Miniscrews: a focal point in practice

Part 2 of 6:
Clinical examples
By Dr. Björn Ludwig, Dr. Bettina Glasl, Dr. Thomas Lietz and Prof. Jörg A. Lisson

Horizontal tooth displacement
Lack of space is one of the main reasons for the oblique positioning of teeth. One way to solve this problem is to create the necessary space. Conversely, premature loss of teeth or anatomical abnormalities may result in gaps that require modification for various reasons.

Distalization
The first case (Figs. 1a–c) presented involves a frequent problem: the patient's molars had migrated in a mesial direction. This resulted in a marked loss of space in the region of the canines.

The two treatment options in such a case are extraction or distalization. In this case, distalization was a viable option and extraction was unnecessary.

Conventional techniques for distalization (apart from the use of headgear) require support from other groups of teeth. Creating anchorage in this way has negative reactive effects. In the example under consideration, it is highly probable that protrusion of the anterior teeth would have resulted should a conventional method for distalization have been employed. Such negative results can be avoided by the use of miniscrews.

Miniscrews can be inserted in the vestibular and — as in this example — palatinal areas. Vestibular insertion of a miniscrew (e.g., between the premolars) is always associated with the miniscrew's eventual interference with tooth migration. When this occurs, the miniscrew must be extracted and a conventional form...
Some thoughts on expertise and wisdom in practice

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

I may not always do everything right, but I always try to do the right thing!” This was an extraordinary thought that Dr. Arlene Sack shared with me many years ago. It forever became the guiding principle throughout my years in practice, a set of values to conduct myself, and it always proved to be appropriate. With this in mind, here are some doctor skills and guiding concepts to consider.

Doctor skills
• Always make eye contact with your patients, be friendly and smile. It doesn’t matter if you see 50 patients or 150 patients per day; make each and every patient feel he or she is special to you.
• Always talk to your patients. Patients must also be reminded about what you are doing for them. If an impacted maxillary cuspid is brought down into occlusion with simple tapping by you, tell the patient that you did it without the need for surgery — and that you saved him or her lots of money. Before-and-after photographs are effective reminders because they tell the story.
• Are you defensive? If the patient complains that a fee is too high, you might respond by saying, “Yes, our fee is higher than other orthodontists and here’s why we charge that.” Let them know that it is their job to ask questions that patients may ask? “Will I be in pain?” Your answers to these questions may not always be right, but I always try to do the right thing.”

Guiding concepts
• Trust without accountability is really blind faith. Does your office have a system of accountability? Does each staff member know that he or she is accountable and that you have clear expectations for success in your practice? Does your office have a system of accountability? Does each staff member know that he or she is accountable and that you have clear expectations for success in your practice? Does each staff member know that he or she is accountable and that you have clear expectations for success in your practice?

FORESTADENT was spelled incor- rectly in a headline on Page 10 of Ortho Tribune, AAO Daily (Special Edition). Ortho Tribune regrets the error.

Ortho Tribune strives to maintain the utmost accuracy in its news and clinical reports. If you find a factual error or content that requires clarification, please report the details to Managing Editor Kristine Colker at k.colker@dental-tribune.com.
The AAO House of Delegates met on April 30 and May 3 during the AAO Annual Session in Washington, D.C. Items of business included election of officers for 2010–11 and the installation of a new member of the board of trustees.

Officers are: Lee W. Graber, DDS, MS, PhD, of Vernon Hills, Ill. — president; Michael B. Rogers, DDS, of Augusta, Ga. — president-elect; and John F. Buzzatto, DMD, MDS, of Allison Park, Pa. — secretary-treasurer.

Buzzatto also represents the Great Lakes Association of Orthodontists on the board of trustees.

DeWayne B. McCamish, DDS, MS, of Chattanooga, Tenn., was installed as the new trustee on the board. He succeeds Rogers as the representative of the Southern Association of Orthodontists.

In addition to Graber, Rogers, Buzzatto and McCamish, the AAO Board of Trustees includes: Gayle Glenn, DDS, MSD, Southwestern Society of Orthodontists; Brent E. Larson, DDS, MS, Midwestern Society of Orthodontists; Nahid Maleki, DDS, MS, Middle Atlantic Society of Orthodontists; Hugh R. Phillis, DMD, Northeastern Society of Orthodontists; Morris N. Poole, DDS, Rocky Mountain Society of Orthodontists; and Robert E. Varner, DMD, Pacific Coast Society of Orthodontists.

Also on the AAO Board of Trustees are Robert James Bray, DDS, MS, of Somers Point, N.J., immediate past president; David L. Turpin, DDS, MSD, of Federal Way, Wash., editor in chief of the American Journal of Orthodontics and Dentofacial Orthopedics; Keith Levin, DMD, MS, of Winnipeg, Manitoba, speaker of the AAO House of Delegates; and Vincent G. Kokich Sr., DDS, MSD of Tacoma, Wash., editor-designate of the American Journal of Orthodontics and Dentofacial Orthopedics.

*Source: AAO*

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"This Is Your Mouth," a new video from Johnson & Johnson Healthcare Products that is narrated by Neil Patrick Harris, takes a closer look at the potential effects of rapidly multiplying bacteria in the mouth and illustrates how LISTERINE Antiseptic destroys the millions of germs that are left behind from brushing alone.

Each time the documentary is viewed, a $1 donation will go from Johnson & Johnson to the National Children’s Oral Health Foundation: America’s Toothfairy.

In the video, which blends pop culture with science and a good dose of humor, dental professionals and scientists explain how bacteria multiply and collect in the mouth to form a thick layer called plaque biofilm, which is more harmful than free-flowing bacteria and may increase the potential for bad breath and gingivitis.

The video also depicts when LISTERINE Antiseptic was first formulated in 1879 and offers rare glimpses of retro advertisements.

The video may be viewed at www.listerine.com/yourmouth.
of anchorage/blocking (e.g., a ligature) must then be used.

In this case, the presence of the primary molars represented a contraindication for insertion on the vestibular side of the premolar region.

The paramedian insertion of two miniscrews has several advantages. Firstly, the miniscrews provide a very solid basis for anchorage of the distalization appliance.

Secondly, they will never impede the movement of the lateral teeth. Even after successful molar distalization, they can be used to stabilize the situation achieved for the remainder of the treatment.

Thirdly, there is no risk of damaging other teeth because of an unfavorable spatial situation and/or incorrect insertion.

One disadvantage of the coupling necessary between the Walde Frog Appliance used (FORESTADENT) and the miniscrews (see Figs. 1a–c) is that cleaning becomes difficult. As large areas of the mucous membrane are covered, there is the risk of the development of peri-mucositis. If this develops further into peri-implantitis, premature loss of the miniscrews could result.

A possible future alternative could be the use of “laboratory abutments” (Figs. 2a–d), which contain no plastics and can be used to couple the appliance with the miniscrews hygienically.

Mesialization

One of the most problematic areas of orthodontic therapy is the correction of the anterior displacement of teeth and particularly of jaw segments. It might seem that the availability of miniscrews means that conventional appliances no longer need to be used at all.

However, depending on the baseline situation and the nature of the required correction, the use of a combination of devices and appliances is recommended. This is often advisable and may even be necessary for biomechanical reasons, such as in a Class III situation.

In the case shown in figures 5a–c, forced transverse expansion of the palatine suture was used in combination with mesial traction, applied by means of a Delaire facial mask. The support provided by two miniscrews inserted in the paramedian region redirected the forces of sagittal and transverse movements almost entirely onto the bones. Dental side effects were markedly reduced.

Figs. 1b, 1c: Walde Frog Appliance (FORESTADENT) anchored to two miniscrews (b). Distalization by approximately 6 mm after three months’ treatment, providing sufficient space for the correct repositioning of the canines (c).

Figs. 2a–d: Distalization of the upper laterals. Miniscrews were inserted in the paramedian region (OrthoEasy, FORESTADENT) (a). OrthoEasy with attached laboratory abutments (b). The Frog Appliance was lashed to the laboratory abutments (c). Lateral X-ray showing the ideal positioning of miniscrews, laboratory abutments and Frog Appliance (d).

Figs. 3a–c: Mesialization of the upper molars. Miniscrews inserted in the paramedian region with laboratory abutments (FORESTADENT) and transverse screw with hook for a Delaire facial mask (a). Status after transverse expansion and formation of a median diastema (b). Extra-oral view of the appliance with a Delaire mask (c).

Figs. 4a–c: Space closure in the region of the upper anterior teeth. Diagram showing the anchorage principle (a). Baseline situation: The central frontal teeth were held in place using a steel arch (19 x 25) fixed to a miniscrew with additional frontal dental torque (b). After nine months, the anchorage is stable (c).
Space closure

Owing to the availability of miniscrews, new therapeutic techniques can now be used, particularly for the management of the partially edentulous situation that obviates the need for compensatory extractions and the problem of the loss of stability of the units used for anchorage support.

It is here the effect of Newton’s Third Law is particularly apparent, and the interception of the opposing forces is a major consideration within the therapeutic strategy. The orthopedic closure of dental spaces using miniscrews is highly recommended if:

- there are no alternative, viable conventional methods and/or there is insufficient certainty that these will be effective;
- the extensive use of braces is to be avoided for cosmetic or functional reasons;
- a short-term treatment or partial treatment is required that does not involve correction and realignment of the basic dental arch;
- asymmetrical treatments are associated with the risk of midline displacement and the possibility of compensatory extraction;
- or a suitable dental baseline situation is to be created for preprosthetic treatments.

It is important to note that in cases in which space closure treatment is proposed, it must be ensured the patient is aware of not only the costs and risks of the treatment, but also of the available alternative options, such as the use of bridges or implants.

There are three types of space closure:

- Anterior space closure (e.g., in displacement of the lateral incisors). Orthodontic space closure is frequently indicated if there is a gap in the anterior row of teeth, particularly in the region of the lateral incisors.
- The undesirable effects of conventional therapeutic techniques are the displacement of the midline and/or negative inclination of the anterior teeth.
- If miniscrews are used for the stabilization of the median incisors (Figs. 4a–c), such effects can be avoided. A stable, rigid steel arch with a size of at least 0.48 mm by 0.64 mm attached to two miniscrews inserted in the median or paramedian region can be used to stabilize the anterior teeth.

Using the standard vestibular mechanical techniques, the gap can be closed without altering the position of the incisors.

- En masse or canine retraction (e.g., where the premolars are missing). Miniscrews can also be used as an aid in this form of treatment (Figs. 5a–c). In contrast with the conventional appliances, there is no loss of anchorage but rather a biomechanical benefit in terms of more favorable direction of forces.
movement of the tooth (or teeth) is possible.

- Space closure in the molar region (e.g., to avoid the need for prosthetic measures). Premature loss of the primary molars has not yet been eradicated despite all the advances made in prophylactic treatments. There may be a need for appropriate therapy, particularly in cases in which the adjacent teeth are not carious (Fig. 6a–c).

What should the patient be offered: implants, bridges or space closure treatment? With a view to the realistic long-term prognosis for the surviving natural teeth and the minimization of the effects on the existing materials, a prosthetic solution would not appear to be appropriate.

The basic concept of restorative dentistry — first destroy, in order to reconstruct — is frequently not the best solution.

Let us assume that the strategy adopted is to mesialize tooth #27, in order to compensate — using a natural method — for the loss. The skeletal anchorage means that undesirable side effects, such as reciprocal space closure, are avoided. Only a few elements (brackets, springs, etc.) are needed to support the mesial movement.

The treatment remains invisible to the casual observer, while in comparison with the stated alternatives, it is very cost-effective and provides for a high level of conservation of the natural elements. The prognosis for the long-term preservation of the natural teeth is very good.

Vertical tooth displacement

Any displacement of the teeth along the vertical axis can present a cosmetic and/or functional problem. The solution is extrusion or intrusion using skeletal anchorage. This technique is very simple to implement and very cost-effective.

Extrusion

Extrusion using miniscrews may be used for single teeth (Figs. 7a–c) and for groups of teeth (Figs. 8a, b). Trauma had caused the intrusion of tooth #22 (Figs. 7a–c). The tooth was returned to its original position within three months by means of the indirect anchorage of tooth #25 to a miniscrew using a straight wire appliance.

In the case of a bite that exposed tongue and bone (Figs. 8a, b), the approach adopted was to provide transverse expansion and extrusion of the anterior teeth. Intermaxillary rubber traction braces connected to miniscrews in the lower jaw were used.

If the braces had been connected to the lower anterior teeth, undesirable extrusion of these would have resulted (every action has an equal and opposite reaction). Because of the small root surface, this process would have occurred in a much shorter space of time than in the case of the upper anterior teeth. The opposing bone in the lower jaw prevented this undesirable reactive effect.

Intrusion

This open bite with extrusion of the tongue (Figs. 9a, b) was treated by means of intrusion of the molars and consequent caudal rotation of the maxilla. Miniscrews were inserted in the first and second quadrants in each case between the canine and the first premolar.

A Titanol Uprighting Spring (FORESTADENT) was attached to the capstan of the miniscrew, and the screw was set to intrusion. There was even some over-correction of the positioning of the first molars on both sides after five months’ intrusion, resulting in closure of the front bite.

Conclusions

It may be necessary for therapists to overcome logistical and emotional barriers before they can begin to employ miniscrews, but it is only when they are used that their versatility becomes apparent.

Miniscrews make our routine work that much simpler. They enhance the efficiency and effectiveness of many dental appliances, resulting in an overall improvement in treatment quality.

(Received note: A complete list of references is available from the publisher. This article first appeared in Dental Tribune Asia Pacific, Vol. 7, No. 4, 2009. The next edition of Ortho Tribune will feature “Part IV — More clinical examples.” All photos were provided by the authors.)

Figs. 6a–c: Space closure in the region of the upper laterals. Baseline situation: Teeth #25 and #27 are free of caries (a). Using miniscrews (OrthoEasy; FORESTADENT), it is possible to provide “invisible” treatment (b). Very few elements are required for mesialization (c).

Figs. 7a–c: Extrusion of a single tooth. Viable lateral incisor following intrusion due to trauma (a). Miniscrew with indirect anchoring of the canine and straight arch technique, in order to extrude tooth #22 (b). Status after three months (c).

Figs. 8a, b: Extrusion in order to close an open bite caused by tongue thrust, with deterioration of the upper jaw. The aim was to extrude the upper frontals over the miniscrew in the lower jaw (a). Status after 12 months (b).

Figs. 9a, b: Intrusion in order to close a tongue and skeletal open bite. Intrusion of the molars was effected using a Titanol Uprighting Spring (FORESTADENT) (a). Status after six months (b).

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Makeover: one system at a time

This is the second article in the Levin Group Total Ortho Success Practice Makeover series

By Jennifer Van Gramins and Cheri Bleyer

A practice transformation doesn’t occur overnight. Instead, it’s a series of small steps consistently implemented that yield huge gains in terms of efficiency, referrals and production, while reducing stress and increasing professional satisfaction.

In a few short months, Dr. Michelle Gonzalez and her team have made huge strides in streamlining practice operations, but they realize they still have a ways to go to reach their full practice potential.

“We’ve made some progress... small changes can make a big difference. We are dedicated to making the practice the best it can be,” said Gonzales, the winner of the second Levin Group Total Ortho Success “Practice Makeover.”

The consulting experience

Earlier this year, we conducted the first phase of the yearlong consulting program—two days of teaching, breakout sessions and interactive learning, where we met Gonzalez and her experienced team, whose four full-time members are:

- Laurie, RDA
- Irene, RDA
- Mary, financial coordinator
- Kris, scheduling coordinator

Combined, they have 55 years working with Gonzalez, who started the practice in 1995.

“A strong foundation is a critical asset in moving the practice forward,” said Dr. Roger P. Levin, chairman and CEO of Levin Group. “When your team ‘buys in’ to the consulting process, your practice is poised for extraordinary success.”

During the two-day training, we focused on improved systems and processes in the following areas:

- Scheduling
- Practice communication
- Referral marketing

The schedule has the largest impact on daily operations. A more efficient schedule sets the stage for major practice improvements in the areas of customer service, team stress and morale, and scheduling capacity.

After redesigning their schedules, most practices can increase scheduling capacity, which allows the orthodontist to see more patients and increase production.

Practice communication keeps everyone on the same page. In a busy ortho practice, strong practice communication ensures everyone is working toward the same goals. Miscommunication has negative repercussions for customer service and team stress.

Referral marketing determines the practice’s ability to grow. A structured referral marketing program generates a steady stream of referrals from referring dentists and patients, expands the number of referrals and leads to increased starts and production.

Gonzalez’s practice had been growing for a number of years but had recently experienced a decline in the number of new patients being seen. Focusing on these three areas would put in the missing structure that would allow the practice to start growing again.

Change is under way

Gonzalez and her team have embraced the mantra of practice improvement. In scheduling patients, the practice is now using PowerScripting™ to direct patients to available slots. Previously, patients often would set their own appointment dates, which led to overbooking at times.

In addition, the practice is conducting time studies of its top procedures. This information will be used to devise a more accurate schedule. With the advent of new technologies, Levin Group recommends practices perform procedural time studies every two years.

The team implemented several changes that have resulted in improved communication and customer service. The front desk worked with Ortho II to better utilize the capabilities of its scheduling software. Using “the reason for visit” function has given clinical staff more information about visits by emergency patients.

In addition, the clinical staff is using a written routing slip to keep the front desk team better informed about the patient’s next visit. Previously, the practice relied on verbal communication, which wasn’t as effective.

Gonzalez hired LeAnn as a part-time practice coordinator (what Levin Group calls a professional relations coordinator, or PRC), a position that will handle the practice’s referral marketing activities.

“Having a dedicated staff person will help us more consistently market our practice,” Gonzalez said.

To jumpstart your own Total Success Ortho Practice Makeover, come experience Dr. Roger Levin’s next Total Ortho Success Seminar being held Oct. 28–29 in Orlando. 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

Cheri Bleyer, Levin Group senior consultant

Bleyer joined Levin Group in 2005 as a Levin Group orthodontic management and marketing consultant. As a senior consultant, Bleyer has played a key role in the development of Levin Group’s ever-expanding marketing program, and she regularly lectures at the Levin Advanced Learning Institute.

Jen Van Gramins, Levin Group consultant

Van Gramins has spent the last four years working as a Levin Group orthodontic management consultant. Prior to that, she managed medical and dental practices for 12 years. She served as practice manager for the Oral Health Institute.

To celebrate its 15th anniversary, the practice will host an open house this summer for referring dentists and their teams. Strengthening relationships with referring dentists is key to maintaining practice growth.

Leading the practice

With the help of her team, Gonzalez is working to create the practice’s mission and vision statements. These are two critical documents that set the tone and direction of the practice.

A vision statement is about looking ahead three to five years or even farther. A vision statement is not where you are today or even where you will be in the near future. Instead, it is focused on where the practice will be some years down the road.

The mission statement explains the purpose of the practice. While the vision statement is about where the practice will be in the future, the mission statement is focused on where the practice is today. Having and sharing them with the team are key stepping stones for the practice to achieve its goals.

Conclusion

Gonzalez and her team are on their way to making over the practice. Success starts by revamping current systems, which sets the foundation for greater success. Persistence is paying off for their team.

“We’re excited about what we’ve accomplished, but we’re even more excited by what we can still achieve,” Gonzalez said.

Visit Levin Group on the Web at www.levingrouportho.com. Levin Group also can be reached at (888) 973-0000 and customerservice@levingroup.com.
Advice for landing that perfect opportunity

By David Marks, President and CEO of OrthoSynetics

Your search for the perfect associate position is finally over. You have managed to find the perfect opportunity: excellent location, a busy practice poised for growth, great compensation and bonus plan and the ability to partner in three years or less. Your future would be all set. Accept the offer. Well, not so fast.

There is no guarantee an offer is coming your way. It’s competitive out there. There is a surplus of qualified candidates who are all applying for the same great jobs. This glut of orthodontists looking for associate positions is a result of the difficulty in securing practice financing to start your own private practice.

Landing that perfect job takes preparation and finesse. Don’t sweat the small stuff and negotiate your way out of your ideal opportunity. Here are some tips to ensure better success.

The basics

• Prepare for the interview. During the last 30 years of recruiting and hiring hundreds of practitioners, I perceived one constant recurring theme: Residents interviewing for opportunities don’t often come prepared. So stand out from the crowd by doing your homework. Thoroughly review the practice’s website and find out everything you can about the practice, its clinicians(s) and market. Once you’ve gathered all information, develop a list of questions you want to ask the owner and bring it with you.

• Not many things impress a practice owner more than a candidate who took the time to educate himself or herself about the practice and is prepared to discuss his or her findings.

• Personality plus is key. During your interview, exhibit confidence in your clinical skills, but also remember that you have a lot to learn. In actuality, your skills are secondary during the interview. The practice owner already suspects you have the clinical skills necessary to be a quality orthodontist. It’s why you were called in. He or she now wants to know if your personality and ambitions fit into the practice’s.

• Explain why you want to live and practice in the area (this is key), why you are attracted to this particular practice and what your professional goals are. Of course, the right fit works both ways. You want to be sure you’ll be happy in this position. Put your best foot forward, but also be yourself. It’s almost like a marriage, and neither you nor the practice owner want to suffer through a messy divorce a year later.

• Don’t forget the staff. Practice owners have loyal staff members whose opinions they trust. You want to make sure they perceive you feel they are an important part of the practice and your decision. Prepare questions for them and remember that their vote on whether you should be hired carries significant weight.

Contract negotiations

Congratulations! You’ve impressed the practice owner who now wants to bring you on board. But as the saying goes, “The devil is in the details.” Time to hammer out the particulars, but don’t hammer yourself out of a job.

Most clauses in the contract will be standard boilerplate, but a handful of provisions require your close attention. Hire an attorney to represent your interests; the owner has one representing his. Fees should run $1,000 or less. It may seem like a lot of money, but this investment will pay off in the long run. And lastly, only negotiate those matters of importance to you.

• Employee vs. independent contractor. The practice owner may wish to sign you up as a direct employee. You’ll receive a salary, benefits and a retirement plan such as a 401(k). Basically, it’s similar to being an employee of any other business.

Alternatively, your status may be that of an independent contractor. In this situation, instead of a salary you’ll receive a stipend, most likely at a higher dollar figure. But you’ll have to cover your own personal insurance costs and retirement plan contributions (in an IRA for example). Taxes are not automatically withheld. Instead, you will have to file quarterly taxes and pay into Social Security and Medicaid yourself. Malpractice insurance, which is a required part of your profession, may be provided by the practice.

In the end, which arrangement is better — employee or independent contractor? Each has its plusses and minuses. A CPA familiar with the practice’s state law can help you navigate your choices.

• Compensation/benefits. Whatever your status, the contract should spell out specific terms under which you will be paid. It should include the total annual compensation for each year of the agreement, how...
often salary or stipend payments are made, the hours and days you are expected to work, and detailed information about any bonuses. In addition, the agreement should outline insurance coverage (health, life, disability and malpractice), relocation costs, professional dues and other benefits if any are provided.

- **Full time or part time.** If the agreement limits the number of hours or days you work, you may propose to remove from the contract any restrictions that prevent you from working at another practice. In response, the practice owner will probably make concessions to bring you on full time or accept that you need to supplement your income elsewhere.

- **Term of agreement.** During negotiations, you may wish to push for a contract that locks you in for three years or more. While a long-term agreement may appeal to your desire for security, in the end, it will not matter much. Most agreements include a section stating that either party may terminate the agreement without any cause whatsoever as long as written notice is provided to the other party 90 days in advance.

- **Restrictive covenant.** The practice owner may include a restrictive covenant section in the contract that limits your options about where you can practice if your relationship ends. It will prevent you from working for typically one to three years within a certain radius from your former employer. Contrary to what you may have heard, restrictive covenant clauses can indeed be legally enforced. Ask a lawyer to help you understand the particulars. Keep in mind, however, that by including a restrictive covenant section, practice owners are simply trying to protect the businesses that they have spent so much time and effort building.

- **Future equity.** Are you on a track to move up from associate to partner or even full owner? While the contract may include a clause addressing partnership potential, it will most likely be vague and non-committal.

  That’s OK. Your first several years as an associate should be spent proving yourself worthy of becoming a partner; nothing is a given. But if your negotiations raise the expectation of an eventual partnership, it is reasonable that you be kept apprised of your status. One suggestion is to ask for the contract to include an obligation for the practice owner to notify you at least six months prior to the scheduled termination date of your contract as to whether an ownership interest is in the cards. That way, you will have plenty of time to negotiate a deal or make a decision to move on.

**Have options**

It may take a little time to find the position that’s right for you. Because of the recession, many older orthodontists are retiring later than they planned, making it harder for new ones to establish themselves. And you’re competing with a glut of other young, hungry orthodontists also looking for associate positions. Many want to live in the same metropolitan areas, making competition there even more fierce.

But if you keep an open mind about where you want to practice and the terms of your position, you’ll be straightening teeth and improving smiles soon enough.

Good luck!

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**About the author**

David Marks is the president and CEO for OrthoSynetics, Inc. (OSI), a business service company in the orthodontic industry that assists orthodontic practices by utilizing a full-service, turnkey management approach to address all non-clinical practice functions to gain better efficiencies and profitability. He has more than 50 years experience in the health-care industry including the recruitment and hiring of health-care professionals.

The OrthoSynetics’ recruitment department has assisted a countless number of orthodontists with locating their ideal practice opportunity. For more information on available opportunities with OSI client practices, call Rhonda Autrey, recruitment manager, at (817) 416-7408, ext. 1122, or visit the “Practice Opportunities” listings at www.orthopportunity.com.
Weak economy increases amount of employee theft

By Sally McKenzie, CEO

The stories read like popular fiction. Unfortunately, they are true. The outwardly stable, unquestionably loyal employee commits a crime no one would have expected, least of all his/her employer.

More puzzling is the fact that often this member of the staff doesn’t have a criminal record. In fact, according to the Association of Certified Fraud Examiners (ACFE) in a 2008 report, only 7 percent of those committing fraud have prior convictions and a mere 12 percent have been fired by a former employer as a result of fraud-related conduct.

But what is perhaps most disconcerting is that many of the characteristics that make up this person’s profile would also be the sketch for your “ideal” team member: dedicated, takes very little time off, first in the office and last to leave, will take work home, is very particular about how things get done.

Some say she/he’s controlling while others contend it’s commitment. Working her/his fingers to the bone, this devoted employee is quietly slipping thousands of dollars under the table and into her/his pocket.

According to the ACFE’s most recent report, U.S. businesses lose an estimated $994 billion in annual revenue to fraud, despite increased emphasis on anti-fraud controls and recent legislation to combat it.

If that weren’t troubling enough, the U.S. Chamber of Commerce estimates 75 percent of all employ-ees steal again and again.

Who are the thieves?

FRAUDSTERS represent all walks of life: CEOs, bank tellers, fire-fighters, payroll clerks, senators, even Catholic priests. And, in some cases, they are shamelessly brazen. One reported case involved an employ-ee who routinely crossed out the employer’s name on checks written from customers and inserted his own.

White out, no fancy chemi-cal concoction to erase the ink, just strike through the name on the check and make it payable to himself.

And you probably thought the bank would catch something so blatant. But banks process literally tens of thousands of checks per minute.

In the recent case of the parish priest, he embezzled more than $1 million from two churches. The crime wasn’t exposed until a donor requested a receipt for tax purposes from the church dioceses, which had no record of the donation. How-ever, the contributor had his canceled check. This led to the arrest and conviction of the priest.

No organization or business is immune to employee theft, and health-care businesses, such as dental offices, are among the top three businesses to be victimized by dishonest employees. With the average loss per fraud case among small businesses at $200,000, that kind of financial hit can be huge for small practices, many of which operate very close to the margin.

In this economy, any increase in expenses or reduction in revenue could be catastrophic. More problematic yet, lenders are less likely to extend additional credit these days to cover such a shortfall.

How do they steal?

Dishonest employees are fraudu-lently writing company checks, skimming revenues and engag-ing in fraudulent billing. In small operations, such as dental practices, internal controls tend to be lax and accountability slim, providing the ideal environment for employee theft.

Checks, in particular, present a veritable smorgasbord of opportuni-ties for the small-business embez-zler. As another thief discovered, it was a relatively simple exercise to write company checks to her self and then destroy the cancelled checks.

Countless fraudsters have dis-covered the ease of ordering new checks in the business’ name and making them out to themselves. They can steal insurance checks or write checks using a signature stamp.

In a multitude of other cases, the trusted employee accepts pay-ment from the patient or custom-er, deletes the transaction on the computer and keeps the payment. Many patients no longer get their cancelled checks, let alone actually look at them.

Then there are the fraudulent billing schemes. These take a bit more effort than your typical check fraud. One small employer was building a new office only to discover by accident that a trusted employee, who just happened to be in charge of paying the bills, had set up a fictitious painting business and was billing the employer for work never done.

Motivation to steal

But what is it that makes the other-wise stellar employee turn to crime? Research indicates there are sev-eral inducements that can influence someone’s decision to embezzle, but three factors must be present. This is known as the “fraud trian-gle.” The employee must have the incentive, the opportunity and the rationalization.

Incentive may be a gambling problem, alcohol or drug addiction or shopping addiction. It can also be motivated by financial struggles through an economic downturn such as we are experiencing now. The person may be disgruntled or is stretched beyond his/her financial means. The employee may be experiencing personal crisis such as a divorce, serious illness or a death in the family. He becomes desper-ate, angry and disillusioned, all of which provide incentive to commit the crime.

The opportunity typically comes in the form of lax internal controls. One person has total control of practice revenues. There are few, if any, checks and balances and a near total lack of supervision over that highly trusted employee who seemingly can do no wrong.

Then there’s rationalization. The employee tells herself that she will just take a little loan and will pay it back. Then she takes a little more the next time.

Or the employee hasn’t received a raise and contends he works hard-er than anyone, so he deserves the money.

Or perhaps her addiction is taking over her life. Maybe medical bills have skyrocketed, a spouse has lost her job or he thinks the orthodon-tist makes so much money the orthodontist will never notice.

Whatever form the rationalization takes, often, in the employee’s mind, he or she is simply correcting a perceived wrong.

So who’s most likely to be pil-fering from your practice? Fraud experts refer to it as the 10-10-80 rule: 10 percent of people will never steal, another 10 percent will steal at any opportunity and the other 80 percent will go either way depend-ing on how they rationalize a par-ticular opportunity.

The good news is that for those in the 80 percent category, if they believe they will get caught, they won’t take the chance.

Don’t be an easy target

Small businesses, such as dental practices, are prime targets for fraud and embezzlement.

Why?

Practice owners can be very naive and far too trusting, giving near total financial control to the employee. In some cases, orthodon-tists don’t even know how or where to access their financial reports.

Also, there is often a close rela-tionship between clinicians/owners and employees. They become trusted friends, and this, sadly, encourages a dishonest employee to take advantage of them.

As the ACFE reports, the most common small-business scheme is check tampering. It frequently occurs when one individual has access to the company’s check-book and also has responsibility for recording payments and/or reconciling the company bank state-ment.
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For more information, please contact Julia E. Wehkamp, C.E. Director, Dental Tribune Study Club
Phone: (416) 907-9836, Fax: (212) 244-7185, E-mail: j.wehkamp@DTStudyClub.com

28 NOV
10:00 - 11:30  Dr. Howard Glazer, DDS, FAGD
BEAUTIFUL: GO WITH THE FLOW
11:20 - 12:20  Dr. John Hudec, DDS
LIGHT CURED ADHESIVE DENTISTRY - SCIENCE AND SUBSTANCE
12:30 - 2.30  Dr. Martin Goldstein, DMD
A SIMPLIFIED APPROACH TO MULTILAYER DIRECT COMPOSITE BONDING
24:00 - 3:00  Dr. Nahshon Stelzmann, DMD
MY FIRST ESTHETIC IMPLANT CASE - WHY, HOW, & WHEN?
3:00 - 5.00  Dr. Louis Malmacher, DDS, MAGAD
TOTAL FACIAL ESTHETICS FOR EVERY DENTAL PRACTICE

29 NOV
10:00 - 11:30  Mrs. Noel Branden-Kelsh
ECO-FRIENDLY INFECTION CONTROL- UNDERSTANDING THE BALANCE
11:20 - 12:20  Dr. Derek Fike, DDS
CONE BEAM - AWARENESS IN THREE DIMENSIONS
12:30 - 2:30  Various Speakers
OPTIMIZING YOUR PRACTICE WITH 3D CONE BEAM TECHNOLOGY
2:30 - 3:30  Dr. Daniel Mindel, DDS
HIGH RESOLUTION CONE BEAM WITH PREXION 3D
4:00 - 5:00  Dr. Marla Phone, DDS, PhD
DETECTING CORONARY HEART THROUGH PERIODONTITIS AND PERIPLANTITIS

30 NOV
10:00 - 11:00  Dr. Fotinos Panagakos
DENTIN HYPERSENSITIVITY - NEW MANAGEMENT APPROACHES
11:20 - 12:20  Dr. Jay Reznick, DMD, MD
3D IMAGING AND CT-GUIDED DENTAL IMPLANT SURGERY
1:20 - 2.20  Dr. Dov Almog, DMD
INTRODUCTION TO CONE BEAM CT (CBCT), ESPECIALLY AS IT PERTAINS TO PREVENTION OF FAILURES IN ORAL IMPLANTOLOGY
2:30 - 3:30  Dr. Mark Ryan, DDS, PhD
DETECTING CORONARY HEART THROUGH PERIODONTITIS AND PERIPLANTITIS
4:00 - 5.00  Dr. Dwayne Karateev, DDS
CONTEMPORARY CONCEPTS IN TOOTH RELACEMENT: PARADIGM SHIFT

1 DEC
10:00 - 11:00  Dr. A. Ahrar
MERCURY AMALGAM WASTE AND OSHA AND REGULATORY ISSUES AFFECTING DENTISTS
11:20 - 12:20  Dr. Greg Bon Am
AN INTRODUCTION TO DIODE LASERS: TOP 10 PROCEDURES YOU CAN DO WITH YOUR DIODE LASER
1:30 - 4.30  Various Speakers
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Therefore, the first order of business in protecting practice finances is to divvy up the financial duties. The orthodontist may want to do only the orthodontics, but this attitude is inviting disaster.

As one Wisconsin clinician discovered not long ago, his trusted employee of 28 years who had “total run of the practice’s financial operations” was accused of stealing at least $41,000 and that was believed to be just the tip of the iceberg.

Separating billing, collections and delinquent account responsibilities is critical. The employee making the bank deposit should not be the same employee responsible for checking the deposit slip that is returned from the bank.

Consider rotating the responsibility for making bank deposits among employees and monitor deposits for unexplained increases or decreases.

Look at the reports daily. In particular, examine the day sheet and the deposit. Investigate any adjustments made on the day sheet. Pay close attention to increases in refunds or write-offs, large adjustments or missing documents.

Print and review an audit trail report daily. It reflects every transaction that has transpired in the office since the last printed audit trail.

In addition, generate a monthly report that lists all patients who have had changes made to their accounts. This helps to identify a recurring problem or detect a discrepancy. Routinely conduct random checks of different accounts.

In practices with small staffs, the orthodontist must take a much more active role in monitoring the financials. Ideally, the orthodontist should write all the checks and do his/her own accounts payable.

The orthodontist should reconcile the bank statement monthly and cancelled checks should be sent, along with the bank statement, to the orthodontist’s home.

In addition, monthly credit card statements should be received unopened and compared with original receipts of purchases. This enables the orthodontist to know exactly where the money is going.

Checks received should be immediately stamped on the back with the practice’s bank deposit endorsement stamp. Periodically check the account number to ensure it is the practice’s account. Do not use signature stamps.

All employees should be required to take at least one week’s vacation every year, particularly those in charge of practice finances. And, most importantly, don’t let the work pile up. During that time, the vacationing employee’s duties should be carried out by someone else.

Pay attention to key red flags. According to the ACFE report: “Fraud perpetrators often display behavioral traits that serve as indicators of possible illegal behavior. The most commonly cited behavioral red flags were perpetrators living beyond their apparent means (39 percent of cases) or experiencing financial difficulties at the time of the frauds (34 percent).”

Finally, take complaints seriously. If patients claim that they’ve paid but didn’t receive credit, investigate it. If an employee tips you off that something isn’t right, check it out. If you sense things just aren’t adding up, don’t dismiss it.

Ignorance could cost you thousands, if not millions, of dollars.
as well as a golf game or a canoe trip and a chance to visit with some orthodontic companies to get a firsthand look at new products and technology.

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 substantially.

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 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 course of three days, residents will hear from a variety of speakers. Here is a look at who those speakers are and what they will be speaking about:

- Dr. James A. McNamara will be the guest speaker at a dinner on Friday night. He is a graduate of the University of California Berkeley, and received his certificate in orthodontics and orthodontic education at the University of California, San Francisco, and a doctorate in anatomy from the University of Michigan. He maintains a private practice in Ann Arbor.

- Dr. Vincent G. Kokich will speak Sunday on “Orthodontic Finishing! Art or Science?” He is a professor in the Department of Orthodontics at the University of Washington in Seattle and maintains a private orthodontic practice in Tacoma, Wash.

- In his session, he will discuss some of the questions that commonly arise in the mind of a clinician who is striving to establish his or her reputation: What is acceptable and unacceptable in the final result? How does an orthodontist know when to remove the orthodontic appliances?

- As a former director of the American Board of Orthodontics, Kokich has who is striving to establish his own reputation: What is acceptable and unacceptable in the final result? How does an orthodontist know when to remove the orthodontic appliances?

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A new type of meeting

OrthoVOICE sets itself apart with different speakers, social events

By Kristine Colker, Managing Editor

If you were to plan your own orthodontic convention, what would you want it to have? More time in the exhibit hall without conflicts with educational sessions? A new generation of speakers who haven’t yet shared their stories with others? A way to have dinner at some great restaurants and meet new friends without having to put in so much effort to make those new friends?

These are just some of the things Dr. Clarke Stevens had in mind when he planned OrthoVOICE, a new type of orthodontist convention taking place in Las Vegas from Sept. 16-18.

“I’ve been to several orthodontic meetings around the world and seen the different ways people have presented academic programs,” Stevens said. “European meetings often have more people involved than the regular list of speakers. We thought it would be interesting and creative to invite different types of people.”

For instance, Dr. Scott Law is a practicing orthodontist in Killeen, Texas, who just finished his residency in 2009. He will speak on “Hit the Ground Running While Training for a Marathon — Know When to Pass the Baton and Win the Relay.” Dr. Jennifer J. Garza started her career as an orthodontic assistant and now has her own paperless practice and is a biologic orthodontist. She will share how her experiences have shaped her philosophies for her practice.

Each day of the meeting, there will be sessions for orthodontists and sessions for staff, with two to three tracks going at the same time. However, attendees aren’t limited by their job descriptions — if an orthodontist wants to attend a staff-focused presentation or vice versa, he or she is more than welcome to do so.

Another idea taken from European meetings, Stevens said, will be a more creative use of exhibit hall space. Not only will attendees have one-hour breaks to explore the exhibits, but vendors are encouraged to pick a topic they want to discuss and spend their meal sharing information with others.

For Dinner With Strangers, attendees will find a list in their registration materials of various restaurants around Las Vegas where OrthoVOICE has made reservations for eight to 10 people. Attendees will pick a restaurant they want to go to and will then show up for dinner with other attendees who they haven’t yet met.

“Sometimes I go to a meeting alone, and I wonder where I’m going to eat,” Stevens said. “But this way, you can go to a great restaurant and have a great evening with some new friends.”

Stevens said he likes that OrthoVOICE is being held in Las Vegas and plans to keep it there every fall. “Vegas is a great place to have a meeting because it’s sort of an entertainment capital, and people love to come there,” he said. “It’s also nice to have stability and have a meeting in one place every year, so if someone can’t make it to the AAO one year, they know they will have this nice alternative.”

To register for OrthoVOICE, go to www.orthovoice.com. Orthodontists and staff members are $250 each and residents are $200. To make reservations at Planet Hollywood from $129 per night, call (877) 244-9474 and use code “smovo0.”
Getting residents Wired For Success

Just two months after the much-anticipated Y2K celebration, a new educational program for residents was launched. Entitled Wired For Success, the new program focused on preparing residents for the challenges of running a busy orthodontic practice.

Originally envisioned by Bruce Livingston, the president of Boyd Industries, Wired For Success began in February 2000 with 36 corporate sponsors and 35 residents in attendance. From the beginning, the focus was not on selling products to young orthodontists but on providing information that was often overlooked during their university years.

Flash forward to 2010 and the consortium of corporate sponsors has almost doubled and the number of residents attending the 2 1/2-day program has more than tripled. According to Bruce Livingston: “The main reason that our numbers have grown is due to the feedback from alums. Past attendees are spreading the word to their respective programs that this is a ‘must attend’ program.”

Also helping to spread the word in universities is the program’s other major sponsors: American Orthodontics, Hu-Friedy Orthodontics, Kodak Dental Systems and Treloar & Heisel.

Jeffrey Smith, the director of marketing for American Orthodontics, says, “The vision of Wired For Success is to provide a practical educational experience for residents, something many tell us they are lacking as the days of their residency wind down and they start to realize they are going to be a small business owner some day.”

Wired For Success has modified its format over the years based on feedback from residents, but the overall mission has not changed. Over the course of the last decade as new technologies emerged and as new trends developed, the corporate sponsors were quick to add these topics to their presentations.

For example, one of the featured speakers at Wired For Success is Randall Berning, JD, who presents an informative look at practice transitions and life planning. Because of the slowdown in the economy and because fewer opportunities are available to buy a practice, Berning recently added a new component to his presentation called “going it alone,” which offers sage advice for those wanting to start their own practice right out of school.

Other recent enhancements to the program include the tightening of the credit market, operating a practice in a turbulent economy and accumulating long-term wealth, which is presented by Treloar & Heisel, one of Wired’s major sponsors.

Kodak Dental Systems presents the latest developments in 3-D imaging technology and how that affects diagnosis and treatment planning. Hu-Friedy sponsors Jackie Dorst, a world-renowned expert on sterilization, who educates residents on the fundamentals of designing a safe protocol for instrument sterilization using modern equipment.

In addition, many other speakers provide an optimal solution for a long-lasting perfect smile.

Prof. Dr. Jörg A. Lisson of Germany will present an overview of diagnostic and planning techniques in the orthodontic practice routine as well as the prospect with regard to extended diagnostic options (3-D).

Another highlight is a lecture by Dr. Dirk Bister, who will focus on the significance of implant-based anchorage during orthodontic treatment of patients with hypodontia.

There will be a chance to compare positive and negative experiences on the topic of mini-screws in an expert forum. Qualified experts such as Drs. Björn Ludwig and Marc Schätzle will impart their long years of experience and provide tips for the clinical routine.

In addition, take the opportunity to exchange ideas with colleagues and others users of the 2-D Lingual User Meeting during the International 2-D Lingual User Meeting on Sept. 25. There will be expert speakers at this meeting as well, including Dr. Vittorio Cacciavesta of Italy and Dr. Elie Amm of Lebanon.

The venue for the two events will be “Les Salons de la Maison des Arts & Métiers” between the Arc de Triomphe and the Eiffel Tower in the centre of Paris. A social program on Sept. 18 features dinner cruises on the “Bateaux Parisiens,” a disco party in the “Palace Élysée” and a golf tournament.

Additional information and abstracts of all the lectures are available at www.forestadent.com or e-mail symposium@forestadent.com.

Residents browse the exhibitor forum during Wired for Success.

Residents get to know industry colleagues during a welcome dinner at Wired for Success. (Photos/Bruce Livingston, Boyd Industries)

FORRESTADENT invites you to Paris in fall

Two events will take place on the Seine in September

In only a few weeks, the FORRESTADENT events begin in Paris — the third FORRESTADENT Symposium and the first International 2-D Lingual User Meeting. For three days, from Sept. 25–27, participants will be offered a scientific program with high-quality speakers in the center of one of the world’s most beautiful cities.

“The Aesthetic Smile” will be the main topic of the FORRESTADENT Symposium on Sept. 24 and 25. Internationally renowned speakers will present in-depth knowledge and the latest findings.

Prof. Dr. Adriano G. Crismani of Austria will explain to what extent opening gaps during orthodontic treatment of missing teeth in adolescence and interdisciplinary treatment concepts (implant placement after opening the gap)
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Bigger isn’t better; better is better

By Peter Kimball, DMD

In June of 1993, after I graduated from my orthodontic specialty program, the excitement of starting a new chapter in my life brought another set of challenges with it. Selecting a practice management system was not the most significant decision I faced, but it would certainly be ranked among the most complex decisions I had to make after graduation.

Even though the practice management software industry was full of options, there weren’t any programs that were both affordable enough to fit my budget and customizable enough for me to run my practice the way I wanted to. Because I did not want to spend a huge sum of money on a practice management system that would limit my choices of hardware/operating systems and offer little flexibility and customization in the exam and treatment charting areas, I decided to take a different route. Using my knowledge of programming and understanding of computer systems, I developed a practice management system that later became the foundation of Orthoease.

I had written the program to run my own practice more efficiently and had no intention of selling it to other practices. The plan changed quickly when some of my friends who were also orthodontists saw the program and wanted to buy it. What attracted them to the program was its intuitiveness and flexibility. It was written by a practicing orthodontist, so naturally the flow of steps made sense to other orthodontists. The fact that the program could natively run on both Macs and PCs was also appealing to many.

Before long, the program was installed in dozens of practices, and I found myself looking for programmers, customer service staff, business managers and partners to take the program to the next level. In a matter of months, Orthoease was formed.

During the last 16 years, the program has evolved to become one of the leading practice management systems available to orthodontists, but we haven’t lost sight of what makes Orthoease different. It is an intuitive program that offers the most flexibility and best value.

Being a privately held company allows Orthoease to stay true to its roots, while having a practicing orthodontist as the chief architect of the program gives Orthoease a look and feel that is not only clinically efficient but is also intuitive.

Whether you are an established orthodontist or a new graduate, selecting the right practice management system can have a big impact on your success. So, before you commit to the bigger, I invite you to consider the better option.
Encouraging early myofunctional habit treatment among growing children has been a continuous goal for Myofunctional Research Co. (MRC) during the past 20 years, but now the company has taken it a step further with the introduction of the MRC Clinics.

Since 1989 when Dr. Chris Farrell founded the company, MRC has made significant improvements to children’s faces and has educated people about the effects of soft-tissue dysfunction on the dentition. The company’s many appliances, including the T4K, the Myobrace and the i-3, have assisted the correction of myofunctional habits in patients around the world.

Unlike traditional orthodontics, the goal of myofunctional treatment is not just to have straight front teeth, but to also remove the bad influences on a child’s dental and facial development, allowing the child to achieve his or her full genetic potential.

The idea for the MRC Clinics grew out of Farrell’s vision for the company, but it’s only been in the last couple years that the need has become clear. Launched in 2009, there are now MRC Clinics in the United States, Europe, Asia, Latin America and Australia.

“There is a whole concept behind the MRC Clinics,” said Damien O’Brien, international sales and training executive for MRC. “We’ve known for a long time that we need to have a way to help the doctor so that he can get compliance and make sure the patients are prepared to use the appliances properly.”

Basically, the MRC Clinics differ from regular practices in that there is an emphasis on better patient education delivered as enjoyable activities. These activities teach children through games and interaction about the bad oral habits that cause incorrect dental development and find ways to improve their general health and well-being through breathing and nutrition activities.

Children learn to be more in-control and responsible for the treatment itself and become more motivated as they become better aware of the gradual improvements. A visit to a clinic starts with a sit-down between an auxiliary, a patient and the parents in front of a computer in a dedicated room equipped with a mirror so a patient can see his or her own face. Together, they will go through a special CD-ROM, which will help educate the patient and parents in understanding that habits are always a part of what’s going on and that these habits are going to affect the patient’s face and future treatment.

“The whole idea is to move the patient from ‘Oh, doctor, you can fix my teeth,’ to ‘Oh! There’s something wrong with my tongue, my lips, my breathing, and I’m going to have to work with the doctor to fix it!’” O’Brien said.

This way, O’Brien said, a busy clinician doesn’t have to educate everybody but yet the patients still understand what they have to do.

The other dimension to the clinic is a special area for follow-up activities. Every four to six weeks during their follow-up appoint-

ments, patients are reminded to not just focus on their teeth but to make sure their tongue, lips and breathing habits are also improving.

Dr. Andrew Shieh is one of the first orthodontists in the United States to open an MRC Clinic. He has been in practice for the past 15 years, splitting his time between two practices in Huntington Park and Santa Ana, Calif.

“I first heard about MRC Clinics about two years ago, and although it was an interesting concept, I didn’t look into the full potential of it until looking for a treatment to correct my autistic son’s anterior bilateral crossbite,” Shieh said.

“Being that my son is autistic, I knew traditional fixed braces were going to pose a challenge but that he might be able to handle a Trainer.”

Unlike traditional fixed braces, the Trainer System by MRC allows patients to continue with their lifestyle as usual. Patients are able to eat and maintain good oral hygiene because the T4K is used only one hour a day and overnight.

Shieh’s Huntington Park MRC Clinic officially opened April 11, after about six months of getting it up and running.

“Overall, patient reaction has been fantastic and comments are nothing but great,” Shieh said.

If you are interested in running your own MRC Clinic, you must understand the habits and problems of myofunctional therapy, have been using the MRC appliances for at least a year and have an area big enough to be able to develop the clinic.

For more information on the MRC Clinics and how they are evolving, as well as for instructional videos and contact info, visit myoresearch.com/doctorstrat or lessbraces.com.

He said any practitioner wanting to open an MRC Clinic should consider that three out of four children have incorrect dental and facial developments.

“The MRC concept is unique in that it provides education and training tools for both the doctor and staff,” he said. “It has training programs available that focus on diagnosis and treatment planning in conjunction with the MRC appliances. The MRC Clinics’ layout also allows for a dramatic increase in patient flow.”

The best part, though, is that “Seeing the MRC Clinic open in Huntington Park has spiked patient interest,” Shieh said, “therefore bringing in more patients inquiring about treatment.”

**5000 series of orthodontic treatment chairs**

Boyd Industries, a market leader in dental specialty equipment, recently announced the introduction of a new series of treatment chairs for the orthodontic market.

The 5000 series of chairs incorporates all the features customers have come to expect in a Boyd chair but in a smaller, more streamlined look.

“Our customers have been asking us for a more compact lift base chair,” said Bruce Livingston, president of Boyd Industries. “The M5000LC answers that call.”

The M5000LC and M5010LC models feature an all-steel frame, low-voltage DC motors, programming, easily accessible chair-function controls with dual return-to-home switches, recessed headrest slot and a one-year comprehensive warranty supplemented by a three-year parts warranty.

**Contact**

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Ortho2 is the largest privately held orthodontic practice management software provider in the world and works exclusively with orthodontists. Recently, Ortho2 launched an innovative and comprehensive practice management system, Edge™.

**Revolutionary and reliable**

The revolutionary Edge system includes the latest advancements in state-of-the-art management, imaging and communications software, as well as an off-site data hosting option. This web-based data model provides secure, full access from anywhere, even handheld devices, while eliminating the cost, complexity and risks associated with in-house servers and backups.

**Innovative new solutions**

This all-in-one solution takes practice management to the next level, offering leading technology to increase efficiency and profitability, including a new Edge Imaging platform and new Edge Animations for patient compliance and treatment.

**Edge Imaging**

Edge Imaging has everything you would expect, as well as innovative new features such as card flow presentation, drag-and-drop layout customization, unlimited undo and redo, silhouette image alignment, the ability to e-mail images or layouts, a simple import and more. It even includes an index layout to view all images and time points.

Edge Imaging can be used with all Ortho2 management systems as well as with other management systems or by itself. Edge Imaging works with Ortho2’s SmartCeph module to provide cephal analysis and Bolton Standards overlays.

**Edge Animations**

Edge Animations is a powerful tool for enhancing patient education, compliance and case presentation. Edge includes a set of patient-compliance animations at no charge and an optional extended set of treatment-based animations. According to Ortho2, the cutting-edge rendering techniques used produce videos of such quality they must be seen to fully appreciate their educational power. These animations allow the patient and parent to experience and quickly understand many aspects of treatment and compliance in ways that still images and verbal descriptions can’t match.

**Comprehensive features**

This revolutionary system also includes workflows standardized tasks, patient reminders, HR management, dynamic dashboard and widget library, Edge reports, goal tracker, smart scheduler, collections assistant and more. Edge is compatible with PCs, Macs or a mixed environment, and can even support multiple monitors for a power user.

For more information on Ortho2, visit www.ortho2.com.

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**THE EDGE SYSTEM BY ORTHO2. (PHOTO/PROVIDED BY ORTHO2)***

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The new and improved patient starter kit comes with Turbo Springs and Crim- pable Spacer Rings that can be added during treatment to advance the case even more efficiently. At a price of only $269 for a three-patient starter kit, this appliance provides 25–30 percent savings over other available kits.

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