AAO says ‘Aloha’ to Honolulu

About 10,000 orthodontists and staff are expected to head to Hawaii for group’s annual meeting

By Sierra Rendon, Managing Editor

It’s always nice when you can combine business and pleasure, and what better place to do that than the Hawaiian islands? The American Association of Orthodontists will host its 112th annual meeting at the Honolulu Convention Center from May 4-8.

“We think that the exciting slate of speakers presenting during the next few days will satisfy your thirst for knowledge, while the relaxing environment will help you unwind and absorb the positive culture that permeates Hawaii,” said Michael B. Rogers, DDS, AAO president, in a program guide.

Education

Scientific lectures at the AAO will run the gamut from risk management to fundamentals to surgical considerations. Here is just a small sampling of the extensive list of programs you may attend at the AAO:

- “The Role of Micropinplants in Surgical Orthodontics,” with Hyo-Sang Park (8 a.m. Sunday)
- “Case Report: A Class II Malocclusion with TMD Symptoms,” with Marissa Chu Keesler (1:55 p.m. Sunday)
- “The Enigma, Evidence, Efficacy, Efficiency and Clinical Outcomes of Class II Growth Modification in Modern Day Orthodontics: Is There Consensus?” with William A. Wiltshire (8:35 a.m. Monday)
- “Generalized Use of CBCT in Orthodontic Practice: Is This a Dream?” with Sercan Akyalcin (12:30 p.m. Monday)

About 10,000 orthodontists and staff are expected to head to Hawaii for group’s annual meeting

At the AAO

Spend a little time at the beach

Sand and smoothies await you at the OrthoBanc booth

By Kristine Colker, Dental Tribune

If you are going to the American Association of Orthodontists (AAO) Annual Session in Hawaii, one booth you’ll want to stop at is OrthoBanc (booth No. 435). OrthoBanc, a payment drafting and management company, uses city-themed booth activities to try and stand out from the crowd.

A few years ago, OrthoBanc won an Exhibitor Magazine All Star Award for its booth theme in Boston. There, attendees were invited to in-booth tea parties, where they were taught how they could “Join the OrthoBanc Revolution” and revolt against the typical way of managing office payment plans.

Next came the “Choose OrthoBanc” campaign in Washington, D.C., and the “Score Big with OrthoBanc” campaign last year in Chicago. This year, OrthoBanc’s Director of Marketing Marla Merritt said the company is again going all out.

“You really don’t want to miss us in Hawaii,” Merritt said. “OrthoBanc Beach will be one of the most unique booth spaces you have ever seen — ”

See OrthoBanc, page 3
Will right-brainers be the future leaders of orthodontics?

Part 2

By Dennis J. Tartakow, DMD, MED, EdD, PhD, Editor in Chief

The past few years have been challenging times for everyone, and we are all ready for a fresh start now. It is time for looking outside of the box and opening up to new ideas for our growth, the growth of our practices and the growth of our specialty’s leadership.

The problems facing orthodontic education are mounting, and we seem to be at a turning point. The world is increasingly interconnected, employment is changing rapidly, the economic upheavals roll on, and again we must ask ourselves: (a) Have we as educators kept up with this evolution of global consciousness? (b) Have we considered the possibility that the status quo no longer meets the challenges of today’s world? (c) If necessary, are we prepared to transform an entire system of pedagogy and administrative infrastructures?

Our left-brain is linear, logical and by-the-numbers; the right side is artistic, creative and empathetic. Daniel Pink (2005) stated that right-brain thinkers are better wired for 21st-century success, and anyone can tap into the right-brain mindset. We are entering a new era labeled The Conceptual Age, during which right-brained skills (i.e., storytelling and design) will become far more crucial than left-brained skills (i.e., computer programming). While left-brained skills mandate the ability to change with regard to creativity and empathy, right-brained skills are crucial for serving the public.

Ultimately, the right-brain is finally being taken seriously. Scientists such as Dr. Jill Bolte Taylor (a Harvard-trained brain researcher) who has incredible street-cred in neuroscience are offering their personal stories regarding right-brain thinking. She chronicled the cerebrovascular accident (CVA) that she suffered from in her book “My Stroke of Insight.”

Taylor explained her stroke of genius, suggesting ultimately it is about following your intrinsic motivation by asking yourself: (a) What are you here to do? (b) What are you uniquely good at? (c) How can you be a better leader?

According to Decosterd (2008), some leaders are intuitive, some are compiling and some are great at visualizing a situation through from the start to the finish.

Some leaders are better at detecting results, while others are better at leading people. Leaders typically are strong in purpose, capability and conviction. Some leaders have developed methods and tactics that work for them in certain situations while constraining their impact in others.

However, when leaders are challenged, many tend to do more of what they are comfortable doing, rather than looking for better ways of solving a problem. I believe that as a rule, our leaders should be challenged to extend beyond his or her preferences and partialities by seeking to develop new concepts to their catalog of reactions.

Our brains are organized to go beyond constructed preferences and although we are all creatures of habit, with a little effort our leaders can alter their personal preferences and widen their intellectual behavior, this implies looking at right brain and left-brain skills.

Researchers have explored theories about the two hemispheres of the brain and the ways that they differ in function and control of the body. People who are right-brain dominant and those who are left-brain dominant processes information and respond in different ways. Most theories suggest that right-brainers are guided by the more emotional, intuitive right hemisphere while left-brainers respond in sequential, logical ways, guided by the left hemisphere.

Ultimately personality is shaped by brain type. Dominant brain types have a significant affect on skills, habits, emotion and behavior.

By understanding dominant brain type, leaders may be able to adjust their work habits, perhaps alter their schedules and workloads to better suit their personality type.

For our leaders to be well advised to examine themselves with regard to whether they are right brain or left-brain dominant, and I urge our leaders to take a deeper, inward look at themselves...they may find a greater arsenal of services for interaction and communication, they may ultimately become better leaders.

References


Corrections

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 Sierra Rendal at s.rendon@dental-tribune.com.

Tell us what you think!

Do you have general comments or criticism you would like to share? Is there a particular topic you would like to see articles about in Ortho Tribune? Let us know by e-mailing feedback@dentaltribune.com. We look forward to hearing from you! If you would like to make any change to your subscription form or address or opt out please send us an email at dentaltribune.com and be sure to include which publication you are referring to. Also, please note that subscription changes can take up to 6-8 weeks to process.
complete with pseudo-sand flooring, a tiki hut and traditional beach smells. We will also have smoothies and a $100 drawing for those who register to attend one of our events.

Merritt said the idea for the theme came from the fact that OrthoBanc provides a complete set of products that are intended to make office life easier.

"Almost like a day at the beach!" she said.

Since 2001, OrthoBanc’s payment drafting and management services have helped practices eliminate mailing statements and make those awkward phone calls about missed payments. In recent years, the company has also added products such as the Zuelke Automated Credit Coach (ZACC), which helps a practice assess risk to determine payment options, and OrthoMetrics, which gives orthodontists the ability to see key practice information displayed via graphs and charts and allows them to compare their practice to others on a regional or national level.

During the AAO, OrthoBanc will hold four presentations a day — two for existing OrthoBanc customers and two for those who aren’t. Merritt will conduct these presentations at the tiki hut bar, where attendees can pull up a stool and enjoy a smoothie.

To register to attend one of these events (see schedule at right), email marketing@orthobanc.com or call (888) 758-0585, option 2. Everyone who pre-registers will be included in a drawing for a $100 gift card that will be given away at each presentation.

If you aren’t able to attend one of the presentations, you can still stop by and check out OrthoBanc beach. Representatives will be available throughout the meeting to discuss how OrthoBanc’s management tools can help a practice become more efficient, profitable and informed.

At the AAO
Be sure to check out OrthoBanc’s beach-themed booth (No. 435) during the AAO and learn about how its management tools can help you. For a complete schedule of presentations, see the chart at right.

• OrthoBanc, Page 1
• AAO, Page 1

day)
• “Biomechanics of Root Resorption: Genetic Predisposition and Physiologic Balance,” with Eugene Roberts (9:40 a.m. Tuesday)

In addition to the extensive schedule of scientific lectures for doctors, there is also a complete schedule for attending orthodontic staff each day.

Additionally, when the annual meeting ends on Tuesday, there are "post-conferences" Wednesday and Thursday available in Maui, Oahu and Kauai. For more information, check with the registration desk for availability.

Shuttle schedule
The AAO shuttles will operate at 15-minute intervals in the mornings from 6 to 9 a.m. and late afternoon from 1 to 3:30 p.m.; and at 30-minute intervals during mid-day from 9 a.m. to 1 p.m. every day Friday, May 4, through Tuesday, May 8, at the HCC.

Please refer to the shuttle signage that will be posted in each shuttle hotel for hours of operation and special event details. Routing and pickup locations are subject to change.

Mobile technology
The 2012 Annual Session iPhone application and mobile Internet browser for other smart phones is available. View session details, create your own agenda, network with other attendees, complete session evaluations, view exhibitor information and more.

First-time users will be asked to log in with their annual session registration confirmation numbers *, create profiles and select new passwords.

• To view the application on your phone, type in http://mobile.aao2012.alliancetech.com (Click on “My Agenda” to log into an existing account or create a new account.)

• iPhone users should visit the app store via their phones and search for AAO 2012.

* Your registration confirmation number and attendee service center log-in password can be found in your registration confirmation e-mail. The subject line of the confirmation is: Registration Confirmation — 2012 AAO Annual Session. Attendees who wish to use the mobile service but do not have a smart
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Myofunctional orthodontics and myofunctional therapy

By Chris Farrell, BDS, Sydney

A brief history of orthodontics

More than 100 years ago, and before Edward Angle, dentists realized they could move teeth into a more esthetic position by applying various mechanical devices to the teeth. This, in turn, caused apposition and deposition of bone in areas where forces were increased or decreased. Teeth could be moved into a more esthetic position, and so the orthodontic profession was born.

Angle clearly stated his view that it was unethical to extract teeth for orthodontic purposes and proved that, with his complex fixed appliances, he was able to expand the arches and align the teeth. The problem at this stage was that a lot of these cases (possibly most of them) relapsed.

So Tweed, who was Angle’s student, suggested that the extraction of teeth was the only way to get stability. In the 1950s, extraction orthodontics became the normal practice after the Australian Orthodontist Percy Raymond Begg developed the first straight wire appliance, which required less wire bending skills than previous methods.

Today, orthodontists revere self-ligating brackets as the key to non-extraction orthodontics. Angle would be amused if he were around today. Has the stability of orthodontics changed? No. The orthodontic profession has accepted that to expect case stability using fixed appliances without fitting permanent retainers is both impractical and unrealistic. Progress in orthodontic stability is achieved by advances in flowable composite, rather than advances in orthodontic technique. The Australian Society of Orthodontists (ASO) website is an example of the widespread acceptance that stability is not possible with tooth-centred orthodontics.1

“Teeth may have a tendency to change their positions after treatment. The long term, faithful wearing of retainers should reduce this tendency.” (Source: www.aso.org.au/Docs/Orthodontics/Risks.htm)

Myofunctional therapy

Understanding how the oral muscles and the tongue influence the jaws and dental arches predates Angle by a long way. The history of myofunctional therapy dates back to the 15th century in Italy. In 1906, American Orthodontist Alfred Rodgers experimented with facial muscle exercises and, in 1918, wrote a paper titled “Living Orthodontic Appliances,” in which he cited that muscle function alone would correct malocclusion. In 1927, renowned orthodontist Edward H. Angle’s textbook “Malocclusion of the Teeth” detailed the effects of oral habits on occlusion.

Angle stated that in his view, every malocclusion has a myofunctional cause. Myofunctional therapy became the popular “adjunct to orthodontics” in the 1960s and 1970s, when Daniel Garliner created the Myofunctional Institute in Florida.

Garliner trained thousands of myofunctional therapists and wrote multiple books on the subject. The new etiology of malocclusion was confirmed by rapid success in treating malocclusion with greater stability. Unfortunately,
this success was not evident in 100 percent of cases. Arguably, the ensuing decades saw myofunctional therapy diminish in popularity due to the then time consuming treatment being seen as only an optional little adjunct for cases where the patient exhibited tongue thrusting. Tooth-centered orthodontics with direct bonded brackets and super-elastic wires no longer warranted the “tongue thrust therapist” in all but the occasional cases.

Myofunctional orthodontics

Myofunctional orthodontics put forward that the cause of malocclusion was muscle dysfunction. From an early age, mouth breathing, thumb sucking, tongue thrusting or swallowing incorrectly can be observed in most children. All will have a developing malocclusion.

The tongue supports upper-arch development. The correction of these dysfunctional habits not only corrects the malocclusion (if treated early enough), it also has the potential to improve facial growth. The problem with treating myofunctional habits early is that the compliant patient will no longer need braces. This is one of the biggest dilemmas facing an orthodontist today. Correct the causes early and the market for braces can be drastically decreased. However, treating children earlier at their optimal growth stage (between ages 5-8 years) using myofunctional orthodontic techniques can make orthodontic treatment later easier and more stable. Once a practitioner can see the causes of a child’s malocclusion, it is possible to serve the growing demand from parents who do not want to delay treatment for their children.

We also now know that tooth-centered orthodontic treatment can only achieve short-term results unless fixed or removable retainers are used in the long-term. Parents must be made aware of this if they are to make an informed decision for their children. Should the problems be treated now, or should the patient wait?

Myofunctional orthodontics is not just about moving teeth. The first objective of myofunctional orthodontics is to have enough space for the tongue to sit in the maxilla. The second objective is to have the patient breathing through their nose with their lips together. If the patient is not breathing through their nose, then correct arch development and correct dental alignment cannot be achieved.

For patients unwilling or unable to correct their own dysfunctional habits (chronic mouth breathers, for example), correct dental alignment and arch development is only possible if the patient accepts wire and glue for life. Occasionally patients do accept this, and so sometimes retainers are fitted under the direction of the patient or parent. This occurs for only a minority of cases.

Once you can diagnose the causes of the malocclusion, you are capable of resolving the malocclusion, rather than just treating its symptoms. Treating the causes of the malocclusion, rather than just relying on mechanical forces to align teeth has great benefits for both patients and parents. If you’d like to learn more, MRC offers Myofunctional Orthodontic training.

Benefits of myofunctional orthodontics

Myofunctional orthodontics produces healthier patients who are able to grow without the detrimental habits that limit facial growth. Patients who stop mouth breathing are healthier and get less allergies and infections because of breathing through their nose. Fixing incorrect swallowing patterns and improving poor nutrition allows correct downward and forward facial growth and development.

Case after case using myofunctional orthodontics produces stable maxillary arch development and resolves lower anterior crowding with little mechanical effort. No braces are needed, and for the majority, no permanent retainers are required.

References


About the clinician

Dr. Chris Farrell graduated from Sydney University in 1971 with a comprehensive knowledge of traditional orthodontics using the Begg technique. Through clinical experience, he took an interest in TMJ/TMD disorder and, after further research, Farrell discovered that the etiology of malocclusion and TMJ Disorder was myofunctional, contradicting the established views of his profession. Farrell founded Myofunctional Research Co. (MRC) in 1989 and has become the leading designer of intra-oral appliances for orthodontics, TMJ disorder and sports mouthguards.

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Motivating your employees

When many employees leave a job, they most often do so to get away from their manager, not necessarily the practice in general. Many managers enter their position with little or no experience in their job duties, which include goal-setting, work planning, delegation, coaching, hiring, managing performance, promotions, giving feedback, managing conflict and, more importantly, motivation.

Managers who take on these extremely important jobs, which will have a huge impact on the success of the practice and the people who work for them, must quickly become adept at skills they've never practiced and may not have been trained to do. Managers who truly know how to motivate their staff to superior performance excel at the so-called ‘soft skills’ that make people feel good and self-fulfilled in their position to the point that they push themselves to levels they hadn't even believed themselves capable of. The true motivators, when used correctly by managers, cost little or no money, but therefore are even more valuable.

Being a good manager or supervisor isn't just a popularity contest. It's the opposite. The supervisor, who wants to be an employee's buddy, overlooks failings or minor offenses and is afraid to lose the friendship of the people whose leadership has been entrusted to him or her soon loses the respect of the very people he or she is trying to win over. Just being “nice” doesn’t make anyone the manager everyone wants to work for.

Nothing is more frustrating to employees as having a manager who will not or cannot clearly communicate goals and expectations. When people can be heard to exclaim: “I don't know what my boss wants from me anymore!” the team is usually in trouble. People will feel most well-adjusted at work when they understand clearly what tasks are to be accomplished, what each person's expected role is and when those expectations are seen as reasonable (i.e., not too easy and not impossible, either).

Some inexperienced managers, usually out of sense of insecurity, keep changing the rules of the game on their employees to keep them constantly off-guard. They usually learn the hard way that such a practice only creates frustrated staff who will soon start doing the minimum possible — or they'll just leave. To convey the message that “you have violated one of my rules but I won’t tell you what that rule is” puts employees in a world that good people will not tolerate.

Corrective feedback should always be given in a private place — no one likes to receive criticism in public — and should be specific, related only to the behavior that needs change. Corrective feedback should also focus on things that the employee can actually change, such as behavior and events. Never generalize or make it about character traits: “You're always too argumentative, and you're too slow, too.”

If a manager plays favorites with his or her subordinates, basing that favoritism on whom he or she likes rather than on who produces, people can be expected to lie and present false faces so the manager will like them, too, rather than judge them on the merits of their work. To remain a viable practice, each practice must apply as much time, energy and person-power to the business it conducts. It must spend resources maintaining an environment where people feel authentically motivated to produce, sell or whatever it is they were hired to do.

For more information
To learn more about employee motivation and many other related topics, visit orthoconsulting.com, where you will find upcoming webinars and training workshops.

About the clinician
Scarlett Thomas is an orthodontic practice consultant who has been in the field for more than 23 years, specializing in case acceptance, team building, office management and marketing. You may contact her at (919) 425-249, e-mail scarlett@orthoconsulting.com or visit www.orthoconsulting.com.
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ClearCorrect™, a manufacturer of orthodontic clear aligners (named America’s fastest-growing health company for 2011 by Inc. magazine), recently launched Phase Out™, a new project focused on making a difference.

ClearCorrect CEO Jarrett Pumphrey said, “Five years ago, we started ClearCorrect out of a passion to help. Doctors had no choice in clear aligners, and we wanted to change that. Since then, we’ve remained focused on changing the clear aligner industry. Well, now our ambitions have grown. I’m very happy to announce Phase Out, a new ClearCorrect project we’re kicking off this year. The purpose of the project: To change the world.”

ClearCorrect’s unique phase-based approach to clear aligners is at the heart of the project. Every ClearCorrect case includes a certain number of phases (a phase is a box with four sets of clear aligners).

More often than not, a few phases are left over at the end of treatment. Right now, for each leftover phase, $20 will go toward phasing out life-impacting issues for people in need.

ClearCorrect is partnering with charity: water to launch the first of several Phase Out initiatives envisioned for the project. Phase out unsafe drinking water.

“It’s unbelievable that nearly a billion people on the planet still don’t have access to something so basic as clean drinking water,” Pumphrey said. “charity: water is an incredible organization working to change that. They have a big job to do, and we want to help them.”

Through Phase Out, every time a phase is left over at the end of ClearCorrect treatment, $20 will go toward building wells and other water projects in developing nations with charity: water. One phase = one person with access to clean, safe drinking water.

About ClearCorrect
Headquartered in Houston, ClearCorrect was founded by dentists to serve the dental and orthodontic industry by providing a more affordable and doctor-friendly clear aligner system. The system provides dentists and orthodontists an alternative to traditional metal braces when straightening teeth. With this system, teeth are straightened using a series of clear, custom, removable aligners. The company’s modern, needs-based approach for serving doctors and patients has earned it a leadership position within the dental industry. Now in its fifth year, ClearCorrect continues to gain popularity with more than 11,000 dentists who are providers, 1,500 of which are orthodontists. For information about ClearCorrect, the company and its products, visit www.clearcorrect.com or call (888) 331-3323.

About charity: water
charity: water is a non-profit organization bringing clean, safe drinking water to people in developing nations. 100 percent of public donations go directly to fund sustainable water solutions in areas of greatest need. Learn more at www.charitywater.org.
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Visit us at **OrthoBanc Beach, Booth 435**, at the AAO in Hawaii. Email **marketing@orthobanc.com** for a list of special presentation times and pre-register for a chance to **win $100**. (Space is very limited at each presentation so call early!)

OrthoBanc Beach. Just another day at the office.
Mobile applications: What is ‘app’-ening?

By Orthopreneur Marketing Solutions staff

In 2010, mobile marketing was on the periphery of an Internet marketing program. In 2012, mobile has become a central pillar of your Internet strategies. If your practice still has yet to “go mobile,” then you’re already losing ground when it comes to building your practice.

Dell, Gateway and HP computers have been upstaged by iPhone 4S, Samsung Galaxy, Kindle Fire, HTC EVO, and iPad3. Will mobile devices render laptops and desktop PC’s irrelevant? Too soon to tell, but the writing is on the Facebook wall: mobile has forced its way into your marketing strategies.

A sleek, precise mobile site enhances your chances of converting mobile browsers into NP calls. A mobile user’s experience makes a powerful first impression about your practice, good or bad. So which will it be?

A convenient, efficient mobile setup offers the consumer a positive experience in a reasonable time frame and will have them eagerly anticipating those same qualities in your orthodontic practice. Conversely, if your site is not mobile-ready (i.e., slow, difficult, dull or unavailable), one might infer that your practice and, more specifically, your orthodontic treatments are outdated.

One term you’ve undoubtedly heard frequently is “app.” It is short for “application,” and it has myriad possibilities and uses. Mobile apps have been created for software, social media, games and GPS programs, to name a few. The app has mass appeal and a novelty about it. But as an orthodontic practice, don’t miss the boat!

Parents/patients are not tapping into the app store to look for an orthodontist. What people are doing is web browsing from a phone and there are applications that don’t require downloading an icon. Therefore, every orthodontic practice should consider a mobile application for their website.

If a parent stumbles upon your website on a smartphone, what will they see? Without mobile optimization, they will see microscopic text and blank white spaces as your graphics struggle to download. It does not take long for a first-time visitor to decide whether they like being on your site. If they can’t see or tap what they want quickly, they’ll be gone before you finish reading this sentence.

F.Y.I, Google split out mobile search results from local search results and is indexing the two separately. Translation: Google search results from a home or office IP Address can differ from Google search results on a 3G or 4G mobile network.

Search engine bots (or “crawlers”) visit your website once or twice a month; probing, searching, ranking and indexing your written content so the search engines can provide faster, more accurate results to its millions of users. Now the “bots” are looking for mobile content, too. Do you have mobile content?

The first practices to “go mobile” will reap the recurring benefits of a strong mobile search history, higher mobile search rankings and also have first crack at the prime Search Engine Optimized .mobi domain names.

Don’t sit idly by as your competitors speed away with your new patients!

At the AAO

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Price vs. value: the consummate battle

The drawback with making buying decisions based solely on price

By Bruce V. Livingston
President, Boyd Industries

As we prepare to make the annual pilgrimage to the AAO annual meeting, our mindset is to “find the best deal” for the items needed to augment your practice’s overall efficiency. Whether purchasing supplies, capital equipment or professional services, we all want to feel we have gotten a fair price. It is human nature to compare, contrast and negotiate with one and another.

However, when we reflect on our buying decisions, aren’t we really looking for the best value? Many times “best deal” scenarios are really encompassing several factors that in the final analysis equal the “best deal.” For example, quality and service (both during and after the sale) are the other critical factors in determining value.

If we made all our buying decisions based strictly upon price, how many times would we be completely satisfied? I would venture to say very few. For years, there has been an adage out there that states “Price, quality and service: pick two.”

The premise of this statement basically is saying you cannot have it all. You will have to compromise on at least one parameter in the buying equation. Do we really have to compromise? I would argue strongly, “NO.”

Now, I think we must possibly be a moderate not an extremist in evaluating price, quality and service. With an overall buying strategy focused upon overall performance and long-term results, we can make a buying decision that represents the best overall value.

Value should be our watchword when evaluating our vendor partners. Value takes into account all of the buying factors, not just one. In any situation, an overall, long-term, broad spectrum analysis is better than a “tunnel-vision” single purposed approach.

Let’s take shopping for orthodontic chairs and equipment as a practical example, and a business that I am intimately involved, having spent the last 27 years doing.

So, it is time to do that new office that you have been dreaming about the last several years. You have a need to purchase nine chairs, seven delivery units and a variety of accessories. You set a budget for this purchase of X amount of dollars. Off you go to the AAO and the different equipment companies, armed with your budget and a quest to beat your budget.

“XYZ” Company is your first stop because a lot of your friends have their products and they have a good reputation for quality. After comparing the products to that of the “XYZ” Company, you find Boyd has a lot more selection, more features and seems to be built very well and will hold up. In addition, they have field sales reps that can be onsite to work with the contractor and take care of any problems that occur. At the end of the day, Boyd exceeds your budget number by a small percentage.

What is the better deal? That’s a tough call. If you use the analysis outlined in the previous paragraphs, the value of a product is more than the price. If a product does not hold up to the rigor of a busy orthodontic practice and is down much of the time, this costs you and your team productivity. Each day a chair is down in your practice represents approximately a drop of 15 percent in overall productivity. It will not take long to eat up any savings you may have realized on the front end of the transaction. Onsite field representation before and during the construction process minimizes the chance that utilities or equipment is incorrectly placed.

Boyd Industries, a market leader in dental and medical specialty equipment, has provided innovative cost-effective equipment to orthodontists since 1957. Photo/Provided by Boyd Industries

The drawback with making buying decisions based solely on price

At the AAO

To learn more about Boyd Industries, stop by booth No. 1201 at the AAO, or visit www.boydindustries.com.

One mistake in the location of utilities or equipment can more than consume the front-end savings of a limited-service vendor.

In summary, when shopping for needed equipment, supplies or services, make sure price is not the only driver in the decision. Quality, durability and service are all contributors to a product’s overall value.
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Innovations in orthodontics

By Sharon Eder, DDS

Patients are just as concerned with how long it will take to fix their smile as they are with actually fixing it. In the past 20 years, new treatment devices and modalities have made the field of orthodontics more efficient, but not faster.

Many innovations have been introduced to improve bracket design and treatment protocols; however, in the past, the only effective techniques to increase the speed in which teeth move through alveolar bone involved extensive surgery.

New research has shown that when trying to accelerate the rate of tooth movement, biological principles can be activated to accelerate bone remodeling. The challenge to clinicians is how to take advantage of this bone remodeling process and use it for the purpose of orthodontic treatment.

The solution is a new micro-invasive technique called micro-osteoperforation, which stimulates cytokine activity and has been scientifically proven in university studies to accelerate alveolar bone remodeling.

When clinicians create micro-osteoperforations in the alveolar bone, cytokine cascade is activated resulting in a marked increase in osteoclast activity and bone remodeling. When an orthodontic force is applied immediately following micro-osteoperforation, the teeth will move toward the tension side and pass easily through the remodeled area.

Micro-osteoperforations performed using a new device and technique called the PROPEL® System, developed by Propel Orthodontics, is an alternative to current surgical options used to accelerate orthodontics. It is micro-invasive, can be performed in minutes by an orthodontist in their office and does not require specialized training.

Additionally, the procedure yields very little discomfort to the patient and they experience zero recovery time with no restrictions. The procedure is indicated for approximately 80 percent of patients receiving orthodontic treatment and can be used in conjunction with any treatment modality including but not limited to TADs, Invisalign and conventional braces. Micro-osteoperforation has been shown to move teeth more than 50 percent faster than traditional orthodontics alone.

At the AAO
To learn more about Propel Orthodontics, stop by booth No. xxx at the AAO, or visit www.propelorthodontics.com

About the author
Dr. Sharon Eder has been practicing in Westchester, N.Y., since 2004 and in Mt. Kisco with Dr. Howard Fine’s office since 2005. She is an Invisalign certified provider and was awarded the Horace G. Wells Award for Anesthesiology and Oral Surgery by the Oral and Maxillofacial Department at NYU College of Dentistry in 2000. Eder is a native of Suffern, N.Y., in Rockland County and has lived in Pleasantville, N.Y., since 2005. She and her husband, David, have two daughters, Dani and Devyn.

SmileCare unveils orthodontics website

SmileCare launched a dedicated website to provide parents and teens in California, Nevada and Texas with a one-stop resource for information on braces. The new site features a teen-friendly “Get Connected” theme, and engages visitors with informative pages that demystify the complex topic of orthodontics through videos, diagrams, photos and text.

Visitors to www.SmileCareOrth.com can learn about indications for treatment, view treatment options, find a local orthodontist, read bios, request an appointment and download money-saving coupons.

“Most parents and kids enter unchartered territory when it comes to braces. Our goal in launching the website is to break down a complex topic into understandable pieces with information in several formats so patients can make informed decisions,” said Dr. Cindy Roark, chief clinical director Coast Dental, the organization that acquired SmileCare last summer. “Parents often ask the age at which a child should first see an orthodontist. We included that in the Frequently Asked Questions section. The American Association of Orthodontists says the answer is age 7 so potential problems can be identified and addressed early.”

The well-organized site is packed with information and diagrams that show why braces may be needed, what supplemental appliances may be prescribed and why, and the availability of special offers and financing options.

The site incorporates a fun tool (www.smilecareortho.com/braces-configurator.php) that enables prospective patients to envision their smile with their choice of colored bands. Young patients enjoy showing off their school or team spirit or reflecting a particular season or holiday.

Patients in orthodontic treatment can consult the site for information on home care and guidance on handling braces mishaps and emergencies.

That’s helpful if a bracket or wire becomes loose or breaks when the patient handbook isn’t handy.

About SmileCare and Coast Dental
Coast Dental, P.A., with its professional associations, is one of the largest providers of general and specialty dental care in the United States with 183 affiliated practices operating as Coast Dental, SmileCare and Nevada Dental Associates in Florida, Georgia, California, Nevada and Texas.

Coast Dental Services, Inc. is a privately held practice management company that provides comprehensive, non-clinical business and administrative services to its affiliated practices. The company is headquartered in Tampa, Fla. For more information, visit www.coastdental.com.
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A webinar is a seminar that is transmitted over the Web. Participants will be able to ask Scarlett questions and get answers in real time. Scarlett will be able to conduct polls, and show results as well as ask questions. Participants will receive course materials by e-mail prior to the seminar and will be able to view Scarlett's PowerPoint slides during the seminar. Webinars offer exceptional convenience and are very cost-effective, eliminating travel expenses all together.

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

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

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M-SERIES: A BOND LIKE NO OTHER

Dentaurum is a family-owned German company that was founded in 1886 and recently celebrated 125 years of providing high-quality, German-engineered products to the dental community. There have been many difficult times and struggles to face during 125 years, but the strong bond of family has helped Dentaurum through and helped them grow stronger over the years with a reputation for quality, service and innovation.

Dentaurum has a new product line named “M-Series,” and this product line also relies on a very strong bond, however, this bond is between bracket and tooth as they guarantee the M-Series product line provides the best bond retention available on the market.

M-Series is made up of Dentaurum’s premium Discovery brackets and OrthoCast buccal tubes, and incorporates their patented laser-structured base for a bond retention that is two times greater than what is provided by a typical mesh-pad base (“Comparison of Bond Strength...” Olivier Sorel et al. AJO-DO / Sept. 2002).

Dentaurum is now announcing the expansion of this popular line of products to include an eagerly anticipated convertible 1st molar tube (M1c), which will be released at the 2012 AAO in Hawaii.

Dentaurum USA General Manager Craig Beach said: “Many orthodontists would love to move their office completely away from using bands on the molars because of the large, expensive inventory it requires and also the extra appointments/chair time required for band spacing and closing appointments. Furthermore, many patients find bands to be very uncomfortable and, in some patients, the teeth are not erupted fully enough to allow for bands to be used. However, the obvious downside to switching an office over to D.B. Tubes is the lost chair time and efficiency from all the de-bonds and emergency appointments.

“Our M-Series line of products answers those concerns by utilizing a laser-structured base that provides incredible bond retention in a low-profile, mini design that is also very comfortable for your patients. The M-Series product line is easily our fastest growing line of products and this rapid growth has been driven mainly through the peer-referrals of our users.

“Our doctors love these tubes and rave about the significant reduction in emergency appointments their office has seen since switching over to M-Series. I would invite any skeptics to put us to the test with our trial offer. I guarantee that you will see a marked improvement in your bond retention, or we will give you 150 percent of your money back!”

Dentaurum will be exhibiting at the AAO in Hawaii at booth No. 1037, and, for more information, you can visit www.dentaurum.com or call (800) 523-3946.

PHOTOMED OFFERS ITS CANON G12 AND REBEL T3I FOR CLINICAL USE

Canon G12 from PhotoMed

The Canon G12 digital dental camera from PhotoMed is designed to enable you to take all of the standard clinical views with “frame-and-focus” simplicity. The built-in color monitor lets you precisely frame your subject, focus and shoot. It’s that easy.

Proper exposure and balanced, even lighting are assured. With the camera’s built-in flash, the amount of light necessary for a proper exposure is guaranteed, and PhotoMed’s custom close-up lighting attachment redirects the light from the camera’s flash to create a balanced, even lighting across the field.

Canon Rebel T3 from PhotoMed

The Canon Rebel T3i is the first Rebel model to include the ability to work with wireless flashes. This feature was previously reserved for higher end, professional cameras and enables the T3i to work with modern wireless macro flashes. Doing away with the flash power pack and cord results in a lighter, more balanced camera.

The Rebel T3i is an 18 megapixel digital camera with articulating LCD screen and 1080p HD video mode. Photomed offers two wireless flash options for the T3i as well as two traditional macro flashes and four macro lens options.

Find all details at (800) 998-7765, www.photomed.net or stop by the booth at AAO.
Dear Customers, Colleagues and Friends,

Last year at this time we at GAC felt the need and responsibility to share what we knew about the growing crisis in Japan. In the same spirit of Unquestionable Integrity and Mutual Respect, we offer this 2nd letter one year later.

We know the entire orthodontic community shares our respect and well wishes for the people of Japan. They have earned the world’s admiration for their composure, discipline and resilience in the face of a disaster of this magnitude. Now, the events in Japan on March 11, 2011 and the supply disruption that followed, are part of the collective history of GAC as a company, GAC’s associates and our loyal customers alike.

We are pleased to report at this point, that DENTSPLY GAC has turned the corner. Our supply line has been re-established and continues to improve with every passing week. Our Japanese supplier has opened a new factory outside the evacuation zone and is now approaching pre-crisis capacities. While things are not 100% normal, normal is on the very near horizon.

Before looking ahead, we must express our gratitude for our loyal customers. Many of you stayed with us this past year despite considerable inconvenience. Many more of you have reached out with encouraging words and expressed your desire to come back. In short, THANK YOU! You kept us moving forward when things were the most challenging.

Beside unquestionable integrity and mutual respect, another of GAC’s core values is Action Orientation. We have not been standing still this past year. We are determined to emerge from last year’s adversity a stronger and better company. To get products out to our customers faster, we began shipping certain product lines from an additional state-of-the-art Distribution Center. To help orthodontists grow their practices, we have partnered with experts such as The Pride Institute and Sesame Communications. To advance the art and science of orthodontics we are preparing for the full-scale launch of our GCARE Education platform and the highly praised COO program. When it comes to speed of innovation, we have resolved to control more of our destiny by bolstering our R&D efforts. In 2012, we are investing heavily in new product testing facilities, equipment and most importantly, in additional talented engineering professionals.

As we look forward to reuniting with many of you at the 2012 AAO in Hawaii, we cannot help but recall a story from the same event in 2011. An orthodontist friend recently recounted overhearing GAC’s leader Howard Bowne speaking to his counterpart at a competitive company. The orthodontist was struck by the oddity of hearing that GAC would be directing customers to the competitive company due to the supply disruption and would they “please ready capacity.” What this orthodontist did not hear was Howard’s parting words, which were “these customers are only on loan and we intend to earn them back.” At AAO 2012, we would like to show you, our customers, that the loan term is up and it is time to come back home.

GAC’s 2012 AAO theme is “Aloha Again.” Aloha is a very important Hawaiian word with multiple meanings. The literal meaning of Aloha is “the breath of life.” Aloha Again, is our invitation for long-time customers, new customers, strategic business partners and friends from across the industry to celebrate and renew our relationships in the relaxed culture of Hawaii.

Kindest Regards and Aloha Again,
Your Friends, Colleagues and Business Partners at DENTSPLY GAC
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