The Pacific Coast Society of Orthodontists and the World Implant Orthodontic Conference will join together for the PCSO 78th Annual Session from Oct. 2–5 in Anaheim, Calif.

The meeting offers four days of education, networking with colleagues and social events that will highlight the many attractive features of Southern California, event organizers said.

Whether you’re looking for innovative information on orthodontic treatment, practice management information, team building for your entire staff or hands-on learning opportunities, the PCSO/WIOC has them scheduled for this meeting.

Session topics range from “Zipping Past the Tipping Point with Mini Screws” with Dr. S. Jay Bowman to “Vertical Control Through TADs — How We Create the Beautiful Face” with Dr. Yanheng Zhou to “Effects of Orthodontic Treatment with Implant Anchors on TMJ” with Dr. Yasuo Watanabe, in addition to countless others.

The PCSO’s planning committee, which put together the schedule for this year’s event, include Drs. Ronald Javor, Lili Horton, Frank Beglin, Terri Yoshikane, Robert Meister and Ms. Karen Moawad. Aiding them from the WIOC is Drs. Ravi Nanda, Peter Ngan and Flavio Uribe.

A special networking opportunity will take place at the PCSO and WIOC 2014 Welcome Party.

The event will take place at the Richard M. Nixon Library & Museum from 6–10 p.m. Friday, Oct. 3. The evening will include dinner, dancing and a chance to tour the grounds, which includes Nixon’s childhood home, and many exhibits. Dress code is cocktail attire, and tickets for the evening are $95. Transportation will be provided from the Marriott Hotel and Convention Center.

Next year’s session will take place in Palm Springs, Calif., from Oct. 22–25.

For more information, please visit www.pcsortho.org or www.wioc2014.org.

In this article, I present a case with blocked maxillary canines emphasizing optimal treatment timing and treatment mechanics utilizing a non-extraction approach and Damon® System appliances.

Introduction

The pendulum swing for extraction versus non-extraction treatment has definitely taken a non-extraction direction in recent years. This has placed a new emphasis on arch length development or arch enlargement techniques. This emphasis appears to have an esthetics-savvy public demanding and appreciating orthodontic treatment plans that are directed at avoiding extractions and potentially creating broader and fuller dental arches.

It is the orthodontist’s challenge to complete diagnostic evaluations for each patient individually and to determine the optimal timing and treatment plan for them. Patients with impacted dentition and late mixed dentition offer a particular challenge when assessing treatment timing relative to growth potential, tooth extractions due to inadequate room for tooth eruption and potentially time in treatment.

Self-ligation orthodontic appliances have stimulated discussion and challenged conventional wisdom about orthodontic treatment planning, clinical mechanics, outcomes and stability. Treatment theories are predicated on the appliances and wire interactions providing a more efficient method of force application and resultant orthodontic alignment.

The mechanical interaction of the wire/bracket interface coupled with hard and soft tissue adaptation is stated to “develop” arch width and resultant arch length. It is hypothesized that this combination of arch dimensional and alignment changes promotes the need for fewer extrac-
The laws of attraction and your future

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

Success in orthodontics as in life is often a result of two powers, attraction and desire! You are attracting everything and everyone that comes onto your life. They are attracted to you by the images in your mind or what you are thinking about.

If you think of yourself as a magnet (like attracts like), then hold onto the thoughts you want. It has been my observation that these principles are summed up in three words: thought becomes reality!

Individuals often think about what they do not want and then wonder about why it shows up over and over. It has nothing to do about whether it is good or bad, or whether you want it or do not want it. The laws of attraction respond to what you are thinking about, and as often as you are thinking. “Desires dictate our priorities; priorities shape our choices; and choices determine our actions. The desires we act on determine our changing, our achieving, and our becoming” (Oaks, 2013).

Too often, we as orthodontists would rather ignore a concern than deal with problems and nuisances from patients, but when it has to do with staff, if left unaddressed, individual issues can lead to the demise of a team and create serious havoc in a practice. We must stop repeating old behaviors and expecting different results. Our office setting requires leadership, and in order to achieve the life that you aspire to live, leadership skills are mandatory; they are primary and foremost in all walks of life and especially in conducting the business of orthodontics.

Focus on what you want in your practice and make it happen; what you think about you bring about. Life is a physical manifestation of what goes on in our heads. Our thoughts and feelings become our awareness. A beacon of elegance and grace with a commitment to excellence is the thread of success.

Create what you wish for personally and professionally — the precision that you desire. Success begins from within each of us. Above all, do not settle for anything unwanted! Life is a series of decisions and choices, to some individuals that concept is too simple to comprehend but in reality it couldn’t be closer to the truth. We must choose to live in our lives and create our own life’s path.

Our tomorrows will not be determined by chance, but rather by the choices we make today. With smart decisions our desires will determine our destiny. If however, we choose not to make a certain decision, time will make it for us, and time usually sides against us. As Winston Churchill (1930) stated “You create your own universe as you go along.”

References

Image courtesy of Dr. Earl Broker.
Who Relies on OrthoSynetics?

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Pre-orthodontic options for 21st-century parents

By Daniel Elliott
Myofunctional Research

As a matter of routine, when accepting an orthodontic treatment plan, parents are required to acknowledge their children’s teeth could be damaged during treatment. At best, unless they commit to permanent use of a retainer, patients can expect almost definite relapse, and worst-case scenarios may include enamel damage, root resorption or in the case of corrective jaw surgery, painful lifelong complications.

Unfortunately, though, while parents are becoming more aware of the risks and limitations of traditional orthodontics and generating impetus toward more stable, less invasive treatments, often they are not being fully informed of all the available options.

Despite this increased recognition regarding the shortcomings of traditional orthodontic treatments and escalating demand for contemporary options, the causes of malocclusion remain somewhat clouded from parents. In order to make an informed decision regarding their children’s oral health and decide which treatment is most suitable, these causes must be highlighted.

Three in four 21st-century children will experience malocclusion and parents, as well as the dental professionals advising them, have traditionally attributed this to hereditary factors. However, research demonstrates that rather than genetics, the aetiology of malocclusion is predominantly environmental.

The most current evidence, which is often not presented to parents during orthodontic consultation, reveals the majority of malocclusions are caused by incorrect jaw development. This incorrect development restricts the space available for erupting teeth and prevents them from growing into their ideal natural position. For the best part of the last century, the easiest fix for this problem has been to extract healthy permanent teeth, then use braces to align the remaining teeth into underdeveloped jaws.

Unfortunately, for countless orthodontic patients, these mechanical treatments are focused on the symptoms of malocclusion but fail to address the underlying causes, and relapse is the most predictable outcome.

An increasing number of dental professionals have accepted the necessity for new treatment methods, which address the causes rather than just correct the symptoms of malocclusion. These practitioners recognize that in addition to environmental factors (such as the modern diet), inhibited jaw development is being caused by poor myofunctional habits including thumb sucking, reverse swallowing and mouth breathing.

Once these myofunctional causes of malocclusion have been identified, the potential for natural growth is unlocked and relapse is the most predictable outcome. Preventive, pre-orthodontic treatments can be undertaken and completed much sooner than — or, if necessary, even in conjunction — with braces and can produce outcomes superior to those achieved using a single-treatment method.
much sooner than — or, if necessary, even in conjunction — with braces.

In fact, combining pre-orthodontic preventive treatment with less invasive orthodontic techniques can produce outcomes superior to those achieved using a single-treatment philosophy.

As a result of improved awareness regarding their children’s oral health care, 21st-century parents have become increasingly enthusiastic about less invasive, more preventive treatment methods and legally should be presented with all available treatment options. Although patient compliance with functional appliances and myofunctional therapy techniques has historically restricted the widespread acceptance of these treatments, modern techniques have addressed these concerns. There are now treatment systems that package myofunctional habit correction, arch expansion and dental alignment into one integrated system that satisfies the parental demand for modern, early pre-orthodontic techniques.

21st-century parents are increasingly enthusiastic about treatment systems that package myofunctional habit correction, arch expansion and dental alignment into one integrated system.

One of the most frustrating aspects of chairside orthodontics has been the process of consistently bonding to artificial and atypical enamel surfaces. Over time, specific products were developed to bond to various substrates such as porcelain, metal, plastic and atypical enamel.

Unfortunately, these products were specific to one surface. For example, 4-META was used as a metal conditioner. Plastic surfaces were treated with a combination of methylmethacrylate, amine and resin. Porcelain crowns required a silane treatment in addition to a caustic hydrofluoric acid etching agent. Confusion often arose as to the various products and protocols needed for each substrate due to a lack of frequent repetition with these special bonding procedures.

In 1998, Reliance Orthodontic Products introduced Assure™ Universal Bond Resin to the orthodontic profession. Assure allowed clinicians to successfully bond to metal, composite and enamel (wet or dry; normal or atypical) with no additional primers. Furthermore, Assure is compatible with any light-cure, dual-cure or chemical-cure paste — regardless of manufacturer. Most importantly, Assure’s hydrophilic properties bond very well to both normal and atypical contaminated surfaces, making it a fixture in most orthodontic practices.

In 2014, Reliance Orthodontic Products introduced Assure Plus All Surface Bonding Resin. It is now possible to bond directly to every intraoral surface using one bonding primer.

The treatment of adults can create a need to bond to dentin and bleached enamel. Assure Plus bonds to both surfaces. Simply acid etch the dentin for 30 seconds, rinse and dry but do not desiccate, leave the dentin moist. Then apply two coats of Assure Plus, lightly dry, light cure and place bracket with the adhesive of your choice.

There is finally one primer that will bond to any surface, every time with a significant reduction in chair time. Assure Plus – innovation and a product of bonding excellence from Reliance Orthodontic Products. For more information, visit RelianceOrthodontics.com or call (800) 323-4348.
Where are you now? Where would you like to be?

By Roger P. Levin, DDS

In a recent speech, a Fortune 500 CEO said that most strategic plans fail because the top decision-makers do not start in the right place. They are unable to answer the question, “Where are we now?” Without this information, business leaders cannot choose the right path to move forward.

The same principle applies to orthodontists. For doctors to make the best business decisions, they must be in possession of accurate business data about their practices.

The most effective method for doctors to acquire the correct information about their practices is through a performance analysis.

During the last five years, 75 percent of orthodontic practices have suffered production declines, according to the Levin Group Data Center™. Today, as more ortho practices struggle to gain new patients, the business of orthodontics has taken on far greater importance than in the past.

Prior to the great recession, nearly all ortho practices grew steadily year to year. There was an abundance of patients, and competition wasn’t as fierce. Success came naturally.

Since then, the economic landscape has changed. To operate a financially successful practice, orthodontists need a higher level of business knowledge and skill than in the past. The best source for gaining such knowledge is the prudent use of outside business experts.

Just as parents and patients rely on an expert (i.e., the orthodontist) for diagnosing orthodontic problems, doctors should do the same when it comes to the business side of their practices. An accurate diagnosis — both in orthodontics and business — is the first step to designing an appropriate treatment plan.

One option that many orthodontists have turned to is Levin Group’s “Practice Performance Analysis™.”

This evaluation is conducted by a certified practice analyst, who observes the practice firsthand, reviewing critical practice data, interviewing the doctor and key staff members and, ultimately, uncovering the root causes of production declines and poor performance.

When you look at your practice today, what do you see? Levin Group’s certified practice analysts — who are highly trained and experienced in evaluating ortho practices — are adept at zeroing in on key performance figures. What they see for nearly every practice is the potential to increase production significantly.

Equally important, our expert analysts pinpoint exactly what that potential has not yet been actualized by the practice. Every practice is analyzed against the “9 Areas of Expertise,” which are critical to ortho practice success in the new dental economy. These are:

- Production
- Collections
- Team building
- Scripting
- Case acceptance
- New patient experience
- Treatment coordinator
- Scheduling
- Marketing

In addition, the evaluation includes a SWOT analysis, which defines Strengths, Weaknesses, Opportunities and Threats. Widely used by companies of all types, this powerful analytical tool provides an excellent picture of a practice’s status, broken down into these four categories:

- Strengths — Positive factors inside the practice, e.g., well-like staff, superior technology, strong referral network
- Weaknesses — Areas that need to be improved in the practice, such as chaotic schedule, excessive overdue debonds, unattractive office decor
- Opportunities — External situations that the practice can take advantage of, like office space available in an excellent location, new potential referral sources, specialized training
- Threats — Conditions in the market that are or could be hurting the practice’s business, e.g., new practice opening down the street, fewer referrals from GPs, etc.

Orthodontists typically don’t have key advisors to talk to and work with who understand ortho practices and the business of orthodontics in great depth. Having a business expert in your corner can help you break out of a production slump and start the process of growing your ortho practice once again.

By Diana P. Friedman, President, CEO Sesame Communications

In today’s connected world, your future patients depend on the Internet to manage almost every aspect of their lives. However, the tremendous expansion of the Internet makes reaching and engaging with them a constant challenge.

According to business intelligence firm Domo, every minute 317,000 new websites are created, more than 100,000 tweets are sent, and Facebook users share 684,478 pieces of content.

Here are three ways to ensure your practice rises above the persistent noise to connect with prospective patients and convert them into new patient appointments.

1. Tailor your website for an amazing patient experience. In the connected world, prospective patients will form an immediate opinion of you and your services based on what they see and experience online. To ensure your website will drive new patients to choose your practice, ask yourself the following questions:
   - Do I have a functional website? If not, your practice is invisible to the connected world.
   - Does my website appeal to patients? Make sure your website reflects the vision of a developer who has taken a real

2. Make SEO a priority. Once you have your website in order, you need to make sure prospective patients can find it. Eighty percent of traffic to a website begins with a search query, and 61 percent of searchers consider local results to be more relevant than standard search results. This makes search engine optimization (SEO) efforts a must. A key here is to use a firm well versed in local SEO strategies within the dental industry to achieve lasting results.

3. Energize your social media efforts. According to a recent study, Internet users spend more time on social media than any other Internet activity. Embracing a social media presence enables you to spend time effectively forming genuine relationships with prospective patients.

In terms of where to invest in social media, Facebook, YouTube and LinkedIn are three places where you should focus your efforts. If your practice wants to attract more new patients, it is important that you be active and engaged on these three social media channels.

3 online tips to increase new appointments

By Diana P. Friedman, President, CEO Sesame Communications

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Final thoughts

The Internet is your best source for reaching prospective patients — and focusing on these three strategies will help your practice create connections that convert into new patient appointments.

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About the author

DIANA P. FRIEDMAN, MA, MBA, is president and chief executive officer of Sesame Communications. She has a 20-year success track record in leading dental innovation and marketing. She has served as a recognized practice management consultant, author and speaker. She holds an MA in sociology and an MBA from Arizona State University.
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David W. Schrody, DDS, MS
Clinton, Iowa

“For the past 5 years, Pro Seal has proven to be our practice’s best investment in time and money. We no longer have the stress and concerns related to the results of poor oral care. Simply put, if you care about your patients, you will use Pro Seal.”

Bob Mortimer, DDS
Munhall, Pa

“Inspiring orthodontic patients to maintain good oral hygiene compliance isn’t easy; however, applying Pro Seal to help this effort couldn’t be easier! The patient benefits from this protection; the doctor is likewise covered and would not return to previous methods. The best way to escape a problem is to prevent it. Thank you, Pro-Seal!”

Duane Grummons, DDS, MSD
Board-Certified Orthodontist
Spokane, Wash

“Over the years I have used and continue to use many of the innovative and effective bonding agents and sealants made by Reliance Orthodontic Products. More recently, I have been using their unique sealant called Pro Seal. Pro Seal is a filled, fluoride-releasing sealant that resists abrasion and has proven to effectively minimize the enamel decalcification often associated with fixed orthodontic appliances. I also use Pro Seal to seal around the bracket bases after tacking the brackets to their enamel surfaces for added peace of mind in reducing bond failures. Now that is reliance ... for the benefit of our patients and our team!”

Ron Jawor, DDS
Irvine, Calif

“One of the biggest worries for orthodontists and their patients is decalcification. Since using Pro Seal, we have all but eliminated this concern. Pro Seal’s protective coating also makes “excess” cement cleanup super easy. Using Pro Seal as part of our ‘preventive measures’ is a no-brainer and should be a part of everyone’s bracket-bonding kit.”

Jonny A. Feldman, DMD, MS
Cheshire, Conn

“I had been using Reliance’s Filled Light Cure Sealant for a number of years with good success. When Pro Seal was released, I immediately switched. I prepare the teeth by etching the entire surface and drying with Enhance. After that, I apply Pro Seal over the entire surface. In my mind, the result has been an almost complete elimination of ‘white mark’ decalcifications, even in those patients with poor hygiene. It has been and continues to be a great product, and one I would not want to practice without the protection it affords my patients.”

Robert G. Frantz, DDS
Danville, Calif

Call Toll Free 1-800-323-4348
2015 Orthodontic World Congress gets ‘contagious’ in San Diego

The Wall Street Journal and New York Times best-selling author of “Contagious: Why Things Catch On” Jonah Berger will be the featured speaker at the 2015 Orthodontic World Congress. Sponsored by DENTSPLY GAC, the show will present a number of clinical, business and post-show sessions all geared toward the modern orthodontist practice.

What’s more, each practice will be able to personalize its experience by attending unique, half-day tactical sessions hosted by the speaker of its choosing. “We couldn’t be more thrilled with the lineup of speakers,” said Jeanne Ricciardi, senior communications manager at DENTSPLY GAC. “Jonah Berger is an associate professor of marketing at the Wharton School at the University of Pennsylvania. His book ‘Contagious’ looks at how individual decision making generates collective outcomes such as ‘social contagion’ and trends. One of the main components is generating word-of-mouth, something every orthodontist has an interest in. But then, his talks are so good, you don’t really need to have an interest in marketing to get a lot out of them.”

The 2015 Orthodontic World Congress will be held Feb. 18-21 at the Loews Coronado Bay Resort in San Diego.

In addition to Berger, it will feature a diverse roster of speakers that also includes Jon Acuff, author of “Start: Punch Fear in the Face, Escape Average and Do Work that Matters,” Steve Curtin, author of “Delight Your Customers: 7 Simple Ways to Raise Your Customer Service from Ordinary to Extraordinary” and Ben Burris, renegade orthodontist and guerrilla marketing maven who grew one of North America’s largest practices.

Orthodontic professionals interested in expanding their clinical base of knowledge will also find plenty of excitement at the Orthodontic World Congress.

The show will feature a number of renowned clinicians including Dr. Antonino Secchi, founder and chief spokesperson for the Complete Clinical Orthodontics (CCO) philosophy.

“The work (Dr. Secchi’s) doing now is quite literally, changing orthodontics in real time,” Ricciardi said.

Additional clinical speakers will include Dr. Martin Palomo, director of the Craniofacial Imaging Center at Case Western Reserve University and one of the foremost experts on 3-D imaging, Dr. Ryan Tamburrino, a frontrunner in the placement and use of TADs, and Dr. Rebecca Bockow, a practicing orthodontist and speaker trained in both orthodontics and periodontics.

Additional speakers on the roster include Dr. Lou Shuman, Dr. Julia Garcia-Baeza and Dr. Raffaele Spena.

Those who like their conferences served with a side of social will not be disappointed. The 2015 Orthodontic World Congress will feature a welcome reception with craft beverage tasting from the new microbrew capital of the world, alongside some wine from the finest California vineyards. Each evening will include a “Sunset Happy Hour” on the Bay Terrace or the adjacent Cays Lounge (with a communal-style bar with tables that create a casual and comfortable gathering spot).

Attendees of the show will also be treated to a private tour and reception at the world-renowned San Diego Zoo in Balboa Park.

This behind-the-scenes look at the area that’s home to more than 4,000 animals will conclude with a “ZooFari Reception” featuring an evening of dancing, special animal presentations and more fun under the stars.

For a complete list of all of the speakers, the session’s topics, post-show events, as well as registration information, guests should visit myGCARE.com.

“Remember that much of the country is covered in snow in February. Other resort towns can be overrun by tourists during spring break times. San Diego, on the other hand, is blanketed in a continual layer of crisp ocean air and glorious sunshine,” Ricciardi said.

“Whether you’re interested in the business or clinical side, have been running your own practice or are just starting out, there’s going to be plenty worth hearing and experiencing. If you’re interested in attending, you should act soon. We hope to see you all in San Diego!”
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Tips to navigating a successful practice transition for retiring orthodontists

By Holli Hamilton Lindsey, CBA
Director of Tax and Valuations
OrthoSynetics, Inc.

If you are an orthodontist considering retirement in the next few years, you are not alone. There are about 9,500 practicing orthodontists in the United States, and the average orthodontist is 54 years old and has been practicing for 23 years. Of these orthodontists, about 200 will retire each year.

The good news is that approximately 360 orthodontic residents graduate each year. While some of those residents will go on to open a de novo practice, others will enter into an associateship with an existing practice and still others will want to buy a practice from a retiring doctor. For orthodontists who wish to sell their practices, this article presents a few key items for consideration.

• Timing. You will want to start thinking about your retirement and transition at least three to five years in advance. This will give you time to start considering the most preferred candidate to carry forward the legacy and success of your practice. In addition, it may seem counter-intuitive, but these last few years will be the perfect time to grow your practice. A well-informed potential buyer will generally consider at least five years of historical financial data, and you want to be able to showcase your practice’s growth potential.

• Financial trends. A practice with a positive revenue growth trend will generally be worth more than the same practice with a stagnant or declining revenue trend. In order to maximize your practice’s selling price, you will want your revenue tTo indicate growth for at least three to five years prior to the sale of the practice. In addition, you should use this time to hone costs and eliminate extraneous expenses. Review annual financial statements in detail to determine any discretionary expenses, i.e., expenses that are not necessary to operate the practice: automobile expense, charitable donations, salary paid to a family member not employed by the practice, etc. The practice’s bottom line is cash flow to a potential buyer. It follows that a bigger bottom line will generally facilitate a higher practice value.

• Operational trends. An educated potential buyer will look not only at revenue but will also want to see that your patient base is growing, or at least holding constant. It may be worthwhile to consider expanding your referral sources, accepting new insurance plans, launching a new marketing campaign or offering additional payment options. A positive trend in new patients shows potential buyers that the practice is attractive to new patients and the potential for patient growth is likely to continue for future years.

• Physical assets. Beginning the process three to five years in advance of your planned retirement date will give you time to consider the general state of your dental equipment in terms of age and functionality. It is not advised to go out and replace all your equipment, but it may be a good idea to use this time to update some key items. Keep in mind that a purchasing doctor will be willing to pay more for a practice if he or she will not have to immediately invest large sums on updated equipment. It may also be helpful to make some minor investments in upgraded décor, as well.

• Practice valuation. Once you have considered the items above and the time is appropriate, you will want to hire a valuation consultant to prepare a valuation report, which will be passed on to potential successors so they can review the practice’s financial and operational health prior to the purchase.

A qualified valuations analyst will prepare a valuation report using one or more accepted valuation methodologies that may fall under the income approach, the market approach or the asset approach.

• Negotiations. Remember that flexibility is crucial to negotiating a successful practice transition. Choose your battles strategically; most negotiations require some concessions on each side. Negotiations are best accomplished through a trusted team of advisors, which may include your CPA, legal counsel and/or hired transition consultant. However, even the best team of advisors cannot completely dictate negotiations. As the practice owner, it will be your responsibility to make certain difficult, and even stressful, decisions. It is important to choose your advisors wisely as they will facilitate discussions, prepare documentation and otherwise assist in the navigation of your successful practice transition.
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tions with heretofore unseen improved hard- and soft-tissue effects.

In the following case, I will illustrate how these arch enlargement techniques can be successfully managed in a late mixing dentition case. The young female patient that presented with impacted maxillary canines was treated utilizing Damon brackets with low torque and Damon mechanics to advance incisors and increase transverse dimension, optimizing clinical efficiencies and dental and facial esthetics.

Case study: Diagnosis
A 12½-year-old, healthy female patient presented, following referral by her pediatric dentist, with a concern for crowding and impacted permanent maxillary canines. In acknowledging the significant crowding, the parents and patient vocalized the desire to avoid permanent tooth extractions.

Treatment plan
The examination and diagnostic records confirmed facially blocked maxillary canines, lateral incisor malalignment and maxillary first premolars erupting mesially into the canine space. All the maxillary and mandibular primary molars were present, and I noted that there was a significant size difference that would aid in spacing requirements for non-extraction treatment plan.

In addition, the maxillary incisors were upright and the maxillary midline was shifted to the right, both of which would promote the ability to open canine spacing required. The molar relations were end-to-end.

In developing the treatment plan, I recommended the extraction of the primary molars and to place Damon brackets on the maxillary arch only initially to obtain spacing for maxillary canine eruption. I have exclusively used the Damon System for more than 14 years and especially appreciate the variable torque options available to assist in managing the mechanics each case demands. In my experience, the Damon System greatly assists with excellent incisor positioning and esthetics. In addition, the passive self-ligating brackets combined with high-technology archwires serve to efficiently develop transverse dimensions without excess crown tipping in most cases.

By addressing the most significant issue of facially impacted canines and opening space for them initially, I was able to avoid the potential for a more difficult impaction management process. However, prevention of the canines from erupting into poor gingival tissue and prevent the patient from having braces on all the teeth while waiting for teeth to erupt.

I anticipated that the incisor crowns would be moved facially and to the patient’s left. I also predicted the wire progression to develop the facial and transverse arch gain would provide for the space needed without excess proclination of incisors or tipped posterior dentition.

Treatment progress
The primary molars were extracted, and to start treatment, I bonded the patient with low torque Damon brackets on available maxillary teeth and cemented Ormeco™ triple tube bands on the maxillary molars.

This bonding approach allowed for arch tubes to be placed as a “D-gainer” appliance, extending the effective length of the molar tubes to promote wire sliding without falling out of the tubes as open coils opened space for the canines. The medium level force open coils were activated on round wires initially to correct the midlines and to slide the lateral incisors past the facially positioned canines without torqueing the roots into the canines. One of the lateral roots were moved past the canine crowns, rectangular wires were placed for further arch width development and to begin control of the incisor crown angulation.

To develop dental arch width with the Damon System, it is important to allow the Damon super elastic wires to interact with the passive tube created by closing the bracket slide.

Often the round wires are maintained for up to four to six months for optimal space gain or until bracket slots are aligned prior to placing rectangular super elastic wires. The 14 x 25 super elastic rectangular wires begin the incisor angulation control early as well as contribute to further transverse development. Following completion of the series of super elastic rectangular wires, final wires of TMA or stainless steel are utilized to complete the alignment, using the arch width developed from the initial wires as the final arch form.

After eight months of maxillary arch only treatment, all the space needed for teeth to erupt was present and the most mal-aligned maxillary right canine had erupted. Progression of arch wires were taken to evaluate incisor positioning, and it was determined that the initial goals of opening canine space and optimizing the incisor position without excessive transverse crown tipping or incisor proclination was successful.

The remaining appliances were placed, and while maintaining the arch form in the maxillary arch, the progression of lower arch wires were followed until matched in both arches.

Finishing
TMA wires were utilized to complete tooth positioning and alignment. We typically use 19 x 25 wires in the maxillary arch and 17 x 25 in the mandibular arch.

Using this smaller dimension wire in the lower arch, coupled with “box” configuration elastics of appropriate force levels, promotes improved settling of the occlusion prior to removal of the appliances.

Of course, should the demands of a case relative to lower arch leveling and incisor angulation control require a larger dimension wire in the lower arch, then the clinician should make that determination.

Results
After eight months of initial maxillary arch treatment only, and an additional 16 months of lower arch treatment coordinated to the maxillary arch, the result of 26 total months of care was a result that met all of the patient’s, parents’ and doctor’s expectations.

Treatment time may have been less with the use of lasers to uncover the maxillary canines earlier after obtaining space for their eruption. This would likely have allowed for earlier placement of appliances on the mandibular arch. In addition, there was a two month span from...
the time it was determined to place the lower appliances and when it was actually completed. Regardless, management of this case resulted in optimized results anticipated by all involved.

In addition, the stability of this case and the healthy periodontal tissues is well demonstrated by reviewing the 24-month retention records. The bonded retainer wires were intact and the patient reported continued periodic wear of removable night-time retainers.

Conclusion
The incisor position within the face was well controlled as space was developed for the facially impacted canines. This was a result of appropriate use of “E” space, transverse arch development characteristic of the Damon System mechanics and advancing the incisors with low-torque brackets, preventing potential for excessive flaring of the incisors.

This case was well managed to reach the goals desired — optimal dental and facial health/esthetics without permanent tooth extractions. In our office, orthodontic care provided with advanced Damon appliances and mechanics has simplified clinical steps necessary to optimize our efficiency while delivering esthetic patient results.

About the author
DR. MICHAEL MAYHEW received his dental education at the University of North Carolina with specialty degrees in pediatric dentistry and orthodontics. He is board certified in both specialties and operates a dual specialty practice in Boone and North Wilkesboro, N.C., with other pediatric dentists and an orthodontist. Mayhew has lectured nationally and internationally specifically on the Damon System of orthodontic appliances and management of Class II malocclusions with Herbst type appliances and Class III treatments with face masks, CAD/CAM digital orthodontics with indirect bonding and office utilization of CBCT. He is on the sports medicine team at Appalachian State University, is an adjunctive clinical professor at the UNC School of Dentistry and has held leadership positions in organized dentistry, serves as the director of the NC-SC Damon Study Club and was inducted in the American College of Dentists in 2010 and the International College of Dentists in 2014. Mayhew is married with three children and one grandchild and enjoys golfing and fly fishing and being active in community activities.
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