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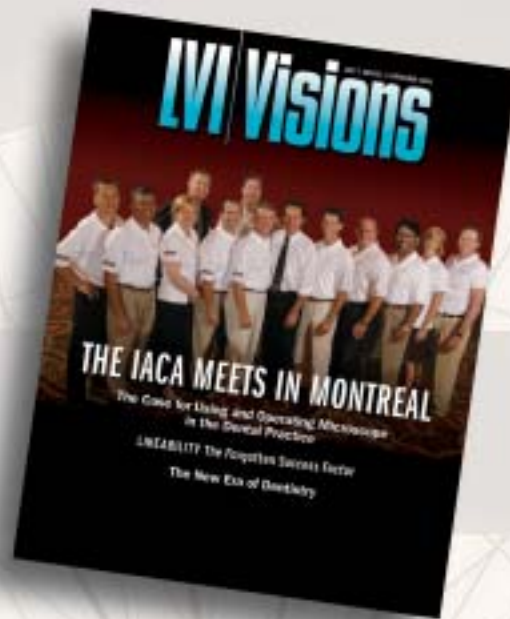
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E D I T O R I A L
BY WILLIAM G. DICKERSON, DDS, FAACD, LVIM

Are We Destroying The Profession From Within?

There are always external forces trying to discredit the integrity of dentists. It is no secret that insurance companies need to make the public feel that they need the insurance companies to protect them from dentists. It is essential that they drive a wedge between the public and the dental profession. For years we have been fighting this battle, the truth is that as a group, most dentists are incredibly ethical and have the patient's best interests at heart.



The problem is, as POGO said, I have seen the enemy and he is us.

We can defend ourselves against the outside influences like the insurance industry. What we CANNOT defend against, however, is the destruction of our profession from within. What am I talking about? I'm talking about the need for many dentists to criticize other dentists. I've seen dentists make public comments about another dentist when in fact, they have done or made the same mistake in their own practices. I have seen dentists make big deals out of small incidents that could have been easily corrected if the patient had gone back to the original dentist. I have seen dentists, out of jealousy, criticize other dentists simply because they made the mistake of being successful. All of this is acted upon in a vicious attempt to

criticize another dentist's philosophy, success, or way of practicing. Many times it's done in an attempt to win the patient over to their practice.

There is a case that went all the way to court because the patient got microleakage under his temporaries, hardly a case of malpractice. However, the patient went to another dentist, and instead of this dentist reassuring the patient that this is not a big deal and that when the final restorations are seated, the microleakage problem will be taken care of, he used the opportunity to criticize the dentist in an effort to get a new patient.

Behavior like this will backfire on all of us as it creates a level of distrust of ALL dentists in the minds of the public. What the second dentist

should have done, even if he thought the first dentist did anything wrong, was to reassure the patient and tell the patient to go back to the original dentist for follow-up care. Then the second dentist should have called the first dentist to discuss the case and offer some help or support.

The dental internet forums have made things worse. Hiding behind the anonymity of their computers, dentists find it easy to spew venom that they wouldn't have the courage to say to a person's face. This unprofessional behavior spreads like a virus to the many other dentists who are on such forums, creating a plague of this infectious practice to thousands. Understand, such behavior is NOT acceptable or professional.



I believe that almost every dentist has their patients best interest at heart.

What I find particularly troubling is the public bashing of other dentists from the podium and in professional publications. I am appalled by some of the self-righteous editorials claiming facts when it's really just things they "heard" or "think". Truth is, these authors attempt to discredit a dentist, organization, or philosophy based on their insufficient, inaccurate, and misinformed knowledge. I believe that almost every dentist has their patients' best interest at heart. Yet some prominent dentists who disagree with someone's philosophy or method of treatment, even though they have not tried to find out for themselves WHAT that philosophy they disagree with really is about, feel no remorse by publicly attacking that person, group or philosophy. Not only is this unprofessional, it's just wrong and bad for EVERY dentist in North America. It smells of McCarthyism and it's wrong.

It saddens me that these so-called experts use their prominence or position to attack someone or something they disagree with. Perhaps they have a vested interest in doing so, just like Pepsi may directly attack Coke. I find it particularly troubling when they question the "ethics" of a dentist for

his or her personal beliefs, when the dentist they criticize is doing what they think IS the best thing for their patients. Who made them the moral police of dentistry? How do they know what these other dentists are really thinking? Should their ethics be questioned because of THEIR treatment philosophy by everyone who disagrees with them?

A dentist walked up to me at the recent meeting to tell me how disgusted he was with this speaker who used the podium to attempt to discredit a few other notable speakers. What this speaker didn't realize is that perhaps he might have been successful with a few, but he actually discredited himself with the majority of dentists in the room. Another dentist came up to me and told me of another speaker who made comments that he KNEW were not true about another group or "camp" and it totally changed his feelings about this speaker as he lost respect for him.

Even though I may express my beliefs about proper treatment and the philosophy of dentistry I believe in, I try to never personally attack another dentist. I will also never tell you that anyone who doesn't practice the type

of dentistry that in my heart I KNOW is right, is in some way unethical or morally wrong. I truly believe that most of them are doing what they believe is right. I just think they are misguided or don't know what they don't know. They may refuse to find out for themselves, so in their minds, they do believe they are doing the best thing for their patients. And it would be nice if we could agree to disagree and yet be civil about it.

But the end result is that when a person of authority or any of their followers uses their position to discredit a dentist or group of dentists, it also discredits dentistry in general and hurts us all. It creates a level of distrust in the public's mind, especially when the followers of a particular leader then spread the message of ignorance to their patients. The best thing for our profession would be if this nonsense stopped and we all could be respectful of each other's opinions, views and beliefs. Consider it your responsibility to save our profession from this internal destruction by approaching people who discredit other dentists and tell them to please stop. They are hurting every dentist in North America with their unprofessional actions.

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THE CASE FOR USING AND OPERATING MICROSCOPE IN DENTAL PRACTICE

STEPHEN BUCHANAN, DDS, FICD, FACD



In the early 90s, Dr. Gary Carr introduced the operating microscope into Endodontics, irrevocably changing the specialty and radically improving our clinical capabilities. Since then, albeit at a slower rate, microscopes have made their way into general dental practices and many of the other specialties. Perhaps endodontic procedures offer the most elegant, the most necessary application of the microscope—due to their obscure, narrow fields of operation—however, restorative dentistry, periodontics, and implant dentistry are no less improved when perfect lighting and multiple levels of magnification are brought to bear.

One of the questions I have been asked is whether it saves or takes more time to do dental procedures when using a microscope, and my answer is that it doesn't really make them shorter or longer—what it does contribute is a sense of calm, definitive, competence to every part of the procedure. In other words, as you move through the various procedural events, the light and magnification is so ideal that each step is completed with the ultimate level of control and accomplishment, rather than having to return to a step previously done in a less than ideal way.

As a fairly self-critical and very competitive operator, I am enormously grateful for the enhancement of my skills gained since I began using microscopes. Ironically, I bought my first microscope in spite of my initial opinion that it would not improve my clinical outcomes—for God's sake, I was already using 3.5X loupes to do apical surgery!

At that time I was gearing up to

begin production of my Art of Endodontics™ video series and when Gary sat me down at his microscope I immediately realized that it was an ideal stage for a video camera. So I purchased and installed my first microscope and immediately discovered the naiveté of my earlier opinion—it was literally not possible to operate at the same level with loupes. I will return to discuss the benefits of using microscopes as a camera stage, but first let's look at their other inherent advantages.

Those who currently use loupes and head lamps might ask themselves what a microscope brings to the party when magnification and light are already at above average levels—as mentioned before, I initially

had the same thought. One of the advantages of head-mounted visual aids is the intuitive, fast, and infinite positioning that is possible when all you have to do is point your head into the field. However, that is also one of its greatest disadvantages.



Figure 2. Dental Education Laboratories hands-on facility in Santa Barbara, CA, is equipped with a full armamentarium, including Global microscopes at each station.



Figure 1. A highly magnified view of the mesial wall of an access cavity in a mandibular molar. This tooth was known to have a vertical fracture due to its sensitivity to biting pressure and sharp, transient response to cold stimulus, however, it was not known how far the fracture extended. This view definitively confirms that the fracture extends into the root structure providing an accurate prognosis and treatment plan (extraction) rather than a wasted effort of attempting to salvage the tooth.

If you radiographically imaged the cervical regions of most dentists older than 35 years, you would see a very consistent pattern of intervertebral pathosis at the C5-6 level. This is because, with non-scope visualization, it is always easier and quicker for the dentist to bend his or her head rather than reposition the patient's head when needed. With a microscope, the dentist is more likely to sit up with perfect posture, looking straight ahead into the inclinable binoculars, and to move the patient's head instead.

You might say, "But that could give my patient a neck ache after a long dental procedure!", and that is often true when visual access is a challenge. But that will (hopefully) be a rare experience for any of your patients. If it is you doing the neck turning, it will be a neck ache for the rest

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of your (perhaps shortened) career.

Furthermore, I found it to be less than fun to have all of that gear attached to my face and head, tethered by the cord to the headlamp. As magnification requirements increase, the weight of even polycarbonate loupes becomes excessive. I will say that when I was 26 years old, a set of 3.5X loupes was probably the equivalent of 5X or 6X magnification the way my eyes are now. However, even when I had 20/10 vision, it still required at least a 10X enhancement to see the apical extent of vertical fractures on pulp chamber walls and there is no way to comfortably wear loupes that size.

So, in addition to having all of the light, magnification, and imaging equipment you would ever need hanging on a ceiling, wall, or floor-stand mount, the operating microscope has not one but 3-6 levels of magnification available. While it is great to have the capability of seeing at 15X to 20X, it is impossible to operate at those levels and most of my procedural work is done at 4.5X to 6.5X as the depth and width of field is so much better. But when I'm doing quality control on a procedural step, looking deep into a root canal, or, as mentioned, deciding if the ver-

tical fracture line I've found extends into the soft tissue attachment level, it's an unmatched advantage to zoom way in (Fig.1).

Most dentists need time and coaching to become accustomed to working under a microscope, for sure that was my experience. At first, I only used it for apical surgery after the flap was raised and I sutured the flap

more fun. But it did require a learning curve to become comfortable.

Let me share a couple of tips that helped my application of microscopy. First, especially for those who have not used loupes before, it is initially a challenge to bring instruments into the narrow magnified field as the peripheral view is missing. You do not want to squirt the

air/water syringe into your patient's ear. The simple answer is that you bring the instrument in above the operative field, where it will be out of focus but visible, and then drop in to work. A second frustration I had, mostly when I attempted to suture under the microscope, was that it seemed too close (typically 8 inches with the standard 200 mm objective lens), as I repeatedly bumped into it. My Global Micro-

scope representative easily solved that by replacing the 200 mm objective lens with a 225 mm lens, extending the focal distance and moving the microscope back another 3/4's of an inch.

My use of the microscope in conventional and retreatment procedures was the same experience. At first I only used it when I was challenged and gradually incorporated it



Figure 3. Six-step Global Microscope with inclinable binoculars, two-port beam splitter with three-chip video camera and digital still camera.

back without it. But over time, whenever I had less than a perfect incision, or when I struggled to get a suture placed ideally, I would bring the microscope back into the field to finesse that problem. Finally, I realized that when I did the whole procedure from start to finish with it, I felt a lot more relaxed, was more satisfied with the outcome of every part of the procedure, and had a lot

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Figure 4. Microscope view of maxillary molar access cavity showing MB1 canal orifice and the MB isthmus line indicating where ultrasonic troughing should be done to find the MB2 canal.



Figure 5. Maxillary molar treated recently with new GT Series X Files. Note how the mesial and distal access walls were cut parallel to the external mesial surface of the tooth, the narrow coronal enlargement despite the severe curvatures of the buccal canals, and the apical delta system of lateral canals in the palatal root.

throughout the procedure. Basically it was kind of like that flossing joke we tell patients, I only needed to use the microscope when I wanted the procedure to turn out perfectly every time. Many general dentists who have taken my two-day lab course in Santa Barbara, where each lab bench has a Global Microscope, have purchased one to do endodontic procedures. (Insert Fig. 2) Virtually all of them report back that they gradually started using them for restorative procedures when desperately challenged and finally came to understand that every procedure they did was exceptional when they pulled the scope into the field at the beginning.

What about the costs to incorporate microscopy into your practice? They are surprisingly low. The price of a three-step Global Microscope with inclinable binoculars (very important), a Novalux (metal halide) light source, and a wall, ceiling, or floor stand mount is only about \$12K. And microscopes are not like most of our other new toys; they do not depreciate in value as they are a mature technology. I have bought and sold five different microscopes for nearly what I paid for them (in one case for more) and upgrades are very easy in the Global line.

In terms of direct business benefits, I know of no better internal marketing device than a microscope to tell your patients that you are at the state of the art and committed to excellence in dentistry.

Finally, one of my favorite advantages of working with microscopes is the reason I first bought one, it is the

In terms of direct business benefits, I know of no better internal marketing device than a microscope to tell your patients that you are at the state of the art and committed to excellence in dentistry.

most effective way to document the work we do. If you are not an educator, the still photographs that can be effortlessly captured are stunning when used for case presentation or treatment reports. Not having to pull out the SLR camera, with its infection control issues, its difficulty in getting it into the field, and the extra time and set of hands needed to use it is a true blessing (Fig. 3).

If you are an educator, shooting still and video photography through

the beam splitter—which means that students see exactly what you are looking at—it is heaven for teacher and student alike. With a microscope I can get light to the end of an open apex root canal and show dentists the granulation tissue at its terminus. I can show, with a micro-mirror, a view up the length of an apical retro-prep. With a microscope I can show how to find an MB2 canal by looking for color changes in the pulp chamber floor (Fig. 4).

Dentists are visual animals, we learn more from seeing a well-documented procedure once, than from hours of lecture or reams of written descriptions. I bless Gary Carr every time I finish another procedure under the microscope, for his contribution to Dentistry and, on a more personal level, for his enabling me—through my next twenty years of practice—to be as good or better than I was in the first twenty-six (Fig. 5)

L. Stephen Buchanan, DDS, FICD, FACD

Known for his multimedia presentations, 3D anatomy research, technique articles, and instrument designs, Dr. L. Stephen Buchanan is a leading expert in the field of endodontics. He is a diplomate of the American Board of Endodontics and a fellow of the International and American Colleges of Dentistry. Dr. Buchanan lives in Santa Barbara California, where he maintains a private practice limited to endodontics and teaches monthly hands-on laboratory courses at his teaching facility, Dental Education Laboratories.

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Michael Miyasaki DDS, LVIM

Dr. Michael Miyasaki is LVI's Vice President of International Operations. A 1987 graduate of USC School of Dentistry, he developed a highly successful reconstruction practice in Sacramento, CA. Following his passion to teach and mentor other dentists, he became associated with LVI in 1996 where he now works full time. Michael practices in the LVI faculty practice, lectures and publishes articles on the latest aesthetic, occlusion and materials available.

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PRODUCT

REVIEWS

THE LVI STRATOS ARTICULATOR AND GENIE

We are pleased to announce that the articulator many of you have been waiting for should be released about the time this issue of VISIONS comes out. We cover this and a material that I think makes a good impression.



LVI CALIBRATED STRATOS ARTICULATOR

In last month's LVI VISIONS Magazine, Drs. Bill Dickerson and Norman Thomas explained the HIP plane, its accuracy, reproducibility and simplicity in depicting the patient's current maxillary arch relationship. In a nutshell, we want a way to analyze for ourselves if there are any cants of the patient's maxillary arch for both aesthetics and function. Aesthetically many of us have done anterior-only cases on patients with eyes at differing levels, ears at different levels, and crooked noses. So we are left with the question of, "To what do we align the maxillary occlusal plane?". With the HIP plane, we position three skeletal landmarks equidistant over a flat occlusal plane--in this case, the LVI Stratos Occlusal Plane Analyzer, independent of the position or cant of the teeth. Once this mounting is done to the top member of the LVI Calibrated Stratos 100 Articulator, the parts holding the cast equidistantly over the Occlusal Plane Analyzer are removed and a true determination of horizontal and sagittal cants can be seen. For aesthetics and function we have determined that in over 90% of the cases restored at LVI, leveling the maxillary occlusal

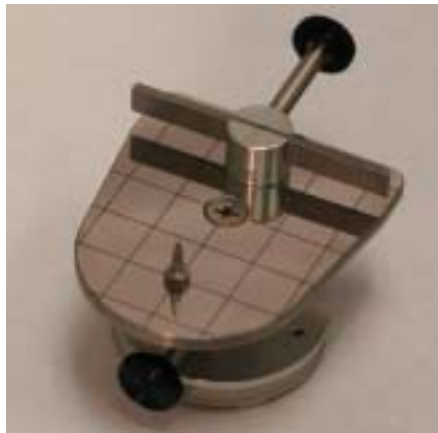


Figure 1

plane to the HIP relationship rendered an ideal maxillary occlusal plane for both aesthetics and function.

But my point here is not to rehash what was in the last issue, but to point out why this LVI Calibrated Stratos Articulator, with the LVI Stratos Occlusal Plane Analyzer, make up the best system currently on the market. The System takes the Ivoclar Stratos 100 Articulator--which is a proven lab technician favorite. It's been proven



Figure 3



Figure 2

durable and easy to handle, with condylar posts that are easy to hold, and the ability to sit the articulator back on its stand.

The outstanding feature in this system is the new LVI Stratos Occlusal Plane Analyzer (figs. 1 and 2) designed just for LVI. This Occlusal Plane Analyzer is designed for the Stratos 100, but can be used on any articulator in the Stratos family that allows use of the magnetic mounts. So I've given this away...the Occlusal Plane Analyzer has a magnetic base which is a great feature. It pops on and pops off easily.

Is this really easier than a face-bow you might be asking. Sure it is. No more sticking parts in your patient's ears while you try to talk to them and all they hear is garbled dental conversation, and then you



Figure 4

point at their eye a sharp pointed stick to get the infraorbital notch, and then you still have to determine what's level--and we haven't even gotten to the mounting yet.

For those of you who have mounted models this way, you know there are a few challenges--and this system answers them. Never have to worry about centering the anterior portion of the models with an incisive papillae pin that screws into the analyzer base for storage, and also screws into the Reflective Table, and doesn't move (fig. 3). So you start with the model centered unlike some other systems. Placing the model's incisive papilla on the incisive pin can be difficult due



Figure 5

to the lack of visibility. Here the Stratos Occlusal Plane Analyzer literally shines with a Reflective Table allowing you to see the underside, palatal side, of the model during mounting (fig. 4).

Okay, as you move back, the hamular notches may not be equidistant from the incisive papilla. With the Stratos system, the hamular

notch fence (fig. 5)--the part that supports the hamular notch area of the model--can be moved due to its magnetic mount to accommodate any asymmetries.

If you didn't catch it in the beginning of this article, I mentioned that the HIP landmarks are accurate 90% of the time. Actually I should have said 95+%, but what do you do if it's not correct? We would have found this out comparing our Symmetry Facial Plane Relator to our HIP mounting.



Figure 6

If we were certain that our Symmetry Facial Plane Relator was correct, and when the maxillary cast was mounted it did not parallel the Occlusal Plane Analyzer, we would abandon the use of the HIP plane for this particular case. Personally I have yet to have to do this. What would be done in this situation is to use the LVI Stratos Occlusal Plane Analyzer's Adjustable hamular fence, we would adjust the



Figure 7



Figure 8

fence until the Symmetry Facial Plane Relator was level and mount the model to the Articulator. I think of this a "variable roll adjustment" (fig. 6). To analyze the models for canting, all you have left to do is raise the occlusal table until contact is made with the occlusal surface of the model and you can see the three-dimensional canting (figs. 7 and 8).

The mandibular model would then be mounted against the maxillary model with your appropriate bite registration.

Mounting go okay? Now what? With the LVI Calibrated Stratos 100 articulator you can pop the models off and send to the lab if they are using another LVI Calibrated Stratos 100 articulator. Key words here are "LVI Calibrated". Ivoclar technicians will calibrate the lower magnetic mounting base for inter-changeability between articulators. This will provide a large savings. You no longer have to send the articulator you mounted your

models to, to the lab or have the lab mount the models for you and ship their articulator back and forth. Just send the models with a transfer bite.

This system also comes with a durable carrying case so you won't have to carry it in a tattered cardboard box like in dental school.

This is a good system that should provide years of service. No complex gears and quality manufacturing will have both you and your patients smiling.

GENIE IMPRESSION MATERIAL

You probably know of Sultan Dental as the company that provides many disposable items and sterilization products used everyday in your office, such as, Purevac, Evacuation System Cleaner, Sporox, II Sterilizing and Disinfection Solution. But, if you're like me, you may not have known about some of their other products, for example, Genie Impression and Bite Registration Materials, VersaTemp Bisacrylic Temporization Material and Versa-Link Porcelain Bonding and Repair System just to name a few in their restorative line up. The two products I wanted to introduce you to in this article are their Genie Ultra Hydrophilic Impression Materials and VersaTemp Bisacrylic Temporization Material.

If you're like me, leaving your tried and true materials is not easy, especially impression materials. We all hate having to take an impression more than once because of our time involved and any possible patient discomfort. Sultan has



Figure 1

done a great job with their Genie impression material (figure 1) dispensed with an auto-mix gun so even I can use it. I say this because I've tried other materials that just didn't work well for me.

Genie comes in five different viscosities and two set times. The Rapid Set material sets in 2:10 minutes so it's perfect for those single unit impressions while the Standard Set material gives you 4:30 minutes of working time great for those full arch impressions. The working times are listed on the cartridges so that you use the material properly.

Got a margin deep into the tissue? No problem. Use your LVilase and trough the tissue and Genie will magically get your margin. Okay, it's not magic, but the ultra hydrophilic property of the material

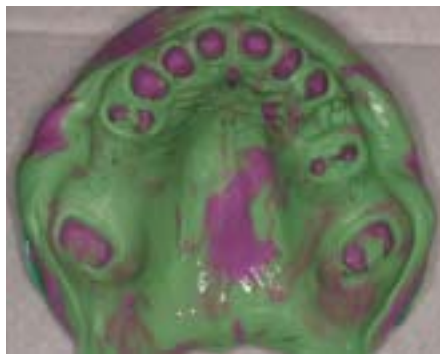


Figure 2

gets my impression every time. It will even work for you cord packers out there. So did you say you use the putty-wash technique? Genie has two putties; a rapid set putty that sets in 2:30 minutes and a standard set putty that sets in 4:30 minutes, and these putties give you good cohesion of the putty and wash materials.

At the institute we often see missed impressions due to the fact that many times the doctor has syringed the material around the preparations way ahead of the assistant filling the tray with the heavier body tray material. Genie is designed to be easier to extrude to help avoid this from occurring.

Another problem I've had with some other materials is that the color combination of the tray and wash sometimes made it difficult to evaluate the impression, but with Genie there's no problem here. The colors of the tray and wash materials allowed for easy evaluation of the impression and the tear strength was such that even the thinnest areas of the impression withstood the tray removal and yet it was balanced with easy removal (figure 2).

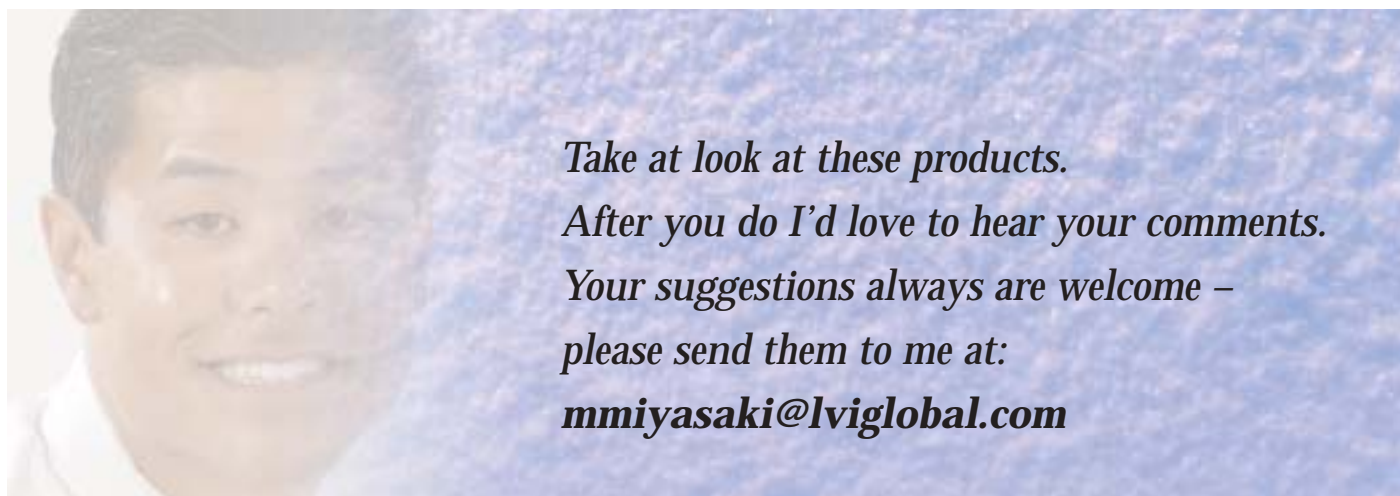
We spoke about patient discomfort, well, they will still have a mouthful of tray and material, but most of the patients commented, unsolicited, that they enjoyed the pleasant berry smell or 'taste'.

If I've got your attention now look at the cost which is always a concern. Many times we know that high qual-

ity materials come with high quality costs, but with Genie it's different. I'm not going to quote costs here because I know they can be variable, but take a minute, get a sample, find out your cost from you dealer and I think you'll be pleasantly surprised.

In conclusion, the LVI Calibrated Stratos Articulator is a must buy and

so easy to use. Genie impression material is a great impression material to make your life easier during one of the most simple yet difficult procedures that determines the final success with our restorations. And after you do try them let me know what you think. The feedback has been great and I thank you for your suggestions.



*Take a look at these products.
After you do I'd love to hear your comments.
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please send them to me at:
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the Artists

Though beauty is in the eye of the beholder,
Dr. Joe Barton demonstrates the importance
of listening to it as well.

by JOSEPH BARTON, DMD

Being artists as well as clinicians, we each have the talent to not only create a smile but a life-changing experience. In order to do this with predictability, we must work with laboratory technicians of like minds; those who look past the routine dentition fabrication procedures and envision the complete smile enhancement that truly makes a difference in our guest's life.

Our own interpretation of beauty is easy to discern, but listening to the guest and truly understanding their desires will ensure their satisfaction. We all tend to lead the guest in a particular direction but must be careful not to sway their decision. I had the pleasure of working with a guest who had very specific ideas of what she wanted in terms of her smile. The process of turning her wants into reality is the process I would like to share. Knowing the end results is only half the solution; the other half is the journey there.

Changes in Joan's appearance were not her only concerns. She also had been tolerating several other maladies including facial pain; limited opening; neck and shoulder pain; and fatigue in the muscles of mastication. She had worn a nighttime appliance in the past with limited resolution of her symptoms.

isam within



We began by evaluating her occlusion using a Neuromuscular approach. Joan was currently under the care of a Neuromuscular massage therapist to address myofascial pain and trigger points. Myotronics equipment was utilized to determine the proper vertical index for the mandible, based on reading muscle electromyography (EMG) results. The condylar position was confirmed through tomography with Sordex's Crane Tome radiographic equipment.

An increase of five mm along a Neuromuscular trajectory was established and a lower arch, anatomically correct acrylic orthotic was fabricated. Upon receiving her commitment for completion of full-mouth rehabilitation, the removable orthotic was delivered with instructions to wear the appliance 22 out of 24 hours a day. Follow-up adjustments were done on a regular basis for the next three months. By the end of the three-month period, her symptoms had substantially decreased; further confirming our change in the vertical index.

During the adaptation and accommodation period of orthotic use, the artistic phase of treatment planning began. Photographs, models, smile designs, and symmetry bites were obtained to design the final proportions, size, and contour of our case. The talents of Young Kim and the MAC team at MicroDental Laboratories created a very artistic full-mouth wax-up from the information we provided them. The MAC team also provided bite registration indexes as well as indexes of the diagnostic wax-ups. We

were fortunate that Joan had a high working knowledge of dentistry and was able to give us specifics regarding her desired incisal edge contours, lengths, and shades. This was confirmed with various photographs and overlaying her natural dentition with temporary material using indexes of the wax-up as a form. Once Joan's symptoms subsided, we scheduled to begin restoring her entire dentition. Joan requested we restore her one arch at a time to ensure musculature comfort.

We began restoring her upper arch to establish the proper length and curvature of the arch. Utilizing the techniques for full-mouth reconstruction taught at the Las Vegas Institute for Advanced Dental Studies, the upper arch was prepared in segments with the bite registrations obtained at certain steps throughout the procedure. Upper arch impressions were taken using Imprint II™ impression materials (3M ESPE). Temporization of the upper arch was completed with Integrity™ temporary material (Dentsply Caulk) using the stents of the wax-up.

Preparing one arch at a time required close monitoring of the vertical index in both the anterior and posterior portions of the arch. Fabrication of a new orthotic (based on the lower arch wax-up) was seated after polishing the upper arch temporaries. The vertical index was then confirmed through the use of the Myotronics equipment.

The upper IPS Empress (Ivoclar Vivadent) restorations were previewed by Joan three weeks later and, upon her

approval on the models, were placed in the mouth to confirm the fit and aesthetics. Total isolation of the upper arch utilizing a rubber dam was established and the restorations were bonded using Calibra™ Translucent esthetic resin cement (Dentsply Caulk).

One month later, the lower arch was prepared in the same manner as the upper arch. The only change in protocol was utilization of the new lower orthotic to capture the segmental bite registration of the lower arch. Renamel™ Hybrid composite material (Cosmedent) was bonded to the orthotic after segmental preparation of the arch. The seating of the lower IPS Empress posterior crowns and anterior veneer restorations took place after Joan again confirmed the fit and aesthetics.

Follow-up visits were held 24 hours, one week, and one month to evaluate muscle activity and to confirm that the bite was on the neuromuscular trajectory utilizing the Myotronics equipment. Minimal adjustments were performed to eliminate occlusal prematurities through the use of occlusal indicating wax (Kerr Sybron).

While the technical procedures were challenging, the pleasure of working with such an appreciative guest and an artistic, talented laboratory team made the challenge tremendously rewarding. This is further punctuated in Joan's personal testimonial... further justifying the driving force behind my pursuit of excellence in dentistry:

"Thank you so much for the amazing end result to this journey we have taken together! As you know I had a plethora of symptoms in addition to being unsatisfied with the appearance of my teeth. You really listened to what I wanted and you delivered. When you walk in the front door, it says 'Great things happen here. There is an exceptional artisan practicing within.' Your practice is not about dentistry, but about self-esteem, confidence, success, and future achievement of your guests (patients)."

DR JOSEPH M BARTON A 1986 UNIVERSITY OF FLORIDA
COLLEGE OF DENTISTRY GRADUATE CURRENTLY MAINTAINS
A PRIVATE PRACTICE IN JACKSONVILLE, FLORIDA
DEDICATED TO AESTHETIC NEUROMUSCULAR DENTISTRY.
DR BARTON IS A CLINICAL INSTRUCTOR AT LVI AND THIS YEAR
OBTAINED HIS LVI MASTERSHIP AWARD. HE IS CURRENTLY THE PRESIDENT
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THE NEW ERA OF DENTISTRY:

THE PARADIGM HAS IRREVOCABLY CHANGED

Many people believe that much of dentistry is evolving into a consumer-demand driven service model. I would argue that for almost every type of practice, in almost every state, that evolution has already happened and the paradigm of how dentistry is delivered has irrevocably changed.

RONALD D. JACKSON, DDS, FAGD, FAACD



Today's dental consumers are very savvy and educated.

WANT-BASED DENTISTRY: TREND OR REALITY?

Trends come and go. But, for a trend to create a permanent behavioral or attitudinal change, demand must grow or at the least stay constant and the supply or delivery of the product or service must be readily available to the mass market. That's when a trend becomes a new reality in which we must operate to not only survive, but to excel and grow. Over the past several years the demand for cosmetic and aesthetic dentistry has been identified as a trend. But cosmetic dentistry has already reached a point where anyone can have it and a very large segment of the population desires it. Today's dental consumers are very savvy and educated. Many have high expectations that reach well beyond healthy teeth and gums. They know a higher level of dentistry is available to them because they've seen it on television and gracing the covers of magazines. And now, more likely than not, they've seen it on friends and family. Cosmetic dentistry is no longer reserved for the elite. It's for everyone. And a growing majority wants it.

As mentioned above, for the trend to become a permanent change of paradigm, the demand must be constant or growing. Demand for cosmetic and aesthetic dentistry is continuing its upward trajectory. More and more people know about the possibilities of cosmetic procedures and even with the lack of insurance coverage, and at times the high cost of care and significant time investment, the demand continues to grow. The question is why.

THE AGING BABY BOOMERS

The biggest contributor to the increasing demand for cosmetic dental procedures is the Baby Boom Generation. They're aging. In fact, every 7 seconds one member of this large age demographic turns 50 and one member turns 60. As we all know, aging affects our body and our teeth. Teeth get worn, change color, and may even move. It's not unusual for our lower incisors to get more crowded as we age. We tend to look at smiles where teeth are uneven, misshapen, discolored or worn and we associate that with aging. And we all know the Baby Boomers don't want anything to

do with aging. They want to look as young as they feel and cosmetic dentistry can take a 60 year old mouth and give it a 45 year old smile. I've never run into a patient yet who didn't enjoy having at least 10 years knocked off their smile. A nice smile is associated with vibrancy and brightens everyone's day.

The other thing changing with the Baby Boomers is the opportunity to keep teeth for life. In 1960, the average 65-year old American was, in fact, dead. In 1960, the average lifespan wasn't even 65. And if an individual did beat the odds and was still alive, on average they would only have 7 teeth remaining and none of them would be back teeth. Today, the average 65 year old has 17 teeth and it is projected that when the Baby Boomers turn 65 they will have 24 of their original teeth in tact. Dentistry has really delivered upon the promise of teeth for life through both quality professional care and better educating the public on the value of home care. And Boomers not only want healthy teeth for life, they want them to reflect the never ending age of youth this generation is pursuing so avidly.

Cosmetic dentistry takes a great deal of training and skill. The Las Vegas Institute for Advanced Dental Studies was founded as a response to meet the need of dentists to learn how to do these types of procedures and deliver them in the context of comprehensive function and oral care.

The generations that follow the Boomers reflect the same commitment to health and appearance and will continue to funnel new cosmetic patients into the practice today and well into the future.

Another dynamic on the “demand” side of cosmetic dentistry, which includes whitening and veneers, is the overwhelming reach of mass media. Through television, print and other types of media, consumers are constantly bombarded with images that reinforce the ideals of youth and beauty. And then provide information on products that help people attain the ideal. Shows like Extreme Makeover effectively demonstrated just how life – and look – altering cosmetic dentistry can be. Plus, dental practices are furthering consumer awareness through marketing and advertising. And they are finding that from large town to small, people want it. And they want it now. But obviously they can only get it if it’s made available to them, so now let’s look at the “supply” side of cosmetic dentistry.

TRAINING AND TECHNOLOGY

No matter how much demand there is for cosmetic dentistry, it would remain an insignificant trend if the supply of these types of procedures was not readily available. In economics, increasing demand is typically countered with increasing supply. In dentistry, tens of thousands of dentists have risen to the challenge of providing high-level procedures by investing in both advanced training and the necessary technology.

Cosmetic dentistry takes a great deal of training and skill. The Las Vegas Institute for Advanced Dental Studies was founded as a response to meet the need of dentists to learn how to do these types of procedures and deliver them in the context of comprehensive function and oral care. Every week a large number of dentists comes from throughout North America and now, all over the world, to learn from a leader in complete smile makeovers--LVI. And there are other extremely valuable educational resources available today that were not around just a few years

ago, for both the dentist and patient.

Technology has also rapidly accelerated the demand and availability of cosmetic procedures, starting with the Internet. This versatile tool has enabled patients to seek information on all aspects of cosmetic dentistry. It has also been an invaluable method of connecting patients with doctors. The Internet is also being utilized by teaching institutions and companies to educate and train doctors on products and techniques. Within the practice, technology has made preventative, restorative and cosmetic dentistry better and easier. From practice management software to intra-oral cameras and digital imaging, doctors now have the tools to help patients visualize and achieve the results of cosmetic dentistry.

PATIENTS BUY WHAT THEY WANT

So, we’ve determined that the demand for cosmetic dentistry is sustainable and the supply available. But, there is one additional dynamic that needs to be in place before a trend can become a permanent change. The



product or service must be easily accessible. For example, flat and plasma screens are permanently changing the television industry because each year they become more accessible to more people. Cosmetic dentistry must also be easily accessible by the mass market. People may want a beautiful smile and a doctor may be available to help them get it, but they still have to be able to buy it. Insurance benefits do not cover cosmetic and sometimes not even the aesthetic component of restorative care (aesthetic dentistry). Indeed insurance has really been reduced to a small subsidy even when it comes to preventive care. And, the reality is, no one saves up for cosmetic dentistry. But most folks don't save up to buy a new car, either. They just go out and get one and pay for it over time.

Within the practice, concurrent with the evolution of cosmetic procedures, there has been an evolution of payment options. At first practices only accepted cash and routinely billed patients. But extending credit to patients for larger treatment fees

obviously became too risky and costly. Then came the widespread acceptance of Visa and MasterCard, which was helpful but limiting when treatment fees exceeded a few hundred dollars. Finally, the dental community had the opportunity to use an outside payment plan program and effectively made cosmetic dentistry accessible to the general population. What amazes me is that there are still practices that don't use an outside payment program. CareCredit is the program I offer at my practice and the one exclusively endorsed by LVI. One of the primary reasons CareCredit is chosen most often is the high

acceptance rates and ease of use for both practice team and patient. They have both No Interest and low interest Extended Payment Plans that provide patients with a monthly payment that fits comfortably into their budget, along with the plasma television, new car and other "want based" purchases.

In the very near future, comprehensive dentistry that embraces both health and appearance will be the standard treatment plan for every patient. Because there's no going back. The paradigm has irrevocably changed. The market has demanded it. And we're happy to oblige.

Dr. Jackson has published many articles on aesthetic, adhesive dentistry and has lectured extensively across the United States and abroad. He has presented at all the major U.S. scientific conferences as well as Aesthetic Academies in Asia, Europe and South America. Dr. Jackson is a Fellow in the American Academy of Cosmetic Dentistry, a Fellow in the Academy of General Dentistry, and is Director of the Advanced Adhesive Aesthetics and The Art of Direct Resin programs at the Las Vegas Institute for Advanced Dental Studies.

Dr. Jackson maintains a private practice in Middleburg, Virginia emphasizing comprehensive restorative and cosmetic dentistry.

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Ask Heidi

Dear Heidi,

Q

Can I just start by saying...I AM TIRED! We have so many last minute appointments in our office and so many emergency patients that I can not catch my breath. We come in early and leave late. The entire team is upset and sick of our schedule. The problem is our doctor will not say "No". If it is a living, breathing patient we are told to "bring them in". What can we do to get the point across to our doctor that we are burning out fast? Thanks for any suggestions that could help our dire situation!

S.O.
Oakland, CA

Dear S.O.,

A

I feel for you and your team. It seems as if your schedule is spinning out of control and only getting worse. The problem when this happens is that no one wins. The patients are not getting 5 Star Service and the team is suffering as well. Besides being tired you can also develop feelings of resentment towards your boss for not noticing that you "have a life". I must admit that I have done this once or twice to my team in the past as well. So, let's think of some ideas that could help. One of the most successful ideas I can suggest is for you to Block Book your schedule. Set aside a specific time each day that you will see emergency patients. Now, be smart and don't put this appointment right before lunch, or you may NEVER get to take lunch! Pick a time that works into your schedule and block it out so that no one schedules an appointment in there. Now when an emergency patient calls you have a place in the schedule to put him. This will enable you to pay 100% attention to your emergency patient and you will not be stressed out. Another bit of advice is to have some good phone verbals when an emergency calls in. Many times with good verbals you can decipher if the patient is really an emergency or not. For example, if you give the patient an appointment time and they say they can not make it at that time... is it REALLY an emergency? Ask the patient how long the issue has been going on, if they reply "For a few weeks" or more... than obviously, it is not an emergency and you can schedule the patient appropriately. If it is a weekend patient that calls in, you might want to say, "we are happy to see you; however, please be aware that there is an off hours charge". Many times suggesting that they will incur a bill will ward off a patient who is not really an emergency. This patient will be more likely to schedule when the "doctor is in" and you in turn can put them in the emergency appointment time that you have specifically saved for this reason. Lastly, sit down in a team meeting and discuss exactly how you will handle emergency patients in the future. If the team is on the same page, everyone will know how to handle the next emergency call with ease.

By using these simple suggestions you can decrease the stress in your office and increase customer service.

Heidi



Dear Heidi,

We have a new patient and she presents with stringy saliva, many carious lesions, and she says it is difficult to eat at times. I am an assistant in the office and was wondering what could be causing her dry mouth and what are your suggestions? Right now we just tell our patients to keep the oral cavity moist by drinking more fluids.

Thanks for your insight,
R.B.
Elizabethtown, PA.

Dear R.B.



Your patient seems to be suffering from Xerostomia, or dry mouth. Xerostomia is not a disease but can be a symptom of certain diseases. It can produce serious negative effects on the patient's quality of life, affecting dietary habits, nutritional status, speech, taste, tolerance to dental prosthesis and increases susceptibility to dental caries. The increase in dental caries and periodontal issues can be devastating in many patients and therefore special care must be made to control this condition.

Causes for Xerostomia include:

- Medications - Several hundred current medications can cause xerostomia. These include antihypertensives, antidepressants, analgesics, tranquilizers, diuretics and antihistamines.
- Cancer Therapy - Chemotherapeutic drugs can change the flow and composition of the saliva. Radiation treatment that is focused on or near the salivary gland can temporarily or permanently damage the salivary glands.
- Sjogren's syndrome - An autoimmune disease, causes xerostomia and dry eyes.
- Other conditions -such as bone marrow transplants, endocrine disorders, stress, anxiety, depression, and nutritional deficiencies may cause xerostomia.
- Nerve Damage - Trauma to the head and neck area from surgery or wounds can damage the nerves that supply sensation to the mouth. While the salivary glands may be left intact, they cannot function normally without the nerves that signal them to produce saliva.

17-19% of the population suffer from this condition (Guggenheimer J, Moore PA. Xerostomia: etiology, recognition and treatment. J Am Dent Assoc. 2003;134(1):61-69.) We definitely need to know how to diagnose and treat this. By intra-oral exam and a thorough health history we should be on the right track to finding out if our patient suffers from this condition. We should also be aware that Xerostomia rates increase as we get older, and that makes sense when you consider the chance of someone taking medication increases with age as well.

So, how do we treat it?

First, start off with patient education. Let them know what they are suffering from and how we can help. Some things the patient can do right away is to curb eating spicy things or drinking things that dry the mouth more (i.e. Alcohol). Sometimes our patients drink or suck on lozenges to keep their mouths dry. Make sure they are sipping water and on lozenges that do not contain sugar. We don't want them to develop a rampant decay problem! For a longer lasting result, there are sprays and rinses available that lubricate the oral cavity. They help to relieve dry mouth by keeping it hydrated and locking in moisture. They can last for several hours. I would recommend looking into one of these products and keeping them available in your office so that if you diagnose this condition in one of your patients, you can supply them with something that gives immediate relief.

I hope increasing our knowledge and understanding of this condition will help all of us diagnose and treat it better.

Heidi



Q

Dear Heidi,

I want to be environmentally responsible in my office. What is a way I can keep wastewater as mercury-free as possible?

Dr. C
Boulder, CO

A

Dear Dr. C,

Great question and great attitude towards our environment! In order to keep mercury out of the wastewater we need to capture the amalgam. A system that I like is the Purevac® Hg Evacuation System Cleaner and the Purevac® Hg Amalgam Separator. The cleaner binds smaller particles of mercury into bigger ones. Now, that in turn makes it easier for the amalgam separator to capture them. Just makes so much sense doesn't it?

For more information go to: www.sultanhealthcare.com.
Stay Green!!!

Heidi

Dr. Heidi S. Dickerson is the Vice President of North American Operations. She is a 1994 graduate of the University of Illinois School of Dentistry. She had a private restorative practice in Philadelphia, PA before relocating to Las Vegas to accept her full-time position at LVI. Due to her commitment to excellence, spending countless hours mastering aesthetic and restorative dentistry, including the LVI curriculum, she changed her aesthetic-restorative dental practice into a neuromuscular based practice. Dr. Dickerson instructs, lectures, and motivates LVI students through their curriculum, enhancing their educational experience. She also practices in the LVI Faculty Practice.

Send any of your clinical questions to her at:

LVI 9501 Hillwood Drive, Las Vegas, Nevada 89134 or via e-mail at hdickerson@lviglobal.com

2006 LVI Courses featuring Dr. Heidi S. Dickerson include:

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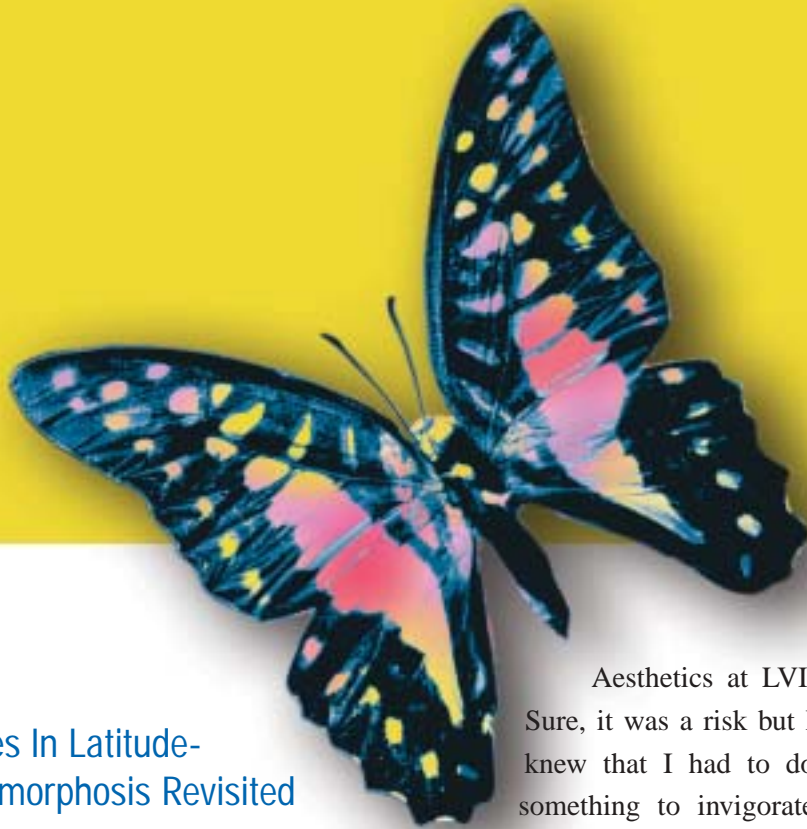
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Meta



Changes In Latitude- A Metamorphosis Revisited

During a break at a recent lecture that I gave in Montreal, an attendee approached and asked a very thought provoking question. He asked what my life would have been like if I had not taken the leap and attended my first LVI course. I pondered the question for a moment and was transported back to that point in my life.

In 1999, my practice had been open for three years. Strictly financially speaking, I was already doing well. Something, however, was missing. I realized that I felt I was not doing my absolute best, and that something must change. I had seen both Bill Dickerson and Ron Jackson speak, which inspired me to want more from my dentistry. Although I was quite the continuing-education junkie, I had not taken a live patient treatment course. I took the plunge and signed up for Advanced Anterior

Aesthetics at LVI. Sure, it was a risk but I knew that I had to do something to invigorate my practice and career.

One of the most important things to me is to make a difference in someone's life and the best way to do this in dentistry is through aesthetics. I already thought that I was doing some pretty good cosmetic dentistry. I am so glad that I was open to learning, because at the prep session for Advanced, I quickly realized that "I did not know what I did not know". My lofty expectations about this course were exceeded. Not only was the knowledge that I gained invaluable, but the energy level and passion were unsurpassed by any course I had ever taken. My clinical instructors were a wealth of information and Bill Dickerson was an out of this world boost for me.

Achieving a spectacular result for my patient was going to be a crucial boost to my aesthetic interests. I was treating my assistant, and it was im-

portant that the smile would be stunning. As a newly appointed "treatment coordinator", Mistie would be discussing care with our patients. The final result had to be great. Her smile is now nothing short of spectacular, and she speaks with patients with the air of confidence of someone who has gone through the treatment experience. She can also share how she is enjoying the benefits of her new, enhanced smile.

The information offered at both three-day sessions of Advanced Anterior was tremendous. I certainly got more out the course than I had originally expected, and I had to make good use out of this newfound passion, enthusiasm, technical skills, and knowledge. I wanted to channel this attitude and energy into my office so I mapped out the changes I felt must take place. We held team meetings to discuss and incorporate the changes and new direction. I felt like I had quit dentistry and was about to start all over.

morphosis

meta•mor•pho•sis n. change of shape, substance, character, or transformation

My practice began to soar. Most importantly, I felt like I was now able to give my patients the best. I had treated more aesthetic cases than ever before and was doing so with confidence. A year-end review for 1999 demonstrated that my production was up 41% when compared to the pre-LVI months. Needless to say I was thrilled, but the best thing was that I had a sense of fulfillment. I did know, however, that my journey had only just begun.

Since I wanted to treat more complex cases, I took Occlusion I, which was an eye opening experience. In the dark world of bimanual manipulation, a light bulb had gone on for me because of my willingness to be open and learn a new occlusal philosophy. It all started to make sense. The information presented was more than sufficient to convince me that the occlusal philosophy taught at LVI was the best way to go for my patients. The more that I studied, the more I got excited that Neuro-Muscular dentistry was the way for me to




help more people in a better manner.

I immersed myself in the occlusal course curriculum because of my insatiable desire to learn more, and to be the best that I could be. The more I learned, the more I wanted to know—which is why I was glad that I could attend one institution and continue my studies on one campus. Realizing that the occlusal courses are best supplemented with patient treatment courses, I also progressed through clinical programs at LVI. Because of the importance of ‘regular’ posterior dentistry, I also made it a priority to attend the Advanced Adhesive Dentistry course with Ron Jackson. This course was yet another that had a profound impact on me, my dentistry,

and the bottom line of my practice.

My passion for dentistry was at a previously unseen level. I felt that I had more meaning and purpose to what I do. My team talked about how they enjoy their jobs and how it seems like I am having fun. The sense of fulfillment and satisfaction that I have crept into other areas of my life as well. I have a terrific family with a lovely wife and two awesome children. They are so important to me and they know it because of the time I am able to spend with them. It was becoming readily apparent to me that I needed not only to help my patients, but also to help other dentists achieve this level of satisfaction.

At about the same time, Dr.s Bill Dickerson and Nate Booth contacted me about a book that they were collaborating on together. It was titled “Aesthetic Dentistry--10 Dentists Who Have Done It” and they wanted ten dentists to share their story. Since I felt the responsibility to spread the word that dentistry can be enjoyable, I jumped at the



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opportunity. The book is basically a reference book on how to transition your practice to one with a higher aesthetic focus. I was honored to be involved and was excited when I got my copy. As I read through it, I realized that my fees were ridiculously low for the service that I was providing, especially when compared to my colleagues in the book.

I believe that I had a common problem that most dentists experience. Although I was investing in my continuing education and providing outstanding service, I felt guilty about charging appropriately for my services. Now, I was embarrassed because my low fees were now published! I did the only thing that I could do and immediately raised my fees 25% and an interesting phenomenon occurred. I got busier! How and why did this happen?

I believe that this happened for two reasons. The patients perceived higher quality and value at the new fee. Incidentally, not one person questioned it. Secondly, I felt that I had better be giving it my all and doing everything I could to make the service worth what I was charging. I probably was doing a better job for my patients and I wanted to have the opportunity to share this excitement with others.

The privilege and honor of serving as a Clinical Instructor at LVI was then offered to me and it was the quickest 'yes' that I think I have ever replied. I have now taught Advanced Anterior Aesthetics, Comprehensive Aesthetic Reconstruction, Full Mouth Reconstruction and the Advanced Adhesive Dentistry courses for several years and I get more excited each time I have the honor to do so. Clinical in-

structing gives me the opportunity to share what I have learned and incorporated into my practice. I feel that it is my responsibility to help other dentists and teams along their journey, just as I have been helped.

As I write this, I am on my way home from teaching at LVI with mixed feelings. While I am thrilled to be going home to my family, I am sad to be temporarily separated from my friends. Some of the closest relationships I have are with the instructors I teach with and the faculty at LVI. Not only that, but I also get to meet and know dentists and their teams from all over the world. These people are terrific because of the desire and commitment to learn and do the best dentistry that they can.

As part of my commitment to dentistry, I am also able to travel and speak to groups all over the United States and Canada. I enjoy being able to share my experiences, the knowledge and skills that I have learned and the passion that I have for our terrific profession. It is sad that most dentists would not go into dentistry again and I want to do what I can to change that. Most dentists fail to realize that they are over stressed and on the edge of burning out. Through my lectures, I am able to demonstrate to dentists and teams that they too can have the practice of their dreams.

I am so fortunate to have what I would consider my dream practice. Or, am I? It is not luck at all. It is the result of a committed effort, hours and hours of study and a definite vision. What if I had not heard Ron Jackson speak? What if I had not listened, with intent, to Bill Dickerson

when I saw him? Like that Montreal attendee asked, what if I had not taken my first course at LVI, would all of this be possible?

I shudder to think about the answer. Maybe I would be like most dentists and not enjoy the profession. Maybe I would feel trapped into dentistry and strongly dislike what I do. Maybe I would not even be in dentistry now. I used to have a retirement date set, even when I just started my practice. Now, I cannot imagine that. I enjoy doing dentistry because I want to do it, not because I have to. I simply cannot imagine anything else and all of this is the result of one decision—the one to take that first course.

Not only is my dentistry better, but also I am seeing patients for fewer days than ever before, and it is not because I am not busy enough. I choose to practice the way that I do because there are other aspects of my life that are more important. My friends, other outside interests and especially my family—the cornerstones of my happiness, Xana, Ryder and Savannah give me the strength to do what I do.

With each day, my journey continues, reaching new heights—free from the narrow restrictions that most dentists feel. I guess that you could say my journey has taken me quite a long way from where I used to be. To paraphrase that great musical philosopher, Jimmy Buffett, “changes in latitude, changes in attitude, nothing remains quite the same...” I am glad that dentistry is not the same for me, nor will it ever be, with the new heights and attitudes that I have. I know that it doesn't always have to be the same for you either.



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A Look Back...



To The Road Ahead

Editorial by William G. Dickerson, DDS, FAACD, LVJTM



The Road To Montreal

On August 3-5, 2006, join the IACA for the most positive, motivational event of the year.

All geared towards fueling your passion for excellence in your profession.

When I was invited last year to speak to the International Association of Comprehensive Aesthetics, I was as excited as I am when I get a chance to speak to ANY large organization. I have what I consider an important message for all dentists to hear, and assumed that this would be another chance to speak to a group that is serious about their continuing education. Boy was I wrong.

They were not just serious, they were fanatical about their continuing education—and the importance of it to their practices. What I also found was the most positive, upbeat, progressive and happiest group of dentists I have ever met in my life. They loved dentistry and what they were able to provide their patients. They took their work seriously but they didn't take themselves too seriously. It seemed that no one walked around being so full of themselves or feeling the need to impress others with what they know or think they know. I have spoken for a lot of organizations but have never been around such a wonderful, inclusive, receptive and eager-to-learn group of dentists in my entire lecturing career. And the enthusiasm they had for their profession was infectious. You could feel it. Many dentists would come up to me and tell me how just being there in this group made them "feel" good about being a dentist. I was impressed.

So this year when they asked me to speak again, and in one of the really great cities in the world, I jumped at the opportunity. The city is one of my favorites in the world, with such a European flavor and yet right here in North America. Many Americans spend way too much money to travel

to Europe when they have one of the most interesting and yes, sexiest cities in the world right here on our own continent. Plus it has so many activities for the spouses and the children. For those wanting to shop stores with some of the best fashions in the world, there is not only the above ground stores, but 25 miles of underground shopping. Yes, a complete city underground. I think it's great for our children to experience a totally differ-

What I also found was the most positive, upbeat, progressive and happiest group of dentists I have ever met in my life. They loved dentistry and what they were able to provide their patients.

ent culture that they really couldn't get anywhere else without having to travel to Europe.

But my real reason for wanting to speak to the IACA again was because of the wonderful feeling I know I will get from just being around the people in this terrific organization. They are all so inclusive of anyone who is interested in doing the best they can do or being the best they can be, regardless if it's traditional style of dentistry

or something new and cutting edge. In fact, I really believe that this organization is the cutting edge organization in dentistry today and we will see many of the advances made in dentistry coming from this group. And to top it off, the active board of directors and volunteers are some of the nicest people I have ever met.

Of course the content of the program is also amazing. I looked at the list of speakers and am eager to attend many of their presentations because I'm personally excited about hearing so many of them and what new information they have to share. And I think that above all else summarizes the difference in the IACA and many dental societies, organizations and groups. Everyone at these meetings is eager to SHARE! In fact, many of you will learn as much if not more from those ATTENDING the meeting as those at the podium.

I know this sounds like I'm over exaggerating the way I feel about the IACA, but I'm not. In fact, I had to rewrite this over and over again to tone down my enthusiasm. It must be obvious that I absolutely love this organization as we are dedicating the cover to this meeting. It is our first issue of VISIONS where we have not featured a "person". This issue's person is a group of dedicated, enthusiastic and inclusive group of people, called the International Association of Comprehensive Aesthetics. If you can make one meeting this year, make this one.

Meet You In Montreal

I would like to take this opportunity to invite everyone to the annual meeting of the IACA. It is an honor to have Montreal as the host city to experience this event. This past year the Board of Directors and a great team has been planning an incredible three days of lectures, workshops, exhibitor presentations, and social interactions.

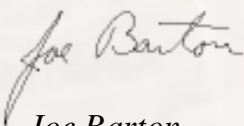
Montreal, the largest city in Quebec, will provide us with a beautiful setting. At the center of Montreal's vibrant cultural and commercial district sits the city's grandest and most gracious hotel—Fairmont - The Queen Elizabeth. What an incredible place to stage such an event.

As an organization, the IACA has continued its commitment to be a progressive and dynamic organization remaining at the leading edge of aesthetics. We hope you will join us as we strive to provide education to help achieve the best aesthetics in dentistry as well as addressing the overall wellness and health of our patients.

Please consider accepting my invitation to enjoy the genuine hospitality of our Canadian host city of Montreal as you expand your knowledge and reconnect with friends and colleagues.

Merci Beau coup!

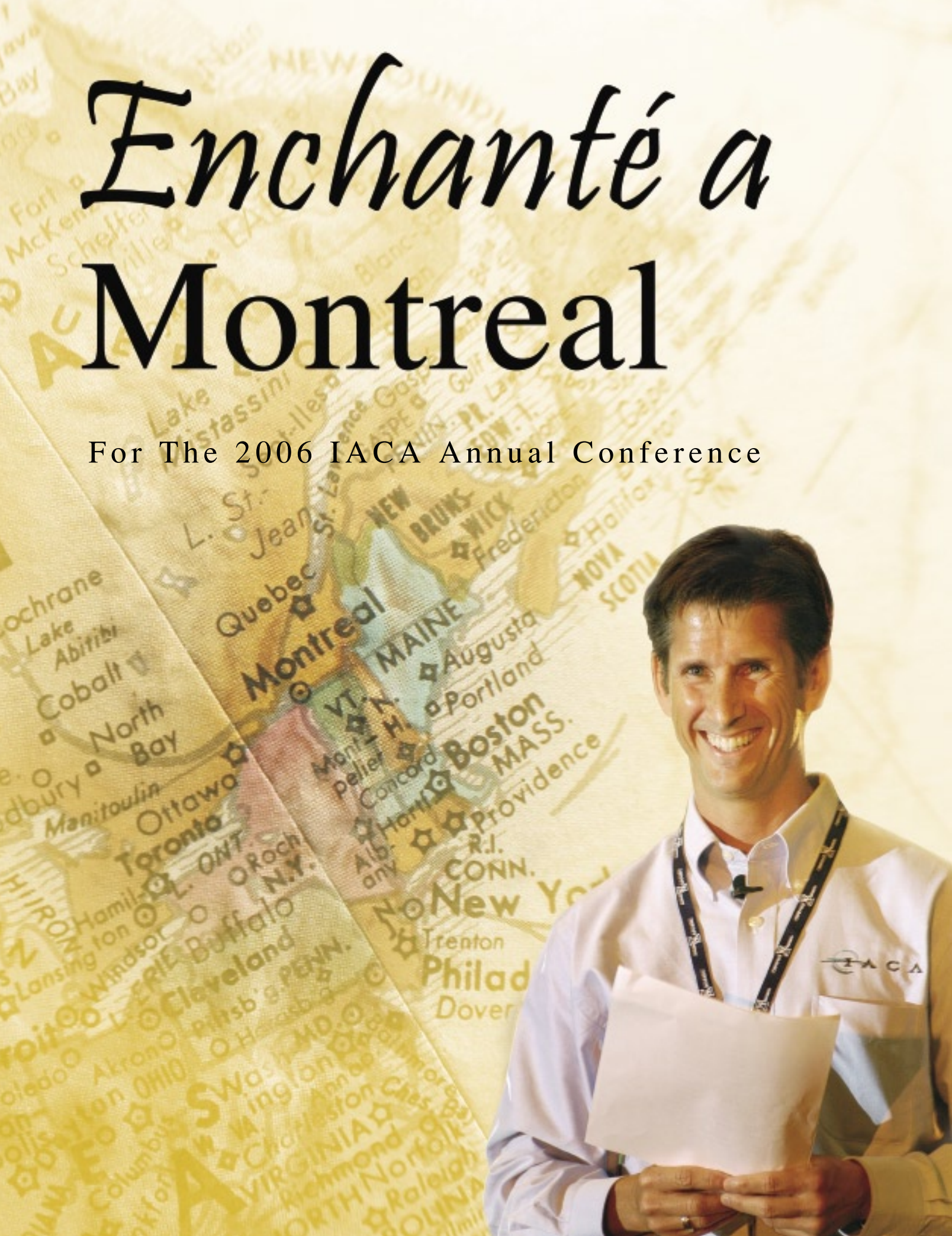
Thank you very much!



*Joe Barton
IACA President*

Enchanté a **Montreal**

For The 2006 IACA Annual Conference



THE MISSION STATEMENT “To elevate dentistry around the world
FOR THE IACA IS: through an exchange of Doctors’

experiences and knowledge for the betterment of humanity. To remain a dynamic dental organization that serves as a catalyst for the fusion of contributions from all disciplines that serve mankind in attaining health and beauty.”

Do we really need
ANOTHER
organization
for dentists?

This was a question that we asked ourselves at a breakfast meeting a little over 18 months ago in Park City, Utah. A small dedicated group of dentists (founding Board members) discussed the far-fetched notion that we could actually develop and form a brand new dental organization. There are so many opportunities for dentists to join various groups and attend numerous meetings to receive educational opportunities. Why would we want to put forth the effort to form a new organization with all of the groups that currently exist? Well, let me tell you why we felt that it was important to try to accomplish this daunting task.

As dentists, we all understand the importance and value in trying to keep up to date on the latest advances in dental health care so we can provide the best for our patients. Before the development of the IACA, there were three or four obvious choices of dental groups you could belong to in order to further your continuing education. They are all very important, and have many positive attributes and have helped to advance our profession. However, we felt that some of the existing dental organizations have grown so large, that they are beginning to lose touch with their membership. And we also realize that as dentists, we have countless opportunities to find suitable continuing educational courses. **The IACA was established not just to provide a venue for a dentist to attend and receive advanced dental education. We wanted to provide an enjoyable experience for the dentist, family, and his/her team members.** Many existing dental groups have also allowed “politics” and personal opinions of a select few to affect the

content of their dental education programs. This has prevented the members of their organization from hearing some of the most knowledgeable and respected speakers our profession has to offer. This negative influence has also hindered their members from being exposed to different viewpoints on patient care.

Okay, so this still doesn't answer the original question that I asked. Do we really need another organization for dentists? And why is the IACA different from any of the other dental groups that already exist? I will state that the IACA feels it is very important to always remain on the “cutting-edge” of our profession. We have



established and developed this organization to be dynamic, and an entity that easily evolves and changes as it grows. We never want to become stagnant, and will always be the forum for ALL dental philosophies to be heard and discussed. This is very important; because we feel this will allow our membership to decide what direction they want to take their practices. The IACA will not have varying levels of members. Whether you are a 20+ year experienced practicing dentist, or a recent graduate joining right out of school, both are equal members of the IACA. We feel that we can all learn from each other. We feel that our organization will gain valuable knowledge from the experienced members, and

count on the young dentists to keep the energy and enthusiasm we need to promote our organization.

The atmosphere of the IACA is also very different from all the other existing dental organizations. We wanted to have a meeting that brought dentists together from around the world and allowed a free exchange of ideas. We should not view other dentists as competitors, but look at them as potential mentors and a supportive colleagues. We also wanted to bring a positive attitude back to our profession. We have all attended dental meetings, and have been surrounded by a hopeless, negative view of what we do for a living. We want the IACA to be a place where

you'll find a group of uplifting and passionate dentists who LOVE what they are doing. We realize that we can all learn from each other, and this is the basic foundation of the IACA. **We are confident that you will become a much better dentist after attending just one of our annual meetings.** Our belief is that by attending the IACA, it will help you to re-ignite your passion for dentistry that you once had. We can all remember how excited we were when we first graduated from dental school. That was a very exciting time in our dental careers, and we felt the world was at our hands. However, due to various circumstances, most dentists have slowly lost this passion. It is not uncommon to encounter many

dentists who are disenchanted with their profession, and their lives. We all have read the studies and articles that found the majority of us would NOT choose to go into dentistry if we had to do it over again. That's sad. I believe that we have the greatest job as a cosmetic dentist. We get the opportunity to change patients' lives by the dental services we can provide. We can give someone their "dream smile" they have always wished for. Many of our patients have been ashamed and embarrassed by their smile for their entire lives. We can change that. How powerful is that? As a dentist we can also alleviate a pain patient's years of suffering from migraines and the many effects of occlusal dysfunction. We want to provide the information for our members to enjoy offering these services to their patients. **The IACA is the place where you can learn how to restore a patient's smile, and at the same time address their overall health. By bringing together different modalities, we can address our patients' overall health that goes well beyond just their teeth and gums. We have gathered some of the leaders in the fields of occlusion, dental anatomy, physiology, and dental medicine.**

But we know that in order to be successful in our practices, we need to address more than just our clinical skills. So that is why at the IACA we have arranged an array of speakers from dental practice management fields that will focus on improving your business and communications skills for both the dentists and their team members. We also have lectures and work-shops that provide important information on addressing your internal and external marketing skills.

We wanted the IACA to be a meeting that dentists marked in their calendars every year to attend. In addition to providing "cutting-edge" information and the best speakers our profession has to offer, we want the event to be a "family friendly" one. Most dental meetings are only concerned with providing educational programs for the dentists. You can bring your family to them, but probably won't get much opportunity to spend time with them. We have organized the IACA to encourage you to bring the entire family. First, we select locations that are great family destinations. We want the host city to be a location the entire family will be excited about attending. Secondly, we have established the conference hours to end at an earlier time so you can enjoy part of the day with your family. Finally, we have ended the day cocktail receptions where the whole family can attend, instead of a stuffy "black-tie" dinner event for only the attendees.

So after only eight months of planning we had our inaugural meeting of the IACA in August 2005 in San Diego. The location was Paradise Point at Mission Bay, and it was a beautiful resort and conference center. We were concerned about attendance especially because of the short time frame we were working with. We were very pleased that we had over 600 attendees in San Diego. All of the attendees commented on the beauty of the choice of location for the meeting. Paradise Point was exactly what we had hoped for in a location for our IACA meetings. The facilities at the conference center were first-class, but not too large and intimidating. This allowed

for great opportunities to socialize and mingle with all of the other members, and not feel lost or alone at our meeting. Paradise Point was very close to some of our country's best family attractions. Sea World, Lego-land, and the world-class San Diego Zoo were very close by, and most families didn't miss the opportunity to visit.

We were most proud of the educational program that we were able to put together for our members in San Diego. We had an amazing panel discussion on the future of dentistry with three of the giants in cosmetic dentistry. The panel consisted of Dr. Bill Dickerson, Dr. Omer Reed, and Dr. Bill Dorfman of *Extreme Makeover* fame. Our members were able to ask these experts many questions they had with regard to their practice success and patient care. We were also honored to have Dr. John Kois present on managing the difficulties of restoring a patient with an anterior single tooth implant. Dr. Robert Fazio discussed improving our patients' health with the use of periodontal techniques and the latest advancements in oral medicine. Dr. Lorin Berland showed a one-visit technique to produce amazing inlays in our own practices. And Dr. Ross Nash showed us how to achieve outstanding esthetics with porcelain veneers through the use of conservative tooth preparation techniques. In addition to these well-known leaders in dentistry, we also had many lectures on occlusal philosophies, orthodontic treatment in a general practice, and advanced oral surgery techniques to name just a few. **Our daily program consists of lectures and hands-on workshops provided at no cost to our attendees.** Another unique feature of our daily

program is the way we organized our lectures. We will have a lecture on advanced dental techniques, but will also have another lecture on subjects that are more suited to team members at the same time. That way, we will give both doctors and teams the incentive to attend the IACA, and find the program worth their while. Judging from the feedback from last year's attendees, we were successful with all of our goals we had set for ourselves.

However, we will not rest on our successes from last year's meeting, and plan to continue to evolve and improve our organization. The Board members of the IACA have set the bar even higher for our conference in Montreal. First, we are very excited to have Montreal as our host city, and the Fairmount Hotel is a five-star location and just the right size for our group. We are confident that our attendees and their families will find the sights and activities of this European-style city to be as enjoyable a destination as San Diego. **We expect an even greater turnout for our second annual meeting of the IACA, and have had an even greater support from our corporate partners. This will greatly improve the experience for our attendees.** We wanted to continue the precedent we set last year in San Diego, by bringing leaders in our profession to speak. We are thrilled to have Dr. Ron Jackson, Dr. Bill Dickerson, Dr. Ross Nash and Dr. Kit Weathers to name a few. We again will have a Panel discussion on how new technology and marketing can help to improve our members' practices. We expect this year's program to be as jam-packed with informative and entertaining lectures as last year's meeting was. It's

not too late to attend this year's meeting of the IACA in Montreal.

How was it possible to create and form a new dental organization in a little under eight months? Well we don't need to look any further than our President, Dr. Joe Barton. Joe was the perfect choice for our very first President. He has a private practice in Jacksonville, Florida that has always been on the "cutting-edge" of dentistry. His practice style is the same

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foundation of the IACA.

philosophy that we hope to instill in all of our programs we put on at the IACA. In addition, he brings his athletic determination, hard work, and organizational skills to his leadership position. This has allowed us Board members to focus on the job at hand, and not get overwhelmed by the enormity of this task. Joe was instrumental in selecting the founding Board members who need to be recognized at this time. They are Dr. Anne-Maree Cole (Australia), Dr. Sam Kherani (Cal-

gary), Drs. Ron Willis and Allan Gross (Florida), Dr. Roy Hurst (Chicago), Dr. Diane Hornberger (California), Dr. Jim Harding (Colorado), Dr. Prabu Raman (Missouri), Dr. Chuck Hoopinger (Texas) and Drs. Randy Bryson and Larry Winans (the GREAT state of Pennsylvania). Together, this volunteer group took time away from their families and practices to develop this successful organization.

We also could not have accomplished this without the financial support from some very generous partners we wish to acknowledge. Aurum Ceramics and LVI are two very important corporate partners who took a giant leap of faith in helping us to make this a first-class organization. They were there from the beginning and we will always be thankful that they had the confidence in our dream of establishing a different type of dental organization. Without the support from ALL of our corporate partners, we could never provide the type of annual meeting we want to run.

So this was a very long answer (really long) to the simple question that I asked at the beginning of this article. **Do we really need another organization for dentists? Well, if the organization is the IACA, the simple answer is YES.**

I hope to see all my old friends from San Diego, and look forward to meeting many new ones in Montreal.

Au revoir,



Dr. Randy Bryson

To *Inform* you.

To *Inspire* you.

To *Involve* you.



A CLOSER LOOK AT THE LEADERS, YOUR COLLEAGUES AND MOTIVATIONAL SPEAKERS OF THE 2006 IACA ANNUAL CONFERENCE

Fred Abeles, DDS

Dr. Fred Abeles maintains an aesthetic reconstructive practice in Atlanta, Georgia. He is a clinical instructor at LVI.

Fred has a special view of life and dentistry that is an inspiration to everyone he meets. He has helped many doctors develop a unique vision for their practice and has coached doctors and team members to create more happiness and fulfillment in their lives and careers.

He has been a featured speaker for many dental organizations including LVI, the LVI Extravaganzas, The American Academy of Cosmetic Dentistry, The Chicago Midwinter Meeting, GenR8TNext, Aurum/Classic Dental Seminars, The Richards Report Super Fall Seminar and numerous state organizations. He is a published author and consults with Kerr, Caulk and Ivoclar on the development of new dental products.

Last year he was on the cover of *Dental Economics*. As a jazz pianist, Fred has performed for three Presidents, numerous Hollywood celebrities and has been a guest artist with the Atlanta Pops Symphony Orchestra. He resides in Atlanta with his wife and two children.



Sherry Blair, CDA

Sherry Blair, an instructor at the Las Vegas Institute, shares her more than 33 years of experience managing each and every system within the dental practice. Sherry has combined her acquired knowledge and personal experience to create an inspired, effective, and motivational curriculum that refines the systems surrounding the patient's total experience in a dental practice. Sherry's extensive exposure to most forms of practice management and dental systems, as well as her strong focus on patient satisfaction, make her uniquely qualified to enhance the efforts of any dental practice.

Randy Bryson, DMD and Toni Margio, DMD

Drs. Randy Bryson and Toni Margio are a husband and wife dental team that has practiced together for over 20 years. They are both 1986 graduates of Temple University School of Dentistry. They have transitioned their former insurance-based dental practice into a successful high end general practice with a neuromuscular emphasis. They were recently honored to have their practice featured on a front-page article concerning cosmetic dentistry in the *Wall Street Journal*.

The doctors have completed their extensive post-graduate training at the Las Vegas Institute for Advanced Dental Studies, completing most of the entire curriculum. Drs. Bryson & Margio enjoy lecturing and mentoring dentists throughout North America, helping them to achieve the "practice of their dreams".

They are both members of the American Dental Association, International Association of Comprehensive Aesthetics, American Academy of Cosmetic Dentistry, and many other dental organizations. They were both honored to receive their Fellowships in the International Academy of Dental-Facial Esthetics.

Dr. Randy Bryson is a Board member and Vice-President (President-elect) of the IACA. Dr. Bryson was honored to be chosen as the very first "LVI Alumnus of the Year" in 2004, in addition to being an LVI Clinical Instructor. He is a former Board of Trustee for the AACD, and also an LVI Regional Event Director. Dr. Toni Margio is an experienced Invisalign certified dentist. She is also a very active member of the American Association of Women Dentists.

Drs. Bryson and Margio have a son, Logan. They enjoy traveling as a family, especially their frequent trips to Disney World.



Matt Bynum, DDS

Dr. Matt Bynum is a 1995 graduate of the University of Iowa, College of Dentistry. He lectures internationally on various aspects of aesthetic and reconstructive dentistry, practice management, personal and practice motivation, and team building; and has published numerous articles on these subjects.

Dr. Bynum is a member of the South Carolina Dental Association, American Dental Association (ADA), International Academy of Comprehensive Aesthetics (IACA) and the American Academy of Cosmetic Dentistry (AACD).

Dr. Bynum is a clinical instructor and featured speaker at the Las Vegas Institute for Advanced Dental Studies. Dr. Bynum is currently Co-Director and Co-Founder of the "Achieving Extreme Success" lecture series. He is a consultant to a number of dental manufacturers and laboratories in the area of new product development and clinical testing of materials, and serves as a coach/consultant to dentists and dental offices across the United States in practice development and success.

Dr. Matt Bynum maintains a full-time private practice in Simpsonville, South Carolina emphasizing aesthetic and restorative dentistry.



"If there is no passion in your life, then have you really lived? Find your passion, whatever it may be. Become it, and let it become you and you will find great things happen FOR you, TO you and BECAUSE of you."

– T. Alan Armstrong

Clayton A. Chan, DDS, MICCMO

Clayton A. Chan, D.D.S. is a trained clinical gnathologist who practices general dentistry in Las Vegas, Nevada. He has received his D.D.S. degree from Loma Linda University, School of Dentistry in Southern California, 1988.

He has been trained as a dental technician at the Dental Technology Institute in Southern California and has worked for five and a half years with Kerr/Sybron Corporation, as Research Associate at their Dental Materials Center in Santa Ana, California where he helped in developing dental composite technology.

Dr. Chan has focused his practice in craniomandibular orthopedics and rehabilitation. He uses his skills, knowledge, techniques and experience, implementing all facets of dentistry including, fixed and removable prosthetics, cosmetic/aesthetic dentistry, gnathologics, and functional orthodontic/orthopedics to treat his patients successfully. He has expertise in treating and finishing the complex TMD, restorative and orthodontic cases.

He lectures nationally and internationally on the science, physiology and clinical application of dental occlusion using computerized Myotronic instrumentation. He is the author of many articles on neuromuscular dentistry.

He holds Mastership status with the International College of Craniomandibular Orthopedics. He is a founding member of the Appliance Therapy Group, member of the American Academy for Functional Orthodontics, and the American Academy of Craniofacial Pain.

For the past five years, Dr. Chan is the Director of Neuromuscular Dentistry at the Las Vegas Institute for Advanced Dental Studies where he has been teaching the multi-level occlusal concepts as they apply to restorative, TMD, and orthodontics dentistry. He teaches and instructs high-end private dental practitioners and specialists and maintains his private practice.



William C. Dickerson, DDS, CEO and Founder, LVI Global

Like many doctors, Dr. William Dickerson was unhappy with the progress of his chosen profession. Fifteen years ago, he made the decision to change that. His practice success and personal metamorphosis led to his passion to help others in dentistry so that they too could enjoy the profession they have chosen. Since that time, he has educated thousands of dentists all around the world inspiring them to make the necessary changes for their own practices and lives. Because of his dedication and passion to help other dentists, he is considered by many to be one of the most influential dentists in North America, affecting the practices and lives of thousands of dentists around the world. He is the CEO and Founder of the Las Vegas Institute for Advanced Dental Studies (LVI Global).



Heidi Dickerson, DDS, Vice President of North American Operations

Heidi Dickerson, DDS, is a clinical director at LVI. She is a graduate of the University of Illinois, School of Dentistry. She had a private restorative practice in Philadelphia, PA before relocating to Las Vegas to accept her position at LVI. Due to her commitment to excellence—spending countless hours mastering aesthetic and restorative dentistry, including the LVI curriculum—she changed her aesthetic-restorative dental practice into a neuromuscular based practice. As a clinical director at LVI, Dr. Dickerson instructs, lectures, and motivates LVI students through their curriculum, enhancing their educational experience.



Leslie Shu-Tung Fang, M.D., PhD

Dr. Fang is a physician and an educator. Board certified in both Nephrology and Internal Medicine, Dr. Fang received his PhD degree in Physiology and Biophysics from the University of Illinois and his medical degree from Harvard Medical School. His affiliation with the Massachusetts General Hospital and Harvard Medical School spanned his entire medical career. From Chief Residency in Medicine to an Assistant Professorship in Medicine at Harvard Medical School, Dr. Fang has been an acknowledged leader in the training and development of clinicians.

Recognized by the students at Harvard Medical School with an award for excellence in clinical teaching six times in his career, Dr. Fang has extended his commitment to the Medical School with seven years of membership on the Faculty Council, sixteen years on the Committee on Clinical Clerkship and seventeen years of membership on the Internship Selection Committee at the Massachusetts General Hospital, eight of which he served as Chairman. He was the Firm Chief of the Walter Bauer Firm for eight years and was mentor to a generation of house staff and fellows. For seventeen years, Dr. Fang served as the Associate Director of the Hemodialysis Unit at the Massachusetts General Hospital while also compiling an extensive array of publishing accomplishments.

Co-author of two editions of *Principles and Practice of Oral Medicine* and the recently released *Oral Medicine Secrets*, Dr. Fang has participated in numerous dental symposia and is a highly sought after speaker on the dental arena. His major interest in the dental field is the interaction between the dental and the medical profession, particularly in the education of dental management of patients with medical problems. On the dental circuit, he draws uniformly rave reviews: "I've learned more from his presentation than my entire pharmacology course in dental school." ; "I've learned more today about dental pharmacology than in my previous 17 years. Very concise, practical and to-the point. To have actually had fun is a real plus." ; "Without a doubt, one of the very best lecturer on the circuit: informative, encyclopedic, engaging and animated, he made a very confusing topic easy to grasp. Where was he when I was in dental school?" ; "I will be dealing with dental prophylaxis with a much greater degree of understanding and confidence. I will definitely be using an expanded repertoire for the treatment of odontogenic infections"



Robert C. Fazio, DMD

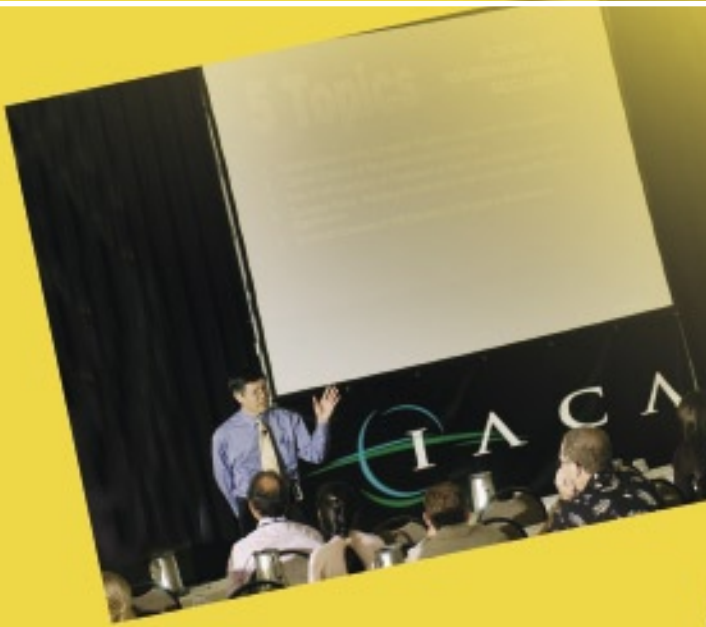
A 1971 graduate of Harvard College and a 1975 graduate of Harvard School of Dental Medicine, **Dr. Fazio** also completed Clinical Fellowships in Periodontology and Oral Medicine at Harvard. He is currently Associate Clinical Professor of Surgery at Yale University School of Medicine. He is the co-author of the book, "Oral Medicine Secrets" published by Hanley & Belfus, Inc. 2002. He is the author of the W.B. Saunders textbook, "Principles and Practice of Oral Medicine," 1995. Second Edition.

The CRA Newsletter named Dr. Fazio's DVD COURSE entitled "Antibiotics in Dentistry," among the very best educational products of 2003.

The authoritative, independent Continuing Education Review named Dr. Fazio nationally as one of its three "BEST SPEAKERS," calling him "exceptional" and stating, "Dr. Fazio brings expertise and passion to his lecture...He is a natural gifted speaker who looks at ease, has command of the room, holds the audience's attention, and gives his all to inform the audience..."

He maintains a private practice limited to Oral Medicine and Periodontology in Norwalk, Connecticut.





Dianne Hornberger, DDS

Dr. Dianne Hornberger is a 1993 graduate of the University of California at San Francisco. In addition she has taken a 2 year training program in Orthodontics. She maintains a private practice in Brentwood, California that specializes Neuromuscular and Aesthetic dentistry. Not only does she lecture nationally, but she is a featured lecturer at the Las Vegas Institute for Advanced Dental Studies as well as a clinical instructor for several other of their courses. Her passion for Neuromuscular Philosophy and her enthusiasm for practicing make her a great resource for her clients and students.



Ronald D. Jackson, DDS, FAGD, FAACD

Dr. Jackson has published many articles on esthetic, adhesive dentistry and has lectured extensively across the United States and abroad. He has presented at all the major U.S. scientific conferences as well as to Esthetic Academies in Europe, Asia and South America. Dr. Jackson is a Fellow in the American Academy of Cosmetic Dentistry, a Fellow in the Academy of General Dentistry, and is Director of the Advanced Adhesive Aesthetic Dentistry and Anterior Direct Resin programs at the Las Vegas Institute for Advanced Dental Studies.

Dr. Jackson maintains a private practice in Middleburg, Virginia emphasizing comprehensive restorative and cosmetic dentistry.

THE 2006 IACA ANNUAL CONFERENCE SPEAKERS (CONT'D)

Kevin Jenkins, DDS

A 1996 Graduate of Palmer College of Chiropractic. **Dr Jenkins** then worked at The Nevada Clinic of Integrative Medicine, in Las Vegas, Nevada with Dr Fuller Royal. While working there, he received his Board Certification of Atlas Orthogonality from Sherman College of Chiropractic, under the tutelage of Dr Roy Sweat. Dr Jenkins has been in solo practice for the past five years. A neuromuscular patient himself, he has been an advocate of the combination of specific upper cervical chiropractic and neuromuscular dentistry in the treatment of TMD. He is married and has three children.



Sue Jenkins

Sue has been in dentistry for 25 years. For 21 years, she has been a practice administrator for Dr. Robert Beebe, an LVI instructor. Sue has lectured throughout the country and been a featured speaker at Yankee Dental Congress. She has her own consulting business in New England. She has attended LVI since 1999 and has taken as many of the courses as most dentists. Her enthusiasm for dentistry is contagious and motivating and her knowledge of systems that work efficiently and effectively has been proven to be successful.



Ashley C. Johnson, JD

Mr. Ashley C. Johnson III, JD has been involved in dentistry for over thirty years. He has had the privilege of being a faculty member of the Dawson Center for Advanced Dental Study in St Petersburg, FL. He has also enjoyed the experience of serving on Dr. Frank Spear's Board of Advisors. Over the years he has attended all of Dr. Dawson and Dr. Spear's lectures many times each. He was honored by being a featured speaker at Dr. Michael Schuster's Center for Professional Development Alumni Meeting. He has published several articles in *Dental Economics* and his articles appear regularly in several newsletters. He lectures to dentists and technicians nationally and internationally.



Anita Jupp

Anita Jupp, one of international dentistry's most sought after practice management speakers. Nowhere will you see the principles of teamwork, technology, patient education, motivation, communication, patient services and marketing illustrated with more humour and flair than at an Anita Jupp program. Her lecture schedule includes programs hosted by many of the world's leading dental associations in Canada, the US, UK, Caribbean, Hawaii, Hong Kong, Malaysia, Singapore, Korea, Australia, Spain, Sweden, India, Iceland and Greece. Most recently, Anita was a featured speaker at the American Dental Association session in Philadelphia 2005.

Anita entertains as she educates, leaving audiences enthusiastic and highly motivated about achieving greater levels of success in their professional and personal lives. She is an energetic and practical presenter, transforming employees into "a team" striving to achieve excellence. At the heart of her presentations is Anita's overwhelming belief in people's abilities.

Anita is the recipient of a Fellowship Award, presented to her by the International Academy of Dental-Facial Esthetics which represents her outstanding contribution to business management in the international dental community.

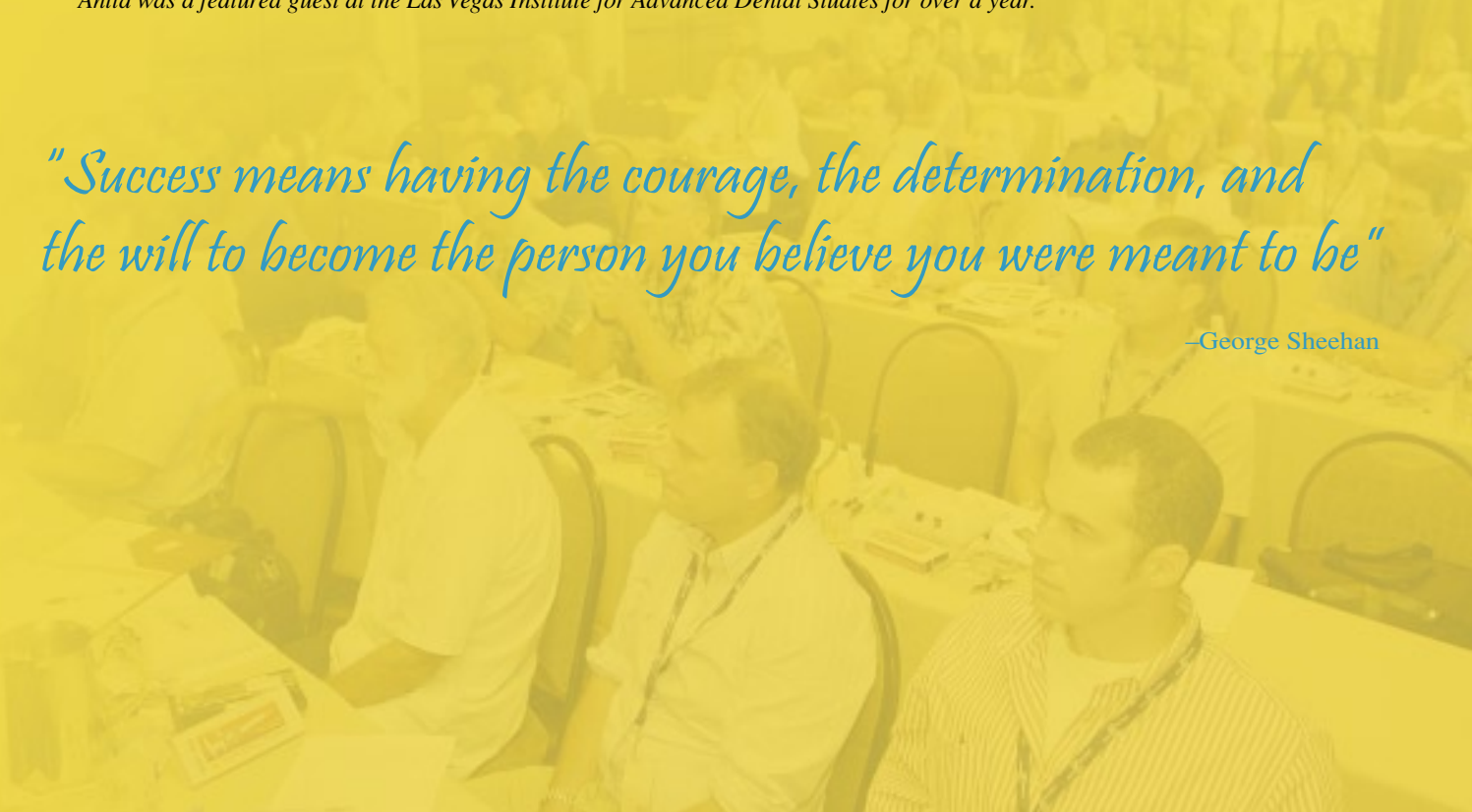
Anita's articles have been featured in many of the leading dental journals worldwide. She has written three books and has developed a series of training tools on CDs and CDROM. Anita opened the ADEI - Canada's first Advanced Dental Education Institute with training workshops for the entire team. As a global practice coach, Anita works with dental professionals, renewing their self-confidence and arming them with the latest tools and fresh insights to achieve success.

Anita was a featured guest at the Las Vegas Institute for Advanced Dental Studies for over a year.



"Success means having the courage, the determination, and the will to become the person you believe you were meant to be"

—George Sheehan



David P.G. Keator, Partner, Keator Group, LLC

David's specialty in retirement planning, tax-efficient investing, business succession and wealth transfer offers his clients an opportunity to minimize their taxes and maximize their returns. Through his knowledge of the tax code, especially with respect to retirement plans and his extensive experience in financial and estate planning, David gives clients proactive choices in managing their future. David's investment focus is more blue chip, equity-oriented, with an eye toward picking the dominant company in the sector. He holds his series 7, 63 and 65 securities registrations, and is licensed to sell insurance and variable annuities.

David currently serves on Wachovia Securities Client Strategy Group Advisory Council and is working on a number of corporate and client initiatives. In addition to his duties with the Keator Group, David is a frequent guest of the lecture circuit, offering estate and financial planning seminars to the Federal Reserve Bank and Fortune 100 companies as well as various Dental forums including the prestigious Las Vegas Institute.

A graduate of Fordham University with a B.A. in Economics, David completed his M.A. from the State University of New York at Albany. After working in the tax planning field in New York City concentrating on high-net-worth individuals and closely held businesses, David moved to Lenox with his wife, Joanne, and their two children.



Jeff Bailey and Lori Kemmet, DDS, LVIM

Jeff Bailey and Lori Kemmet have created a unique business design with Jeff at the helm of consultations and Lori producing the dentistry. Jeff's conversion rate keeps Lori busy three days a week doing exactly what she loves to do – elective dentistry. They are in the office together Monday, Tuesday, and Wednesday and love their four day weekends. Both Lori and Jeff are in the office 140 days per year. They have consistently collected over two million each year for the past four years with an overhead of 53%.

Jeff has an eclectic background that has taught him how to work with all kinds of people. He has led bicycle tours in New England, Colorado and California. Jeff was an Outward Bound instructor, and worked with youth in the wilderness for the Student Conservation Association. As a Certified Rolfer and Yoga Teacher, Jeff has a unique understanding of human anatomy and physiology that helps him in the office. He received his BA in business from Fort Lewis College in Durango, CO in 1986. His most prized achievement is being a Dad and making his daughter Georgia, age 6 laugh every day.

Lori graduated from Concordia College in Moorhead, MN in 1985. She received her DDS degree in 1989 from the University of MN. Lori's first job as a dentist was in the United States Air Force – she was a captain and was stationed in lovely and tropical Grand Forks, ND. She started her private practice in Boulder Colorado because she heard that there were Volkswagen Vans, hippies and dogs with bandanas there. Her smartest business decision was attending her first course at LVI in 1997. Bill Dickerson immediately became her mentor. In 1998 she started instructing at LVI and in 1999 she asked Jeff to join her practice. Actually – she was desperate for Jeff to bail her out because she had just fired three employees all at the same time. In 2002 Lori and Jeff changed the name of their business to Incredible Smiles – a now trademarked and soon to be registered name. In 2004 Lori was one of the first two recipients of the LVI Mastership Award.

Incredible Smiles is the official dentist to the Denver Bronco Cheerleaders, the Miss Colorado and Miss Teen Colorado Pageants as well as the Mrs. Colorado Pageant. Lori recently judged the Denver Bronco Cheerleader tryouts and both Jeff and Lori have judged the Mrs. Colorado Pageant. Both Jeff and Lori continually think outside the box to take their business of Incredible Smiles to new heights.





Shamshudin (Sam) Kherani DDS, FAGD, LVIM

Dr. Sam Kherani is a senior clinical instructor at the Las Vegas Institute for Advanced Dental Studies and a member of the Board of the International Association of Comprehensive Aesthetics (IACA). As a life long student, he has been exposed to many different philosophies in dental occlusion throughout his 25 year dental career. He is one of seven dentist recipients of the Mastership designation from the Las Vegas Institute.

Dr. Kherani is a Graduate of the University of Western Ontario, has been in general practice since 1981 with a special interest in adhesive dentistry. He emphasizes comprehensive restorative and aesthetic dentistry in his two highly successful group practices in Calgary, Canada where he has two junior partners and two associates.



Leo J. Malin, DDS

Leo J, Malin, DDS has established himself as a leader in implant dentistry through numerous national speaking engagements and by the development of a new protocol used in the accurate placement of dental implants. He has written articles regarding this process. He graduated from Marquette University's dental school in 19991. Dr. Malin has taken his implant concepts from the theoretical to the practical and has applied for five patents along the way. He has adopted coDiagnostiX as his virtual treatment planning software because this software fits seamlessly into his implant protocol. Dr. Malin is the current implant director at the Las Vegas institute for Advanced dental Studies and teaches various classes relative to implant placement and bone grafting at the Institute. Dr. Malin runs his own dental implant center along with supporting a mobile CT Service for Wisconsin and Minnesota.



Michael A. Miyasaki, DDS

Dr. Michael A. Miyasaki graduated from the University of Southern California Dental School in 1987. Since 1996, Dr. Miyasaki has been working closely with Dr. Bill Dickerson, the CEO and Founder of the Las Vegas Institute for Advanced Dental Studies (LVI). He currently serves as the Vice President of Global Operations for LVI.

As one of the most sought after, full-time LVI faculty, Dr. Miyasaki has presented extensively both internationally and nationally. Meetings include the Chicago Midwinter, CDA, and the upcoming 2006 ADA meeting.

In addition to his leadership and teaching responsibilities, Dr. Miyasaki maintains a private practice in Las Vegas, Nevada, where he focuses on comprehensive cosmetic dentistry and TMD. Dr. Miyasaki is widely published in leading dental magazines and international journals. He also serves as an evaluator of dental products for many dental manufacturing companies.

*"If your actions inspire others to dream more, learn more,
do more and become more, you are a leader."*

– John Quincy Adams



Ross W. Nash, DDS

Ross W. Nash, DDS is co-founder and president of the Nash Institute in Charlotte, N.C. where he provides esthetic and cosmetic dental treatment for patients and continuing dental education for dentists and team members. Dr. Nash is an editorial advisor and regular contributor to several dental publications. He has also authored a chapter in a dental textbook on esthetic dentistry. Dr. Nash is a Fellow in the American Academy of Cosmetic Dentistry and Diplomate for the American Board for Aesthetic Dentistry. He is an international lecturer on various topics in esthetic and cosmetic dentistry. He has been a clinical instructor at the Medical College of Georgia School of Dentistry. Dr. Nash is a consultant to numerous dental product manufacturers. He can be contacted at 888-442-0242, or by e-mail at rossnashdds@aol.com. His website is www.NashsfsdfInstitute.com.



Prabu Raman, DDS, FICCMO

Dr. Prabu Raman has practiced dentistry in Kansas City since 1983. He is an alumnus of William Jewell College, UMKC – School of Dentistry and The Las Vegas Institute of Advanced Dental Studies, the premier institute for post-graduate dental education, where he is on the teaching faculty.

His practice, The Raman Center for Advanced Dentistry emphasizes three areas of excellence:

*Neuromuscular Dentistry / Temporomandibular Dysfunction
Aesthetic Dentistry / Cosmetic Dentistry
Functional Orthodontics*

His team enjoys helping people gain self-confidence and lead pain free lives by creating beautiful smiles.

He is a Fellow of The International College of Cranio-Mandibular Orthopedics. His other memberships include the ADA, American Academy of Cosmetic Dentistry, North American Neuromuscular Study Club, the International Association for Orthodontics and the American Academy of Craniofacial Pain.

Omer K. Reed, DDS

Omer K. Reed maintains a thriving dental practice in Phoenix, Arizona. He is the originator of Napili (Ohana now) seminars, workshops created to enhance success in dentistry, socio-economically, intellectually and technically. Dr. Reed has been an inspiration to thousands of dentists facing new professional and personal challenges. He has counseled practitioners on how to open fresh horizons of opportunity for personal, professional and economic enrichment. He is a frequent guest on national and local radio and television programs and has been the subject of numerous newspaper and magazine interviews. He serves as an Adjunct Professor at the University of Minnesota and is a faculty member of the Las Vegas Institute.



Michael D. Silverman, DMD

Dr. Michael D. Silverman has revolutionized the way thousands of dentists practice and continues to impact dentistry today as a champion of the safe and effective use of conscious oral sedation. A graduate of the University of Pennsylvania School of Dental Medicine, Dr. Silverman founded the Dental Organization for Conscious Sedation in 2000 to educate dentists, their teams and the public on the crucial role anxiolysis and conscious sedation can play in quality general practices.

As a general dentist with a practice for 20 years in the Philadelphia area, Dr. Silverman discovered the application of sedation dentistry after his own patients expressed a desire to relax during dental procedures. In response, Dr. Silverman took advanced classes in anesthesia and sedation, and then began developing safe, oral sedation dentistry techniques. Today, with oral conscious sedation, he has restored the dental health of more than 2,500 grateful patients. Additionally, through the Dental Organization of Conscious Sedation where he serves as president, Dr. Silverman has taught thousands of dentists how to safely implement oral conscious sedation into their own practices.

Dr. Silverman is a dynamic, international speaker having addressed the International Congress of Oral Implantologists, the Academy of General Dentistry, the American Academy of Cosmetic Dentistry and the anesthesia committee for the American Dental Association. He has also consulted more than a dozen state boards of dentistry on oral conscious sedation, and been published on the topic in Dental Economics and Dentistry Today among others.

A consummate professional on the leading edge of dentistry, Dr. Silverman is a member of the Academy of General Dentistry, the American Dental Association, and the American Academy of Cosmetic Dentistry as well as a Diplomate of the International Congress of Oral Implantologists.



Norman R. Thomas, Director of NM Research LVI, Prof. Emeritis

Norman Thomas graduated as a Doctor of Dental Surgery with honors and double Gold Medals in 1957. Dr. Thomas was awarded a Nuffield Fellowship (Oxford) to complete an honors degree in medical sciences in 1960. Between 1960 and 1974, he pursued residency and research programs at the Bristol Royal Infirmary, The Royal College of Surgeons of England, the Medical College of Virginia, and the University of Alberta, where he is now Professor Emeritus.

From 1970 to 2002, Dr. Thomas served on the Medical Research Council in Canada, the National Institute of Health, USA, and the Canadian Dental Association, gaining a Certificate of Merit from the latter and several Fellowships in medical sciences and dentistry. He is a Life Member of the Alberta Dental Association and retired from dental practice in 2002. In 1998, he was appointed Chancellor of the International College of Head and Neck Orthopedics and, in that capacity, has lectured in the U.S., Europe, Australia, and Asia. He was awarded a Ph.D. degree in Oral Medicine for research on the process and mechanism of tooth eruption.





Tony Tomaro, DDS

Dr. Arthur A. Tomaro is a 1980 graduate of the University of Michigan, School of Dentistry. His postgraduate training includes I.V. sedation, F.A.C.E. Institute, Implantology, and Las Vegas Institute for Advanced Dental Studies. Dr. Tomaro is a published author and consults dental manufacturers and dental laboratories. Dr. Tomaro is an international lecturer on adhesive dentistry, aesthetic dentistry, occlusion, and office management. He is a member of the American Dental Association, Michigan Dental Association, and International Association of Comprehensive Aesthetics. Dr. Tomaro is the Clinical Director of the Las Vegas Institute of Advanced Dental Studies (LVI). Dr. Tomaro maintains a private practice in the faculty practice at LVI.

His passion and positive attitude in life and dentistry, Dr. Tomaro teaches other dentists how to have a GREAT day, every day. Doctors will learn how to have the quality of life they have always desired, through the quality dental practice they have always dreamed of.

Arthur K. "Kit" Weathers, Jr., DDS

For more than thirty years, **Dr. "Kit" Weathers** has lectured worldwide on technologies, products and processes designed to simplify the practice of endodontics. He graduated from Emory University Dental School in 1967, and spent the following three years in the United States Air Force. The developer of many innovative dental products, Dr. Weathers pioneered the EndoMagic! Nickel-titanium file system for dentists seeking to improve both the quality of care and the economics of their endodontic services. As the clinical technique developer of an Intraosseous Anesthesia System, he has assisted practitioners seeking patient-friendly anesthetic application methods.

Dr. Weathers is the author of numerous articles on innovations in endodontic treatment products and processes as well as intraosseous anesthesia delivery systems. Dr. Weathers' articles have appeared in most major dental journals, including *LVI Visions*. His most recent four part series, entitled "Endodontics, From Access to Success" appeared in *Dentistry Today*. For the eighth consecutive year, Dr. Weathers has been recognized by *Dentistry Today* as one of the leaders in continuing dental education.

Dr. Weathers serves as the full-time Director of Endodontics at the Las Vegas Institute for Advanced Dental Studies (L.V.I.). As the founder of the Practical Endodontics "Root Camp," Dr. Weathers offers numerous two-day hands-on training sessions at the Las Vegas Institute and his facility just south of Atlanta Georgia.



Lawrence J. Winans, DMD, FAGD

After graduating from Pitt dental school in 1994, **Dr. Winans** moved from his native Pittsburgh to Lewisburg, PA to serve in an independent associateship. Less than two years later, he opened his own private practice in the same small town.

As part of his quest for continuing education, he began attending courses at LVI in 1999 and quickly refined his practice to one with a high end/aesthetic focus. Chosen by Dr. Bill Dickerson as one of only ten dentists nationwide, Dr. Winans was featured in the book "Aesthetic Dentistry: 10 Dentists Who Have Done It." He was invited to serve as a clinical instructor at LVI and is highly requested in the Aesthetic and Comprehensive Reconstruction Programs.

Despite the time spent teaching, his private practice continues to grow as the aesthetic and neuromuscular practice of choice in Central Pennsylvania and beyond. The distance that patients travel to be treated by Dr. Winans is no doubt due to the innovative marketing and exceptional attention to customer service that he provides.

In addition to his clinical instructing at LVI, he has lectured to international audiences about what it takes to achieve the practice of your dreams!!



SCHEDULE & SPEAKER TOPICS

Thursday Aug 3, 2006

- 8:30-10:00 **The Future of Dentistry:**
Bill Dickerson, Ron Jackson, Omer Reed and Kit Weathers; Heidi Dickerson, Moderator
- 10:00-10:30 *Break/Exhibit Hall*
- 10:30-Noon **Michael Silverman:** *Beyond Valium®- Incorporating Sedation Dentistry into Your Practice*
Norm Thomas: *Physiology: Dispelling the Mystery- The Importance of Muscles in Dentistry*
Tony Tomaro: *Aesthetic Posterior Restorations- The Practice Building Foundation*
- Noon-1:30 *Lunch/Exhibit Hall*
- 1:30-3:00 **Anita Jupp:** *Making the Best Better*
Sam Kherani: *Champion of a Busy Comprehensive Aesthetic Practice-Get There & Stay There*
David Keator: *Meeting Retirement Goals in a Volatile Global Marketplace*
- 3:00-3:30 *Break/Exhibit Hall*
- 3:30-5:00 **Bryson/Margio:** *Creating an Insurance-Free Practice Through Cosmetic Dentistry*
Kit Weathers: *"Bread-and-Butter Endodontics- A Boon to Your Practice"*
Diane Hornberger: *Incorporating Occlusion In The Comprehensive Aesthetic Practice*
- 5:00-7:00 *Reception*

Friday Aug 4, 2006

- 8:30-10:00 **Bill Dickerson:** *The Future of Dentistry: Why Some Cosmetic Dentists Succeed and Others Don't*
- 10:00-10:30 *Break/Exhibit Hall*
- 10:30-Noon **Bob Fazio:** *Prosthetics & Periodontal Problems: A Strategy for Success*
Ashley Johnson: *Getting Your Team Involved: It's No Longer an Option—It's a Necessity!*
Fred Ables: *How to Create Your Dream Practice*
- Zimmer Workshop:**
Practical and Profitable Implant Dentistry
- Noon-1:30 *Lunch/Exhibit Hall*
IACA New Member Lunch
- 1:30-3:00 **Sherry Blair:** *Dealing with Difficult People*
Prabu Raman: *Taking the Bite Out of Pain – A Model for a Neuromuscular/TMD Practice*
- Williams Dental Lab Workshop:**
A Common Sense Approach to Uncommon Dentistry

Friday Aug 4, 2006 (continued)

- 3:00-3:30 *Break/Exhibit Hall*
- 3:30-5:00 **Omer Reed:** *The Uniqueness of the Exceptional Practice*
Ross Nash: *Conservative Preparation for Laminate Veneers*
Kevin Jenkins: *It's Not the Headset-It's the Mindset*

Myotronics Workshop

Saturday Aug 5, 2006

- 8:30-10:00 **Les Fang:** *Are You Prepared for Medical Emergencies in the Dental Office?*
Heidi Dickerson: *Let's Give Them Something To Smile About – Creating Beautiful Smiles with All-Porcelain*
Jeff Bailey and Lori Kemmett:
Creating the Ultimate Consultation
- 10:00-10:30 *Break/Exhibit Hall*
- 10:30-Noon **Matt Bynum:** *Success is a Choice!*
Clayton Chan: *Ultimate Occlusion- Solving the Puzzle*
Larry Winans: *Is an Aesthetic Practice Possible Anywhere?*

Microdental Workshop

- Noon-1:30 *Lunch/Exhibit Hall*
- 1:30-3:00 **Mike Miyasaki:** *LVI Materials Update: What's New in Materials to Create Great Functional Aesthetic Restorations*
Leo Malin: *Edentulous To Full Mouth Implant Restorations In One Visit*

Aurum Workshop

- 3:00-3:30 *Break/Exhibit Hall*
- 3:30-5:00 **Ron Jackson:** *Composite Resins in Contemporary Practice*
Russ Elloway/Erich Herber: *Creating Patient Acceptance with Portrait Photography*
Sue Jenkins: *It's Not the Headset-It's the Mindset*

Ivoclar Workshop

- 5:00-6:30 *Reception*

Speakers and times are subject to change.

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Heidi Dickerson, DDS

Robert Fazio, DMD

Matt Bynum, DDS

Anita Jupp

William Dickerson, DDS, FAACD

Michael Silverman, DMD, DDS

Leslie Fang, MD, PhD

Arthur "Kit" Weathers, DDS

Michael A. Miyasaki, DDS

Clayton Chan, DDS, MICCMO

Ashley Johnson, JD

Leo Malin, DDS and many others...



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MATT BYNUM, DDS



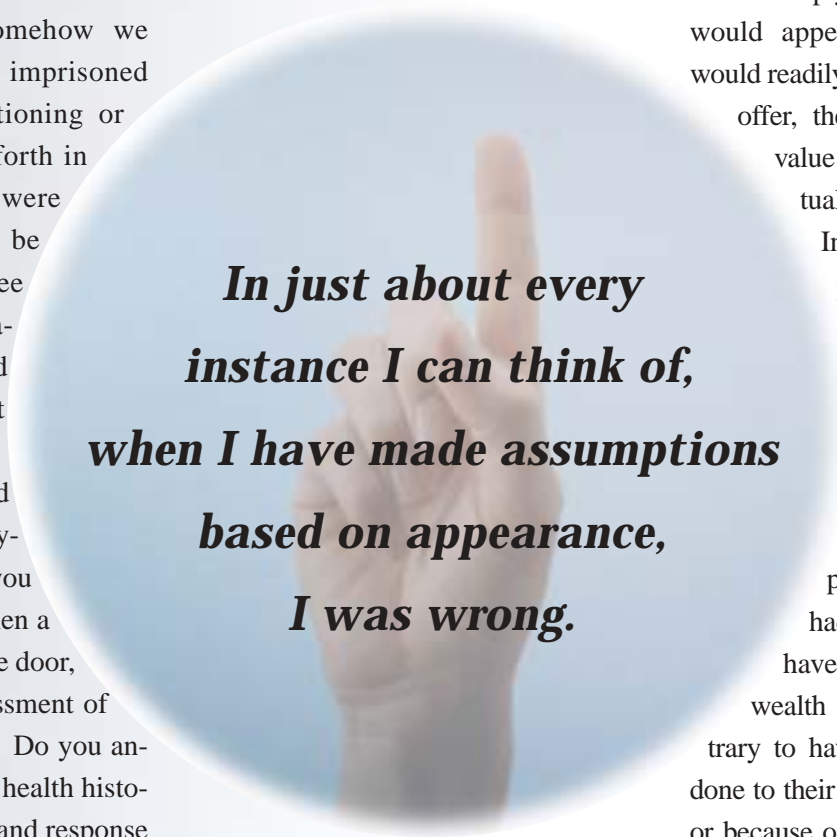
Just like the arrows, patients come in all shapes, sizes and colors. They come with different personalities to assess and learn to communicate with. They come with different temperaments and demeanors which can serve to make life in the office fun and happy or stressful and not so happy! Patients come with different knowledge and education of what is possible and right; and they come with varied amounts of dental work both good and bad. No matter how you look at these patients that bless us with the opportunity to serve them, one thing remains constant: No one single patient is the same as another.

All too often I am reminded that we are not in the “teeth business”, but in the “people business”. You see, the teeth are just the means to allow us the opportunity to encounter and meet the people; the patients. These patients are the lifeblood of our success and our livelihood and yet somehow we have a tendency to feel imprisoned by them. This conditioning or programming was set forth in dental school as we were taught that in order to be successful, we had to see and treat nearly all patients who walked through the door. Not true!

We have heard it said that “you can’t be everybody’s dentist”, but do you firmly believe that? When a patient walks through the door, do you begin your assessment of worth into the practice? Do you analyze every detail of the health history and every movement and response they make to you and the questions you ask? Do you assess the work to be done and compromise your stomach lining based on the ROI (return on investment)? Do you formulate opinions and make assumptions based on appearance?

Yes, patients are strange just as they are wonderful, so how do you know who is necessarily right for your practice? The short of it is that you don’t! Honestly, you can try and you can think you have the system down but the reality is you will

never have it broken down to a science. The only thing we can do as providers is to be gracious and grateful for all of those who seek our help and hope that a sign is revealed early on in the process to help determine if the patient is a fit or not. The following is a guide that has served my practice and me well over the years.



In just about every instance I can think of, when I have made assumptions based on appearance, I was wrong.

THE POCKET BOOK

As we have discussed, each and every patient is an individual with traits and characteristics all of their own. Some love to look nice and wear nice clothes and others like to be casual and dress more comfortable. Some drive nice, expensive cars and others drive cheap, economy cars. Whichever best suits the individual should not be a determinant for value in your practice. This is diagnosing the

“pocket book”, not the teeth, the health, or the desired outcome from treatment.

In just about every instance I can think of, when I have made assumptions based on appearance, I was wrong. Some people are financially wealthy and have the means to acquire what you have to offer in elective smile design and reconstruction, while others simply do not. And while it would appear that some can and would readily accept what you have to offer, they don’t for reasons of value or for reasons of not actually being able to afford it.

In my mind “No” has been proven to be more of “No, not right now” than anything else.

Perception is a strange thing in that it can fool you into believing something that simply is not a reality. I have had people who appeared to have so much in financial wealth that it would seem arbitrary to have elective enhancement done to their smile, but choose not to, or because of credit issues cannot afford to have treatment performed. Likewise, I have had patients who look as though they cannot afford the type of elective treatment I perform who pay in full, up front and in cash.

My belief is that there are a lot of people who live the life of falsehood and materialism and have overextended themselves beyond their means to allow perception to skew the reality. I also believe that those who value the dollar and the means it has taken to acquire it present with value for improvement from their

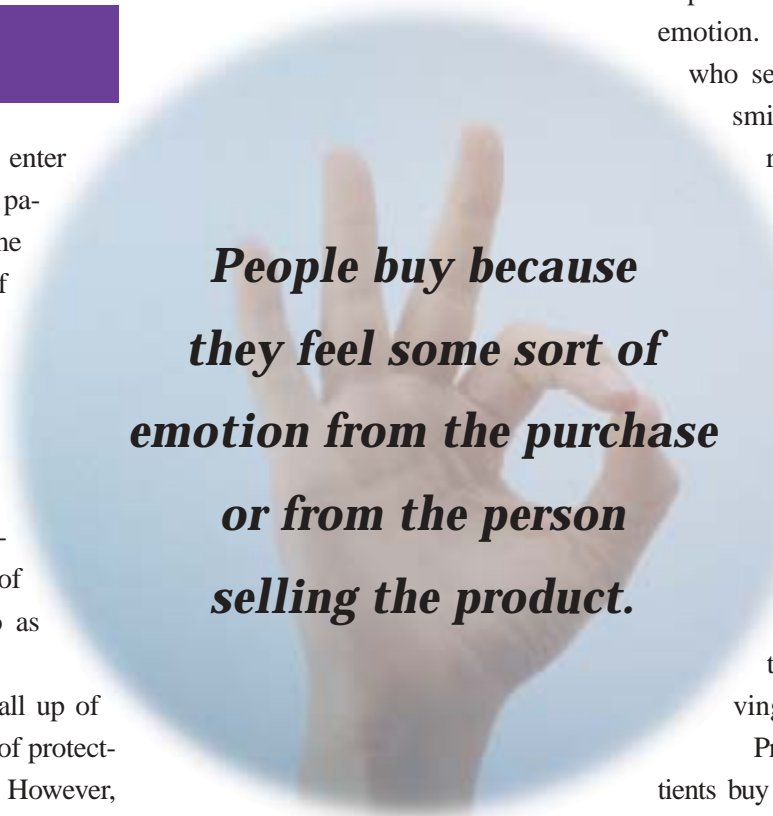
current state of affairs. Whatever the case, what I do know is that we cannot serve to interpret or diagnose what another person can or cannot afford. Our responsibility is to inform and educate and the patient's responsibility is to accept or deny the recommendation. Value will dictate the outcome and perception will continue to cloud the process.

THE WALL

Nearly all patients who enter into your practices as new patients bring with them some dental history. Some of those are good histories with experiences and feelings that stand to move them into transition easily; while other histories serve to create resistance in several forms. Both have a type of roadblock which I refer to as "the wall".

Every one of us has a wall up of some sort. This is our way of protecting that which we covet. However, walls are made to be broken down and when they finally are, great things begin to happen. Patients are very protective and loyal to their past experiences be they good or bad. If they are good, patients want to cherish and hold onto them and use them as comparisons. When they are good, it is often hard to break the loyalty and bond that the patient had with their past dentist or office. When the experience is bad, patients still hold on, protect and defend the previous dentist or office because they made the choice to stay. Sometimes the previous experi-

ence is so bad that overcoming the traumatic event is difficult. This wall of emotion must be overcome in order to break through and perform as needed. What I have found is that each individual patient has their own time frame for letting down their wall. For some it takes a long time to gain the trust and for others it only takes the decision to change to start this process.



People buy because they feel some sort of emotion from the purchase or from the person selling the product.

Whichever it is, you must be proactive in the breakdown and not reactive in the result. This alone will shift the mindset and aid in the progression of treatment.

EMOTION

We are all emotional beings, and as such, have buttons that are pushed daily. One of the key factors in sales is centered on emotion. People buy because they feel some sort of emotion

from the purchase or from the person selling the product. Dentistry and patients are no different. Patients buy either because they are enthused and filled with some emotion, or because you are enthused and filled with emotion. Either way, a decision is made and results are manifested based on these emotions.

The key element to truly getting to a patient and having them buy is emotion. The majority of patients who search and yearn for a new smile use sadness and embarrassment as a driving emotion in the decision to undergo smile rejuvenation; while worry and concern are driving emotions for functional reconstructive procedure. Granted, there is a myriad of emotions that can be felt and often are, but the majority of the time these listed are the main driving emotions.

Previously I mentioned that patients buy because either they are enthused or you are. This is a common practice in sales and marketing strategy and is extremely applicable to our profession as well. Sometimes patients need that string to be pulled in order to come to the realization that this is indeed what they want. My recommendation is to find this very early on--either in conversation or in written context. However your means of finding it, you must get to the heart of why the patient is there in the first place, asking you to give your professional input. When this is finally found, you owe it to yourself and to your patient to expose this.

Some may think this cruel or wrong, but I prefer to see this as one of the best ways in which to help patients rid themselves of this life-draining emotion. Instead of a negative, see this as a positive influence or liberation, if you will. Heart strings are there for a reason and are invariably strong for the same. You owe it to yourself and your patient to assist them in transition and there is no better way to do this than to overcome the obstacle and get excited! Remember, people buy not so much because they are enthused, but because you are.

While the list of tips and pearls could go on and on, I want to spend the remaining time in this column on the one thing which should override all else, yet is all too often neglected for one reason or another: YOU! That's right, you are the reason most of the patients continue to come to the office; you are the reason that those incredible team members continue to show up for work; you are the reason the practice continues to grow and become more profitable; and you are the reason why your families live the life they are currently living. If all of this rings true for you, then you are on the right path. However, if one or more of these strikes a chord with you, then why wouldn't NOW be a good time to start making some changes in your life?

Here is one thing I know for certain: Dentistry is not easy! People tend to think that dentistry is this wonderful profession where everyone loves you and the spoils just flow in as if an armored car pulled up to your house daily to unload all the contents. We all know that this is simply not true. The profession of dentistry is hard. The actual act of dentistry is fairly easy, but

the handling of matters relating to business and people complicate things. Teeth are one thing, business and people are another.

I want everyone reading to understand something: YOU are the one who is in charge of what happens to you. You control the destiny that waits. You have the power to make positive influence on your life and the lives around you with which you come into contact. What an incredible gift we have been given to be able to spend our working lives making positive change and life-long dreams come true for people. When you think about it, it is humbling. Every single day you should be grateful for all that you have and for all that you are able to do to help those around you. Every day you should wake up and look around at everything you have and be grateful for what you see, because there are many people far less fortunate than you.

We work in this demanding profession where we gauge ourselves and our success on measurements so small they call them microns. And yet, every day we set foot in that office, the first words often spoken by the patient in the chair is "No offense doc, but I hate dentists!" Now there's a positive message, huh? We live in a litigious society where buyer's remorse ends up in legal matters placing definitions on that which we have devoted our lives to study, just to not have to pay the bill! And to bring this entire money making profession to a close, we as a profession are so divided that we cannot even communicate in a group audience for fear of backlash and controversy. Not only do we have to watch ourselves with the patients and the public, we have to watch ourselves around our colleagues and peers!

Did you know that everything that you have right now is a result of what you have brought to fruition from the thoughts and efforts of the past? That's right, everything. What you currently have is the result of some goal or effort of yesterday. But the past is the past! Isn't it time we stop resting on our laurels and our accomplishments of the past and start forging a way to even grander success of the future? That month you had last year is over and done with and it is time to grow into a new and even bigger month. The lifestyle you currently have says it is time to grow into an even bigger and better lifestyle. But in order to do that, YOU are going to need to do a few things.

WHAT DO YOU WANT?

If I asked you what it is that you wanted in life right now at this very instant, could you tell me? Really? Interesting enough, only 33% of people when asked that question can. The other 67% answer this question with things they don't want as opposed to what they do want. There is a huge difference in the two, and knowing this difference will lead you to success.

You must write down what it is that you want out of life, out of your practice, and out of anything you desire to see results in. I have been doing this since I played collegiate baseball, but never to the understanding that I now have. When I mean write them down, I mean write them down! List in detail what it is you want and be very specific! "I want to do better" is not specific enough. Once you have these writ-

ten down, place them where you read and see them every single day. Make it a point to read them to yourself to the point that they become engraved in your memory and they are crystal clear in your mind. When the vision you have is entirely clear, the results will begin to manifest.

LOVE WHAT YOU DO...

I have been using a saying for some time now that I hold very near and dear to my heart and life: Love what you do; love who you do it with; and love who you do it for, because everything else is just compromise. If you truly take the time to read this it should hit you like the “you don’t know what you don’t know” phrase. Loving what you do comes first. Dr. Art Mowery and I teach in our “Success” seminar that if you are not happy with what you are doing, then you must either get out altogether or do something to change it! Loving what you do is a precursor for happiness. Imagine the rest of your life doing what you do but not liking anything about it. How will you have affected those with whom you come into contact? How will you look at yourself in the mirror? If you are not in love with what you do, change it now!

Loving who you do it with also creates happiness by decreasing the stressful environment that so many people live with daily. All too often we have “staff” members which serve to drain the “team” of their life and energy. In my experience, the ones whom you want to do for are the ones whom you care about. This concept of family in the office environment

should ring true. The time spent with your team at the office is usually more than you spend with your family. Because of this, it is imperative that you surround yourself with people you want to be around. You must love those who you work with!

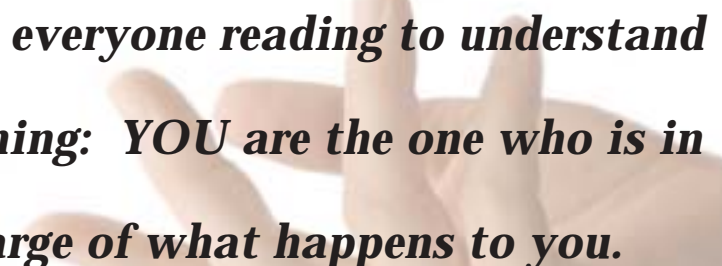
Loving who you do it for borders on so many different concepts of which freedom from the same stress as mentioned above. The stress of working on patients is enough to drive some mad, but to compound it with those who you do not like makes it worse! We have all heard “you don’t have to be everybody’s dentist”, but do we all really believe and prescribe to that saying? The introduction of extremes only stands to serve as a negative in an environment that should be positive. The mere fact that we are independent business owners gives us the right not to have to treat those which we do not want. This old mentality of having to do something is defeatist. Work only on those whom you care to work on. Enjoy those who bless your office just as you bless those who enter into it.

Lastly, I mentioned compromise. We have discussed this previously so I will only touch on this one thing: Everything in life is compromise that we do not desire. Accepting of compromise in the face of goals and dreams is like training for a marathon for months or even years only to make

it near the finish line! We all accept compromise daily, but will you stand to accept it in light of what it is that fuels your passion? I stand to walk the unbeaten path and have chosen to not waiver from my love of what, with, and for, in this incredible profession of dentistry. Will you?

At LVI, we talk about the means to get to the end which we call “the journey”, and life is what happens along the way in this journey, not what we find at the end. YOU are an incredible asset to those around you, and to those whom you serve. Take heed in the responsibility that you have as a person who possesses the power and the honor to change people’s lives, and live your life in gratitude for the opportunity to be able to be a small part of it.

I hope this three-part series served to stimulate some thought and to motivate you forward into continued success. I know writing it re-instilled some direction in my journey of success. My challenge to all who are reading this is in the form of two questions: 1) What will you do to begin to commit yourself to the path of success? And 2) Who will you serve to influence in the same fashion? I look forward to seeing many of you in Atlanta in October for the Achieving Extreme Success seminar. Until then, I wish you continued success!!!



I want everyone reading to understand something: YOU are the one who is in charge of what happens to you.

Dr. Matt Bynum is a 1995 graduate of the University of Iowa, College of Dentistry. He lectures internationally on various aspects of aesthetic and reconstructive dentistry, practice management, personal and practice motivation, and team building; and has published numerous articles on these subjects. Dr. Bynum is a member of the South Carolina Dental Association, American Dental Association (ADA), the American Academy of Cosmetic Dentistry (AACD), and the IACA. Dr. Bynum is a clinical instructor and featured speaker at the Las Vegas Institute for Advanced Dental Studies. Dr. Bynum is currently Co-Director and Co-Founder of the "Achieving Extreme Success" lecture series. He is a consultant to a number of dental manufacturers and laboratories in the area of new product development and clinical testing of materials, and serves as a coach/consultant to dentists and dental offices across the United States in practice development and success. Dr. Matt Bynum maintains a full-time private practice in Simpsonville, South Carolina emphasizing aesthetic and restorative dentistry.

2006 LVI Courses featuring Matt Bynum include:
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DIAGNOSING AND TREATING YOUR **TMD** PATIENTS

By Josh Bernstein, DDS

TMD

Every year, millions of people suffer from pain and other symptoms of TMD. Yet, most dentists have a limited understanding of the etiology and treatment of TMD. Dentists typically choose not to treat TMD or to treat it with simple devices such as NTI and splints made to an arbitrary bite determined by the lab. Historically, dentists sometimes thought TMD patients were psychotic. TMD has also been called “the great imposter” because it manifests itself as a number of other physical ailments such as headaches, toothaches, vertigo, etc. What can be done in everyday practice to properly diagnose and treat these legitimately suffering patients?

What can be done in everyday practice to properly diagnose and treat these legitimately suffering patients?

What causes TMD?

Janet Travell, M.D. was the White House Physician under Presidents Kennedy and Johnson, who wrote the landmark textbook *Myofascial Pain and Dysfunction*. Dr. Travell estimated that 90% of pain was due to muscles. As dentists we all learned in dental school that if the bite is not balanced, pain and other symptoms can develop.

Our jaw is supported by a sling of muscles that guide our teeth together in our habitual bite or Centric Occlusion (CO). Even when our jaw is ostensibly resting, our muscles position our jaw near our bite. If our bite is in harmony with our muscles, everything feels good. That is to say that as long as our muscles are at physiologic rest, neither foreshortened nor elongated, there will be no muscle pain. But if our muscles have to strain on a regular basis in the "rest" position or in CO, symptoms can de-

velop in patients who do not accommodate well. These symptoms can take the form of headaches, facial pain, neck and shoulder pain, feelings of ear congestion, dizziness, and other symptoms not commonly considered "dental."

Does My Patient Have TMD?

Malocclusion causes TMD. While nutrition and stress may be contributing factors, malocclusion is the overriding etiologic factor. How do we know if our patient's symptoms are occlusally related? First of all, it is always a good idea to check with the physician to make sure that the symptoms are not medical in origin.

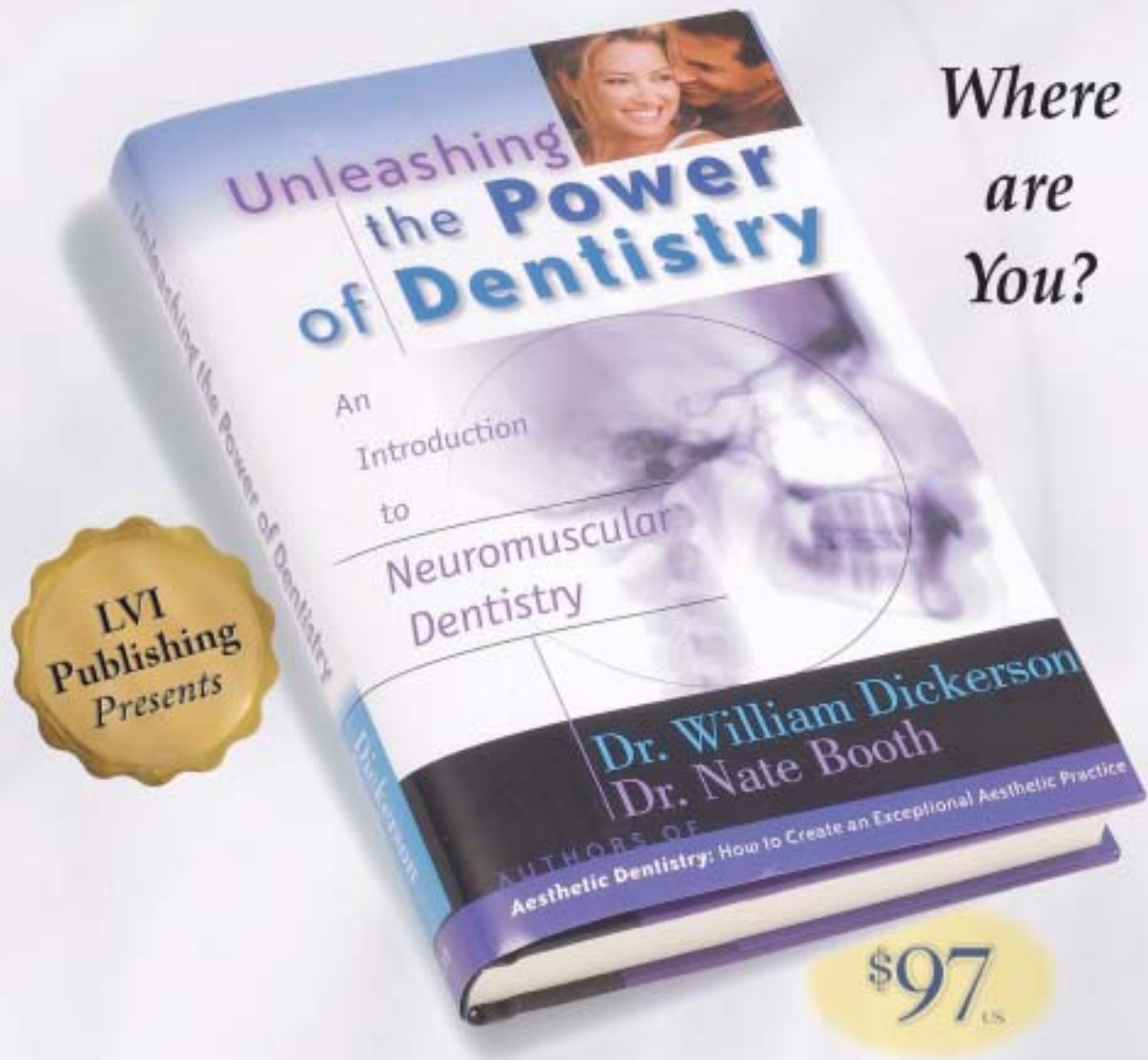
Next, take a proper history. Find out if the patient grinds his or her teeth, has TMJ crepitus, headaches, facial pain, dizziness or any of the other common symptoms of TMD.

In your clinical exam, look for overbites, overjets, abfractions, tori, scalloped tongue, mouth breathing, anterior open bite, cross bite, wear facets, attrition, crowding, balancing interferences, incline interferences, missing teeth, and otherwise unexplainable perio problems. Continue your exam by palpating the muscles of mastication and facial expression, particularly the masseter, temporalis, lateral pterygoid, medial pterygoid, and digastrics. When a number of these signs and symptoms emerge in your examination, you may be looking at a TMD patient.

What Can Be Done?

Find the ideal occlusion. There are two major components of proper occlusion, and it is important to establish both of them ideally to relieve TMD.

THE FUTURE OF DENTISTRY IS HERE.



Where
are
You?

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- Why are those that are skeptical being convinced of its value?
- Why are many so successful in implementing these concepts into their practice?
- Why is case acceptance higher with neuromuscular dentists?

It's all here in this comprehensive book on this fascinating subject. *Unleashing the Power of Dentistry: An Introduction to Neuromuscular Dentistry* by Drs. Bill Dickerson and Nate Booth can show you how to enhance patient care as well as increase your practice success and professional fulfillment through the practice of neuromuscular dentistry.

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- features 16 success stories of neuromuscular practices told by the dentists themselves
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- shows you how to implement change in your practice

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The first component is an ideal cranio-mandibular position, where the muscles can truly relax in physiologic rest. Ultra low frequency TENS (transcutaneous electroneural stimulation) enables the properly trained clinician to find the ideal cranio-mandibular position, where tonus alone holds the jaw in rest position. Further enhancement of the correct position can be determined with electromyography, sonography, and kinesiography

Then, ideal cusp-fossa relationships must be established, being careful to avoid balancing interferences and incline interferences in CO and in function.

What Are Some Practical Treatments?

Once the bite is recorded, there are a number of modalities to treat the TMD patient.

If the ideal occlusion is very close to the existing CO, coronoplasty (selective grinding) can be used, guided by TENS.

If the bite is significantly over closed, retruded, tilted, skewed, or otherwise tweaked, a fixed or removable orthotic (splint) can be fabricated, based upon the bite registration recorded at the ideal cranio-mandibular posi-

tion. Orthotics, built as a facsimile of the ideal opposing dentition, often provide significant relief to the TMD patient. In many cases, long-term orthotic therapy is the treatment of choice.

When restorations are required to provide a long-term solution, it is important to ensure that symptoms have resolved and that the bite has stabilized over time in the orthotic. Using the adjusted orthotic as a bite record for mounting casts in the laboratory, the case can then be designed using a wax up for the treatment of choice—from a single onlay to a full mouth reconstruction, depending on the demands of the case.

Orthodontics can also be used to move the teeth into the ideal cranio-mandibular position as established in the orthotic phase. However, it is critical to perform selective grinding after orthodontics to avoid pathologic interferences in CO and in function.

Know When to Treat and When to Refer

TMD patients can be perplexing. Oftentimes, TMD patients have complex restorative problems, upper airway obstruction, limited windows of comfort, and other complications. Until you become experienced in

treating difficult cases, know when to treat and when to refer.

To help you decide if a case is beyond your ability, look carefully at your diagnostic results.

Is the patient a mouth breather? If so, an ENT may need to determine if the cause is enlarged tonsils and adenoids, allergies, or a deviated septum. These issues need to be resolved.

Does the patient normally require multiple bite adjustments after even the smallest filling? Does the beautiful new crown never feel quite right? If so, you may be dealing with a patient who has a limited zone of comfort.

Does the patient have a complex bite such as a class 3, edge to edge, or open bite in the anterior or posterior? Does the patient have complicated dentistry that is beyond your level if you need to replace it? If so, you may be over your head.

In many cases such as overbite, attrition, retruded mandible, and easy-to-please patients, treatment can be less complex. TMD can often be treated by placing the patient in an ideal cranio mandibular position found with the assistance of TENS. In the more complex situations mentioned above, consider a referral to a more experienced clinician.

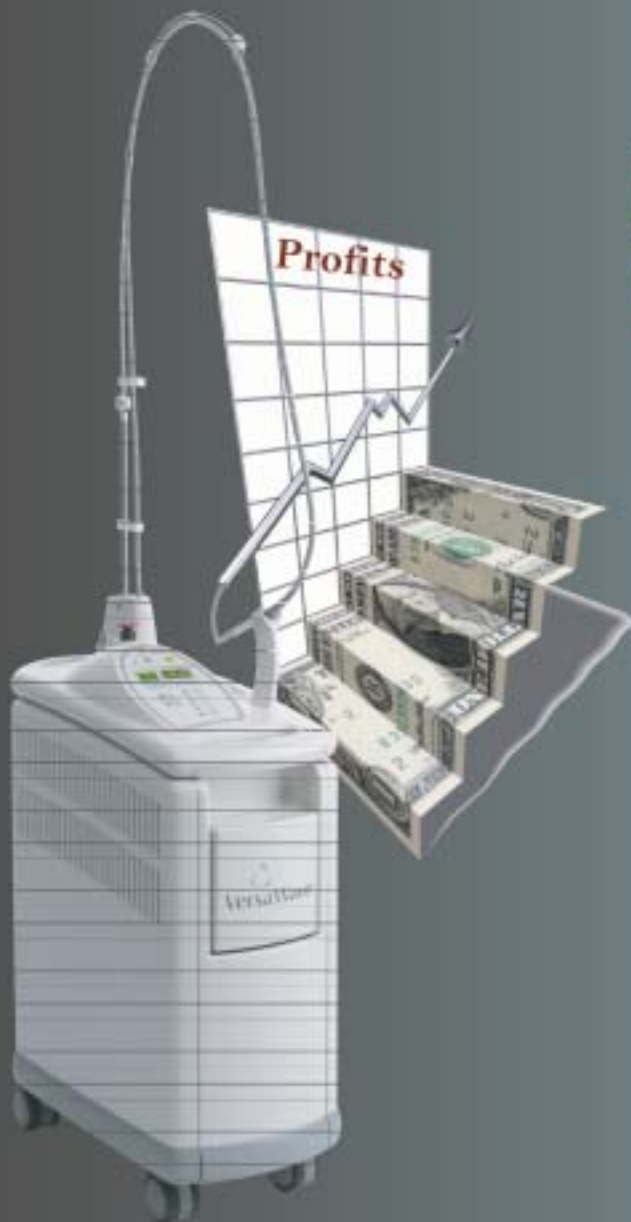


Dr. Bernstein is a Clinical Instructor at the Las Vegas Institute for Advanced Dental Studies. He maintains a private practice in Piedmont, California emphasizing complex cosmetic cases, TMD, and sedation, in an environment of outstanding personal service. Dr. Bernstein can be reached at jbbdds@hotmail.com

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A NEW BEGINNING

PHOTOGRAPHY

THE ROAD TO
EXCELLENCE
AN ADVENTURE TO SMILE ABOUT

BY RUSSELL ELLOWAY, DDS

IN SEARCH OF BEAUTY

"In the moments of powerful beauty, emotions move that can melt even the thickest and most cynical of skins. Endorphins flow. There is a release of tension. Energies, internal and external, flow and connect. The experience is not only soft and calm, but it also contains the power and creativity of nature ..." - William Bloom

An experience of beauty brings with it a sense of a new beginning. New motivation. New enthusiasm. New courage. New confidence ...

Photography, without a doubt, is one of the best communicators of life's intrinsic beauty. And the use of this tool can be a growth experience that has benefits far beyond the inspiring beauty of the photograph or technology itself.

The use of photography to develop an "eye" for beauty, is to develop a powerful new sense. I hesitate to use the word art, because many assume that this is something only given as a gift of birth, but I believe it is in all of us. How could it not? We all have an appreciation for beauty. And even the subtle differences between us holds a certain beauty. Allowing that gift to lay dormant, especially for the cosmetic dentist, is a waste when such simple, hi-tech tools for learning now exist.

Photography then, is a tool, not just for the cosmetic dentist we may wish to become, but for the "doctor" who can give so much more when searching for the hidden beauty in those they serve.

dental
photography

FOR THE **COSMETIC**
PRACTICE



*There is
a certain glow
to Beauty*

BEAUTIFUL
PHOTOS
BEGIN WITH A
FOCUS ON THE BEAUTY OF

JOY
DEVOTION
NATURE
KINDNESS
FRIENDSHIP

CATCH PEOPLE AT THEIR BEST
... FOCUS ON LIFE



A SIMPLE PHOTO

might be thought of as a kind of hi-tech textbook. With the push of a button, you are writing the proverbial 1000 words about some of the most beautiful things in life. You are recording a still "image" of life, frozen for just a moment, in action. And just like a textbook, the information in a photo will still be there when you're ready to learn. The beauty of Digital Photography is the simplicity of adding to your photo library for later study.



Have you ever just sat and watched two old friends talk?

or a child receiving a parents praise?

What about sisters sharing a great story?

Or Little League players during a game?

FOCUS ON THE SMILE THE FRIENDSHIP

All of these experiences center around situations that are bound to create a smile at one point or another. Search for and focus your camera on the smile. Where smiles exist, you find beautiful photos to take.



A NEW BEGINNING PHOTOGRAPHY



PHOTOGRAPHY A JOURNEY TO SMILE ABOUT



PHOTOS COURTESY OF
DAVID WESTERBERG DDS

Fellow classmate and friend, Dr. David Westerberg, recently approached me regarding photography.

He explained, "I've been steadily working to improve my skill as a dentist. I've taken many of the courses that LVI has to offer, and I feel confident in my ability to deliver great dentistry to my patients. I've taken a photo course, purchased a camera and lens, but I haven't purchased lights or other portrait equipment. I'm going to soon, but what kind of things can I do with the photos I have now?"

During our discussion we looked through the photos he'd already taken, and talked about many of the conventional photographic ideas, like taking outdoor and indoor natural light photos or using a professional photographer to quickly get photos of some of his best cases now (until

portrait lighting is purchased).

As we continued looking through his existing practice photos, we came across some family photos ... photos of life, of children, of happiness, of family, friends ... photos that communicated life's beauty in powerful ways. And as we continued, he started to connect some of things I've mentioned in this article with his photos and his practice.

Dave had already taken these photos on his own, enjoyed them greatly himself, but wasn't really sure about their value in his practice. In fact he stopped and asked me, "Do you think these are good? Can we use them?" I answered by pointing out the things of beauty that I saw in these photos

... kids in Little League encouraging each other to succeed, and their expressions of success. The joy of children in the rain at sunset. A wife with her children. A proud father.

These were the things of smiles. And Dave could see it. He'd made the connection.

By using the existing photos he already had and integrating these photos into brochures, website, office art and video, Dave realized that he could get started now with a more balanced approach to excellence.

As he left, he said, "I'm so excited." And it was then that I realized that for him, this was a "new beginning". An adventure.

When I began my dental career, my focus seemed simple enough. I felt an obligation to educate my patients. My focus was on prevention and solutions that could repair the damage caused by sugar, poor health and injury. Cosmetic dentistry seemed to be optional and for those of means.

A few months after dental school graduation, I volunteered as a part-time instructor in the Department of Oral Surgery. Since I was using IV sedation in my practice, doing implants and tackling some of what I considered to be more challenging oral surgery cases, the opportunity to spend time on a regular basis with full time oral surgeons seemed to be an obviously great idea.

It also gave me some time to consider many of my own values from the "teacher" side of the fence. I discovered that I was invigorated by teaching. At the same time, I found myself saddened by the number of patients coming into the oral surgery department eager to rid themselves of pain by extraction of a tooth or teeth, rather than restoration. Superficially, these patients seemed to have a logical reason for choosing extraction, but over time, I discovered that some of these patients hadn't just given up on their teeth, they had given up on many other things in life, too. Many had simply lost hope, and were uninspired. Later I discovered that many of the issues that had seemed to be responsible for avoiding restorative care seemed to disappear when inspiration and hope came back into their life.

Another lesson I soon learned was that logical and technical discussions about their teeth had very little effect on any

of these oral surgery patients. These kinds of discussions didn't seem to inspire them or bring hope back into their life. Conclusion, I couldn't talk someone into "hope".

It was during this time in my life that my school's "vision" came into better focus, which was, "To Make Man Whole". When I began describing this vision and exploring the larger picture of "wholeness" with my patients, the conversations were quickly elevated. Trust developed more quickly. People want to be whole, but just don't know how, and have lost hope.

Up to this point I had been working in the technical arena. I was using reason and logic to help make a difference and it wasn't working well. I realized that while I could restore a person's teeth to function using the techniques and technology I'd been taught in dental school, what remained in some cases was a person still less than "whole". I could educate someone to prevent decay, yet I couldn't teach them to have confidence, I couldn't teach them to smile.

Over the next few months, as I thought this through, I realized that teeth aren't even required for some people to smile. The technical side of my care was focused on perfecting the technical aspects of the restorations, and so I was a bit frustrated that something so imperfect as having no teeth at all could be acceptable to some of my patients. But as a "doctor", focused on creating "wholeness", I felt a level of comfort in accepting this conclusion, for these were people who were surprisingly whole.

There is simple elegance found

in focusing our practice on the "wholeness" and beauty of the person, rather than simply the "wholeness" of a tooth or smile. Photography is a powerful way to communicate beauty and inspire our patients, our team and even ourselves.

Inspired and motivated patients and team are a natural fit for the dentist and practice focused on excellence.

GETTING STARTED

"What settings are you using?" I hear this question over and over again. The quick answer is so much simpler in today's digital era. The "Auto" settings of most of today's digital cameras will allow you to begin the adventurous journey into photography. Getting started is what's important. Take the plunge. Just start taking photos of things that are beautiful to you, and your journey will have begun.



Whether inside or out of doors, I tend to put my camera (typically Canon 20D, 5D, or 1D) into Av (aperture preferred) mode. I generally set the ISO to a value which will allow a fast enough shutter speed to avoid blur. Typically I try to open the lens aperture wide enough to achieve a shallow depth of field, which keeps only the subject in focus. There are many variations of this that are fun to use. These settings allow me to avoid the sometimes artificial appearance of flash photography.



Dr. Russell Elloway is a 1988 graduate of Loma Linda University School of Dentistry in California and served as an associate professor in the Department of Oral Surgery at LLU for over ten years. Dr. Elloway served as a computer systems consultant for several years before entering dental school. He is currently a featured speaker at The Las Vegas Institute for Advanced Dental Studies, in the Portrait Photography Course, "Exceptional Photography for Exceptional Dentists". Dr. Elloway practices in Redlands, California. Dr. Elloway spends a majority of his time creating inspiring graphics and video for dentists around the world.

IN SEARCH OF BEAUTY

AN EXPERIENCE
OF BEAUTY BRINGS
WITH IT A SENSE OF

a new beginning.

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LIKEABILITY

THE FORGOTTEN SUCCESS FACTOR



I've just completed writing
my newest book called
*Tiger Traits: 9 Success Secrets
You Can Discover from
Tiger Woods to Be a
Business Champion.*

Nate Booth, DDS

Tiger is admired by millions of people of all ages, of diverse backgrounds, from all around the world. He is also well on his way to becoming sports' first billionaire. ESPN Magazine estimates that Tiger will earn \$6 billion in his lifetime, 75 percent of which will come from product endorsements. In 2005, it's estimated that Tiger earned \$85 million from prize money, appearance fees and product endorsements. His five-year endorsement deals totaling over \$300 million include:

- \$100 million with Nike
- \$30 million with Buick
- ^a \$30 million with video game maker EA Sports
- \$45 million with sports trading card maker Upper Deck
- \$20 million with Disney
- \$25 million with Asahi Beverages
- \$26 million with American Express
- \$10 million with TLC Laser Eye Centers
- \$10 million with watchmaker TAG Heuer

There are many reasons for Tiger's spectacular endorsement success.

1. He is ethnically diverse. Tiger has become a one-man symbol of globalization in the 21st century—a human United Nations. He calls himself a Cablinasian—a word that symbolizes his ethnic heritage of Caucasian, Black, Native American and Asian cultures. Tiger doesn't want to be identified with just one culture. In response to a question about his ethnicity, Tiger issued this statement before a U.S. Open Tournament: "The various media have portrayed me as an African-American, sometimes Asian. In fact, I am both.

The critical and fundamental point is that ethnic background...should not make a difference. Now, with your cooperation, I hope I can just be a golfer and a human being." Because of his ethnic commonality with billions of people worldwide, Tiger has a huge advantage in the marketplace because people tend to like people who are like themselves. It's a basic law of human nature.

2. He's a winner. People tend to connect and identify with winners because it makes them feel like winners, too. At the end of the 2005 season, Tiger had won ten major championships—over half way to Jack Nicklaus's record of eighteen.

3. He has a great story. He is Star Wars' Luke Skywalker, The Wizard of Oz's Dorothy and Beverly Hills Cop's Axel Foley rolled into one. Tiger started from humble beginnings. He answered the call of greatness. He overcame internal and external resistances. He worked hard without any rewards at first. Finally, he rose to the top and won the internal prize of success and fulfillment and the external prize of financial riches. We all identify with people who are successfully completing the Hero's Journey.

4. He has charisma. As sports broadcaster Bob Costas said, "If you were from some other planet and were dropped into a professional golf tournament, you would be drawn to Tiger." His smile, his eloquence, his intelligence, and his presence all add up to a person you can't ignore.

5. He is likeable. Whether it's Tiger Woods, the Energizer Bunny, the Budweiser Frogs and Lizards, George Foreman (believe it or not, George

was third on the endorsement dollar list in 2002, behind Tiger and Michael Jordan), likeability sells. In a 1994 issue of the Journal of Advertising Research, David Walker and T. M. Dubitsky wrote an article entitled “Why Liking Matters,” which was based on their extensive research. They concluded that if the watchers like the advertisement and the people in it, they would “be more likely to pay attention to it and remember the message later.” Studies also have shown that when people like someone, they will tend to believe that person.

LIKEABILITY: THE FORGOTTEN SUCCESS FACTOR

Tim Adams, the author of the wonderful book, *The Likeability Factor*, defines likeability as “the ability to create positive attitudes in other people through the delivery of emotional and physical benefits.” I believe likeability is the overlooked secret to success. Think about it: There are hundreds of personal success books written each year. Most of them focus on the choices people must make in their daily lives to be successful. These books ignore one simple truth: ***Your success in life is primarily determined by other people’s choices concerning you.***

Isn’t success in your personal life determined by who wants to be friends with you, who wants to spend time with you, and who wants to have a romantic relationship with you? In your professional life, isn’t your success determined by who wants to work for you, be patients of yours and accept your treatment recommendations? Think about the person who cuts your

hair. Do you like him or her? Based on the thousands of people to whom I’ve asked that question, there is a 95 percent chance that you do like the person. Any business knows that, when the quality of the service and/or product is equal, likeability can mean the difference between failure and success.

If you’re doubtful of the importance of likeability, consider the following.

- A 2002 study by the National Service Foundation revealed that likeable customers were three times more likely to have a positive service experience than unlikeable customers. People treated likeable customers better and gave them better service.

- In a study done in 1992 at the University of Toronto, Dr. Phillip Noll surveyed fifty divorced and fifty married couples. He found that likeable people had divorce rates 50 percent lower than the general population. If both partners were likeable, the divorce rate was reduced another 50 percent.

- The Gallup Organization has conducted a poll following every election since 1960. Of the three factors—issues, party affiliation and likeability—only likeability has been a consistent predictor of the winner.

- Dwight Eisenhower was elected president of the United States in 1952 and 1956 without any political or campaign experience. His opponent, Adlai Stevenson, had extensive experience in those two areas. What was one of the primary reasons Eisenhower overcame those two shortcomings? He was extremely likeable. He was a five-star general in World War II, and his troops loved him. He carried those positive emotions over into the election with

No matter how good you get you always have to understand what it took to get you there and the people who were involved. There were a lot of people who influenced my life and shaped it. I have to say “thank you” to those people.

Tiger Woods

*The hard stuff
is easy.
The soft stuff
is hard.
And the
soft stuff
is a lot more
important
than the
hard stuff.*

Milliken & Company slogan

his campaign slogan, “I LIKE IKE.”

- Several studies have shown that likeable patients receive better medical care. A St. James University Hospital study, conducted in Leeds, England, showed that children with likeable parents received better health care, longer appointments, and more follow-up visits. A University of California study conducted by Barbara Gerbert revealed that likeable patients were encouraged to call their physicians and return for care more frequently.

UNLIKEABILITY HURTS

If likeable people get better service and have better relationships, then the opposite is also true: people tend to not hang around, do business with, follow, or support people they dislike. Consider the following:

- A study done in 1984 at the University of California showed that physicians gave less time to the patients they disliked and more time to the patients they liked.
- Alice Burkin, a leading medical malpractice lawyer says, “People just don’t sue doctors they like.” Research done by Wendy Levinson confirms Burkin’s statement. As described in *Blink: The Power of Thinking Without Thinking*, by Malcolm Gladwell, Levinson recorded hundreds of doctor-patient conversations. She then divided the doctors into two groups: those that had never been sued and those that had been sued at least twice. She found that the doctors who had never been sued (1) spent more than three minutes longer with their patients, (2) were more likely to engage in active listening by making statements such as, “Go on, tell me more

about that,” and (3) were far more likely to laugh or be funny during the visit. There was no difference in the amount or quality of the information they gave their patients concerning their condition or details about medication. The difference between the sued and non-sued doctors was entirely in how they talked to their patients, not what they said.

- The TV sitcom *Seinfeld* was hilarious to watch, but the four main characters were basically unlikeable. Jerry was a perfectionist and expected perfection from those around him. Elaine was materialistic and extremely picky. George was neurotic at best, and Kramer was just plain “nuts.” They had very few friends outside of their foursome. None of them could maintain a romantic relationship or job for long. All were single and would remain so until they became... more likeable. Last episode was a true testament to their unlikeability. They were arrested and thrown in jail for not being helpful to a person in need. At the trial, all the people they had harmed through the years came back to testify against them. The *Seinfeld* characters were funny, but I don’t think any of us would want them in our lives for long.

LIKEABILITY HELPS IN THE DENTAL OFFICE

The “hard stuff” mentioned in the slogan above is doing the clinical dentistry. The soft stuff is managing all the relationships in your practice. The soft stuff is always people-oriented, and likeability is a big part of working with and leading people. Consider the following:

- A Columbia University Study conducted by Melinda Tampkins found that success in the workplace is determined not by what you know or who you know, but by your popularity. Popular workers were seen as motivated, trustworthy, and hard-working, and received more promotions and pay raises.

- In Fortune's "Best Companies to Work For" issue, Robert Levering wrote that organizations with positive employee relationships produce 15 to 25 percent more than average companies. This occurs because the managers have a strong connection with their employees, which creates loyalty. Such employees don't need to be micromanaged, and they will look for solutions to problems because they want to see their managers succeed.

- In the 1970s and 1980s, record-setting car salesperson Joe Gerard sold an average of five cars and trucks a day. He had two rules for success: (1) "Give my customers a fair price," and (2) "Be likeable." One way he showed his likeability was to send all of his 13,000 previous customers a holiday greeting card each month. The holiday greeting inside the card varied each month, but the face of the card was the same each month. It read, "I LIKE YOU." Joe knew that if you want people to like you, they must feel that you like them.

HOW TO BECOME MORE LIKEABLE

It is true that, for some, likeability seems to come naturally. Tiger Woods is naturally likeable, and through the years he has developed certain "people skills" that help him enhance his likeability. Even if you've never focused

on likeability before, or you've had some challenges in this area, I believe that everybody can improve their likeability quotients. After all, Scrooge changed completely in one evening with the help of a few visitors. So can you—if you make likeability an important enough priority.

Answer the following questions. Be truthful; you also may want to receive some input from your friends and/or business colleagues who will give you honest feedback. Don't run away from the pain and difficulty caused by unlikeability. Just like Scrooge, you need to see the consequences of your past actions, and what these same actions will cost you in the future. In the same way, you need to get a clear picture of how much better your life will be should you focus on becoming more likeable.

- How has being unlikeable cost you in your personal life in the past? What is it costing you now? How will it continue to cost you in the future?
- How has being unlikeable cost you in your professional life in the past? What is it costing you now? How will it continued to cost you in the future?
- How will being more likeable enhance your personal life in the future?
- How will being more likeable enhance your professional life in the future?

Once you make a commitment to becoming more likeable, here are twelve ways you can do it.

1. Give compliments regularly.

Mark Twain said, "I can live for two months on a good compliment." The people around you agree with Mark, so compliment them regularly—preferably face-to-face. I feel so

***Good thoughts
not delivered
mean squat.***

Dr. Ken Blanchard

*When you're smiling,
the whole world
smiles with you.*

*"When You're Smiling," popular song
by Mark Fisher & Joe Goodwin*

strongly about regularly giving compliments that I wrote a book about it—555 Ways to Reward Your Dental Team. Be sure to compliment someone as soon as possible after a specific behavior. Begin the compliment with the person's name. Compliment a specific action. Explain why the action was important to you, and then tie a bow on the compliment by saying, "Keep up the great work!" When you give compliments, the other person wins. You do too. You become more likeable, and you harness the power a primary rule of human behavior: reward the kinds of actions you want to see more of.

2. Do little unexpected things for people.

The little unexpected things you do for people can have more power than the big expected things. Would women rather receive flowers from their guys on a special day such as Valentines Day, or would they rather receive flowers for no reason at all? Almost everyone I talk to says the latter. Why is this true? They're the same flowers. The reason is that flowers given for no reason at all are unexpected. The giver didn't "have" to buy them. Here's another example: Why do people play slot machines for hours? If they won a penny every time they pulled the lever or pushed the button, they wouldn't play long. That would be like having a job, and they already have one of those. They play because of the unexpected pay-offs.

3. Thank people.

On a regular basis, show your dental team you how much you appreciate them. Mix it up. One time, thank them face-to-face. The next time, at the end

of the day, write them a thank you note on a Post-it, so they see it the first thing the next morning. The next time, thank them when other people are around—this multiplies the appreciation effect. Then you might send a thank-you note to their home.

4. Make eye contact with others.

Have you ever met a person face-to-face, and you can tell they have been regularly ignored for years? You can see it on their faces, can't you? They either don't make eye contact with you, or they sneak a quick peek at you and then look away. When you make eye contact with these people—or with anyone you meet—you acknowledge that they are important. It's a basic a human need.

5. Smile.

Tiger Woods has a terrific smile that he flashes often. So should you. Babies smile without being taught—sometimes as early as two days old. At its most basic level, a smile signals to others that you're a friend, not a foe. Look at the covers of the lifestyle magazines. Are the beautiful people gazing out at you usually frowning or smiling? Smiling, of course. That's a clue!

6. Use impactful words.

Some words have more positive impact than others, so try frequently using words such as absolutely, appreciate, awesome, enjoy, hello, love, magnificent, perfect, sure, welcome, wonderful and yes. Use phrases and sentences such as "How can I help," "It would be my pleasure," and "I'll personally take care of that."

7. Pay attention to the tone of your voice.

When it comes to communication,

it's not only what you say but also how you say it. In fact, most communication studies show that how you say it is more important than what you say. Want to have an eye- and ear-opening experience? Audiotape or videotape your next case presentation. The tonality of your voice—and lack of it—will surprise you. Make sure your message is whole by matching your tonality with your words.

8. Send “I” messages.

The best way to explain “I” messages is to contrast them with “you” messages. Here is a sample “you” message to a teammate: “Barb, you did it again. You’ve done this over and over. You schedule us through lunch every day. We’ve talked about this several times, and you said you understood last time.” “You” messages are often about blame. Here’s the same conversation with an “I” message: “Barb, I have a concern. I noticed that we’ve been working through lunch a lot. I’m concerned the team might get burned out. Is there anything I can do to help you out with the scheduling again so this stops happening?” “I” messages create a dialogue rather than a blame session. They accomplish the result while maintaining connection with the other person. Often, the result is far better because the other person doesn’t feel alienated.

9. Listen.

Pay attention both to people’s words and the meaning behind the words. Listen until they stop talking. Take a second to formulate your response, and then talk. Interrupt only when you need to clarify something you heard.

10. Share your feelings.

Ever wondered why Oprah Winfrey

is such a popular and wealthy woman? In addition to her work ethic, drive, and intelligence, she is immensely likeable. A primary reason for this is she regularly shares her personal feelings and experiences with her audiences. She’s not afraid to be human—the good, the bad and the ugly. You should, too. Carefully done, sharing your feelings will enhance your likeability and connection with those around you. One way to do this is to use phrases such as “I’m concerned with all those big metal fillings that are crumbling at the edges.” or “I’m worried about your bad bite and the headaches it may be causing.”

11. Learn to say, “I don’t know.”

No one likes a know-it-all because everyone knows that no one knows it all. If you pretend to know everything, people will believe you about nothing. If, every once in a while, you say some form of, “I don’t know,” people will listen to you when you do know. The greatest talk show host of all time, Johnny Carson, had an endearing habit of saying, “I did not know that,” when a guest made a statement that Johnny had never heard.

12. In business, show interest in people’s personal lives.

At work, likeable people get hired more often and promoted more frequently. One way to be more likeable at work is to show an interest in people’s personal lives. The “Marcus Welby Sandwich Technique” is a great way to do this. Marcus Welby was a family doctor on a TV show that ran for many years. He was absolutely great at connecting personally with his patients before and after he began his diagnosis. Here’s his “Sandwich Technique”: Whenever possible, every time you meet a patient, talk about personal things for a few seconds. This is the top bread layer of the sandwich. As an example, “Jose, how’s your son doing in soccer this year?” Then, get to the meat of the sandwich and talk about the business at hand. Just before you part ways with Jose, slap on the bottom layer of the sandwich by saying, “Good luck in the soccer game tomorrow.”

Remember, your success in life is primarily determined by other people’s choices concerning you. Be likeable. It feels great in your heart and pays off well in your pocketbook.

The preceding was from Dr. Booth's newest book, *Tiger Traits: Nine Lessons You Can Learn from Tiger Woods to Become a Business Champion*. To order the book or learn how you can have Dr. Booth create a Tiger Traits presentation to your group, go to www.tigertraits.com or call 800-917-0008.

*Dr. Nate Booth is the author of the books, **Thriving on Change, The Diamond Touch, and 555 Ways to Reward Your Dental Team**. With Bill Dickerson, he is the co-author of the book, **How to Create an Exceptional Aesthetic Practice**. His in-office, video-based training program, **The “Yes” System: How to Make It Easy for Patients to Accept Comprehensive Dentistry** has helped hundreds of dentists do more big cases. Through his telephone coaching program, Nate assists dentists in creating the practices of their dreams.*

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