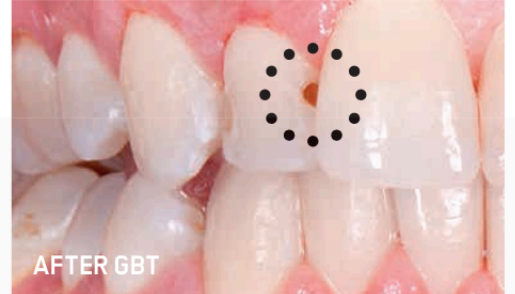
- ▶ Check for any remaining biofilm, stains and calculus.
- ▶ In addition, check for mobility of orthodontic appliances, prostheses, margins of restorations.
- ▶ Absence of biofilm, stains and calculus in supragingival areas enables clinicians to diagnose hard-tissues effectively, including the presence of caries, erosions, furcations and white spot lesions, etc.

EXCEPTION

- ▶ Following the use of PIEZON® on patients with gingival recession, reuse AIRFLOW® PLUS in order to ensure complete biofilm removal if needed.



*UNAVAILABLE IN NORTH AMERICA



BEFORE DISCLOSING

AFTER DISCLOSING

AFTER GBT

PROTECT WITH FLUORIDE



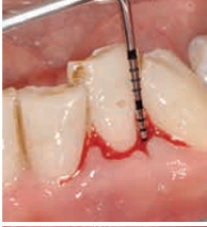
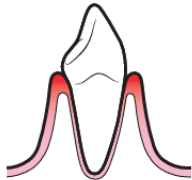

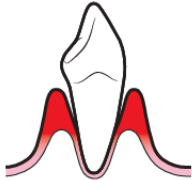

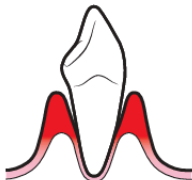
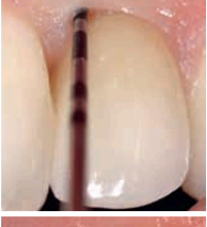
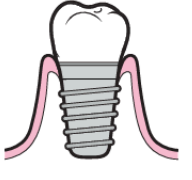

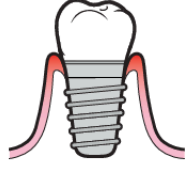
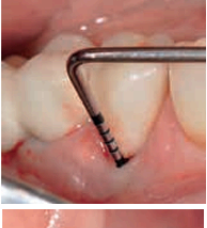
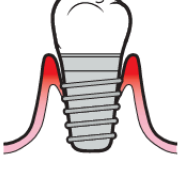




08 RECALL

► Recall frequency is based on the individual patient's risk assessment, caries risk, history of periodontal diseases, presence of any appliances, oral hygiene, habits of the patient and level of motivation. **Patient experience also plays an important role for recall.**



RECOMMENDED RECALL SCHEDULE

		RECALL	
		<p>HEALTHY</p> <ul style="list-style-type: none"> ▶ HEALTHY GINGIVA ▶ NO BLEEDING ON PROBING ▶ NO CARIES 	6-12 MONTHS
		<p>GINGIVITIS</p> <ul style="list-style-type: none"> ▶ SHALLOW POCKET ▶ NO BONE LOSS ▶ BLEEDING ON PROBING 	6 MONTHS
		<p>PERIODONTITIS</p> <ul style="list-style-type: none"> ▶ DEEP POCKET ▶ BONE LOSS ▶ BLEEDING ON PROBING ▶ NO SUPPURATION 	1-3 MONTHS
		<p>SUPPURATING</p> <ul style="list-style-type: none"> ▶ PERIODONTITIS ▶ BONE LOSS ▶ BLEEDING ON PROBING ▶ SUPPURATION 	1-3 MONTHS
		<p>HEALTHY</p> <ul style="list-style-type: none"> ▶ NO BONE LOSS ▶ HEALTHY GINGIVA ▶ NO BLEEDING ON PROBING ▶ NO SUPPURATION 	6 MONTHS
		<p>MUCOSITIS</p> <ul style="list-style-type: none"> ▶ NO BONE LOSS ▶ BLEEDING ON PROBING ▶ NO SUPPURATION 	3-6 MONTHS
		<p>PERI-IMPLANTITIS</p> <ul style="list-style-type: none"> ▶ BONE LOSS ▶ BLEEDING ON PROBING ▶ NO SUPPURATION 	1 MONTH
		<p>SUPPURATING PERI-IMPLANTITIS</p> <ul style="list-style-type: none"> ▶ BONE LOSS ▶ BLEEDING ON PROBING ▶ SUPPURATION 	1 MONTH

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