Polishing up your orthodontic finish

Simple, three-step system improves clinical efficiency

By S. Jay Bowman, DMD, MSD

The Axis Orthodontic Adhesive Removal Set* (featuring a series of three polishing devices) was designed to both effectively and efficiently remove adhesives and cements after the completion of orthodontic treatment and to produce a smooth final enamel finish.

This set consists of the following components: 1) H375R-016 (7675) Red Carbide, a gross adhesive removal bur; 2) H246L-012UF White Finishing Carbide, a 30-fluted finishing bur; and 3) P0153-031 Polisher, a green polishing point. All are conveniently maintained in an aluminum bur block that can be sterilized.

These three devices can be used with either low- or high-speed friction-grip dental handpieces (including electric handpieces). Using a high-speed handpiece to remove adhesives is more comfortable for patients due to reduced vibration compared to that from a slow speed. Lower vibration also produces a smoother surface finish.1

Clinical efficiency is improved with this simple, three-step system as a single contra-angle handpiece can be employed for the entire removal/finishing process.

After orthodontic appliances have been removed, the 7675 Carbide (Red) is used in a contra-angle dental handpiece to dislodge gross residual resin from the enamel (Fig. 1).

This round-end, tapered 12-blade bur is ideal for removing both orthodontic bonding adhesives and also cements that remain on the teeth after de-bracketing and de-banding. Eliades et al.2 concluded that, “carbide burs are ideal cutting tools for...”

Facing the facts

Differences between dental CBCT and medical CT scans

By Dr. Bruce Howerton

Before a practitioner performs surgery, he or she should be equipped with up-to-date knowledge regarding the possible conditions located under soft tissue within the oral cavity. Three-dimensional data generated by cone-beam computed tomography (CBCT) technology offers a “surgical view” or slices of the entire field of view from the front, side and under the patient. Cone-beam scans assist with determining bone structure, tooth orientation, nerve canals and pathology; in some cases it may preclude the necessity for a surgical procedure.

In past months, media sources have published articles regarding high exposure of radiation from medical CT scans.

FDI, FOLA, DTI launch campaign for Haitian dentists

By Javier M. de Bison, DT Latin America

PANAMA CITY, Panama — The president of the Haitian Dental Association, Dr. Samuel Prophet, has told Dental Tribune Latin America that he and several colleagues are fine after the devastating earthquake in his country.

“So far, we have reports of only two missing dentists,” Prophet wrote in an e-mail a couple weeks after the quake. The earthquake not only devastated Haiti’s meager health resources, but also most dental practices. In a country where there were only 500 dentists for 9 million people before Jan. 12, the extent of the devastation has affected everyone.

The president of the Latin American Dental Federation (FOLA), Dr. Adolfo Rodríguez, launched a campaign immediately after the quake to help both the general population and dental professionals in Haiti. Rodríguez, who’s also the...
Specializing, sub-specializing and integrating

By Dennis J. Tartakow, DMD, MS, MD, PhD, Editor in Chief

Organizational human resources management (HRM) professionals are responsible for educating all levels of administration, management and individual employees regarding the principles of social justice. There are many local, state and federal laws that affect HRM, which have been created to eliminate discrimination for non-job-related reasons in the workplace (Pynes, 2004, p.72).

A strategic development plan includes many essential factors. Critical decisions for future growth, development and expansion of institutions, companies and especially individuals might require much thought and consideration in order to experience future success in whatever the ultimate endeavor is.

Orthodontics is an organization in some ways similar and in other ways different from the example above. Job opportunities are present. Many orthodontists who came out of the workforce during the last decade may find employment in education.

Moving into a new career or position, however, is never without the need for change, modification, training or learning new job skills. Career changes, such as from clinical to educator, must include reflection and reconsideration of one’s attitude and behavior. A new job or position change is a new ball game with new rules, policies and conditions.

Orthodontists who reinvent themselves must glean understanding in order to assess their needs and develop a plan for the future.

As the 21st century evolves, new scientific technology, industrial integration and new skills are essential in order for such career changes to be successful. Even with all elements and factors already in place, IT staff, administrative staff, faculty and user-orthodontists must also learn and develop new skills.

In the educational milieu of orthodontics, a strategic development plan might serve as a tool for general exploration of educational goals, determining skill levels, which required greater faculty expertise, and discovering faculty needs. Setting direction and planning are two separated activities.

The function of educational leadership in orthodontics is to maintain change or set a new direction for departmental goals. One must devote time and enthusiasm to the development of a logically plan in order to (a) synthesize visions and aspirations, (b) provide a blueprint for a viable future to anticipate change, and (c) hold constant the reason for being the education of students and care of patients.

An assessment of one’s strengths, weaknesses, opportunities and threats is also important in order to develop a strategic development plan. It provides a valuable reflection and analysis, which might also yield high priorities that will be essential and critical for future success. Such priorities will allow progression to the next or higher level.

No longer can it be business as usual, but rather take the attitude of carpe diem, and take this opportunity to utilize the dynamics of intelligence, leave emotion and fear out of the equation and make the necessary changes to think and practice within this financial Katrina and general discomfort zone. The willingness to learn is what is important, not preserving the moniker of what is already known.

Those of us who reach our dreams and successes always remain focused on smaller accomplishable goals in succession; it leads us to the ultimate picture of our vision and aspirations. The start of a new year is a great time to reflect, analyze, gain clarity and recharge for the road ahead. The secret of our future is hidden in our daily practice.
Levin Group has selected the winner of the second Levin Group Total Ortho Success™ Practice Makeover. Dr. Michelle Gonzalez of San Rafael, Calif., has been chosen to receive free yearlong management and marketing consulting programs from Levin Group, one of the country’s leading dental consulting firms.

Gonzalez, who started her own practice in 1996, is looking forward to increasing production, increasing referrals and decreasing stress in the practice.

“This opportunity to work with Levin Group is going to help me get the right systems in place so that my practice can continue to grow,” Gonzalez said. “These are my prime years in practice, and I need guidance to take us to that next level so that we can practice more effectively.”

During the yearlong journey, Gonzalez will work closely with two Levin Group consultants: one who will focus solely on the management systems in the practice and the other who will focus on referral-based marketing systems. Doing both consulting programs simultaneously will increase Gonzalez’ practice’s production, profitability and referrals while also lowering the stress level in the practice and enhancing Gonzalez’s professional satisfaction. All of these improvements will pave the way for her to achieve financial independence sooner.

While the economy is on the road to recovery, Gonzalez is on the road to having a higher performance practice with exciting growth. Throughout 2010, Ortho Tribune readers can follow Gonzalez’s progress every other month with a new installment profiling the changes being made and their effect on the practice. In this uncertain time, it is more important than ever for orthodontic practices to update their systems, properly train the staff, keep morale high and stress low, and deliver “red carpet” customer service to every patient. Gonzalez and her team are ready to meet these challenges head on!

Here is a sneak peek at the Levin Group Total Ortho Success Practice Makeover experience

Management consulting program

Using the Levin Group Method™, Gonzalez and her Levin Group management consultant will focus on the following practice areas to grow practice production and profitability:

- scheduling,
- vision, goals and LifeMap™,
- change management,
- case acceptance and patient finance,
- the orthodontic treatment coordinator,
- executive coaching, communication and team building,
- financial planning.

Referral marketing program

Gonzalez and her staff will engage in Levin Group’s Total Ortho Success — Referral Marketing Program simultaneously with the management consulting program described above.

During this 12-month period, she will work with another Levin Group consultant who will provide her practice with customized referral marketing strategies.

They will work together to create a strategic marketing plan. Through weekly telephone calls with their Levin Group consultant, the practice’s designated professional relations coordinator (more on that topic in future articles) will implement at least 15 referring dentist and 15 patient referral marketing strategies to increase referrals to the practice.

Stay tuned for the first article in the series when you’ll find out what Gonzalez’s goals are for her practice as well as her challenges and how she and Levin Group will approach their next steps together.

You will also meet the Levin Group consultants who will be guiding her through her practice makeover journey.
Make 2010 the year to ‘go green’

By Fred Meierhanshagen, Online Editor

Are you green? Not green with envy or green with food poisoning — we’re talking green for the environment.

The Eco-Dentistry Association (EDA), an organization that offers dental professionals practical tips on reducing waste and pollution and conserving resources, is urging clinicians to make 2010 the year to “go green” and “save green.”

After all, it’s a new year and a chance for a fresh start. Not only can you help save the planet, but according to the EDA, you can save lots of money as well — as much as $50,000 a year.

According to the EDA, the green movement in dentistry is gathering steam. Since its international launch in the spring of 2009, the EDA has enrolled hundreds of members in 42 states and 11 countries. In addition, many companies have recently introduced green dental innovations, including such things as LED lighting, photocopiers to make double-sided copies, properly disposing of mercury-containing dental waste and using planet-friendly building and office methods, such as non-toxic paint and electronic patient communication.

“Dental professionals can powerfully differentiate themselves by going green, making them a magnet for the millions of values-based consumers who seek service providers who share their environmental and wellness values,” the EDA explained.

“Even small changes, such as switching from chemical sterilization processes to steam, yield operating savings of $828 a year, while making the switch to digital imaging — including the initial costs of the equipment investment — yields more than $8,700 in yearly supply and other savings,” the EDA said.

Here are a few more things you should know about the EDA:

- The EDA offers dental professionals advice that is practical and easy to implement, such as setting up photocopiers to make double-sided copies, properly disposing of mercury-containing dental waste and using planet-friendly building and office methods, such as non-toxic paint and electronic patient communication.
- The EDA also provides the public with information about such things as digital X-ray systems, which reduce radiation exposure by up to 90 percent, and dental appliances that are free from the hormone-disrupting chemical bisphenol-A, which is found in many plastics, as well as offering them questions to ask their practitioners about environmental stewardship. In addition, the association’s Web site allows eco-conscious consumers to search for eco-friendly dental professionals in their area.
- The EDA’s members hail from all over, including places such as Waxahachie, Texas; Beachwood, Ohio; and Fort Bragg, N.C.

For more information about the Eco-Dentistry Association, visit the Web site at www.ecodentistry.org.

President of the Dominican Dental Association (AOP), is asking companies and dental professionals to donate dental instruments, materials and equipment.

He’s organizing the campaign for Haiti with the help of FDI World Dental Federation and Dental Tribune International.

Rodríguez is also putting together teams of dental volunteers to travel to Haiti once the major health and humanitarian crisis is under control to attend to the dental needs of the population. The hub for this effort would be the headquarters of AOP in Santo Domingo.

“We also need to show our support for our colleagues in Haiti, most of whom have lost everything,” Rodríguez said. “We need to get them back on their feet by helping them to rebuild their practices.”

Lost practices

Prophet said in his e-mail that “many of our colleagues have lost their practices and we were thinking about how to help them. It’s very good news to know that FOLA, FDI and Dental Tribune are trying to help Haitian dentists.” If dentists know “that help is on the way, they can have hope!”

Dental Tribune is publicizing in its worldwide print and online editions the campaign for Haiti.

At a meeting in Panama, Rodríguez received the support of the presidents of Central American dental associations, and made an emotional appeal to dental manufacturers to donate much needed supplies. He said Colgate has already agreed to donate brushes and toothpaste.

Rodríguez added he was moved emotionally to witness dental professionals from countries with little resources, such as Honduras, Nicaragua or El Salvador, say they will collect funds, second-hand equipment and dental supplies to help their Haitian colleagues.

Some prominent Latin American dental professionals from Brazil, Uruguay and Costa Rica, among others, have already expressed their interest in participating in dental teams to help with the most urgent needs of the Haitian population.

Conditions on the ground seem to indicate that these teams would operate in mobile units at the Dominican–Haiti border, once the most pressing health emergencies and needs are somewhat controlled.

The reason for this is that most of Port-au-Prince is in ruins, and the Dominican government has moved the majority of its mobile health resources to the border in an effort to treat Haitians and avoid a migratory exodus.

The president of FOLA said that this tragedy “is also an opportunity to build a public health service that includes dental care. We have asked the Pan American Health Organization, FDI, all Latin American dental associations, companies and other institutions for help in putting together teams of dental professionals to travel to Haiti and start working there and leave in place basic dental treatment centers.”

Rodríguez said this will be a long-term program that includes rebuilding the dental school at the university, as well as private practices. It will also take some time to start, and he said the priorities would be treating children and pregnant women.

The Latin American dental leader said he has also asked for funding from the government of the Dominican Republic.

Companies and dentists interested in helping Haiti should contact Rodríguez at arn@codetel.net.do or by phone at (809) 519-0789.
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ductile substrates such as resins.” Phil Campbell’s Angle Research Award publication\(^1\) reported the “tungsten carbide bur appeared to be the most efficient method of removing highly filled resin, and it produced the least amount of scarring.”

The tapered design of this bur makes it easy to manipulate on facial surfaces of enamel while reducing the potential for gingival impingement. Enamoplasty of uneven incisal edges is also done at the same time (Fig. 2).

This bur is ideal to remove composite attachments that are often employed with Invisalign. Gross removal of residual adhesives and cements should be accomplished without disturbing enamel anatomy by over-polishing the surface. Residual resin is often visible on enamel surfaces after the air exhaust from the high-speed contra-angle desiccates the surface of the tooth. The consistent torque and low vibration of an electric dental handpiece (at 35,000-40,000 rpm) can also help to provide a more comfortable and consistent result.

After gross residual composite or cement is removed, the White Finishing Carbide, a long, flame-shaped 30-blade bur, is used to remove the last remnants of adhesives while also finishing the enamel to a smooth surface.\(^1\)\(^,\)\(^2\) The versatile, pointed shape of this bur allows positioning at the gingival margin (Fig. 3).

The 30-blade carbide produces a very smooth surface during the finishing process that is followed with the P0153-031 Polisher, a green friction-grip (FG) silicone point, to refine the enamel (Fig. 4). These polishers can be used in the same high-speed handpiece as the previous carbides, but at slow revolutions as the silicone will degrade quickly.

A feathering, light touch is required to reduce the buildup of heat and to avoid degradation of the polisher. After a suitable enamel surface is achieved, any additional final finishing can be performed using polishing pastes or slurry of fine pumice, if needed (Fig. 5).

* Dr. Jay Bowman developed the AXIS Orthodontic Adhesive Removal Set; available from Axis Sybron Dental Specialties (800 W. Sandy Lake Road, Suite 100, Coppell, Texas 75019; (888) 452-8879; e-mail: custser@axisdental.com).\(^2\)

**References**

Unfortunately, these have generated misconceptions about dental CBCT, or 3-D cone-beam computed tomography scans.

The dental CBCT imaging method allows orthodontists and dentists to obtain vital three-dimensional information without exposing patients to high levels of radiation that come from medical CT scans. An in-office imaging method is more convenient; it saves the patient travel time to and from the hospital and for follow-up examinations after treatment.

Orthodontists and other medical professionals ascribe to the ALARA (as low as reasonably achievable) protocol concerning radiation levels. This protocol guides practitioners to expose patients to the least amount of radiation possible while still gaining the most pertinent information for proper diagnosis.

The differences between dental and hospital scans derive, in part, from the method of capturing the information.

The average medical CT scan of the oral and maxillofacial area can reach levels of 1,200–3,300 microsieverts, the measurement of radiation absorbed by the body’s tissue. These significant levels are attributed to the method of exposing tissues to radiation. With the hospital scan, the anatomy is exposed in small fan-shaped or flat slices as the machine makes multiple revolutions around the patient’s head. To collect adequate formation, there is overlapping of radiation. In contrast, the dental scan captures all the anatomy in one single cone-shaped beam rotation, decreasing the exposure to the patient of up to 10 times less radiation.

For example, radiation exposure using the standard full field of view from an i-CAT® CBCT machine (Imaging Sciences International) is 56 microsieverts. These machines are also available in different fields of view, thereby reducing radiation exposure even more, depending upon the needs of the patient.

For other comparisons of exposure, consider that a typical 2-D full mouth series runs 150 microsieverts while a 2-D digital panoramic image ranges between 4.7–14.9 microsieverts.

Researchers who have developed this technology have achieved the goal of allowing dentists to achieve the same information gained from a medical CT, without the additional radiation exposure.

Orthodontists who do not own their own CBCT machines can take advantage of this imaging method by referring patients to imaging centers to acquire this valuable information.

The knowledge obtained from capturing 3-D scans has the ability to influence the effectiveness and efficiency of dental treatment. A dental CBCT scan offers the views and detail needed to perform the latest procedures, while avoiding the unnecessary higher levels of radiation emitted from hospital scans.

As the technology continues to evolve, the possibilities for improved dental care can only increase.

Increased software compatibility with surgical guides and orthodontic applications has made CBCT scanners an imperative for some dental offices.

As an oral maxillofacial radiologist and an educator, I firmly believe that with knowledge comes responsibility to provide patients with the best dental care in the safest way possible — a dental CBCT accomplishes this goal without the additional risks involved with hospital scans.

Dr. Bruce Howerton is a board-certified oral and maxillofacial radiologist who practices privately in Raleigh, N.C. He received a DDS from the West Virginia University School of Dentistry in 1985.

He completed a certificate in endodontics in 1987 from the University of North Carolina School of Dentistry and practiced surgical and non-surgical endodontics in Asheville, N.C. for eight years.

In 1999, he entered the UNC Oral and Maxillofacial Radiology graduate program and completed the master of science program. Howerton became a diplomate of the American Academy of Oral and Maxillofacial Radiology in 2003.

For more information, see www.carolinaomfimaging.com.

About the author

Dr. Bruce Howerton is a board-certified oral and maxillofacial radiologist who practices privately in Raleigh, N.C. He received a DDS from the West Virginia University School of Dentistry in 1985.

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For more information, see www.carolinaomfimaging.com.
2009 ortho practice makeover: Oh, what a year it has been!

By Kevin Johnson and Emily Ely

When Dr. Brian Hardy of Hardy Orthodontics won the 2009 Levin Group Total Ortho Success Practice Makeover, he wasn’t sure exactly what he’d be able to accomplish. What he experienced by year’s end went far beyond his expectations. Let us review Dr. Hardy’s case file for 2009:

Office profile
Locations: 1
Orthodontists: 1
Staff: 5 (a scheduling/insurance coordinator, a treatment coordinator and a clinical assistant)
Treatment Chairs: 3

Orthodontist profile
Age: 36
Dental school: University of Kentucky, 2002
Years in practice: 6
Years in this practice: 2½ (started from scratch in 2006)
Status: married, two children

When Dr. Hardy began his consulting programs, he had four primary concerns.

The economy
Specifically, he was concerned about patients’ continued ability to make a 25 percent down payment on ortho treatment in the midst of a down economy.

The schedule
Dr. Hardy readily admitted his scheduling system was not as disciplined as it should have been. He said he was, “reaching a point where hard and fast scheduling rules need to be implemented.”

A small staff
He wanted to create a professional relations coordinator (PRC) position. He also felt his staff was not large enough for him to delegate responsibilities. Staff members agreed the office was understaffed.

Stress
He reported stress was high in his office. Dr. Hardy felt with the implementation of new and improved systems, the stress level would be much better.

Triumphs, achievements and new possibilities
In his yearlong continuing journey, Dr. Hardy participated in both consulting programs simultaneously, which dramatically enhanced his practice’s ability to increase production — even in 2009’s uncooperative economy. He and his staff were actively involved with us in making critical changes to the management and marketing in the practice.

As with all change, a small level of hesitation was apparent at first. The team, however, quickly stepped up to the plate and began re-building how the practice operated. “Although we were apprehensive about some suggested changes,” said Treatment Coordinator Lee Anne, “our consultants helped us see the benefits and worked with us until we felt comfortable and could ‘own it’.”

Through management consulting, Dr. Hardy and Levin Group Senior Consultant Kevin Johnson worked on several key initiatives for Hardy Orthodontics, including:
• Greenlight Case Presentation™ and PowerScripting™ skills.
• A concerted effort to open consult and treatment start slots to ensure the practice would see as many patients as possible.
• A more efficient approach to collections.

For the marketing portion of his consulting with Levin Group Consultant Emily Ely, Dr. Hardy knew he had to radically invigorate his referral marketing efforts. However, he certainly did not have the time, knowledge or interest to implement or maintain a comprehensive referral marketing program himself.

To operate one successfully, Ely worked with Dr. Hardy to create a PRC position that would handle marketing activities efficiently. As a result, referral marketing soon took off.

In the latter part of the year, Dr. Hardy was introduced to the critical function of financial planning. In conjunction with Levin Group, RG Capital President Robert Graham provided Dr. Hardy with an in-depth look at current market conditions based on historical trends and pending legislation. Graham emphasized that financial security has two stages: the accumulation phase and distribution phase.

Achieving the most in the accumulation phase requires effective investment strategies that maximize tax and cost efficiencies while minimizing risk. The accumulation phase is crucial to a long, prosperous distribution phase. “As Dr. Hardy was striving to grow his practice,” Graham said, “I emphasized that he must bring the same energy to rebalancing his portfolio, especially after a period of economic turmoil.”

Financial planning was indeed a timely subject for Dr. Hardy. 2009 had turned out to be an extraordinary production generator.

The end of his first year
As 2009 drew to a close, Levin Group’s Total Ortho Success Consulting Programs enabled Hardy Orthodontics to take great pride in a plethora of remarkable achievements:
• Starts doubled compared to a year ago.
• Production increased 35 percent for the 2009 calendar year.
• Set a record in the practice for the most starts in a single month.
• Experienced a 63 percent production increase in a single quarter.
• Converted 70 percent of his occasional referrers into frequent referrers.

Collections went up 58 percent.

Conclusion
Dr. Hardy’s production increase in 2009 was astounding. “I just had the best production ever in the worst year imaginable!” he said. “Our Levin Group orthodontic consultants used their expertise to put in the business systems we needed to grow and progress to the next level.”

Results like this represent only the beginning of Total Ortho Success. Orthodontists entering years two and three of their consulting experience are well positioned to achieve extraordinary results over the course of their entire careers.

As orthodontic consultants, we experience no greater satisfaction than helping orthodontists like Dr. Hardy discover the potential we knew existed. The Levin Group Total Ortho Success Practice Makeover is a remarkable opportunity for us to help orthodontists realize a practice’s true potential.

Be sure to check the April issue of Ortho Tribune when we begin the journey of Dr. Michelle Gonzalez, winner of the 2010 Levin Group Total Ortho Success Practice Makeover. We will report on Dr. Gonzalez’s practice goals and the challenges that lie ahead.

To jumpstart your own Total Ortho Success Practice Makeover, experience Dr. Roger Levin’s next Total Ortho Success Seminar being held April 8 and 9 in Chicago. Ortho Tribune readers are entitled to receive a 20 percent courtesy. To receive this courtesy, call (888) 973-0000 and mention “Ortho Tribune” or e-mail customerservice@levingroup.com with “Ortho Tribune Courtesy” in the subject line.

About the authors

Levin Group Senior Consultant Kevin Johnson has spent the last eight years working as a Levin Group orthodontic management and marketing consultant. He manages a team of consultants and is a frequent lecturer at the Levin Advanced Learning Institute. Johnson earned his degree from Towson University in 1996.

With many years of marketing experience, Levin Group Consultant Emily Ely joined Levin Group in 2005. Ely uses her unique knowledge and experience to provide marketing solutions for orthodontic practices. She earned her degree in business from Towson University.

Both Ely and Johnson are members of the Ortho Expert Team, a specialized group of consultants who are trained in the needs of orthodontic practices.

Visit Levin Group at www.levingroup ortho.com, call (888) 973-0000 or e-mail customerservice@levingroup.com.
A plan B for tough times

By Chris Roussos, CEO of OrthoSynetics

Remember when being a good orthodontist was enough? You could hang a sign and the patients would find you. The game has certainly changed, and the clinicians who are thriving have implemented a plan B to aggressively recruit new patients. These orthodontists are not only surviving, they are thriving.

It is critical to your longevity that you fully accept and adapt to economic conditions. Some practices have been too slow to reign in expenses, which are continuing to rise for many practitioners. If your revenue is flat or, worse yet, declining and expenses remain the same or are even increasing, you will not be able to survive. It is that simple.

The cost of not advertising
One expense you cannot afford to cut is advertising. Cutting advertising will have a negative effect on your practice’s performance both now and in the future. A sophisticated advertising strategy that leverages the cost efficiencies of technology and social media will provide you a tremendous bang for your buck.

An online marketing strategy can deliver hundreds of leads to your door. With the fading economic situation where most practices have tightened their marketing budgets, search engine optimization provides major benefits, primarily because it is the cheapest form of advertising with an extremely high conversion rate.

Unlike direct mail and other forms of advertising, your Web site is constantly advertising for you 24/7, 365 days a year. Customers can find you anytime, anywhere. Imagine 150 new visitors finding out about you from your Web site. Compare that with the cost involved in direct mail acquisition for each new customer.

Reap what you sow
Every time your phone rings, there is an associated cost. Your goal should be to convert every phone call and consult into a bonding. Focus on what we call the “contract to banding gap.”

Take a look at how many contracts you have signed in the past six months versus how many patients have begun treatment. Currently we are seeing many patients signing contracts, but they are getting “buyers’ remorse” and not following through with bandings.

Many clinicians are moving aggressively to address this gap. Are you? A potential solution is to provide opportunities for the patient to get started (bonded) the same day the contract is signed.

You probably are questioning the logistics of this suggestion. How do you hand same day when the schedule is probably already set? This brings me to my next point.

Team motivation
Make no mistake: money is a big motivator. If you are giving regular pay increases regardless of performance, you are missing out on an opportunity to motivate your team and align team goals with the practice goals. A motivated team with clear goals can accomplish many tasks that seem difficult to reach today.

Everyone needs feedback as it relates to the employee’s reality. With the right incentive in place, there is nothing you and your team cannot do.

Managing your managed care
If you are already participating in managed care plans, it is critical to review the reimbursements specific to HMO and carriers that will allow you to participate. Taking PPO fee schedules. An immediate review would be warranted if you have had a significant increase in fees.

Having the right payer mix is crucial to a successful practice. Utilizing managed care plans can increase patient base, increase revenue and ensure less empty chair time during down periods in the schedule.

Demographic research of employers and knowing what plans are offered is a key component to increasing or enhancing your payer mix. Looking at national carriers initially is recommended as the majority of the groups signed are on a corporate level capturing the largest employeebase.

During this economic downturn, it is possible to grow your practice if you recognize the situation and act accordingly by implementing plan B. If you need assistance with your plan B, call one of our business development specialists today at (888) 622-7845.

About the author

Chris Roussos is CEO of OrthoSynetics Inc. (OSI), a business service company in the orthodontic and dental industries. He has more than 20 years of management experience with top companies such as PepsiCo and Newell Rubbermaid, and in the health-care industry running national hospice, home health and managed care companies as president. For more information, visit www.orthosynetics.com.
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April 16-17

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April 16-17

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April 23-24

Palm Springs, CA
April 30-May 1

Washington DC
May 7-8

Victoria, BC
May 14-15

Austin, TX
May 14-15

Hilton Head, SC
May 21-22

Champaign, IL
May 21-22

Baltimore, MD
June 4-5

Santa Cruz, CA
June 11-12

Hamilton, ON
June 11-12

Reno, NV
June 18-19

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Motivating employees in a tough economy

Ownership, empowerment and appreciation can do the trick just as well as, or even more than, money.

By Scarlett Thomas, President, Orthodontic Management Solutions

Times are tight and so are orthodontic budgets. Staff raises were low or non-existent last year. Bonuses that employees have always looked forward to were not given. Employees are downcast, and some are outright angry. The work still needs to be done, and productivity has decreased.

So what can you do as their boss to get them motivated again?

First, always keep them in the loop. Communication cannot be underestimated. Hold meetings. Keep them apprised of the state of the practice to whatever degree is permitted. Keeping them in the dark is only going to cause more resentment and anxiety. Be as open as company policy allows.

Find cost-effective motivators. Money is the primary reason most get out of bed and head to work in the morning, but it is not the only motivator. Hold contests. Plan low-cost parties. Try to have fun.

Show empathy. Listen to your employees. This is an uncertain time for them, and perhaps for you too. Show them you care by listening to their concerns and acknowledging their fears.

Thank them. Tell them you appreciate their hard work. Most employees’ job complaints are that they are treated poorly, not that they are underpaid. Treat them well, respect them and make sure they know you appreciate them.

Motivate your employees by delegating tasks. Delegation is one of the most powerful motivation tools for empowering employees in the workplace. The sheer act of your delegating a task shows your employees that you have the confidence in them that they can do the job.

Ask your employees their opinions. Many times during our busy work days, we find it difficult to ask for opinions from our employees. But just the act of asking for their opinions tells your employees you value their input, which motivates them to accomplish more.

Motivate your employees by letting them run your meetings. One of the best ways to motivate and empower them is to involve them in running your meetings. Of course, you will set the agenda, but there are many opportunities for you as a leader to let your employees run portions of, if not the entire, meeting.

Always give your employees credit for the ideas they express. Nothing will decrease employee motivation and dry up the flow of ideas quicker than having managers take credit for their employees’ ideas.

If your employees are coming up with ideas, reward them publicly. You will be amazed how the flow of ideas from motivated employees will increase with each public recognition.

Motivate your employees by rewarding initiative. Create rewards for employees who take initiative. Publicly recognize employees during meetings, with reward boards, etc., so that other employees are motivated to take the initiative.

One of the biggest things you can do to motivate your employees is create and set goals. Your employees will be far more motivated to achieve your goals if they are allowed to help develop those goals. Involve your employees in the goal-setting process and get their input so it becomes believable for them. Once your employees feel ownership of your goals, they will be motivated to move quickly to help accomplish them.

Motivating your employees doesn’t always have to be money related. Often times, employees are more motivated when they feel ownership, empowerment, appreciation and respect for their input and ideas. Try a few of the previous ideas and welcome the changes you will experience within your practice.

To learn more regarding motivating employees, increasing case acceptance, marketing your practice and management issues, visit orthoconsulting.com and sign up for one of the monthly Webinars.

Scarlett Thomas is an orthodontic practice consultant who has been in the field for more than 23 years, specializing in case acceptance, team building, office management and marketing. As a speaker and practice consultant, she has an exceptional talent to inform, motivate and excite.
The orthodontic tradition is no different and has seen a familiar quarrel rumbling for more than a century.

In broad terms, two faculties of thought have evolved. The first, traditional school (Angle 1907) works under the premise that certain skeletal dimensions are intransigent (Cross 1977), and uses fixed appliances to render predominately dentoalveolar movements.

The second, historically European school (Andresen & Haupl 1936), is predicated on the belief that muscle function affects the size of jaws and dental arches, and that functional appliances can fix form by treating dysfunction.

This article will not subscribe to the heavily flogged corpse that is the debate between the two sides. It is simply unscientific to enlist ourselves to either cause; rather, we must be directed by the flow of evidence, and be willing to jettison past beliefs in favor of new evidence.

"Providing early orthodontic treatment for children with upper front teeth is no more effective than providing one course of orthodontic treatment when the child is in early adolescence" (Cochrane Review 2007).

"Turpin (2007) claims this news "will help the clinician feel less pressure to begin early correction of this malocclusion."

It must be noted, however, that the Review’s conclusion was based simply on overjet, peer assessment rating (PAR) scores and ANB angle; the first and second criteria concern dentoalveolar relationships, while the third describes how the maxilla and mandible approximate to each other, and not to the rest of the cranium.

There is no assessment of soft-tissue profile, and these scores are simply not indicative of how the face looks.

Moreover, there is no mention of such complications as root resorption (Ballard et al. 2009), incisor trauma (Justus 2008), white spot lesions (Willmot 2008) and damaging of facial profiles with premolar extractions that are all associated with later intervention.

"Whenever there is a struggle between muscle and bone, bone yields" (Graber 1963)

The role of muscles in fashioning bone and dental arches is an immutable fact. Many studies have shown that masticatory muscle function increases sutureal growth in the craniofacial complex and stimulates bone apposition (Kiliaridis 2006). Furthermore, it is not simply mastication but the whole spectrum of muscle function that influences bone, such as deglutition, respiration, sucking and speech.

Electromyographical studies have also revealed that muscles have the power to remodel bone and arches even at postural resting position, as compensatory myo-functional alterations for structural discrepancies (de Souza et al. 2008).

The studies have cast a retrospective glow on Graber’s prescient 1963 sentiment that any hope of a stable result rests on restoring the myo-functional balance of the stomatognathic system.
Invisalign adds new features

Align Technology has introduced new features to the Invisalign product line that is designed to improve extractions, rotations and root movements. Optimized attachments, Power Ridges™, and velocity optimization help provide greater control and precision for specific tooth movements across a broader range of patients.

Optimized attachments are designed to improve extrusions of anterior teeth and canine rotations when used to create attachments, including the optimized attachments. To learn more, visit www.invisalign.com.

This overwhelming evidence clearly indicates the need for treatment to be geared toward correcting function, because it is function that affects form.

Evidence-based orthodontics

Since the epidemiologist Sackett (1986) observed that orthodontics was on par with scientology in terms of scientific legitimacy, the industry has made a concerted effort to transform itself. More orthodontists are embracing this paradigm-shift toward the weight of evidence, which rests firmly with our age-related bone loss. Insights from a new paradigm. J Bone Miner Res, 12:1539–1546.

A case in point is this 9-year-old girl with a narrow, retrusive maxilla and mandible, crowding of the upper arch and anterior flattening of the lower arch. An expansion appliance was used for the maxilla to create enough room for the tongue to posture correctly in the palate, together with a myofunctional appliance. By simply treating function, after only four months the overbite has improved 0.2 mm voxel size, practitioners are able to provide more accurate diagnoses, improved treatment planning and better patient care.

References


KODAK 9500 Cone Beam 3-D System

The KODAK 9500 Cone Beam 5-D System is now one of a few advanced 5-D dental imaging systems certified by OraMetrix for use with its SureSmile® technology, which transforms cone-beam scans of the mouth and teeth into 5-D computer models for orthodontic planning and treatment.

This new integration enables orthodontists to submit 5-D scans acquired by the KODAK 9500 3-D System to SureSmile for the manufacture of customized wires for patients.

The SureSmile system is a digital therapeutic solution for orthodontics that replaces conventional manual treatment. Orthodontists can take a 5-D scan of the patient’s mouth, face and jaw and use this data in the SureSmile system for unprecedented control of treatment through virtual diagnostic simulations, instant quality grading tools, prescriptive planning capabilities and robotic arch-wire customization.

The KODAK 9500 3-D System enables practitioners to quickly produce magnified 3-D images — ranging from single jaw to full craniofacial images — at the lowest possible dose. With high-quality, anatomically correct 5-D images up to 0.2 mm voxel size, practitioners are able to provide more accurate diagnoses, improved treatment planning and better patient care.

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About the author

Dr. Rohan Wijey graduated in 2000 from Griffith University (Gold Coast, Queensland) where he took a special interest in orthodontics and especially in myofunctional orthodontics. He started working with Myofunctional Research in 2007, researching and writing articles on both traditional and myofunctional orthodontics. Wijey is now embarking on an extensive program of post-graduate studies in traditional and myofunctional orthodontics and TMJ disorders.
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The new MiniAnts not only enable improved rotation control but also ensure much more space for adjustment bends.

MiniAnts

Problems of space will soon be a thing of the past with the MiniAnts, a new bracket design incorporated in the FORESTADENT 2-D lingual bracket system.

Up until now, twin-wing brackets in the lower anterior region have had to be placed very close together due to their width, but now there is much more space available with the MiniAnts. This is because MiniAnts have a considerably reduced width while maintaining their twin-wing design.

This type of design, which has been adapted to ensure an even better fit to the anatomy of the tooth, greatly facilitates the compensation bends that are mainly required during the finishing phase.

Use of the MiniAnts also significantly increases the intraoral comfort for the patient, as the patient experiences less pressure due to reduced application of force. Another advantage of the optimized design is the improved rotation control in the lower anterior region.

MiniAnts were first presented by their designer, Dr. Thomas Banach, at the inaugural FORESTADENT 2-D Lingual User Meeting in the German city of Frankfurt. They are available in two versions — with a gingival hook for torquing individual teeth and without a hook — and now extend the range of the FORESTADENT 2-D lingual bracket system.

The uncomplicated technique of this self-ligating system makes it particularly suitable for new orthodontists as well as for treatment of simple cases.

Two-dimensional lingual brackets are extremely flat, comfortable and are a cost-effective addition to any orthodontic practice, as laboratory work is no longer required.

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