By JoAnne Tanner, MBA

Dr. Shaina vividly remembers working summers as a child at her father’s dental office. Her dad would stroll in the office each morning, look over the day’s schedule and simply walk over to see his first patient. Not only did he love his chosen profession, but he did it with such ease and joy that Shaina knew she would follow in his footsteps.

Fast-forward through the years, and Shaina is now the proud owner of her own office. Is life as easy as dad had it? Not even close!

A combination of many factors that greatly differ from her father’s situation results in challenges that paint a far different picture in her own office, and many of them have to do with the simple fact that she is a woman. Let’s explore those issues:

• The spouse effect. While it’s true not all male orthodontists have their spouses helping them in their office, it’s a much higher percentage than the amount of spouses female orthodontists have helping them. In Shaina’s father’s case, her mother acted as office manager, allowing a safe distance between doctor and staff, leaving him free to focus entirely on dentistry as opposed to dealing with the business and staffing issues.

• The critical missing element

Where orthodontics and orofacial myofunctional therapy meet

Part 1

By Joy L. Moeller, RDH, BS, COM
(Certified Orofacial Myologist)

Problems that can be addressed

- Does your patient complain about chronic headaches?
- Does your patient have an open mouth rest posture?
- Have your patient’s teeth moved after orthodontic treatment?
- Does your patient exhibit an open bite?
- Does your patient complain of temporal mandibular dysfunction (TMD) or neck pain?
- Is the patient’s tongue always “in the way” when you are adjusting wires?
- Does your patient exhibit a scalloped tongue from pressing against the teeth?
- Have you noticed oral habits such as thumb or finger sucking, nail biting, lip licking, hair twirling or chewing?
- Does your patient lisp when saying the “s” sounds?
- Do you see the tongue come forward against the teeth when swallowing?
- Is your patient’s tongue always “in the way” when you are adjusting wires?
- Does your patient exhibit a scalloped tongue from pressing against the teeth?
- Have you noticed oral habits such as thumb or finger sucking, nail biting, lip licking, hair twirling or chewing?
- Does your patient exhibit an open bite?
- Does your patient have chronic stomachaches, burping, drooling, hiccups or acid reflex?
- Does your patient have a forward head posture?
- Does your patient have a short lingual frenum or a tight labial frenum?
- When you check for oral cancer on the sides of the tongue, have you found lesions from tongue thrusting caused by chronic irritation?

These are all signs and symptoms of an orofacial muscle functional imbalance that can be addressed by an orofacial myofunctional therapist (OMT).

History of orofacial myofunctional therapy

OMT is an area of specialization arising out of orthodontics. The field of OMT is unique because the therapist helps the patient make major life-enhancing changes, which affect the entire body.

Three biggest challenges women in dentistry face

By JoAnne Tanner, MBA

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Orthodontists have many similar attributes, but a common thread that binds us is the desire to help and care for people with needs. In order to define these limitations even further, one must recognize we all have an obligation to act morally and ethically for ourselves, our patients, the communities in which we are members and society in general. These are some of the principles of social justice.

What is social justice? It is a term that refers to the concept in which justice is achieved in all aspects of society, not just the administration of laws. This term can refer to self-contradictory values of justice and is sometimes considered amorphous or unstructured. Most often, social justice refers to an individual’s, group’s, fair treatment of an impartial share of the benefits afforded by society, or the distribution of advantages and disadvantages within a society.

To help define how orthodontics and social justice are related, one must recognize that professionalism is the central cog in this wheel. To be professional means we prescribe to the code of ethics that are taken for granted in dentistry; if we prehend, i.e., informed consent, instructa-

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Orthodontics and social justice
By Dennis J. Tartakow, DMD, MEd, PhD, Editor in Chief

Orthodontists have an opportunity to promote (a) the well being of staff, patients and friends; (b) a positive school culture for our school-age patients; and (c) the best practice for oral health education.

An ethic of identity for social transformation. Orthodontists have an opportunity to understand, respect and support people’s right to live and be identified in terms of their own culture, gender, etc. This ethic suggests that the orthodontist must (a) provide all written forms that require a patient’s signature or understanding, i.e., informed consent, instructions, etc. in their own language, and (b) all spoken instructions and correspondence in a language that the patient understands.

Whether we are libertarians or pluralists, professionalism demands theoretical grounding in leadership praxis. Conceptions of ethics, morals, and social justice exist within frameworks and perspectives regarding issues in education, leadership and life.

For more on ethics, see Michael Meru’s article on page 12.
Women

Every orthodontist confronts dozens of challenges daily, but my research shows that most women orthodontists put three basic tasks at the top of their lists:

• Creating productive teams. In general, there is a different dynamic to an orthodontic practice led by a woman. Men tend to try and keep an arm’s length approach by filtering non-treatment-related information to and from the staff through an office manager. On the flip side, women usually like to take more direct control of staff matters and create a more personal approach to managing, creating a more familial relationship where there’s a slight mix of work and one-on-one nurturing and direction. With this special dynamic in mind, the female orthodontist needs to create a team that functions and interacts on a similar level to be productive. Even more importantly is a carefully balanced personality mix that creates trust and functions smoothly together.

• Finding an effective management style. Once a team is assembled, an effective management style needs to be implemented to match both the doctor and the structure of the team. One good tool is using a Forté Communication Style Profile for the doctor and each team member along with Forté Interaction Reports. Forté is a system based on studying individual strengths and how successful people and teams balance and adapt to one another. The system is updated as often as every 30 days, ensuring that as a practice grows and needs change, all relationships continue to grow and patient care remains positive and sustainable.

• Balancing business and family. Although times are changing, most women still take on the majority of family responsibilities. This special dynamic creates a greater burden on top of running a successful practice. When a woman decides to start a family, the physical aspect of pregnancy and childbirth alone will require a great amount of planning and an arrangement for another doctor to treat the patients during times of absence.

Yes, the challenges are different for women, but they are not impossible to handle.

Learn more about the Forté system at www.theforteinstitute.com or get a complimentary profile by e-mailing your name and e-mail address to developments@theforteinstitute.com with Women In Dentistry as the subject.

The family equation. In a few short years, Shaina is planning on starting a family. For her father, this didn’t cause any disruption with his practice or ability to handle the patient workload. Due to the mere physical process of bearing children, she will need to take time off. Therefore, the need to get another doctor to fill in is essential.

Every orthodontist has to create a team that is dynamic in mind, the female orthodontist needs to create a team that functions and interacts on a similar level to be productive. Even more importantly is a carefully balanced personality mix that creates trust and functions smoothly together.

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About the author

JoAnne Tanner brings compelling insights to dental practice management from her more than 25 years’ experience in the dental profession. Her ability to provide dental professionals with management skills needed to maintain control, create an environment for achievement and instill enthusiasm in the entire dental team has made her a strong asset to the dental profession. Tanner holds a master’s in business administration with an emphasis in strategic planning and a bachelor’s in marketing management. You may contact her at joanne@joannetanner.com, (916) 791-2720 or her Web site at www.joannetanner.com.
Dreaming of explosive growth for your orthodontic practice? Dream no more. Or at least one lucky practice will dream no more.

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This free one-year management makeover will be a customized approach based on the selected orthodontic practice’s unique needs, goals and potential.

As orthodontists, you know the importance of having the right business systems in place. So ask yourself, when was the last time you took a close look at your practice’s systems?

Levin Group Orthodontic Practice Power MAKEOVER

And keep in mind, the systems that worked well early on in your practice are not the systems that will take you to the next level of growth. Growth is always within your reach — even in this weak economy. The Levin Group Orthodontic Practice Power Makeover may just be the answer to achieving your dream practice!

All Ortho Tribune readers will benefit from the Levin Group Orthodontic Practice Power Makeover as the winning orthodontic practice’s 12-month journey will be profiled throughout the entire process. Updated articles every few months will highlight how the Levin Group consultants and the orthodontist work together to achieve the desired results. These articles will get you thinking about ways you can start on your own practice power makeover!

How do you enter to win this opportunity of a lifetime? Visit www.levingroup.com and click on Levin Group Orthodontic Practice Power Makeover on the homepage to access the online entry form. Deadline for entries is Sept. 30. Good luck!

Entries rolling in for Levin Practice Makeover

Enter before the Sept. 30 deadline

Many dentists during the 1800s and early 1900s recognized tongue rest posture, mouth breathing and oral habits influenced occlusion. Edward H. Angle, in his 1907 book “The Angle Facies,” appeared in Dental Cosmos in 1907, in which he recognized the influence of the facial muscles on dental occlusion.

In his research, he concluded mouth breathing was the chief etiological factor in malocclusion.

The first program of OMT began in 1918 with an article written by an orthodontist, Alfred P. Rogers,* entitled “Living Orthodontic Appliances.” He was one of the first doctors in the United States to suggest that corrective exercises would develop tonicity and proper muscle function and thereby influence proper occlusion.

In the 1970s and ‘80s, there were two different organizations representing therapists. Daniel Garliner and Dr. Roy Langer founded the Myofunctional Therapy Association, and Dr. Marvin Hanson, Richard Barrett, William Zickefoose and Galen Peachey founded the International Association of Orofacial Myology (IAOM).

Currently, the IAOM, located in the United States, is the only professional organization promoting and developing orofacial myofunctional therapy in the entire world.

The team approach

Today the field is expanding to include many professions. Through a team approach, the patient can experience the best of all worlds and achieve remarkable results.

The interdisciplinary approach to patient wellness includes but is not limited to:

- orthodontics,
- speech-language pathology,
- dental hygiene,
- periodontics,
- oral surgery,
- ear, nose and throat specialty,
- cranial osteopathy,1
- allergology,
- pediatric dentistry,
- pediatrics,
- physical therapy,
- chiropractics,
- gastroenterology,
- plastic surgery.

Failure to help many patients

Through 50 years of practicing orofacial myofunctional therapy, some questions asked me by patients or their parents are:

Why didn’t someone tell me about this earlier?

I knew I had a tongue thrust, but I didn’t know there was a special person to help me.

Why didn’t someone tell me my habit of tongue thrusting, thumb sucking or nail biting could be easily eliminated in therapy?

I have tried multiple splints, medications and occlusal adjustments for my TMD problem. I was even referred to a psychologist for counseling because they told me it was stress related.

Why didn’t someone recognize my facial muscle imbalance and refer me for orofacial muscle therapy sooner?

This is the third time my orthognathic surgical result has relapsed. Why hasn’t anyone referred me to an orofacial myofunctional therapist?

My child was traumatized by wearing a “rake” is his mouth to stop his tongue thrust. His speech has gotten worse, and he has withdrawn. After the rake was removed, the tongue thrust just returned. Why wasn’t I given the option of seeing a therapist who specialized in treating this disorder with exercises?

I was told I was palate expanded for a high narrow palate. After the expander was removed, the palate collapsed because the tongue was resting down. Why wasn’t I referred to an orofacial myofunctional therapist immediately following the expander being removed?

I was told I was tongue-tied and needed a lingual frenectomy. After surgery, my tongue reattached and scar tissue formed and was worse than before we started! Why wasn’t I told to see a therapist immediately following surgery to prevent reattachment?

Patients can learn to develop healthy muscle patterns. Healthy muscle patterns, when permanently habituated, can be proactive in preventing or treating:

- orthodontic relapses,
- articulation disorders,
- breathing disorders due to allergies or mouth breathing habits,
- TMD when it is a muscle or habit related issue,
- digestive disorders from not chewing properly or swallowing air,
- postural problems,
- and faster normalization of the facial muscles and neuro-muscular facilitation post orthognathic surgery.

Element

Study OM

Joy Moeller will teach an IAOM-approved, five-day course on orofacial myofunctional therapy Sept. 16–20 in Culver City, Calif., and Oct. 18–23 in Phila- delphia with Barbara J. Greene, COM, and Licia Cocceni-Paskay, MS, CCC-SLP, COM. For more information, contact Greene at hgreene@tongue thrust.com or call (805) 452-4502.

Joy Moeller is a certified orofacial myofunctional therapist and a licensed registered dental hygienist. She is in private practice in Pacific Palisades and Beverly Hills, Calif. Moeller is a former associate professor at Indiana University School of Dentistry and an ongoing guest lecturer at USC, UCLA and Cerritos College. She attended the Myofunctional Therapy Institute in Coral Gables, Fla., and the Coulson Institute in Denver, Colo., and studied with Dr. Mariano Bocahado, Santiago, Chile, on head and neck posturing. She is a founding member of the Academy of Orofacial Myofunctional Therapy and has taught courses at USC, the Gutenberg University and Freiburg University, both in Germany, among other locations.

About the author

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How can orofacial myofunctional therapy help the orthodontist? Find out in part two, appearing in the next issue of Ortho Tribune. The reference list is available from the publisher.

* Winning practice receives a free, one-year Levin Group orthodontic management consulting program. Travel expenses for Levin Group consultants and orthodontist during the year-long program are the responsibility of the orthodontic practice.
Increase starts with first call

By Scarlett Thomas

The initial phone call is one of the most vital parts of an orthodontic practice. If the new patient phone call is handled properly, the potential new patient will have a positive outlook regarding the practice, often resulting in an increase in case acceptance.

I recommend all new patient phone calls be handled in the same manner. The format and guidelines should be identical, and the script should be memorized. One of the ultimate goals should be to educate, motivate and excite the new patient about the practice.

Creating a flow sheet will generate a guideline for staff members learning the process of new patient phone calls. Frequently, staff members forget to ask vital questions, which results in a lack of collecting needed information. Visuals for staff members to look at while speaking on the phone will help aid them in proper scripting.

After the basic information is gathered, the new patients should be asked, “Whom may we thank for referring you?” When the answer is given, something positive should always be said regarding that individual. In addition, new patients should be asked if that individual has had the opportunity to inform them about the doctor.

At this point, take the opportunity to inform the new patients over the phone about the doctor’s background. I recommend choosing three bullets about the doctor.

• Dr. Smith has been practicing orthodontics for more than 18 years.
• He is board certified.
• He practices using the most advanced technology available.

Promoting the doctor over the phone builds confidence and excitement about the doctor and sets your office apart from competitors.

It’s also important to ask, “Are there any medical concerns the office should be aware of?” Often, patients are allergic to latex gloves, have a heart murmur or may be handicapped. Knowing this information ahead of time will allow for a better experience.

Another key question is asking whom the new patients’ general dentist is and when was their last cleaning and/or checkup. I also recommend asking if they are aware of the referring dentist’s main concern and if they have any additional concerns of their own. These questions will help prepare the treatment coordinator in advance concerning any obstacles he or she may have in starting to treat the patients.

Most importantly, new patients should be offered the opportunity to have insurance verified prior to being seen. Doing this will allow the treatment coordinator the opportunity to properly address financial concerns while presenting fees.

When asking for the new patients’ insurance information, it should be asked in a manner to convey you are providing them with excellent customer service. “Is there any insurance we may check on for you?” You should not say, “Do you have any insurance?”

Furthermore, it’s important to ask new patients, “Are there any additional family members you would like us to see?” Often, the answer to this question is similar; “I have another son who is only 7 years old — is he too young to start?” Or, “I’ve often thought about braces for myself, but I’m too old.” This question gives the perfect opportunity to further educate patients about reasons for early evaluation along with advancements in orthodontic care for adults. Consistently asking this one question will increase your overall new patient exams without any additional marketing efforts.

For a limited time only, Orthodontic Management Solutions is offering a complementary recorded spy call of your practice’s initial phone call process. Call our office and mention this article in Ortho Tribune.

To learn more about initial phone calls, increasing case acceptance, building a successful schedule and/or marketing, Orthodontic Management Solutions invites you to attend its workshop in San Diego, Sept. 19–20. Visit orthoconsulting.com for more information.

About the author

Scarlett Thomas is an orthodontic practice consultant who has been in the field for more than 25 years, specializing in case acceptance, team building, office management and marketing. As a speaker and practice consultant, she has an exceptional talent to inform, motivate and excite.

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All those reports — do you read them?

By Pat Rosenzweig

One of the most important areas we discuss when evaluating orthodontic software is reports. Does it run good reports? Does it give us all the reports we need? Is software "A" worth more than software "B" based on the quality of its reports? We have all these discussions and base our software purchases heavily on answers we get, so one can only assume every orthodontist everywhere is diligently poring over daily, weekly, monthly and yearly reports.

Are you laughing yet?

I’ll bet many of you are because you know all those excellent reports just pile up on your desk and you rarely, if ever, even glance at them. And, from a consultant’s view, I rarely, if ever, even glance at them. That’s a lot of diligence poring over daily, weekly, monthly and yearly reports.

Are you laughing yet?

This is a real waste to have spent all that money and use so little of its capabilities. You can track patients — and decide when it’s time to give up the ship has already sailed.

Are you laughing yet?

As the practice without ever leaving your desk, so go get those reports and read them!! That’s a lot of money and use so little of its capabilities.

Are you laughing yet?

Do you read them — are you reading them with the full attention you give them? Investigate why it’s so important to some of those neglected reports and information. Let’s take a look at those reports. That’s a lot of work those reports probably doesn’t know the person in your office runs or that you even have them! That’s a lot of work those reports probably doesn’t know the person in your office runs or that you even have them.

Are you laughing yet?

From a consultant’s view, I rarely, if ever, even glance at them. Just pile up on your desk and you know all those excellent reports you diligently poring over daily, weekly, monthly and yearly reports.

Are you laughing yet?

First are the daily reports. You should be aware if they’re not returning “money in the bank,” and you want to be aware if they’re not returning “money in the bank,” and you want to be aware if they’re not returning “money in the bank,” and you want to be aware if they’re not returning “money in the bank.”

Are you laughing yet?

What’s the point? Most people, the sad fact is embezzlement in dental offices is in the 50 plus percent range and is not likely to get better. A doctor who makes it clear he or she checks the office produced and collected to keep aware of any trends before they get out of hand, but what you really want to see is the end-of-day reconciliation report. This will have your production, collections and adjustments on it. You also should be seeing the bank deposit slip and credit card batch receipt.

Are you laughing yet?

Your office should be closing for the day only after the last production has been entered and the last payments have been collected and posted. You should be able to see that the deposit plus the credit card payments matches the daily collections. You also should be reviewing any adjustments from the day to be sure they seem reasonable.

Are you laughing yet?

While my most fervent hope is that all your employees are decent, honest people, the sad fact is embezzlement in dental offices is in the 50 plus percent range and is not likely to get better. A doctor who makes it clear he or she checks the reports every day will not invite temptation.

Are you laughing yet?

Your weekly reports give you a quick snapshot of how well your scheduling template is working. Did you produce one-fourth of your goals for the month? If not, what went wrong and how will the practice catch up next week or in the following weeks? While we certainly want to review all our statistics at the end of every month, it’s really too late to make a mid-course correction when the ship has already sailed.

Are you laughing yet?

Next we have the monthly reports. You want to start by looking at your production and collection numbers: How did you fare for the month, and how does it compare to last month and to the same month of the previous year? If you didn’t do as well as last month, but exceeded the same month last year, you’re fine. You’re weathering the cyclical nature of orthodontics and improving yearly. This also is where you look at whether your staff needs to make better efforts at collections and/or follow up more closely on insurance claims.

Are you laughing yet?

Next area to check is how many new patients you saw this month and now that compared to previous months and to the same month last year. You’ll always have slower months, but you don’t want to lose ground from last year. In conjunction with your number of new patients, a very important number to look at is the percentage of exams that actually became treatment starts. Once an office has been functioning for a year, any percentage less than 50 percent should be unacceptable — 75 to 80 percent is a realistic goal.

Are you laughing yet?

In the same vein, if you’re seeing plenty of recalls but not starting many cases, this warrants investigation. It may well be that many of the patients are still not ready to start, but it also could be that you’re doing a very cursory recall exam without the enthusiasm you showed at the initial exam. Recalls are your “money in the bank,” and you want to be aware if they’re not returning for treatment.

Are you laughing yet?

End-of-month reports are great places to look at how many patients missed appointments and how many emergencies you saw. These are both real wasters of productive time and need to be tracked carefully. One last number to review tells you how many days you worked this month and what your average daily production was. This is an important and easy-to-track goal, and I would encourage you to set your templates so each day has a good mix of exams and production time.

Are you laughing yet?

Finally, you have the end-of-year reports. These are a full capsule description of how the practice did this year. They’re what you need to study to prepare your plan for next year and to evaluate your growth. Where did you lag? That’s where you should be prepared to add marketing next year. When were you extremely busy? That’s probably not the best time to plan vacation. We can learn a lot from our experiences, but only if we pay attention to them.

Are you laughing yet?

These are the basic reports that you absolutely should review on a regular basis, but all the current software has so much more to offer that it’s a real waste to have spent all that money and use so little of its capabilities. You can track patients by ZIP code (Where should you be advertising or sending mailers?) or by referring dentist (Who should you be taking out for an afternoon of golf?). You can see how many patients and how much production is coming from your status as a pro-vider for all your insurance companies — and decide when it’s time to drop the unproductive ones.

Are you laughing yet?

In a nutshell, you can track just about everything happening in the practice without ever leaving your desk, so go get those reports and start reading them!
Take Your Practice to the Next Level

At Orthodontic Management Solutions, our philosophy is to treat your concerns as if they were our own. We will work hard to give you more than you expected, not only in the programs and services we offer, but in the results that these programs were designed to produce.

Whether you're a new graduate ready to open your own office, or a seasoned orthodontist looking to improve systems within your practice, we have the tools to work with you.

- Increase your case acceptance
- Train your treatment coordinator
- Build a successful schedule
- Improve your management skills
- Create effective systems that work
- Market your practice for success

"As a result of Scarlett’s efforts and my decision to hire her as a practice consultant, my number of starts have improved, my production and collections have improved, my staff is more unified and most of all, I am having more fun as an orthodontist. If I could only convince her to work for me full time."

Peter T. Kimball, DMD, MS

"Scarlett’s intimate understanding of every aspect of a orthodontic practice has impressed every member of our organization. The most impressive aspect of her many skills is to see how she trains staff, delegates responsibilities and puts into place the tools to monitor progress. Having great ideas is one matter, but having the ability to implement those ideas and consistently achieve the goals set is a priceless business asset."

Faisal Naveed ~ CEO OrthoEase

"Scarlett’s skills related to the new patient exam process are nothing less than spectacular. Scarlett has not only increased our case acceptance but has also increased our new patient referrals by over 150% in the last year. From the time we brought Scarlett on board as our practice consultant our production and collections have continued to increase at a rate many would find unbelievable."

Dr. William Thomas, DDS

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 ideas into your practice, Scarlett invites you to experience not only tremendous growth and increased income but a well organized practice!

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Orthodontists today have tremendous opportunities to build great practices, even in a bad economy. Since 1990, orthodontic practices have doubled or tripled their capacity without increasing overhead. Thanks to this increased capacity, orthodontic practices can become larger than ever before. Doctors can double or triple their income while working three-and-a-half to four days a week.

At orthodontic seminars, doctors tell me, “I’m already at maximum capacity. There is no way I can handle any more patients.” Others are probably thinking, “I have the capacity, but where am I going to find patients in this economy?”

Orthodontic success depends on having the right methods. The methods you create, develop and implement will determine whether you have a $500,000, $1 million, $1.5 million or $2 million practice. The use of advisors also can expedite the creation of the right method and systems.

Different times, different methods
As a practice develops and grows, it is critical to update your methods to achieve greater success. Too many orthodontists employ one method to reach a certain level, but then fail to realize that this same method becomes the No. 1 factor restricting their growth.

For example, the new patient system varies from practice to practice but contains these basic steps:

- New patient (or parent) calls the office.
- New patient is appointed for consultation and exam.
- New patient appointment is confirmed.
- New patient presents to the office.
- The doctor or treatment coordinator meets with the new patient and follows a series of exacting steps to complete the consultation, exam and presentation in one or more appointments.
- The new patient is presented with the treatment option.
- The financial arrangements are worked out.
- The treatment is scheduled to start.
- The treatment is confirmed.
- The new patient arrives at the office on the day of treatment.

Each office will apply a new patient method differently, and offices with extremely high case acceptance will continue to apply their method in the same way. However, when these practices want to reach the next level, their methods must change.

For instance, was there a recommendation made for the mother to have orthodontics along with her daughter? Does the practice have a sibling program offering a 10 percent courtesy if two children from the same family have orthodontic treatment concurrently? Were patients offered a 10 percent courtesy if they agree to have all appointments in the morning? Was motivational scripting used to encourage patients to alternate morning and afternoon visits, thus creating a more balanced schedule?

These are the types of questions that influence how a method can change when a practice is ready to go to the next level.

Changing methods as practices grow
Based on 23 years of experience consulting to orthodontists, Levin Group has identified $1.2 million in annual revenue as the current threshold point for orthodontic practices. Those operating below this figure have often maxed out their systems and will need a new method to reach the next level. Those above $1.2 million will need to update their method to achieve continued growth.

Both will require a change of method to reach their true potential.

One might think that smaller revenue practices would be more streamlined with lower stress. In fact, it is often the opposite. Practices generating below $1.2 million are often stretched beyond their systems and are more hectic, more stressful and more chaotic, which reduces their overall practice profitability. This occurs because these practices have failed to design new systems allowing continued growth.

I have spoken to many orthodontists with annual practice revenues below $1.2 million who say they can’t possibly handle any more growth or patients. At Levin Group, we know this is not the case.
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We have seen that the main problem is not busyness but how the systems are designed and implemented.

Why is this so? These doctors are reacting to their day-to-day reality rather than understanding that their systems are restricting practice growth. In a sense, it is like trying to run a marathon wearing 10-pound ankle weights on each leg. Removing the ankle weights will allow the athlete to perform at a much higher level.

Levin Group has identified solutions to this situation based on the Levin Group Method for Total Ortho Success™ — a customized approach to helping practices design, develop and implement new systems that allows them to go to an entirely new level. The method analyzes all management and marketing systems to identify the true potential of each orthodontic practice. You should regularly analyze your practice. If you have high stress — you probably have outdated systems!

What we have found is that many orthodontic practices begin to max out somewhere between $900,000 and $1.2 million. The reason is that the systems that allowed the practice to get this far are now stretched. At this point, the orthodontist thinks he or she has a practice with little growth potential due to the level of stress and chaos experienced.

The problem is these orthodontists don’t realize there are similar practices earning two or three times the gross revenue in the same number of days. The difference is the growing practice finally recognized its old scheduling system created limits on production capabilities. Larger practices have often taken the time to construct mathematically-designed schedules that allow them to hit more challenging goals.

Breaking through limitations

Many systems have maximum limits. Whether it is scheduling, case presentation or clinical flow, systems do have a maximum limit and eventually need to be replaced if the practice wants to continue to grow. What many orthodontists do not realize is that new systems will reduce the level of stress in the practice because they are based on efficiency and effectiveness and allow the practice to achieve continued growth.

Practices can grow from $500,000 to $1 million to $1.5 million to $2 million and above if orthodontists understand that the same systems that enabled their practices to reach one level will not take them to the next. In my CD “Maximum Success for Orthodontists,” I demonstrate how updated systems combined with a consistent referral marketing program allow orthodontists to reach their true potential.

Conclusion

Orthodontists should evaluate where they are today and how much they would like their practices to grow in the next three years. Ask yourself if you believe your current systems will be able to handle that level of growth and if the referral marketing program you have in place will attract a sufficient number of patients to maximize updated systems.

While the economy poses a challenge to orthodontists, it is often internal factors (e.g., the lack of a proven method) that have more of a negative impact on a practice’s growth potential than any external forces. With the right method, long-term growth can be yours!

Ortho Tribune readers are entitled to receive a 20 percent courtesy on Dr. Roger Levin’s next Total Ortho Success™ Seminar, “Get Exponential Growth Now,” being held Sept. 21–26 in Scottsdale, Ariz. To receive this courtesy, call (888) 973-0000 and mention “Ortho Tribune” or e-mail customerservice@levingroup.com with “Ortho Tribune” in the subject line. The first 10 orthodontists who respond also will receive a free copy of “Maximum Success for Orthodontists,” Dr. Levin’s groundbreaking referral marketing CD.

Dr. Roger P. Levin is founder and chief executive officer of Levin Group, Inc., the leading orthodontic practice management firm. Levin Group provides Total Orthodontic Success, the premier comprehensive consulting solution for lifetime success to orthodontists in the United States and around the world. A third-generation dentist, Dr. Levin is one of the profession’s most sought-after speakers, bringing his Total Orthodontic Success Seminar Series to thousands of orthodontists and ortho professionals each year. For more than two decades, Dr. Levin and Levin Group have been dedicated to improving the lives of orthodontists. Levin Group may be reached at (888) 973-0000 and customerservice@levingroup.com.
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Part 1

By Michael Mera, USC ’09

In an unusually tropical day in San Francisco, former dentist and oral surgeon Tony Protappas appeared before the U.S. Supreme Court on March 24, 2004, with a writ of habeas corpus petitioning his release from prison. Twenty years earlier, in 1984, Protappas was charged with second-degree murder and sentenced to three concurrent terms of 15 years to life for the deaths of three young women that occurred while they were under general anesthesia.

Protappas’ career began shortly after he graduated from dental school and completed his oral surgery residency. He opened his Costa Mesa California Dental Clinic in 1974, and by 1982, the practice was flourishing.

Protappas employed five other dentists, as well as many office staff. He was the only practitioner in the office with a license to administer general anesthesia and was responsible for standardizing doses given to patients that were prepared by his office assistants.

On Sept. 28, 1982, a feeble Kim Andreassen presented at the Costa Mesa clinic for a root canal, three fillings and a crown.

Andreassen’s medical history consisted of lupus, total kidney failure (requiring thrice weekly dialysis), high blood pressure, anemia, a heart murmur and a chronic seizure disorder. Her physician informed Protappas she was not to be sedated, yet Protappas’ reply was, “Maybe that’s normal for her because she is so ill.”

Ten to 15 minutes later the respiratory distress worsened, her pulse became weak, and her face turned blue. Shortly thereafter, the paramedics were called and brought Andreassen to the hospital.

Upon arrival, Andreassen was pronounced clinically dead.

After the tragic events of Sept. 28, Protappas continued practicing as usual until the week of Feb. 6, 1983. On Tuesday the 8th, Protappas saw 15-year-old Patricia Craven for the removal of her third-molars, as well as for eight fillings and a crown. Craven was active and healthy aside from her swollen tonsils.

During the procedure, which was done under general anesthesia, Craven was given massive amounts of drugs, which caused her to go into a coma later that day.

On Friday the 11th, while Craven was still in a coma, another patient, 51-year-old Cathryn Jones, sought dental care under general sedation at Protappas’ clinic. She also was given massive amounts of drugs, which caused her to go into a coma as well.

Both Craven and Jones died days later, and it was found they had suffered massive drug overdoses.

After the third victim was pronounced dead, Tony Protappas was brought to trial. One expert witness, an oral surgeon, testifying in regards to Andreassen’s death, reported the combination of drugs administered did not make any sense.

He stated, “It is not a regimen to sedate a patient. It is illogical. It is — I don’t know anybody who does this kind of thing for sedation or anesthesia. It is really an illogical approach to treating people.”

From the People v. Protappas case notes: “Dr. Frank McCarthy, chair of the anesthesiology department at the University of Southern California’s dental school, testified that Andreassen’s irregular breathing was symptomatic of severe toxicity and should have been interpreted as urgent and life threatening.

“He concluded Protappas did not recognize or respond to Andreassen’s Cheyne-Stokes breathing.”

In his own defense, and throughout the trial, Protappas maintained he felt he was treating the patients correctly, to the best of his ability and with no intent of harming anyone.

One aspect of his life that doesn’t surface in his trial notes are the allegations he faced while in dental school. According to an ethics class taught at the University of Southern California School of Dentistry, many people, including faculty and other students, knew very well that Protappas had problems with academic dishonesty and that he cheated numerous times.

He got ahead in life, in the easiest manner possible, in front of the learning process that dental schools grant to each student in order to ensure proper breadth and depth of education.

There may or may not be a correlation between Protappas cheating in dental school and his culpability for the death of three patients. But as one study of medical students found, academic dishonesty during medical school does predispose a person to cheating in patient care later in life.

As dental students and future practitioners, we are committed to bringing life-long learners. Not only is that important for each of us to be successful, but it also ensures that those that we care for also will be protected. An ethical nature of continued study and practice should never take a back seat to finding the easy way out.

Protappas’ petition for writ of habeas corpus was denied on March 24, 2004, and he is currently serving his term in Folsom State Prison.

Mike Meru is a fourth-year DDS candidate at the University of Southern California, School of Dentistry. He graduated from Brigham Young University in 2005 with a BA in public relations. Meru is the former editor in chief of the American Student Dental Association and current chair of the ASDA Council on Communications. He also sits on the ADA Council on Communications. Meru enjoys surfing and snowboarding with his wife, father and two brothers. His hometown is Newbury Park, Calif.
Boyd: equipment made your way

Manufacturer prides itself on customizing every order

By Kristine Colker, Managing Editor

Boyd Industries, located in Clearwater, Fla., has been manufacturing high-quality, operatory equipment for orthodontists since 1957. Ortho Tribune sat down with National Sales Manager Ron Sharpe at the AAO in May to talk about the company, where it’s at today and where it’s headed in the future.

Boyd has been in the business for more than 50 years. What sets Boyd Industries apart from the other manufacturers?

Basically what we’re looking at is our manufacturing process and the way we take our products to our customers. We are vertically integrated, which gives us control throughout the entire manufacturing process. Thus, we are continually upgrading and improving all our products. We are also unique in the way we go to market; Boyd is the only direct equipment manufacturer that maintains a team of dedicated independent representatives.

This allows Boyd to have an actual presence in the doctor’s office from the quote stage all of the way to the first patient through the door. We actually become part of the doctor’s team as he goes through the entire process from concept to completion.

What do orthodontists need to know about your products/services? How can you help them?

The biggest thing is we’re as close as we can be to a single-source provider for all of their equipment needs as is available. We offer chairs, lights, gaming systems, doctors’ and assistants’ seating, custom cabinets for the treatment area and sterilization centers designed not only to meet the office needs but to integrate into the office as custom cabinets. Adding to this is our team of sales professionals in the office, and our manufacturers representatives who are in the doctors’ offices helping with the entire equipment design and acquisition process.

What are some of your most popular products or products that you’re most proud of?

The most popular products — because everything is going toward computers — are our computer-ready delivery units. Boyd offers a complete line of delivery units with computer storage. Our ETL electrical approval sets us apart from all of our competition by going the extra step to help insure the safety of the doctors’ equipment. In 2000, we delivered our 2000 series of treatment chairs that are extremely successful. Boyd also offers the doctor the ability to customize everything we make. No two orders are exactly alike. With several upholstery colors and hundreds of laminate choices, our customers have an unlimited opportunity to create their own workplace environment. The most entertaining product was introduced four years ago as E2 gaming. We’ve had a lot of fun with this product line. It provides entertainment for patients not only in the waiting room but also chair side.

Do you have any new products on the horizon?

Here at the AAO, we have introduced the S-1800 op-light. It’s the first LED exam light for orthodontics, it’s cool to the touch, has unlimited bulb life and offers a true white light. The other cool thing is the Sony PSP Bar, which is part of the E2 gaming systems. It’s also on the Web site.

Is there anything else you’d like for orthodontists to know about Boyd or its products?

We at Boyd look forward to working with the orthodontic community to continue to make it one of the strongest groups in the dental industry. We feel truly blessed to be associated with such a great group of doctors, manufacturers and distributors.
Treating cause of malocclusions, not consequence

By Dr. German Ramirez-Yañez DDS, MDSc, PhD

Extraction vs. non-extraction treatment in orthodontics has been a matter of controversy since the beginning of the specialty. Edward H. Angle debated, “The best balance, the best harmony, the best proportions of the mouth and face.” Today, there is a high prevalence of malocclusion (approx 80 percent), and dental extraction continues to be included in treatment plans. Extractions might give enough space for tooth alignment and third molar eruption if present; however, teeth are moved into a theoretical ideal position, which is not necessarily a natural nor a stable position. So professionals treating malocclusion use a retainer at the end of active treatment (which needs to be in place for a long period), expecting that the cranio-cervico-mandibular system will adapt to the position of teeth, producing a relapse.

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About the author

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8:00am-12:00pm Mastering The New Patient Exam
- The One Step Start
- How to Increase Case Acceptance
- Educating and Motivating the New Patient
- Scripting for the Entire New Patient Process
- Creating a Successful "Will Call Back System"
- Having an Effective "Recall System"
- The New Patient Exam as a Team Approach
- Role Playing
- Presenting Fees
- The Importance of the Initial Phone Call

1:00pm-4:00pm Top Notch Management
- The Hiring Process
- Employee Appraisals
- Collecting on Delinquent Accounts
- Effective Communication
- Creating and Managing Budgets
- The Importance of Delegation
- Motivating Staff
- Morning Meetings
- Staff Benefits

12:00pm-1:00pm (Lunch & Open Discussion)

AGENDA: DAY TWO

9:00am-12:00pm Effective Marketing That Works!
- Creating a Yearly Marketing Game Plan
- Determining a Marketing Budget
- Assigning a Marketing Coordinator
- Understanding the Market Trends
- Internal Marketing
- External Marketing
- Community Marketing
- Media/Direct Marketing
- Staff Marketing

1:00pm-4:00pm Building A Successful Schedule
- Building a Schedule for the Growth of a Practice
- The Build for Growth Formula
- Scheduling Doctor Time
- Assigning Days and the Benefits
- Emergency Appointments and How to Handle Them
- Building Production into the Schedule
- Scheduling Deband Days
- The Importance of Morning Meeting

12:00pm-1:00pm (Lunch & Open Discussion)

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