Digital treatment

A look at two SureSmile cases — high quality, less time

By Mark Feinberg, DMD, and Adam Weiss, DMD

As we have discussed in the past two editions of Ortho Tribune, SureSmile 3-D diagnostic and treatment-planning software provides the basis for high-quality results because it is coupled with powerful, customized, prescriptive, super-elastic archwires.

Sophisticated treatment-planning and diagnostic software toolsets are employed using analytical and simulation modalities to assist in case diagnosis and treatment-strategy development. SureSmile patients begin orthodontic therapy with a routine full banding and bonding procedure. In many instances, after leveling and aligning with traditional archwires for a few months, the patient's mouth is scanned using an OraScanner, or a CBCT may be performed instead.

The OraScanner uses non-invasive white light to capture images of the teeth to create a 3-D model of them. This step is the only patient appointment that differs from conventionally treated patients and takes 20 to 50 minutes in the office.

AAO elects Bray as next president

During its 109th Annual Session held in Boston, the American Association of Orthodontists elected Robert James Bray, DDS, MS, its next president.

Bray, who has a private practice near Atlantic City, N.J., has logged nine years of service on the AAO Board of Trustees, serving three years as vice chairman of AAO Services, the for-profit subsidiary of the AAO. Bray is a clinical associate professor in the Department of Orthodontics at Temple University School of Dentistry in Philadelphia.

“It is a great honor to serve the orthodontic specialty in this role,” Bray said. “The AAO Board of Trustees and I will continue to examine and act upon the critical issues facing dentistry in general and orthodontics in particular. The issues include public education, the recruitment and retention of faculty members, development of international members and maintaining strong, effective relationships with all health care organizations.”

Apply for 2nd Levin practice makeover

If you are dreaming of growing your practice, apply to win the 2nd Levin Group Total Ortho Success Practice Makeover. Levin Group and Ortho Tribune are once again embarking on a quest to find an orthodontic practice that is ready to reap the rewards of a free, year-long orthodontic practice management and marketing consulting program.

When was the last time you took a close look at your practice’s systems? Whether you are in the beginning stage of your career or already experienced and successful, growth is always within your reach — even in this economy.

The winning orthodontic practice will experience improvements in every aspect of running the practice. This free, one-year management makeover will be a customized approach based on the orthodontic practice’s needs, goals and potential.

To apply, go to www.levingrouportho.com or www.ortho-tribune.com. The deadline to apply is Sept. 30. For more information, contact Lori Gerstley, professional relations manager at Levin Group, at (443) 471-5164 or lgersley@levingroup.com.
Ethical and moral scenario planning for orthodontics

By Dennis J. Tartakow, DMD, MEd, PhD, Editor in Chief

“Education is an ornament in prosperity and a refuge in adversity.” — Aristotle

For education will vary considerably; from rising to falling, from death to a renaissance, to a large degree the future depends upon what happens today.

The decisions that we make now will have a critical impact on our lives in the year 2020.

Education (Y-axis)

Orthodontic education, for example, is both a critical and uncertain factor in today’s scenario plan; it requires both teachers and students to be an integral part of the future success for postgraduate programs and mills.

Without one or the other, the future of our educational programs might not be successful. In addition, the successful future of our specialty also will rely on IT development for the next 10 years and beyond.

One of the most challenging objectives in macro- and micro-technology is the delivery of time-sensitive streams of data across packet-switched networks known today as the Internet.

Future IT platforms providing streamed-data will change exponentially, and delivery of postgraduate orthodontic programs as well as continuing education will more than likely be provided through distance-learning media centers. This will obviate the need for the high costs of tuition and bring new learning and knowledge to our homes or offices rather than travelling great distances to sit in classrooms as we do today.

Global economy (X-axis)

It is not only critical but also crucial for macro- and micro-technological advancement to be developed. In the past few years, the stock market fluctuations have been a seesaw ride, and for the past 18 months on a downward spiral, the housing market has virtually come to a halt, and our economy in general has been frozen, not to mention an all-time high in unemployment. These problems have had a tremendous impact on education, new construction and business in general.

The economic crisis here in the United States has resonated globally. If the current crises continue at the present rate, where will the world be in 2020?

Worldwide cooperation is essential for technological advancement and interactions. Therefore, does the global economy improve/decline when education is high or low? Or does education improve/decline when the global economy is high or low?

Does the global economy promote education or does education promote the global economy? How would you answer these questions?

The word that comes to mind is “symbiosis,” a state of living together for the mutual benefit of each faction. Scenario planning, therefore, is taking a peek into the future to see what tomorrow might bring.

Now try planning for your own personal and professional lives. You might be surprised how accurate and effective such planning can be for your home or office.

Try being cavalier about the future but passionate about protecting the present!

Tell us what you think!

Do you have general comments or criticism you would like to share? Is there a particular topic you would like to see more articles about? Let us know by e-mailing us at feedback@dtamerica.com. If you would like to make any change to your subscription (name, address or to opt out) please send us an e-mail at database@dtamerica.com and be sure to include which publication you are referring to. Also, please note that subscription changes can take up to 6 weeks to process.

Member Publication

American Association of Dental Editors

Image courtesy of Dr. Earl Broker.
Get ready for OTStudyClub.com
Ortho Tribune creates an online community specifically for orthodontists

Ortho study clubs help increase interaction, providing orthodontists with the opportunity to gain knowledge about products through their colleagues’ experimentation and analysis, and to hear from respected opinion leaders directly. Focused study clubs provide an unparalleled opportunity for orthodontists to “meet with” other like-minded individuals and their team members and to learn in a friendly, non-threatening environment.

Ortho Tribune is taking this concept to the next level by bringing the study club online, extending the realm of interaction to a worldwide arena. This allows for a variety of fresh perspectives from different cultures to further enhance the educational mix, inspiring new possibilities and creating higher expectations in online learning.

OTStudyClub.com is solely focused on today’s orthodontist and offers an exciting mix of possibilities, including:

• C.E. lectures that are live and interactive, as well as archived, bringing local events to national audiences.
• Focused discussion forums that allow orthodontists to stay up to date.
• Ortho product reviews with recordings of opinion leaders’ first impressions.
• A growing database of case studies and articles featuring topics that are important to today’s orthodontists.
• Networking possibilities that go beyond borders to create a global ortho village.
• Contests with chances to win free tuition for ADA/CERP C.E. accredited Webinars and much more!

Ortho Tribune is very excited about officially launching this initiative and would like to invite you to join us in breaking new ground in e-learning. On Aug. 15, from 9 a.m.–5 p.m., Ortho Tribune will introduce the Ortho Tribune Study Club via a full-day online symposium.

The OTSC Online C.E. Festival — V.I.P Launch Party will feature five one-hour Webinars in succession, followed by a 20-minute live Q&A session between the online audience and each speaker.

Participants will receive seven ADA/CERP C.E. credits, and attendance is free for the first 100 registrants. After the first 100 spaces are filled, the cost of the full-day symposium is $49, a mere fraction of what one would pay if traveling to an event. Attendees also have 30-day access to the recorded Webinars to review at their convenience. Additional details and registration can be found at www.OTStudyClub.com.

Registering as a Study Club member is free and provides access to accredited C.E. Webinars and other beneficial tools that cater directly to orthodontics. For example, in today’s world of orthodontics, new products, concepts and techniques are brought to light with amazing speed, so it’s not surprising that many orthodontists are finding it difficult to stay up to date.

In an effort to make the most of practitioners’ time, www.OTStudyClub.com will feature “First Impressions,” a series of five-minute video vignettes. These will present various ortho products with the support of demo videos and will be archived in an online product library to be viewed at any time.

Please keep in mind that the site will be officially launched on Aug. 15. Register early, and mark the date on your calendar!

Please contact Julia for full details and for the OTSC launch registration by phone at (416) 907-9836 or by e-mail at j.wehkamp@otstudyclub.com.

Ortho Tribune creates an online community specifically for orthodontists
An orthodontic assistant trained by OraMetrix staff performs the scan.

From this 3-D model, the occlusion is treated in the virtual world (on the computer).

While the setup of the occlusion is performed in conjunction with the company’s digital lab technicians, the orthodontist has total control over the final result. The teeth are moved in the virtual world on the computer screen to completion. This information drives the SureSmile robot located in Richardson, Texas. This robot bends wires made of CuNiTi shape memory alloy to a level of precision well beyond human abilities.

The robotically-bent wire is sent back to the orthodontist’s office for placement in the patient’s mouth as in a standard archwire change appointment. The gentle forces of the CuNiTi wire move the teeth precisely into the desired final position. This precision adds efficiency to the treatment, which, in most cases, results in shorter treatment time — typically by 30–40 percent.

Here is a closer look at two cases treated with SureSmile.

Case 1, by Dr. Adam Weiss

An adult female presented with a Class III skeletal pattern with a Class III malocclusion requiring surgically assisted orthodontic correction (Fig. 1a–1h).

The patient began treatment on Oct. 23, 2006, had her SureSmile scan on Nov. 30, 2006, and had her surgery in March 2007. Her braces were removed July 18, 2007.

Total treatment time from banding to debanding was nine months, whereas a conventional treatment time estimate would have been 18–24 months. Figures 2a–2h show the patient pre-surgery, and figures 3a–3h are the final.
The Economy Has Changed, Your Market Has Changed

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Case 2, by Dr. Mark Feinberg

- **Fig. 4:** An adult female presented with a mild bimaxillary protrusion, minimal overbite and overjet with a partial anterior crossbite, mild open bite in the right canine area and mild-moderate upper and lower dental crowding.

The smile line characteristics were acceptable, and buccal occlusion was Class I with posterior dentition well-interdigitated and acceptable.

The patient’s main complaint was, “I don’t like my crooked teeth, and can you correct my smile?”

The original treatment plan involved a non-extraction, comprehensive approach involving both upper and lower arch treatment, aligning the upper and lower anterior segments and idealizing the posterior occlusion but limiting potential side effects through pre-treatment tooth planning strategy and precision wire-bending therapeutics.

The patient’s records were scanned into the SureSmile system, and diagnostic software toolsets were employed to plan treatment. The most critical objectives were to maintain and enhance the overbite and overjet while aligning the dentition and correcting the right canine open bite.

In terms of soft tissues, pre-treatment structures would be maintained as they were deemed acceptable and regional focus would be on smile line improvements through dental alignment.

- **Fig. 5:** Class I bimaxillary protrusive with minimal overjet and partial anterior crossbite.

- **Fig. 6:** Initial cephalometric radiograph and tracing.

- **Fig. 7:** At the appointment for appliance placement, the patient inquired if she could change the treatment plan and treat the upper arch only.

Understanding and appreciating the power of SureSmile technology to titrate and control tooth movement to an unprecedented degree, the plan was seamlessly and efficiently modified. 0.022” pre-adjusted brackets were placed at that time, and a scan was performed.

- **Fig. 8:** Seven weeks after placement of the first wire, a 0.017” x 0.025” CuNiTi wires upper arch wire, the patient elected comprehensive orthodontic treatment involving upper and lower fixed appliances. At this time, lower brackets were placed and a therapeutic scan of the teeth with brackets was performed.

- **Fig. 9:** In this instance, at the bracket placement appointment, the patient’s brackets also were scanned, and subsequently, two treatment plans were designed involving 3-D simulation software and 3-D diagnostic toolsets.

Based on minimal posterior tooth movements and focused strictly on anterior arch length dynamics, the first plan involved 3.9 mm of interproximal reduction (IPR) as a function of more retraction of the upper central incisor teeth.

- **Fig. 10:** The second plan involved more lateral incisor and left central incisor advancement and consequently less IPR as the arch length deficiency using this method was 0.2 mm. This would be more of a typical “straight wire” effect.

- **Fig. 11:** A comparison of plan 1 vs. plan 2 with respect to buccal/lingual movement of upper anterior teeth.
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The occlusal contacts depicted in the final plan 2. Contacts are colored — green, yellow, and red, based on degree of contact.

Fig. 13: Virtual setup based on clinician’s prescription and detailing.

Fig. 14: Computerized ABO-style score for quality check.

Fig. 15: Based on the plan 2 setup and the clinician’s therapeutic prescription, the lab manufactured a robotically-bent upper 0.017” x 0.025” CuNiTi archwire with passivity (no tooth movement bends) in the buccal segments and tooth movement bends limited to the upper incisor area only. The ability to titrate and optimize tooth movement in specific areas, as deemed appropriate based on individual circumstances, is one of the many core strengths of this therapeutic technology.

Fig. 16: Comparison superimposition performed based on tooth movement, which occurred over a seven-week interval. The green teeth represent tooth position after the first archwire placement and the white teeth present tooth movement prior to the first archwire placement. The top right image shows the initial wire insertion, and the bottom right image shows six weeks post-wire insertion.

Fig. 17: A comparative superimposition was performed, which revealed the fidelity of the tooth movement desired in plan 2 to the clinical reality of what occurred. The green modeled teeth represent our clinical tooth movement goals vs. the white modeled teeth, which reveal what occurred in clinical actuality.

Fig. 18: 100 percent activation.

Fig. 19: Six weeks into treatment, the patient was so impressed with the rapid improvement in tooth appearance that she elected to treat both upper and lower arches.

An additional 15-minute therapeutic scan was performed after placement of lower fixed appliances, and additional treatment strategizing was undertaken. This would not only involve lower arch treatment/mechanics strategy but upper arch modifications as well. The flexibility and robust nature of SureSmile technology in this regard was critically valuable.

Fig. 20: Comprehensive treatment/lower movements

Fig. 21: Diagnostic software revealed 1.8 mm of lower arch length deficiency based on the treatment parameters established, and the requisite degree of IPR was performed in the lower arch.

Four and a half months into treatment, a .019” x .025” fully active CuNiTi wires was placed in the upper arch and a .017” x .025” nickel titanium wire to enhance the upper right canine and upper left central incisor position. This necessitated 0.5 mm of upper right canine extrusion and -3 degrees mesial out rotation of the upper left central incisor tooth. All wire bending was performed virtually first on the computer screen and then implemented robotically.

Fig. 22: Final treatment was completed in 11 months.

About the authors

Adam J. Weiss, DMD, is a 1988 graduate of Temple University School of Dentistry and received his certificate in orthodontics in 1990 from the University of Medicine and Dentistry of New Jersey. He is a diplomate of the American Board of Orthodontics and a member of the AAO and NESO. He maintains a full-time private practice in Stratford, Conn.

Mark Feinberg, DMD, graduated from the University of Connecticut School of Dental Medicine in 1982 and completed his orthodontic residency at Columbia University in 1984. He is a diplomate of the American Board of Orthodontics and a member of the AAO and NESO. He maintains a full-time private practice in Stratford, Conn. Contact him by e-mail at drdmd123@gmail.com or at www.feinsmiles.com.
Total Ortho Success Practice Makeover — the road to growth

AFTER winning Levin Group’s Total Ortho Success™ Practice Makeover in late 2008, Dr. Brian Hardy of Hardy Orthodontics and his team have hit the ground running in their year of management and marketing consulting. The practice kicked off its Levin Experience™ at our Advanced Learning Institute in Baltimore with flying colors and returned home in high spirits.

It was a good start, but there is much left to do.

Now, the goal is to start implementing practice systems to kick-start production. Key areas to be addressed first: scheduling and referral marketing.

Dealing with the schedule

Dr. Hardy had stated before beginning his consulting programs that his schedule “was approaching the point where hard and fast scheduling rules need to be implement-ed.”

He was very upfront when he stated that he needed “more guidance.” In fact, he had rated his scheduling and case acceptance as “fair.”

Few other dental specialists see nearly as many patients in a day as an orthodontist does. As a result, no other specialist is as dependent on a highly efficient schedule.

To address a core practice issue, we introduced Hardy Orthodontics to Levin Group’s Power Cell Scheduling® system, which includes the following two key components:

• A scheduling template must be designed. To properly understand how each day should operate for Hardy Orthodontics is the basis for creating the scheduling template.

Levin Group recommends that mornings be reserved for more involved appointments such as records and banding appointments. Get the tough stuff out of the way first when everyone in the office is “fresh.” Save the afternoon for more routine adjustments. Doing so goes a long way toward easing doctor and staff fatigue levels.

• All scheduling interactions must be scripted. To properly communicate with all their patients, team members are receiving verbal skills training. We have instituted scripting throughout Dr. Hardy’s practice to build value for each appointment, confirm appointments two days in advance and communicate to patients that the schedule has been designed to serve not only their unique needs, but also the needs of all other patients.

A new start with referral marketing

We reviewed the practice’s previous marketing endeavors. Dr. Hardy had told us that his referral marketing strategies were “given a lot of thought, but only some were followed through with over time.”

In the past, he has regularly met with dentists for lunches and has felt comfortable doing so. However, he’s disappointed that he hasn’t seen greater success with these efforts.

To generate the level of response he wants, we are constructing referral marketing strategies that begin with the creation of a marketing calendar for the year.

One example of a new marketing initiative is a patient party tentatively scheduled for the fall. This was actually an idea that Dr. Hardy had considered for several years but had never found time to make happen. With the help of his capable team, this effective marketing idea is becoming a reality.

The patient party is an excellent example of the need for taking some responsibility off Dr. Hardy’s shoulders and placing it into the hands of the most critical person in referral marketing — the professional relations coordinator, or PRC. This new position in the practice drives the practice’s referral marketing.

Dr. Hardy’s future has a lot to do with the PRC

The PRC is key to running a successful orthodontic marketing program for Dr. Hardy’s practice. This individual will conduct marketing activities at least 16 to 20 hours a week, instituting many activities the practice had considered but never moved forward on.

As already mentioned, Dr. Hardy doesn’t have enough time to personally administer a marketing program and carry out all the required tasks. An estimated 95 percent of the practice’s marketing efforts will be managed and carried out by Dr. Hardy’s new PRC, Catherine.

The role of the PRC actually encompasses several jobs, all of which will bring a great deal of value to Dr. Hardy’s practice. The main responsibilities include:

• Helping to design the marketing program by establishing and monitoring calendars, timelines and deadlines.

• Supporting relationship-management activities with key referring doctors by staying on top of Dr. Hardy’s notes, phone calls, letters, social engagements, etc.

• Handling all the details for announcements, public relations, invitations, scheduling, etc.

• Serving as the doctor’s coach — for example, by determining which lunches need to be set up and with which referring doctors.

PRC Catherine will seek out untapped revenue and add value to his practice by carrying out these other critical marketing functions. By doing so, she takes pressure off Dr. Hardy.

The state of the practice

As Dr. Hardy’s consulting programs unfold, everyone in the office has had to deal with a common issue — fear of change. This did not surprise us. It’s perfectly natural to feel this way. Dr. Hardy’s energetic and talented staff, however, was quick to step up to the plate.

“Although we might be apprehensive about some suggested changes,” says Treatment Coordinator Lee Anne, “our consultants help us see the balance and work with us until we feel comfortable and can own it.”

PRC Catherine sees the value of the effective feedback we at Levin Group provide, remarking that the team’s concerns are answered “in a way that we can believe and practice.”

The assistant, Lindsey, comments, stating, “The ideas and plans that were demonstrated to us will be very beneficial.”

As Dr. Hardy’s systems are implemented, things are going to really heat up at Hardy Orthodontics. “I look forward to seeing the results from Levin Group’s systems,” remarks Dr. Hardy.

Join us in our next installment when we explore case presentation and scripting in Dr. Hardy’s practice.
5 tips to promote your practice on YouTube

By Mary Kay Miller

V
ideo is the most powerful Internet tool available today to market your practice. With the rise of YouTube and other video sites, any size practice can take advantage of video as an Internet marketing tactic to deliver your own personal PR message about who you are and what you are all about.

YouTube has the largest audience of all the video sites and will give you the most leverage. More than 100 million viewers watch video on YouTube every month.

Engage and educate prospective new patients with video as well as keep your current patients up to date on office events and instructions to enhance their treatment experience.

Video will also increase your exposure and page ranking on the search engines through SEO (search engine optimization), if promoted correctly.

• **Brand your video:** Use a video to push your practice brand, just as you would on TV, radio or in newspaper ads. Online videos are better at promoting brand awareness than traditional TV commercials. Why? Because online viewers are searching for treatment providers and dental services at the exact moment they are watching your video. They are high-qualified, targeted viewers.

• **Promote your services:** Discuss individual products such as Invisalign®, SureSmile™ and the Damon System®. Describe the features and benefits of the product, while educating and entertaining to create an emotional response. Brand your video correctly to link back to your own Web site. Always include an intro and exit slide with your logo and contact information throughout the video to direct prospects to your Web site or to have them contact your office to schedule a new patient exam.

• **Promote treatment expertise:** Create a short video from before and after photographs of beautiful smiles and narrate a script describing the benefits of treatment. In today's skeptical society, consumers want verifiable proof of treatment expertise. Videotaping frequently asked questions also can be a very powerful tool to promote your expert knowledge and skills.

• **Treatment:** Put new patients at ease before they enter your office by videotaping the most common treatment procedures or walk them through the new patient process in your office. Dehanding, placement of brackets and how to remove an arch wire are good examples of video content. Oral hygiene, placing elastics, what to do in an emergency and wearing retainers make great instruction-al video. Drive patients to your Web site to view the video. Content is delivered exactly the way you want it, 24/7, day in and day out. Not only is this informative, it helps improve your video ranking on Google and your Web site ranking with SEO.

Whether you outsource video services to a professional or produce it yourself, it is critical your video is set up correctly to be found on the search engines.

Video doesn't work as a marketing tool if patients can't find it. You don't know what you don't know until you know it.

Consult with an Internet marketing expert to maximize your video marketing efforts if unsure on how to proceed.

• **Office tour:** New patients gravitate toward office tours. Studies show it is one of the first tabs a patient will click on in your Web site. Create video that promotes you and your current Web site as warm and friendly. Script a brief overview on who you are and what you are all about. Highlight individual services, amenities and the benefits of treatment to engage your audience. It's all about them, not you.

• **Attend the Webinar:** Mary Kay Miller is offering a six-part series of Internet marketing Webinars, geared toward helping you discover what you need to know to get your dental Web site working correctly on Google and help you build your practice for the future on the Internet. Each module is offered live and is interactive, as well as recorded and archived for review.

Take advantage of this opportunity to improve your Internet presence with your current Web site and Web 2.0 marketing strategies while earning ADA/CERP credits. Register for the live broadcast on Aug. 6 of Part 6, “YouTube: The Video Granddaddy of Social Media,” by logging onto www.DTStudyClub.com and clicking on Online Courses.

**About the author**

Mary Kay Miller of Orthopreneur™ Marketing Solutions is an Internet marketing coach specializing in SEO (search engine optimization) and Web 2.0 Internet Marketing solutions to build your practice. With more than 30 years experience in orthodontic marketing and practice management and 10 years in Internet marketing, she has mastered the attitudes, skills and knowledge necessary to take your practice to the next level.

Access her free marketing e-Guide, “Marketing Your Practice Through Different Eyes,” at www.orthopreneur.com. You may contact her by e-mail at marykay@orthopreneur.com or call toll-free (857) 295-5611 for a complimentary demographic evaluation of your Web site.
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A troubled economy and embezzlement

By Scarlett Thomas, President of Orthodontic Management Solutions

According to a survey by the Association of Certified Fraud Examiners, small companies with less than 100 employees are three times more likely to experience embezzlement. Believe it or not, it has happened to one out of every three employees.

In fact, it has been proven that 30–40 percent of the embezzlement is committed by someone who has been with your practice for a long period of time. The person generally knows what is being done. This person is often times an employee you trust and someone who has been with your practice for a long period of time. The person generally knows what is being done. This person should never be overlooked.

It could be something as insignificant as long distance phone calls, using your postage meter to send out personal mail, adding a few extra hours to the time card or perhaps borrowing a few dollars from petty cash that never gets repaid. Over time, these items can add up to a considerable amount of money and should never be overlooked.

The profile of an embezzler is often times an employee you trust and someone who has been with your practice for a long period of time. The person generally knows what is being done. This person should never be overlooked.

The following are a few simple checks and balances to implement:

• Assign everyone who uses the computer to have his or her own login password. This way you can track who is doing what in your practice.

• Never have a signature stamp in the office as this can lead to thousands of dollars in embezzlement.

• Make sure all cash transactions have duplicate receipts. One goes to the patient, one gets stapled to the cash and one stays in the receipt book to keep the numbers in order for the month. When the cash is taken to the bank, the receipt is taken from the cash and placed with the deposit summary. All cash receipts should be signed by three people: the patient giving the cash, the employee receiving the cash and one witness of the transaction. This way there will be no fraud.

• Three different employees should be in charge of all deposits. One person opens the mail and makes copies of all incoming checks. The live checks stay with that person. The copies are given to another person to post, and then the deposit is reconciled with the practitioner making all of his or her own deposits.

• All bank statements should go directly to the practitioner’s home and never the office.

• Finalize all deposit summaries at the end of each day. Keep these deposit summaries in a safe place. At the end of the month, you want your CPA or bookkeeper to compare all deposit slips to the actual posted money in your computer system. Many CPAs and/or bookkeepers only compare the actual deposits to the bank statements. When the computer system’s generated revenue does not match the bank statement and/or deposit slips — it needs to be investigated.

• Check all credit card bank statements monthly for refunds. Employees can often times run their own credit card through your credit card terminal services, refunding themselves money to and from zeroing balances. This area is often what is used to embezzle money. Pay close attention to this area especially when it comes to cash payments.

• Also, look for erroneous transactions with names of employees or their relatives. This way you can use these accounts to transfer money to and from zeroing balances as they go.

During these troubled economic times, it has been reported that the number of dental practices experiencing a loss of income due to thievery has climbed to a terrifying 50–40 percent in the last year, with the average theft being $30,000 or more. Any theft more than $400 is considered a felony. Crimes of embezzlement and grand larceny are considered federal crimes with a maximum punishment of 30 years in prison, $1 million in fines or both. Just posting the punishment alone may not always mean that he or she will often work long hours, through lunch, before the office is open or alter the efficiency is closed, in order to keep the practice afloat or other employees unaware of the thievery.

• There are many different ways to protect your practice from fraud. Follow the following a few simple checks and balances to implement:

• Assign everyone who uses the computer to have his or her own login password. This way you can track who is doing what in your practice.

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• Check all credit card bank statements monthly for refunds. Employees can often times run their own credit card through your credit card terminal services, refunding themselves money.
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NEW! Available for use on upper teeth 5 to 5!
Why you should expand financial options

By Roger P. Levin, DDS

The current economy is having a negative impact on nearly every industry and profession, including orthodontics. Starts are down for nearly three out of five orthodontists (59 percent), according to a recent study by the American Association of Orthodontists.1 Other troubling trends include:

• Nearly half of surveyed orthodontists said collections declined.
• Net income decreased for 55 percent of responding doctors.
• 43 percent have postponed the purchase of significant equipment or technology.
• 31 percent said they have difficulty coming up with the initial down payment (usually around 25 percent) of the projected treatment cost.

Orthodontists Talk Hygiene ‘Til They’re Blue In The Face...But Kids Listen Better If You’re Green.

City Orthodontics’ Club Tadpole -- a rewards program for kids who are destined for braces, but just aren’t quite ready for them. This way, kids not only get healthier smiles for practicing good hygiene, they get prizes.

Dr. Harter and his team work every day to create beautiful smiles and make dental hygiene fun for kids, which is why their practice is an Advance Practice.

The financing process easier than ever, including our customized payment options worksheet, instant credit declining a best-in-class online reporting system and a live call center to answer all your questions. With the security and lending power of Chase, not only can you file for more patients, you can treat more of them.

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Ortho Tribune readers are entitled to receive a 20 percent courtesy on Dr. Roger Levin’s next Total Ortho Success™ Seminar being held Oct. 8-9 in Cambridge, Mass. 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.

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- Dr. Jay Gerber
Director of Orthodontics
No more spaghetti marketing

By Angela Weber, OrthoSynetics

Spaghetti marketing refers to advertising with no clear plan — simply throwing ideas against the wall to see what sticks. A recent AAO survey reported that 50 percent of orthodontists are launching new marketing initiatives such as direct mail, print or Web advertising programs. The question is: Are they prepared to enter the business of marketing?

As a new marketer with a limited budget, you cannot afford a spaghetti marketing plan. With more than 10 years marketing experience in the orthodontic industry, I would like to touch on some key points that will give your marketing program a much higher success rate.

Deciding what to do

Direct mail, print campaigns, pay-per-click, search engine optimization — Oh my!

With so many advertising options available, what is a practitioner to do?

My answer: A little bit of everything will go a long way.

The worst thing you can do is put all of your eggs in one basket. While orthodontists have typically relied on referrals, many are realizing they cannot afford to have the fate of their practice lie in the hands of the referring dentist or patient, especially when dentists are keeping more of the business in-house and not referring out to orthodontists.

The goal is to cover all of your bases in a few key areas: community, referrals, Internet, direct marketing and internal marketing. When you have a consistent and integrated plan that covers each of these key areas, you can sit back and watch your marketing plan produce like a well-planted garden.

A strategic plan that complements each marketing tactic will elevate your practice to a power position in the marketplace.

Out with the old and in with the new?

Well, not necessarily.

I am a firm believer that traditional “tried and true methods” in marketing still have a place in your marketing plan. Television, direct mail, print and other traditional advertising all have their strengths and weaknesses. An understanding of which to do and when will serve you well when trying to achieve maximum response.

That said, now is also the time to get on board with more current marketing practices such as an online marketing campaign. With so many people receiving their news and current events on the Web in place of more traditional venues, it only makes sense to include Web marketing in your toolbox.

Once you have determined what you are going to do, you may think you are all set.

Not just yet.

Advertising is the most expensive form of attracting a new patient. Avoid these classic mistakes that can cost you money.

No. 1: It’s not as easy as it looks

Now that you have decided to implement a marketing campaign, who will develop and implement that campaign? Your marketing campaign will be a big investment for your practice, and you need to make sure you have an experienced marketer with proven success running it. Don’t leave it to chance – make sure you have the right person doing the job.

No. 2: Make sure your team is prepared

Trust that advertising does work but know there is a cost associated with each call generated. Ask yourself if your team is prepared to sell your services and convert those calls into new patient appointments.

Typically, a referral call from a general dentist is a smoother sell, while a call derived from an advertising campaign initiative needs more convincing. While your conversion rate is much lower on direct marketing, as an average, that does not have to be the case if you know in advance what you are trying to achieve.

Make sure your entire team understands the differences between these two call types and adjusts accordingly. You have to be prepared to close all of your leads.

No. 5: Are you talking to me?

Make sure you know the demographics of your audience or target market.

Not sure how to define your target market? Take a good look around your office. How old are your patients? How old are their parents? Do they both work or do they have a stay-at-home parent? Scan your parking lot to see what types of cars they drive.

Your target market data exists right before your eyes. Once you know who you are talking to, consider where and how you can reach them.

Advertising that is too general and speaks to no one in particular does not carry the same impact as a targeted, audience-specific message.

No. 4: Tell them what you want

When developing your advertising campaign, make sure you have a specific call-to-action that motivates your potential patients and has an easy follow-up. You need to tell your future patients what benefits they will receive by starting treatment at your practice.

Your message needs to be simple, clear and easy to follow. Be aware of your medium when you develop your call-to-action; for example, a message online will be structured differently than a message intended for print publications.

No. 3: Measure up

Advertising is a great way to generate new leads that your practice can turn into new patients. But it is imperative to make sure that you are tracking which key area of your advertising is driving the new leads. This will help you measure your return on investment as well as tailor your advertising budget to the most successful media to reach your target audience.

Marketing your practice is one of the most costly, and potentially most successful, things your practice can do. I hope these steps help you to better develop your targeted marketing campaign.

Welcome to the world of advertising! It can be tremendous rewarding when it is executed properly.

For a limited time, OrthoSynetics would like to offer you the opportunity to have your marketing questions answered by one of our industry experts. Call Angela Weber today at (888) 622-7645, or join the “No More Spaghetti Marketing” club at www.nospaghettimarketing.com, and we will send the “Planning Guide to Successful Marketing” directly to your e-mail address.

About the author

Angela Weber is the director of marketing for OrthoSynetics (OSI), a business service company in the orthodontic and dental industries. She has more than 10 years experience in healthcare marketing working with practices throughout the United States. She knows her way around a P&L statement; the focus of her marketing strategies is to make a positive impact on the practice’s profitability. OSI has helped numerous practices achieve marketing success through strategy, creativity and implementation. Expertise includes generating new patient revenue through Internet, mass media and traditional marketing efforts.

Contact

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Taking charge of oral hygiene

Procter & Gamble’s new Ortho Essentials program puts control in patients’ hands

By Kristine Colker, Managing Editor

There is no question that oral hygiene habits can be a source of much concern for both orthodontists and their patients. Good oral hygiene can be hard to come by in any patient, let alone in teenagers or adults who have mouths full of wires and brackets. And no matter how many times you might tell them that bad hygiene can lead to poor results and longer treatment times, there is only so much you can do. Right? Wrong.

Thanks to Procter & Gamble, there is now a way of ensuring that not only are your patients brushing and rinsing as desired, but that they are engaged and having fun with the process as well.

Ortho Essentials is a three-step oral hygiene program designed to help orthodontists streamline and strengthen their oral hygiene control procedures by standardizing their check ups, consistently reporting their results and making sure patients improve their oral hygiene at home.

“I saw patients in my practice not ending up the way we wanted them to in regards to hygiene,” said Dr. Duncan Brown, the orthodontist behind the Ortho Essentials program. “I became enormously frustrated.”

Brown shared his concerns with other orthodontists, and together, they decided to come up with a common grading scale for quality control. That, coupled with a 2007 study done by Procter & Gamble scientists that showed that patients who used a regimen consisting of an Oral-B Triumph with SmartGuide Ortho Unit and Crest Pro-Health toothpaste and rinse for home use had up to 40 percent less plaque than those who used a manual toothbrush and a regular anti-cavity toothpaste, paved the way for the Ortho Essentials program.

“What’s unique about the program is that it combines the products with the process,” Brown said. “The approach has never been done like this before.”

The way the program works is simple. Each practice receives a kit that contains a five-level rating system ranging from poor to excellent. This rating system is supported by visuals on a Healthy Mouth Assessment Card, which helps illustrate each level so staff members and patients have a standard to compare. Every visit, orthodontists and their patients can go over results to see where the patient falls on the chart and see which areas of the mouth need some improvement.

“Hygiene needs to be individualized,” Brown said. “This way you can work on problem areas.”

Each practice also receives a contract for both the orthodontist and the patient to sign as well as all the tools a staff needs to track a patient’s progress.

Finally, patients are either given or are encouraged to purchase an Oral-B Triumph with SmartGuide Ortho Unit and Crest Pro-Health toothpaste and rinse for home use. To further personalize the program, Brown suggests using a reward system. In his own practice, he said, good hygiene earns patients tokens, which they can then use to buy items. In addition, those patients who receive all fours and fives on their rating system chart are entered into a drawing for an iPod touch.

Dr. Leslie Winston, director of professional and scientific relations for Procter & Gamble, said the best thing about the Ortho Essentials program is that it doesn’t let orthodontists just react to poor care but instead empowers patients to take control of their oral hygiene.

“One of the most important things about the program is that we put so much control in patients’ hands and made them part of the process, which is so different than talking down to them and telling them what they should be doing,” Winston said. “The fact is we’re teaching them skills they can use for the rest of their lives.”

For more information about Ortho Essentials, including how to get started, visit www.dentalcare/ortho.
THE UNIVERSITY OF MINNESOTA
DIVISION OF ORTHODONTICS
WELCOMES YOU TO MINNEAPOLIS!
“Doctor, I was fine until I had my braces on, but now I think I have TMJ.”

In every orthodontic practice, this situation arises consistently and with alarming regularity. TMJ disorder is one of the most common problems affecting millions of people each year. Yet almost every case is not properly diagnosed or treated, causing continuous pain for the patient. This is apparent even in the orthodontic office.

Studies show that “the prevalence of TMJ signs and symptoms has been noted in several reports and ranges between 35 percent to 72 percent.”

If we refer to the American Journal of Orthodontics and Dentofacial Orthopedics, the majority of our orthodontic patients have signs and symptoms of TMJ disorder. What is the management strategy for these patients to avoid unjustified blame being placed on orthodontic treatment?

Patients and parents are more knowledgeable than ever, with Google being the new university for the general public. It becomes difficult to say TMJ disorder has nothing to do with the orthodontic treatment.

The literature is certainly inconclusive for now about the impact of diverse orthodontic techniques, with or without extractions, on the causation and treatment of TMJ disorder. We know it is out there, but what changes need to be made to our treatment techniques to avoid the focus of attention on TMJ?

In the future, the widely used cop out of, “It’s not my problem,” will be unsuccessful against a class action.

Causes and treatments are heavily debatable. There have been prominent legal cases claiming extractions were the sole cause of TMD.

For years, professionals have been treating patients with functional appliances to prevent TMD. However, there are no evidence-based techniques that confirm what you do clinically every day.

Do your techniques make TMD better or potentially worse? We must find the appropriate professionals to give the clinician a better guide than at present.

This short article is in contrast to the volumes written about TMJ/craniofacial/myofacial pain disorders, with most of them being far removed from the day-to-day issues of orthodontic practice.

If the author has one suggestion, it is that orthodontists need to be aware that full evaluation of every orthodontic patient for TMJ disorder is mandatory. Every new patient should be evaluated for his or her TMJ status and should be questioned on the presence of key symptoms, such as headaches and ear and eye pain, as well as classic TMJ intracapsular symptoms. You will be asked at some time if the patient had the symptoms before orthodontic treatment; if you have no records, you have no defense. You will need to compare this with the records during and after the orthodontic treatment. Many orthodontists do this already, but it should be a universal practice.

By association, the orthodontist can be drawn in to the TMJ/D issue.

There is no proven link between orthodontic treatment and TMJ disorder; however, the position and function of the condyles is directly controlled by the oral structure (see Figs. 2, 3). Therefore, the orthodontist’s actions can influence the TM joints. This is a question of anatomy, not law.

So why do so many of our young patients have a prevalence of TMJ disorder? Are they experiencing an early degenerative disease, and if this is the case, why is this problem so common?
New theory of TMJ disorder — the convenient truce

Proposition 1:

- TMJ disorder is caused by trauma to the TM joints, which causes pain in the associated craniomandibular muscles.
- Incorrect myofunctional habits — reverse swallow, tongue thrust and mouth breathing — cause the condyles to be distalized and traumatized 2,000 times a day. The trauma to the TM joints starts at an early age and explains the high prevalence of TMD in children and adolescents.
- Incorrect myofunctional habits cause malocclusion and TMJ disorder; this is the “smoking gun” of orthodontic treatment.

To avoid unnecessary parent and patient legal issues on TMD:

- Identify any TMJ disorder signs and symptoms at the first consultation visit.
- Do a TMJ muscle and joint palpation on every new patient.
- Evaluate the TMJ risk assessment before commencing your orthodontic treatment plan.
- Have adequate TMJ/D disclaimers in your treatment plans.
- Do a soft tissue dysfunction evaluation at the first consultation and identify the real causes of the TMD. The patient with the reverse swallow and tongue thrust will undergo orthodontic treatment successfully, but without correction of these habits, TMD problems may not be resolved and symptoms could worsen.

If the malocclusion is blamed for the cause of the TMJ disorder and the pain increases during treatment, you have a problem. As we know, correcting the malocclusion does not always resolve TMD issues.

References


Dr. Chris Farrell, BDS, (Sydney University), CEO and founder of Myofunctional Research Co. (MRC), has been a clinician in private practice in Australia and England since graduating in 1971. His practice in Australia specializes in myofunctional orthodontics and treatment of TMJ disorder. Farrell will conduct educational seminars on TMJ, myofunctional appliances and practice management this fall. For more information, contact MRC at info@myoresearch.com.

NeoLucent Ceramic Bracket System

Ortho Organizers, a leading global manufacturer of orthodontic products, laboratory services and continuing education programs, announced the launch of its new, esthetic bracket line, NeoLucent™ Ceramic Brackets.

The bracket system was carefully crafted with patient comfort as the utmost concern. The brackets are among the lowest profile in the orthodontic market, measuring only 1.98 mm for the upper centrals, and feature a smooth, polished surface with rounded corners. Designed to blend with natural tooth tone, these ceramic brackets offer a virtually invisible appearance.

The brackets are manufactured in America from 99.9 percent pure polycrystalline alumina. In addition, NeoLucent brackets are breakage-resistant and are anti-allergenic as they do not contain nickel, chromium or other metals.

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Opal Etch is a 35 percent phosphoric acid etchant with a unique, self-limiting chemistry that minimizes the possibility of over-etching. It combines the top attributes of etchants including variable viscosity, the ability to penetrate in the smallest fissures on occlusal surfaces, precise placement on vertical surfaces without migration and self-limiting etching.

The distinct blue gel is dispensed by a syringe with tips that aid in a controlled flow and precise application. The thixotropic solution thins and paints on easily, unlike other gels that are difficult to spread. The gel is viscous enough to prevent migration on a vertical surface, but can still penetrate in the smallest fissures on occlusal surfaces because of its physical and chemical properties, which promote capillary action. The viscosity also allows it to maintain a thick enough layer to prevent premature drying and inadequate etching.

Studies and clinical experience have indicated that 15 to 30 seconds is adequate for etching most young, permanent teeth. However, variations exist when considering enamel solubility between patients and possibly within the same tooth.

One benefit of conventional acid etching is that it tends to neutralize the differences between individuals and between teeth. Thus, a phosphoric acid etch of sufficient time can compensate for those individuals whose enamel is more acid resistant.

“Attempts to use materials that produce a minimal etch — such as glass ionomers, hybrid resin glass ionomers, and the newer self-etching primers — appear to result in increased clinical bond failure rates,” according to the book, "Orthodontics, Current Principles and Techniques."

The self-limiting properties of Opal Etch prevent over-etching to create the ideal bonding surface. Originally touted as a benefit for etching dentin because etching too deeply can result in sensitivity, the thixotropic properties in Opal Etch work equally well on enamel.

The proprietary formulation of Opal Etch also contains a surfactant for easy rinsing of the gel, thus simplifying removal.

Thickening agents such as polymers and submicron silica additives, which often leave a residue, are not included in this formulation.

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**Dentistry meets its ‘cloud computing’ match in DentalCollab**

Modulus Media launches centralized, treatment management system with an online social networking system

TORONTO, CANADA — Modulus Media, a Toronto-based technology development and marketing company, announced the June 26 launch of DentalCollab, a Web-based software — available at www.DentalCollab.com — that finally unites a centralized, treatment management system with an online social networking system to create the ideal “Treatment Workspace” for the field of dentistry.

The “cloud” in cloud computing is a metaphor for the Internet. As an expression, cloud computing entails offering Web-based software services via the Internet where the data and software are stored on servers managed by the service provider.

Thus, cloud computing users do not need to spend untold dollars on hardware, software, upgrades or ancillary support services, but need only to pay for the services they use.

Some of the more trusted and familiar cloud computing services are online banking, e-mail accounts such as Gmail” or Yahoo! Mail®, social portals such as Facebook and MySpace and Internet-based photo albums on sites such as Webshots or Flickr.

Similarly, DentalCollab is a cloud computing service that allows the dental community to not only facilitate all aspects of treatment management, but also to collaborate with specialists, consult with patients, coordinate with referrals, mentor or be mentored by peers, and share cases with labs and suppliers.

Through its creation of a shared Treatment Workspace, DentalCollab allows practitioners completely secure patient information management and includes seamless treatment planning, while also facilitating networking with experts anywhere on the planet who have a computer with Internet access.

The Treatment Workspace is an easily navigated mini-Web page where all those involved in a patient’s care can coordinate their efforts as well as share and manage vital information.

Additionally, staff members can schedule appointments, follow-ups and reminders, consult with patients and manage multiple schedules for even the busiest practice.

“Our comprehensive software allows you to easily interface many of your other programs such as charting systems, digital X-rays and patient financing services, thus consolidating your information,” said DentalCollab founder Shane Powell.

DentalCollab uses the same hardware and software security provisions that online banking providers use — end-to-end encrypted data infrastructure; back-ups/data redundancy; 24/7 system monitoring; permissions/roles-based user management; and 256-bit bank-grade security certificates with a $100,000 warranty.

Finally, dentists have a place to do everything they need, and want, to provide the utmost in treatment planning and meet the modern needs of their techno-savvy patients by going beyond the traditional method of contact via telephone and snail mail.

Using DentalCollab means dentists can avoid costly software upgrades, hardware upkeep and the time wasted seeking out technical support or repairs.

“The DentalCollab software functions like a basic Web page, so it feels as if it is running on your own computer. This translates into a very short and fast learning curve,” explained Powell.

DentalCollab saves practitioners time and money.

For more information, please visit www.DentalCollab.com or e-mail sales@dentalcollab.com.
Off to Minnesota

For three days, residents from across the United States and Canada will gather together to attend the 21st Annual Graduate Orthodontic Residents Program (GORP). There they will listen to speakers such as Dr. Brent Larson, Dr. Gerald S. Samson and Dr. Bjorn U. Zachrisson; visit with exhibitors; and partake in special events, such as a golf outing or a paddleboat tour.

The idea for GORP began in 1989 as a means of bringing the orthodontists of the future together for a summer meeting, while at the same time creating an environment to foster professional growth and interpersonal relationships among colleagues and representatives of orthodontic manufacturers.

During the past 20 years, the meeting has grown to an event that involves more than 400 students. The meeting is held every other year at the University of Michigan, with the alternate years at other institutions.

Past meetings have been held at Harvard University, University of Texas at Houston, University of Illinois at Chicago, Ohio State University, University of Toronto, University of Kentucky, University of North Carolina, University of Washington, University of Toronto, University of Illinois at Chicago, Ohio State University, Florida Atlantic University, University of North Carolina, Harvard University, University of Kentucky and Saint Louis University.

The program is unique in that it is the first meeting to bring together residents in a dental or medical specialty program.

The meeting is sponsored by donations from orthodontic exhibitors, and by the American Board of Orthodontics and its constituent associations, and the American Association of Orthodontists Foundation.

The speakers

During the three days, residents will hear from a variety of speakers. Dr. Gerald Samson will discuss “Addition, Subtraction and The Full Monte,” which will focus on a simplified approach to understanding applied clinical orthodontic physiology.

Dr. Brent Larson will take on “Planning for Par in the Game of Orthodontics: The Role of Indirect Bonding” as he compares orthodontics to the game of golf—efficient treatment is like playing in the fairway and getting the ball in the cup with as few strokes as possible.

The presentations will demonstrate a simple, predictable and reliable method for placing brackets that will be beneficial for residents.

LeeAnn Peniche’s topic for the weekend is “The Right Stuff: Establish a Practice That Has Your Name All Over It.” Specifically designed for orthodontic residents, she will focus on the importance of image in establishing a practice.

Dr. Bjorn U. Zachrisson will take on a double dose of presentations. First up is “Planning Esthetic Treatment After Traumatic Injuries and Loss of Maxillary Incisors,” which will detail the advantages and disadvantages of different treatment options for replacement of missing maxillary central and/or lateral incisors in young and adult/elderly patients.

Afterward, he will move on to “Interproximal Enamel Reduction of Premolars and Anterior Teeth — A ‘Must’ in Contemporary Orthodontics,” where he will detail why

The group photo taken at the 2008 GORP, held last summer at the University of Michigan.

GORP day-by-day

Friday, July 31
6:30 a.m.: Buses leave for golf tournament
8 a.m.: Dale B. Wade Memorial Golf Outing
11:15 a.m.: Buses leave for Minneapolis Queen paddleboat cruise luncheon
3 p.m.: ABO certification course, presented by CDABO
5:30 p.m.: Cocktail party
7:30 p.m.: Dinner and program featuring comedian John DeBoer

Saturday Aug. 1, 2009
8 a.m.: Continental breakfast, exhibitors open
8:45 a.m.: Introductory remarks
9 a.m.: Dr. Gerry Samson
10 a.m.: LeeAnn Peniche
10:15 a.m.: Exhibitors/coffee break
11:45 a.m.: LeeAnn Peniche
12:15 p.m.: AAOF representative
1:45 p.m.: Dr. Bjorn Zachrisson
2:15 p.m.: Dr. Brent Larson
3:45 p.m.:午餐提供，exhibitors open
4:15 p.m.: Dr. Bjorn Zachrisson
6:45 p.m.: AAOF representative
7:15 p.m.: Dr. Brent Larson
8:30 p.m.: AAOF representative
9 p.m.: Resident party

Sunday Aug. 2
8 a.m.: Continental breakfast, exhibitors open
9 a.m.: Dr. James A. McNamara, Jr., Honorary Lecturer Dr. Bjorn Zachrisson
10 a.m.: Exhibitors/coffee break
10:30 a.m.: Dr. Bjorn Zachrisson
11:45 a.m.: Raffle
1 p.m.: Check out

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reshaping anterior and posterior teeth toward ideal morphology by grinding is not only a useful technique, but actually a necessary ingredient in modern orthodontics.

The events

Of course, there is no shortage of fun to be had during the annual GORP event, from a program featuring comedian John DeBoer to raffles and a resident party. Two special events include the Dale B. Wade Memorial Golf Tournament and a narrated sightseeing cruise on the historic Minneapolis Queen paddleboat.

Residents can choose to participate in the golf tournament, which will take place at the Wilds Golf Club, one of the top courses in the Twin Cities area, or they can take a tour down the Mississippi while having lunch aboard a 100-foot, modern-day replica of the grand riverboats that used to sail there.

For more information on GORP, visit the Web site at www.gorportho.com.

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About Scarlett
Scarlett Thomas is an orthodontic practice consultant who has been in the orthodontic field for over 23 years, specializing in case acceptance, team building, office management and marketing. As a speaker and practice consultant, Scarlett has an exceptional talent to inform, motivate and excite!

After implementation of her concepts into your practice, Scarlett invites you to experience not only tremendous growth and increased income but a well organized practice.

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