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10 Steps in Succeeding In a Down Economy

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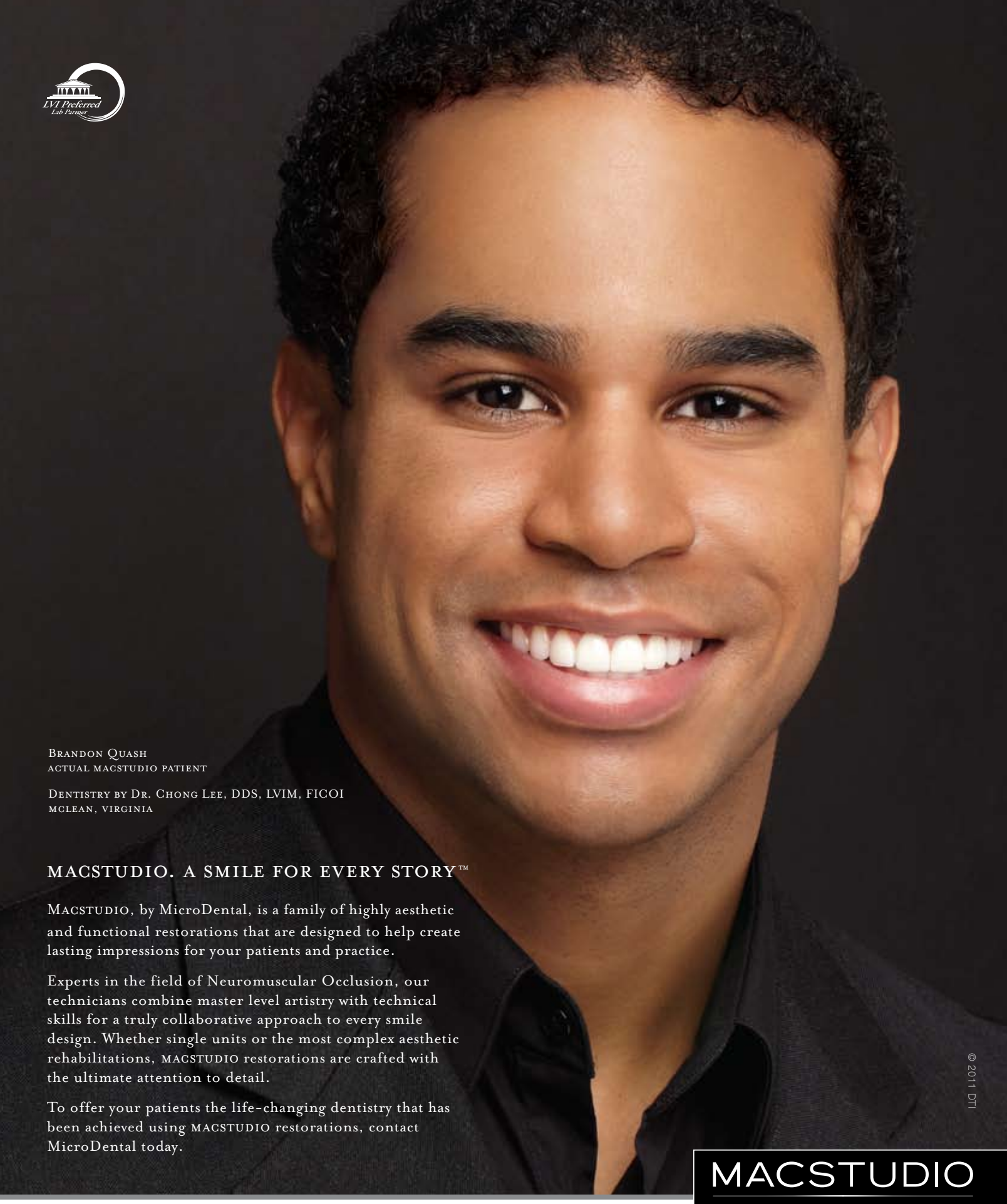

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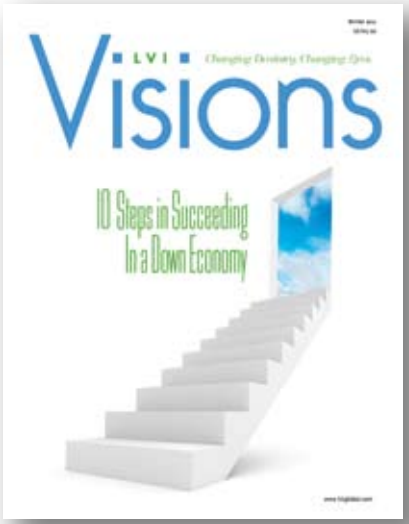

on the cover

10 Steps in Succeeding In a Down Economy

There is a saying, "if it's being done, it's probably possible!" And that holds true for the question posted in the title. I'm not saying it's easy… just that it's possible. But the big question is how? Why are some having the best year of their practice while others are forced to file bankruptcy? What is the difference between the successful practices and those that are struggling?

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IMHO

SAVING LIVES DAILY

It's well known that we in dentistry can change people's lives through cosmetic or neuromuscular dentistry, building their self esteem or eliminating a lifetime of CMD pain. I've always said we are blessed to be in a profession that is so important, where we can change people's lives for the better. There are not many occupations out there than can say that. But what is less known is dentistry's ability to SAVE people's lives. What could be more powerful than that? Of course I'm talking about treating obstructive sleep apnea (OSA) which takes the lives of so many people every year.

Most patients who suffer from OSA are unaware of this condition. To make matters worse, their physicians focus on the co-morbidities that they present with such things as high blood pressure, GERD, etc. The physician then prescribes cures for such co-morbidities without looking for a root cause. Also, statistics show that nearly 85% of physicians who are not sleep specialists do not even "screen" for OSA.

The findings in the 18-year study published in the journal "SLEEP" confirm smaller studies that have indicated an increased risk of death for people with sleep apnea, also known as sleep-disordered breathing. "This is not a condition that kills you acutely. It is a condition that erodes your health over time," Dr. Michael J. Twery, director of the National Center on Sleep Disorders Research, said. People with such disorders "have been sleep deprived for perhaps very long periods of time, they are struggling to sleep. If this is happening night after night, week after week, on top of all our other schedules, this is a dangerous recipe," said Twery, whose center is part of the National Heart, Lung and Blood Institute. The scary thing is that most people who suffer from OSA don't even know they have it.

The institute estimates that 12 million to 18 million people in the U.S. have moderate to severe apnea. The condition is not always detected because the sufferer is asleep when the problem occurs and it cannot be diagnosed during a routine office visit with a doctor. Researchers tested the patients for sleep-disordered breathing in the laboratory and then followed them over several years. The Wisconsin Sleep Cohort followed 1,522 men and women, ages 30 to 60. The annual death rate was 2.85 per 1,000 people per year for people without sleep apnea. People with mild and moderate apnea had death rates of 5.54 and 5.42 per 1,000, respectively, and people with severe apnea had a rate of 14.6 per 1,000, researchers said.

In the same issue of the journal Sleep, a separate study of 380 adults between 40 and 65 in Australia came to a similar conclusion. This study found that after 14 years, about 33 percent of participants with moderate to severe sleep apnea had died, compared with 6.5 percent of people with mild apnea and 7.7 percent of people without apnea. "Our findings, along with those from the Wisconsin Cohort, remove any reasonable doubt that sleep apnea is a fatal disease," said lead author Dr. Nathaniel Marshall of the Woolcock Institute of Medical Research in Sydney, Australia.

I would like to share a very personal experience with this aspect of dentistry. My brother was OSA positive. He had gone to a sleep physician who sent him for a PSG and found he had an AHI of 36.4 and which was 53.3 during REM sleep. For those of you unfamiliar with these terms, that indicated my brother had SEVERE obstructive sleep apnea. His lowest O2 saturation was 71%. Obviously he was in the risk category for an early death.

He was prescribed a CPAP which he hated and wasn't wearing regularly but got his AHI down to 10. But obviously worthless if he wouldn't use it during sleep. I made my brother a LVI Somnomed (lingualless), which he loved. But I had him do both CPAP and, the appliance for awhile. This was all done last February (10 months ago) and he reported that he felt great. Recently he informed me he was no longer using the CPAP, just the appliance I made him and we scheduled him to be retested. His AHI was 4.8! That's right…. NORMAL. His average O2 saturation was 95.3 with the lowest being 87%. Making it even better is that he only slept on his back 6.7% of the time but that amounted to an AHI of 18 during these times compared to his 3.9 for non supine positions (most of the time he slept on his left side). If he can prevent himself from sleeping on his back, he would be even better off.

It should be noted that we took the bite in his LVI neuromuscular position and he only titrated the appliance 0.8mm forward from that position. For those of you who treat OSA you will realize that is amazing. He has no trouble getting his teeth together after using the appliance and is totally comfortable while using it with no adverse symptoms.

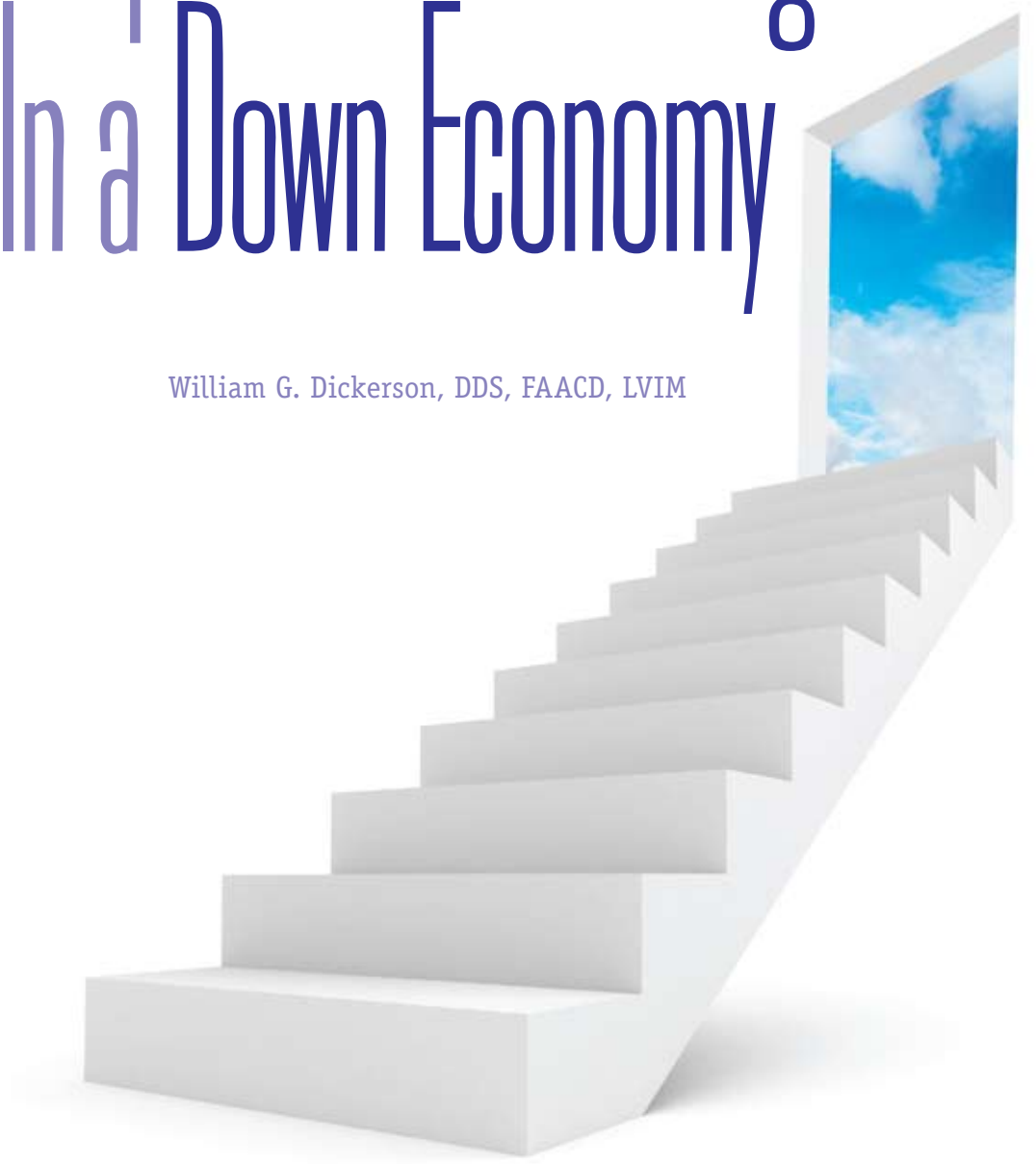
I would encourage every dentist out there to get involved in this area of treatment for your patients and would encourage all of you to take the Sleep course at LVI to learn how to do this properly. Many of you know that our tag line is "Changing dentistry, changing lives". We should add… "Saving Lives"!

Bill

William G. Dickerson, DDS, FAACD, LVIM

10 Steps in Succeeding In a Down Economy

William G. Dickerson, DDS, FAACD, LVIM



Is it Really Possible?

There is a saying, "if it's being done, it's probably possible!" And that holds true for the question posted in the title. I'm not saying it's easy… just that it's possible. But the big question is how? Why are some having the best year of their practice while others are forced to file bankruptcy? What is the difference between the successful practices and those that are struggling?

I got a call from a dentist telling me that he was thinking about filing for bankruptcy because the people in his area didn't want good dentistry. I knew another dentist right down the street from him that was doing incredibly well so I knew it wasn't about the people as much as the dentist. So I set out to find out individually from ten dentists who were doing incredibly well in the struggling economy why they thought they were doing so well when others were not. What I found was that there was a common explanation between each of them even though they had no idea what the other nine had told me. I have synopsized their common responses into the following description of what they told me. What follows was their explanation of why they felt they were different.

Comprehensive Dentistry.

What all of them told me was that it was the fact that they were able to provide comprehensive neuromuscular dentistry (yes, they were all LVI alumnus) was the main reason they were doing so well. One dentist said, "More home runs, less singles and doubles". Their point was that even though they may not have been as busy, they were able to attract those people who needed and wanted comprehensive restorative dentistry. The skills they have acquired through post graduate education had provided them with the confidence handling these cases when in the past they would have referred them out or worse, never even diagnosed them. Remember, you can't diagnose what you can't see and their eyes had been opened by the amazing world of dentistry made available to them by their education. Truth is, that in today's economy, it is the quality oriented businesses that are actually doing better than the cheap ones. And it is those offering quality, life changing, pain eliminating, TMD aesthetic treatment that are the practices doing the best.

2 Ignore the bad times.

One of the doctors told me that he asked his team why they were slow and they told him it was the economy. He told them he didn't want to hear that. If you make the excuse that it's the economy, then you take success out of your control. There is nothing you can really do about it so you won't do anything. That is the sure way to fail. Those that were successful said they didn't let the fact that the economy was down stop them from doing the necessary things to succeed. They worked as hard ON their practice as they did IN it. In fact, if things are slow, they spent the extra time working ON their practice… doing the things necessary to improve their practice.

3 Be a leader.

It was apparent to one doctor that he was dragging his team down with him because of his negative attitude about what was happening. Remember that attitude is the one thing you have total control over. It is YOUR decision to be negative or positive… happy or sad… a pessimist or an optimist. When he decided to change his attitude, the attitude of his team changed and so did the results of the practice. Remember, if you think you can or you can't, you're right. It becomes a self-fulfilling prophecy. It is so important that the doctor remain the leader of the team, believing in their goals and keeping the positive attitude about the practice. Once pessimism creeps in, it usually kills the practice.

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4 Consistency and being system driven.

They all said that they were system driven. They all didn't have the same "system", but they all had "systems" in place that every patient went through. I truly believe this is critical. If you treat patients on a fly by night basis, altering the process depending on the patient, time available, or mood of the practice, then failure is more apt to happen and important things will fall through the cracks. Develop systems in your office that guarantees success. It seems those alumni of LVI that are the most successful have brought in consultants that helped them develop systems in their office.

5 Team enthusiasm.

Every doctor interviewed said they owed their success to their team. They said that their teams were totally behind their mission and goals; that it was their enthusiasm for what the practice was doing that translated into success. The question is, is your team enthused? Do you have the right people on the bus? Do you take them to motivational educational programs with you, like the IACA or Dyanamic Team Program at LVI? Do they understand the importance and value of what you can do for your patients? Remember that your patients usually relate better to your team than they do with you, and them being 100% behind what you are trying to do for your patients will make them more comfortable in your treatment plans. I can't stress the importance of having the team totally on board. It's critical.

6 Give them the option to say no!

This seems counter intuitive to many of you, but it's also very important. No one wants to be sold something they don't need. The worst thing you can do is get into a hard sell mode or an elitist, all or nothing attitude. It's your obligation to diagnose the best for your patients, as if it were your mouth, but it's entirely their choice to decide if they want that treatment done. And they need to be told that. Just like a cancer victim can refuse treatment, so can your patients, no matter how important you think the treatment is. It's completely their right. You should tell your patients that you are going to diagnose their mouth as if it were your own and that it's your obligation to diagnose what is best for them. The bottom line is if you diagnose their mouths like it was your own, and you won't do anything in their mouth that you wouldn't do in your own, and you mean it… then you've taken the largest step in developing trust with the patient. But it's also important to let them know that it's entirely their choice if they want that treatment or not. Once you have taken the "pressure" away, patients will be more apt to do what is best for them in regards to dental treatment.

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7 Customer service.

Anyone who has heard me speak before knows that I stress that we are in the service business, not the product business. People's perception of you is based on the experience they have in your practice, and that is almost entirely the "service". Every one of the doctors I interviewed felt their customer service was superior to any other dentists. This 5 star service was the cornerstone of their practice. You can be the greatest dentist in the world, but if the patient's perception is that you're sloppy because your office is dirty or you make them wait for their appointment, their faith in excellence in your skill level is lost. We all know dentists that are not particularly good dentists who have thriving practices. It's because of the service they provide and the experience the patient goes through while in the office. Remember, they have no idea what kind of bonding agent you use, or how good your margins are… all they know is what they perceive as they go through the experience of getting their dental work done. I'm not saying that your dental skills are not important as they are and help build confidence which is also important… but 85% of your success has nothing to do with your clinical abilities. Wrong or right, it's the way it is.

8 Make time for your comprehensive exam.

They all expressed the importance of a comprehensive exam and having the time to do it properly. None of them did their initial exams in the hygiene operatory and they all scheduled at least an hour for these exams. It's critical that you have the time to educate your patient on their problems and the answers. If they do not "own" their dental problems, you can talk until you are blue in the face and they still won't have any treatment done because they don't think they have a problem. Therefore it's critical to be able to have the time and tools to educate the patients to the concerns you have with their dental health.

9 Give them only two options.

The problem with giving them three or more is the Sears rule comes into effect. It is human nature that people will usually pick the middle category of a purchase. They don't want the cheapest, but they can't justify the most expensive thinking a lesser alternative will work. When you offer two options (and I don't believe you should ever offer a "bad" option) then they will usually pick the best. So again, what would you do if it were your mouth? What would be the best treatment you would want and what would be the least you would settle for. Present those and acceptance of the best will be higher. And one should never feel guilty about offering the best. When I was young my dad would always buy the best. The best lawnmower, the best vacuum, etc. We didn't have a lot of money and I asked him why, when we don't have a lot of money, he would always buy the best. He told me that because we didn't have a lot of money he couldn't afford to buy anything but the best. Point being, you usually get what you pay for and when you buy a cheaper product, it doesn't last as long or do what you wanted it to do and you end up spending more money in the long run anyway.

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10 Up the marketing.

They all said that when things got slow, they actually upped the marketing instead of cutting it. The normal response for most of you would be to cut the marketing budget because you are not making as much. But the successful dentist realizes that marketing is an investment. If they had a valuable service to offer then it was important to let the public know about that valuable service. Remember, most patients have no idea what you can do for them. They have no idea, that if you are a neuromuscular dentist, you can dramatically change their life by getting rid of a lifetime of pain. They have no idea that most likely their migraines they have been suffering with can be eliminated. They have no idea that the neck pain and back pain they have been working through for years can be stopped with the simple introduction of a bite appliance. They have no idea that you can help them with their sleeping problems and literally save their life. So it's critical that you tell them that you can help them with these issues. If not, they will never know and you will not be able to experience the wonderful and rewarding aspect of your profession that changes and literally saves the lives of your patients.

You can take this advice from those that are flourishing in this economy or you can assume that you can't do what they do because of this reason or that reason. My question would be.... Why not? Again, if it's being done, it's probably possible. Ask yourself what they know that you don't. Ask yourself what you can do to become the type of dentist that they are. What is preventing that?

And to reiterate what I said earlier, your attitude is the only thing in life that you have total control over. Develop a good one and good things will follow. What's the worst that can happen... and what if it doesn't?! Your success is your choice. This is a road map of the tools that successful dentists have proven to be useful. How are you going to use them in your practice?

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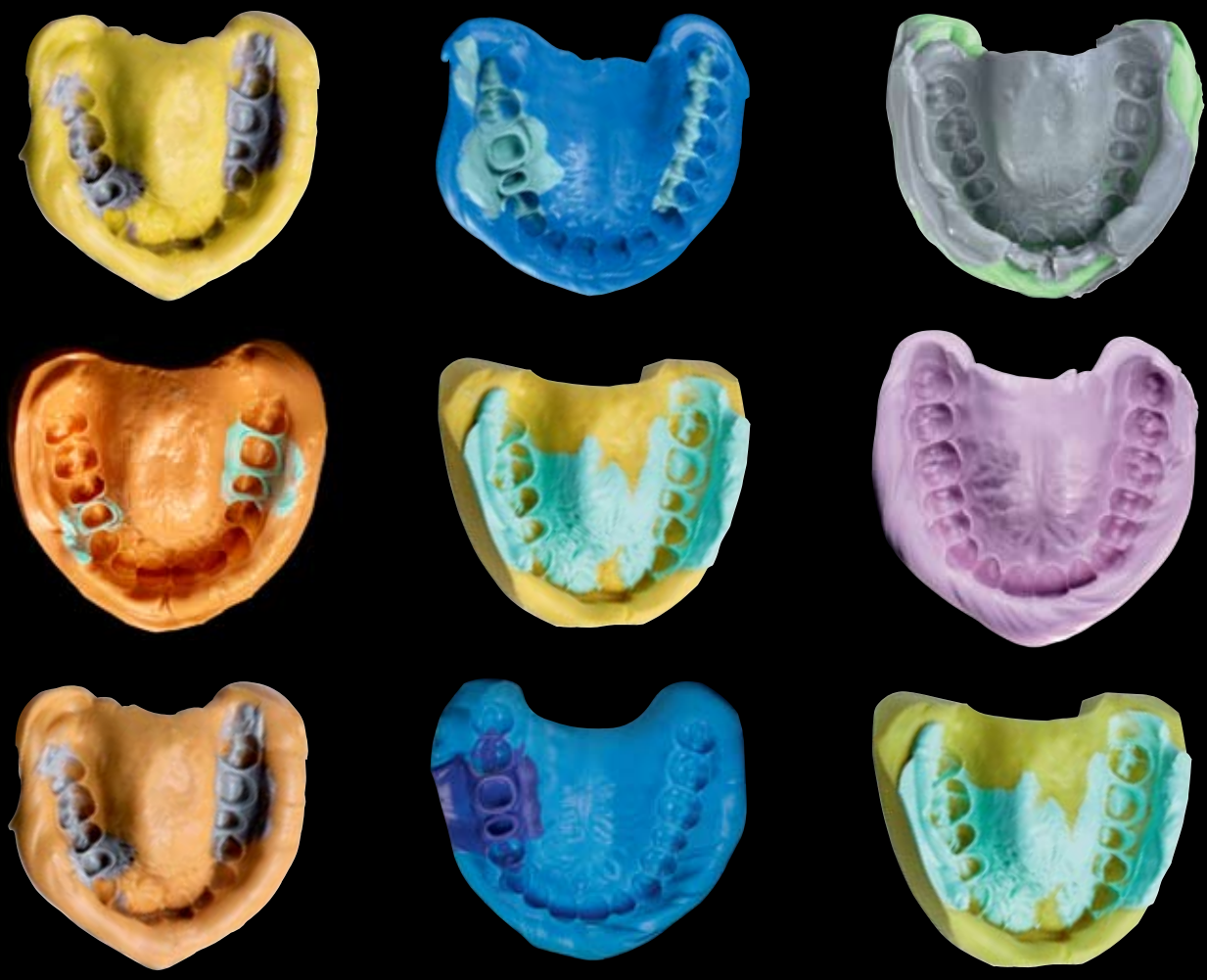

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Assessing Your Practice Performance **"Measuring Success"**

Sherry Blair, Dental Management Consultant

It's the beginning of a new year and as we reflect on the previous year's success, we review those areas that worked really well, and any which may require us to take action. Being informed about the real drivers in your practice is critical in achieving even higher results for the upcoming year. It's even more critical with our current economic climate.

Operating a successful practice involves tying a number of different strings together. Do you have the right team, the right system, and the right clinical skills; is your marketing plan working? These are all important, but to really maximize their performance, it's essential to track progress.

As you reflect on last year use the following steps to help streamline the process:

Establish an Open Mind:

Be willing and open to the possibility that your current approach is wrong, especially when there is some resistance, with lots of mistakes, complaints (from both patients and/or Team). It's not always a quick fix of a new team member. It may be a system problem, or lack of skills or technology.

Reality Check:

Define the current reality clearly and exactly. When doing so the solution will often present itself easily or at least the first step needed. This requires being absolutely honest with yourself and your team what the situation is - right here, right now. Not the way you wish it would be. This of course can be done simply by looking at your numbers. Numbers don't lie. If you don't like these numbers, don't blame anyone - you may have a broken system, not a broken person.

Restructure the Process:

Identify which parts of the process are directly related to Patient Care meaning they directly add value to what they will pay for. You can then identify the business value - employees, overhead, and technology. Restructure any area of concerns being sure to use the correct resources. If it is clinical or technology - what courses could you take to best help in these areas. If it is customer service, or patient care, what resources are available for improving our internal marketing? If it is Team - what resources do we have at our finger tips to develop team growth or proper recruitment? Don't overlook the importance of having the proper systems when it comes to internal marketing and team development. Having a great New Patient Experience and productive team business meetings are two systems that can play a big role in both areas. What are you resources for a practice coach to work with you and your team on those systems?

Implement and Monitor:

Now that you have the new process, don't lose momentum. Implement your control indicators and explain to the entire Team how they work. When the process starts to get out of kilter, you will know where to look to fix the problem. No more getting to a crisis before changing the process.

Repeat the steps with each area of the practice, moving on to the next process. Make the necessary changes, revisit the process, and amend accordingly.

A review of your business will identify any areas which are working really well and of course any that will require you to take action. The New Year is a perfect time to do so. Be clear that real success is sustainable. It lasts and it happens in any economic climate - in spite of external influences - and it is not exclusive to soaring economies. Businesses that survive and thrive in tough times are those which adopt an attitude of discovery rather than resistance.

Being informed about the real drivers in your practice is critical to achieving results and optimal utilization of all your resources available to you.

10 PERSONAL WAYS TO SAVE MONEY

1 INVEST IN YOUR CAREER AND EDUCATION

2 PRICE CHECK
before expensive purchases

3 CONSERVE ENERGY
Turn off lights and unplug electronics

4 Budget!

5 Don't Spend on things that won't give you an ROI

6 BUY IN BULK

7 Sell unused stuff

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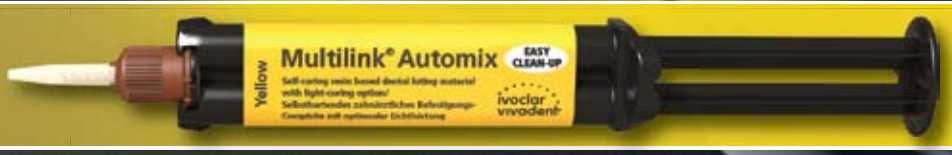

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ask Heidi

Q

Dear Heidi,

I want to keep my current team…however, I am not sure I can afford them any longer. Our production/collection is down for the year and I am nervous. Can you give me some advice to keep things rolling until things take an up-swing?

Help!

Dr. S.

Memphis, TN

A

Dr. S,

Unfortunately, many offices are experiencing the same thing that you are. Without seeing the specifics of your office, this is a tough question to answer. I commend you for taking steps in order to keep your existing team in place. Because of the relationships you obviously have with your team members...I'd suggest the first thing you do is to let them know what is going on!

Many times team members have no idea about the finances of the practice. They may think things are "just fine." If you share your concerns, you may be surprised how they pitch in to come up with ideas that can help your office. Perhaps they can look at budgets and see unnecessary items that can be cut. They might consider ways to reduce expenditures, such as buying in bulk. Knowing things are down, they may also come up with creative ways to boost productivity...or possibly work harder to collect your fees up front. I think together you will come up with a wonderful plan!

Keep us posted...

Heidi

Q

Dear Heidi,

As the office manager one of my jobs is to pay the bills. Our office credit card bill is off the charts. Some months I am unable pay the balance. The doctor does not seem nervous about this…that is why I am writing you…I am VERY NERVOUS about it! If we cannot pay this bill and it keeps getting bigger and bigger we will be in trouble! What should I do? How can we solve this issue?

Thanks for your advice.

Renee

Toledo, OH

A

Renee,

That is a scary situation indeed. Whether on a personal level or a business level...credit card debt can be VERY serious. I agree with you that it needs to stop now! I would suggest that you sit down with your doctor and share the reality of the issue...then, suggest how to deal with the issue. If you present the issue to him/her without solutions, it may fall on deaf ears.

Let me help you with some solutions:

1. Assess the debt: What is it for and are the expenditures necessary?
2. Create a budget: Everyone must adhere to it!
3. Cut Spending: Lower your bills and expenditures.
4. Start Saving: avoid NEW debt.
5. Attack the debt: Pay off as much as possible , as soon as possible.
6. Consolidate the debt: By doing so you can lower the interest rate.

By putting some of these solutions in place, Renee, you will be able to get a grip on this debt before there is no turning back.

Lastly, one rule of thumb I have for myself is...If I can't afford it, I don't buy it! If you think of this every time you are about to purchase something...you may change your mind about that purchase right away!

Good luck!

Heidi

Q

Dear Heidi,

My team is paid on 'piece of the pie'…so, when the office makes more money, they do as well. My team loves this way of payment, because they are virtually 'part owners' of the practice and they have an incentive to increase the office production and collection. In saying this, the first quarter of the year, I always give them some type of 'gift' to reward them for the past year and all of their hard work. After many years of doing this I have completely run out of ideas. If you have any…please answer my mail!

Bart

Miami, Fl

A

Bart,

I have an AWESOME idea for you...we use it here at LVI for our team... you can look into it at... www.loyalpatientsinc.com. Loyal Patient™ Rewards is a great way to reward your team or your patients as well. With this system they can save between 10-16% off the lowest published price on 150,000 brand name travel, entertainment and merchandise rewards.

Check out the website for details. We use it ALL YEAR LONG and our team is excited about it!

Hope your team and your patients enjoy this system as well.

Heidi

Loyal Patients inc™

practice slowdown

For several years now I have heard from dentists all around the country how their practice productions are off 20-50%.

Some have let team members go, others have closed satellite offices, reduced expenses, reduced working days, took out loans, dipped into saving accounts to carry their overhead, etc. It has certainly caused a lot of panic not only for the near retirement dentists (who rely on selling their practices for retirement income), but also for the younger dentists who have educational expenses to pay off. From 2002 to 2007 it was fairly easy for anyone to do a lot of "cosmetic" dentistry. Money was flowing. 401k plans were doing well. Housing prices were up leaving equity to be borrowed against for elective procedures. Credit cards had higher limits, loans were much easier to acquire, more people were employed, and loan companies approved higher finance amounts for dental needs.

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Soooo, welcome to the New Economy!

Patients are putting off elective procedures because either they outright cannot afford it or perceive they cannot because they were not properly educated as to their treatment and/or financial options. The current era of dentistry (for most of us) has returned to performing general dentistry. This recession is very deep and protracted compared to past ones. Those existing or prospective patients who still are employed are paying off debt and are cautious because they are unsure of their future employment status. Many dentists choose to offer a fee reduction for some cases so that they can fill that empty chair in their down time.

Eventually, the dental Gods willing, we may emerge from the current economic woes. But in the meantime, in order to financially succeed in this climate, I believe one must become the "super dentist", i.e., one who is trained in multiple disciplines so that more options can be presented to the patient and more treatment done in-house. One does not obtain this skill and knowledge overnight, but rather intelligently plans for it. Many dentists are finding they are staying productive by doing child and adult orthodontic treatment. Neuromuscular dentures have found a niche in many offices, which have provided significant income for a number of dentists. Dental implants (surgical and restorative) have also been a significant source of productivity for many. The same is true for endodontic therapy. Dental sleep medicine and cranio-mandibular therapy has proven to provide significant income to many practices as well.

I believe that it is important that we become mouth doctors, instead of being tooth mechanics. We must look at the whole person and be able to connect the dots as to the causes of our patient's disease(s).

If you are limited in the services you provide, the patients who come through your door must be a perfect match. If your marketing is not dead on to bring you that very specific patient, your only choice is to broaden your education, which will enable you to provide additional services. Use this down time constructively and redefine your educational base. That way, you have a much wider repertoire of services to match a wider scope of patient needs. This approach provides more billable services to help to heal the bottom line! A great place to start learning how to diagnose and treat many of these problems is at the Las Vegas Institute for Advanced Dental Studies (LVI). LVI offers a wide range of programs covering periodontics, dental materials, occlusion, restorative dentistry, full mouth reconstruction, implants, bone grafting, endodontics, dentures, lasers, anatomy and physiology, dental sleep medicine, patient communication, management, laboratory courses, team member courses, and so much more.

LVI has a reputation of continually evolving as new knowledge comes to light and it is quickly integrated into all the courses to keep you up to date. They even offer a payment plan to help you get the much needed education now.

What you may experience is a reawakening of your passion for dentistry.

Expanding your learning allows you to help people in ways that others in the profession have never even dreamed of. Perhaps this economy is simply the wakeup call to hone our skills and to make us even better dentists than before. And when that occurs, it adds a new enthusiasm for what we do. Work then becomes a pleasure, not drudgery.

Lastly, make sure your case presentation skills are also as honed as your clinical skills.

Take this time to change your team, and educate them as well. Make sure you have the right people on your bus that can help to move your practice forward. Learn languaging skills such as taught at the Prime Speak courses at LVI. Case presentation then is made easy and leads your patient to make a thoughtful decision.

It is time to change our attitudes, and focus on the things that will make us successful here and now.

Wishing for the good old days will not help you redefine change to accommodate the dentistry of today. So use the resources LVI has to offer. Make that decision today to take a leadership role in your practice and move ahead towards professional fulfillment. What I have learned through the years is that becoming proficient at more aspects of dentistry not only gives my patients more choices, but provides me with better skills to serve my patients. Having a broad base from which to draw allows me to provide my patients with the best dental care possible.

Stephen E. Burch, DDS
LVI Master of Neuromuscular and Aesthetic Dentistry,
Diplomate: International Congress of Oral Implantologists,
Fellow: American Academy of General Dentistry,
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- William Dickerson DDS, CEO of LVI Global

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- Bill Williams, DDS MAGD

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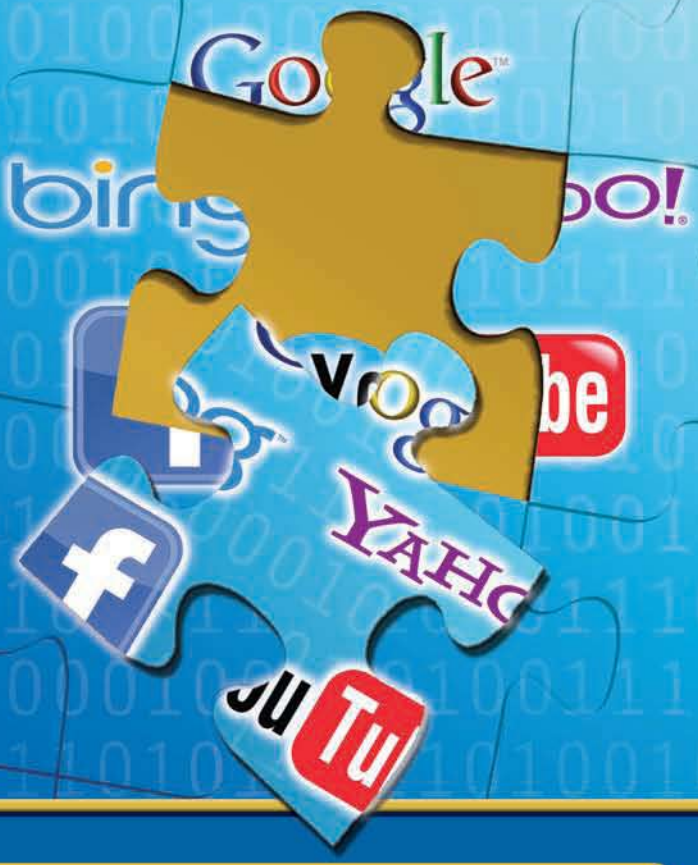

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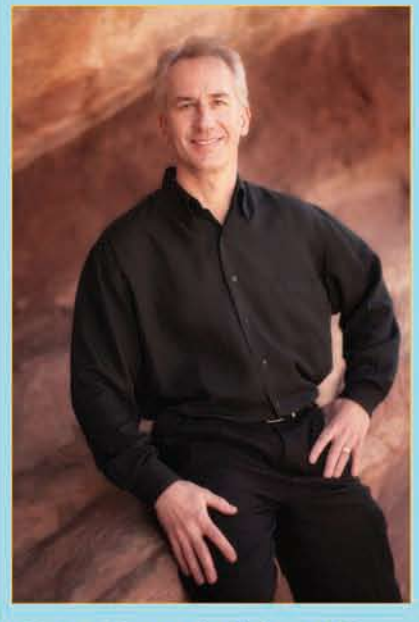

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15 THOUGHTS ON INVESTING

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

1 **Price Matters** – the price of a stock is based in large part on the earning of a company. The price that the investment trades at could be disconnected from the true value of the investment.

2 Beware of Crowds at the Extreme – Following the crowd in making an investment decision can be a costly error. Emotion can be a poor indicator of good value.

3 It is important that the investors gauge their risk carefully. All investments have risks.

4 BEWARE OF INVESTMENTS THAT SEEM TOO GOOD TO BE TRUE – ***THEY PROBABLY ARE.***

5 Typically the higher the yield on an investment the higher the risk to the investor.

6 "The Market" has the potential to remain irrational longer than an investor can remain solvent.

7 Typically a rise in interest rates will lower the value of a bond.

8 SECURITIES IN A BROKERAGE ACCOUNT ARE NOT COVERED UNDER FDIC.

9 HOPE IS TYPICALLY NOT AN EFFECTIVE INVESTMENT STRATEGY.

10 IRA withdrawals are subject to ordinary income tax and may be subject to a federal 10% penalty if taken prior to age 59½.

11 A 401k is a retirement vehicle that allows employees to defer income on a pretax basis. Withdrawals are subject to ordinary income tax and may be subject to a federal 10% penalty if taken prior to age 59½.

12 Under the current tax code many investors may pay a lower tax rate on capital gains than on their earned income.

13 PAST PERFORMANCE IS NO GUARANTEE OF A FUTURE RETURN.

14 Investors should pay as much attention to their debts as they do to their investments.

15 One of the main purposes of life insurance is to cover both existing and potential liabilities.

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What Our Patients WANT…

Long Term Health.

I recently heard a speaker say that the key to a successful practice in this down economy is to give patients exactly what they want. What we disagreed completely on was what that meant. He suggested that you ask them what they want and then give it to them. That is what will make them happy and you prosperous. The problem with that way of thinking is that we are now abdicating a large portion of the diagnostic responsibility in the hands of our patients. That would work out great if pain was a good indicator of current and future dental problems, but it isn't. Periodontal disease virtually never hurts, most decayed teeth rarely even give a hint of the problem until it is far too late, and many cracked teeth sit there quietly until enough force is placed on them to split them in half. All of these problems are preventable and our patients are counting on us to prevent big problems.

Kent Johnson,DDS

It is true that if you ask your patients what dental work they would like, unless they are in pain the answer is going to be invariably, NOTHING. Even if they have no particular fear of the dentist, dentistry can be expensive and inconvenient. But even more our patients do not want to lose teeth to periodontal disease, have root canal therapy because of decay that had invaded the pulp, or suffer the pain and inconvenience or even lose teeth to fractures.

We even fool ourselves into thinking we are doing our patients a favor by not recommending necessary treatment. I heard a colleague's story of a temporary hygienist working in his office and he said to mark down a "watch" of an old amalgam.

We even fool ourselves into thinking we are doing our patients a favor by not recommending necessary treatment.

The hygienist wrote:

WIG, meaning "watch it grow".
He said that's not what I meant.

Then she wrote
WIB, meaning "watch it break".
He said "That's not it either"

Finally she put,
WID meaning "watch it die".

At that point he said, "Okay, I get it.
I should just diagnose and treat the problem.

It is rare that a patient will say they would like a porcelain onlay. But would they choose it over a RCT and a crown? Would they choose it over an extraction, implant placement, bone graft, abutment placement and a crown? Of course they would, they just need to be given that choice.

Here is another choice that patients do not always get. Would they prefer to do a quadrant of onlays in two visits with two times being numbed up, or would they prefer to do it in 8 visits, having to go through the inconvenience of fitting 8 visits into their schedule, worrying about 8 dental visits and having to be numbed up 8 times? It almost sounds silly when it is put that way, but that is precisely what happens on a daily basis in our offices. When given the choice most patients would choose doing as much dentistry as possible in the fewest visits. With the use of sedation in our practices, even though these visits might be much longer than they are used to, they do not have to be in the least bit uncomfortable.

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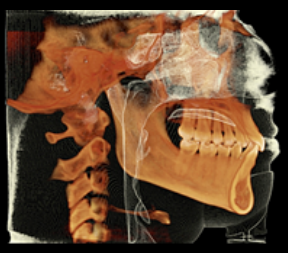

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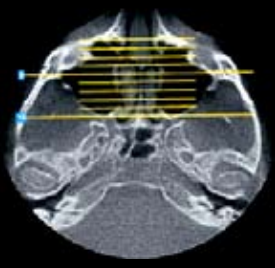
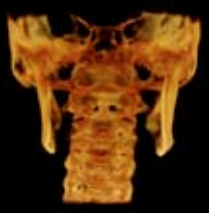


Paranasal Sinuses



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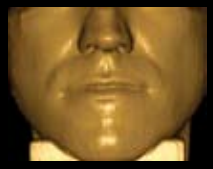
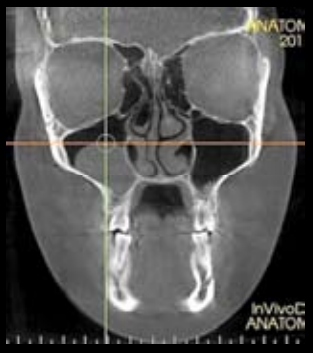
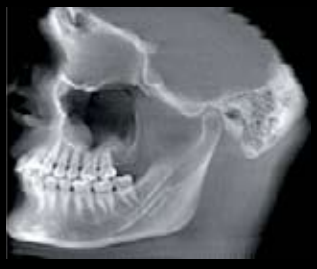


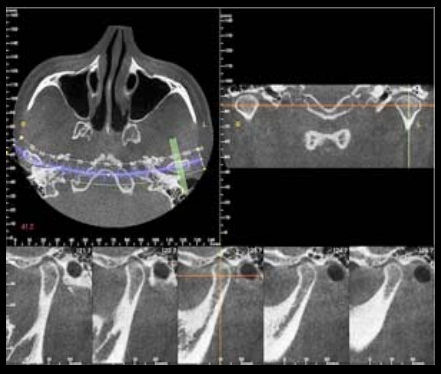
Soft Tissue Filters



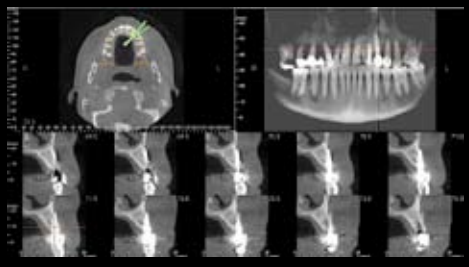
Maxillary Sinuses

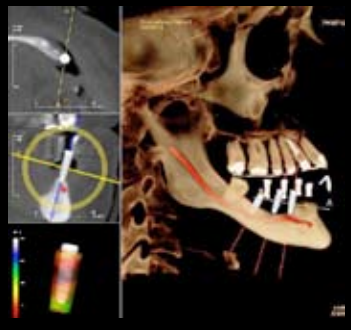


TMJ's, Maxillary Sinus Pseudocysts



TMJ's, Deviated Septums





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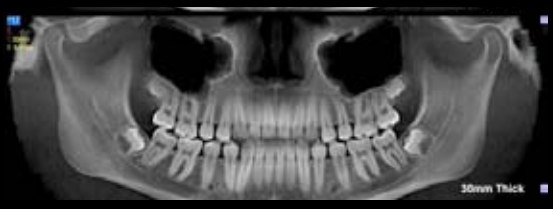

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In the May 2002 Issue of Dentistry Today it was stated that:

> ***"Under diagnosis and under-treatment are widespread in American dentistry. The reason for this shortcoming is our profession's tendency toward immediate versus lifelong thinking"***

We as a profession are dropping the ball when it comes to giving our patients the best care possible.

In a May 2007 article in Dentistry Today entitled
"The epidemic of Cracked and Fracturing teeth" it indicated that

> ***"Cracked and fractured teeth are now the third leading cause of tooth loss in industrialized nations. Endodontists are reporting that cracked teeth are now replacing carious teeth as causative etiology in…patients referred for endodontic treatment."***

We as a profession are dropping the ball when it comes to giving our patients the best care possible.

It is no longer adequate for dentistry to provide supervised neglect of dental, periodontal and occlusal diseases in their early stages simply because patients are not asking us to look for those early changes.

People are living longer and keeping their teeth longer. It is more important than ever that we protect as many of the teeth and as much of the tooth structure as we can. The dentistry we do today must be the most conservative, long lasting we can provide.

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The great "void" in dentistry

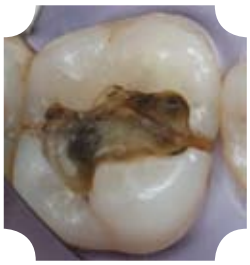
In a 2007 ADA survey it was noted that 61% of the dentists said that the number of patients in which they were placing amalgam on was decreasing. This is a positive and growing trend. According to Bruce Crispin (Compendium) the alternatives for most dentists in this country are either large fillings that are difficult to contour or crowns that are significantly more invasive to place.

"It is the author's opinion that conservative inlays and onlays are significantly underused restorations. Gordon Christensen agrees in his JADA article "A void in U.S. restorative dentistry"

Unfortunately, many dentists have replaced amalgam fillings with composite fillings and are placing them basically the same way. This has led to disastrous results in many practices with sensitivity problems and premature failures.

Ron Jackson teaches in Core III, an LVI Program, that there are limitations on the proper placement of posterior composites. They include: difficulty getting a proper contact, shrinkage of many composites and necessity for proper isolation (most often a rubber dam). No matter how much you light cure a composite, it is still only going to polymerize 60% of the material. This means 40% will never cure and contributes to the weakness of the material.

An indirect restoration on the other hand, whether a lab processed composite or a lithium disilicate porcelain (E.Max) will provide many significant advantages. The lab technician can create an ideal contact on his lab bench without any access or time constraints. When the restoration is placed the only shrinkage is going to be from the minute amount of composite at the margin, and the strength of the material will be anywhere from 4 to 10 times as strong as a direct composite.



***A good example of* WIB**

A well placed composite in an appropriately sized restoration could last the lifetime of the tooth. If it is placed poorly or in an area that is subject to extensive chewing force, it becomes a long term temporary.

Suresh Nandini stated in a 2010 article in the Journal of Conservative Dentistry:

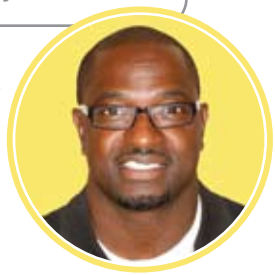
"While the newest direct composite resins offer excellent optical and mechanical properties, their use in larger posterior restorations is still a challenge… it is observed that the adhesive interface is unable to resist the polymerization stresses in enamel-free cavity margins. This leads to improper sealing, which results in microleakage."

just one question

How do you keep overhead down in your practice?

"It's not about cutting costs; it's about providing a service that allows the office the revenue to provide the BEST for our patients."
Patricia

"Creating budgets."
Jeffrey



"Having brainstorming meetings to improve efficiency."
Melody

"Largely by increasing production… the hygienists in our office are the "MVPs", meaning the most versatile players. We are all cross trained."
Megan

"My focus is on what I can control over production. Increase my skills (LVI), take care of my patients, and empower my team. An increase in production automatically decreases the percentage of overhead."
Anne-Maree

"With payroll being my biggest overhead expense, we were all willing to cut our hours a little bit on slower days to allow everyone to keep their job."
Haley

"Bulk ordering."
Sherri

"Reduce insurance involvement."
Stanley

How many patients would choose the left side over the right side if they were given the choice?

On the other hand:

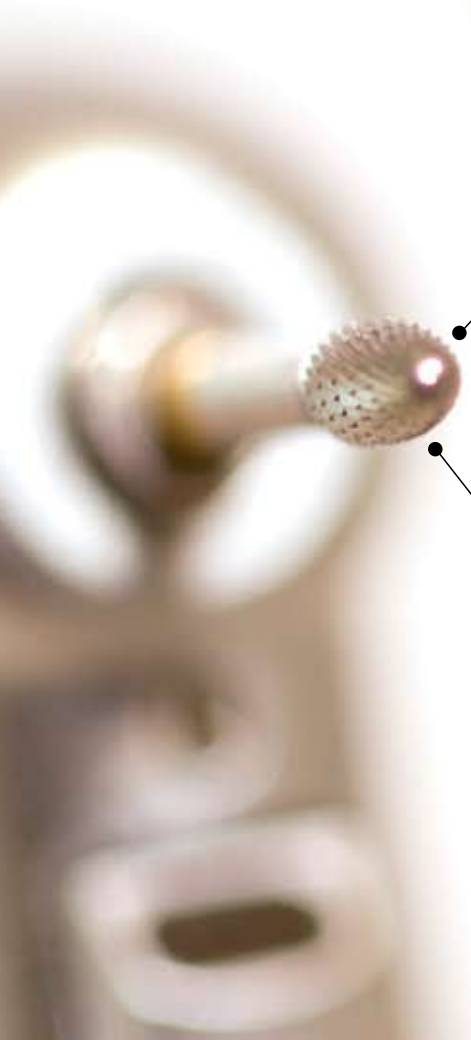
A properly fabricated indirect restoration is wear resistant, esthetic, and relatively less prone to postoperative sensitivity…. additional clinical benefits include precise marginal integrity, ideal proximal contacts, excellent anatomic morphology, and optimal esthetics

Esthetic onlays are far superior in almost every way to a direct composite, but yet are underutilized in almost every practice in our country. Sometimes it can be because of not knowing how to properly place one. That can easily be fixed by attending Ron Jackson's Core III course conducted exclusively at LVI. The other reason is usually financial. They are much more expensive than a filling and it is usually going to require the patient to pay more out of pocket.

Filling the void

How do we fill this void if our patients are not asking for it? The best way by far is using principles taught by Michael Sernik in his PrimeSpeak course held at LVI. That is if you want to get your patients to choose the best long term option for their dental care, it is critical that they have a complete and full understanding of the damaging consequences of doing nothing. Once the patient is aware of the problem as well as the possible negative consequences of doing nothing, it will become a high priority for that patient. It is okay to be enthusiastic about our restorations, but don't expect patients to share our enthusiasm. They will; however, go to great lengths to prevent problems with their teeth.

Trim to Finish in One-Step!



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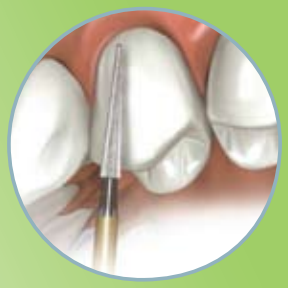

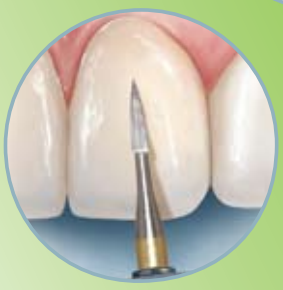

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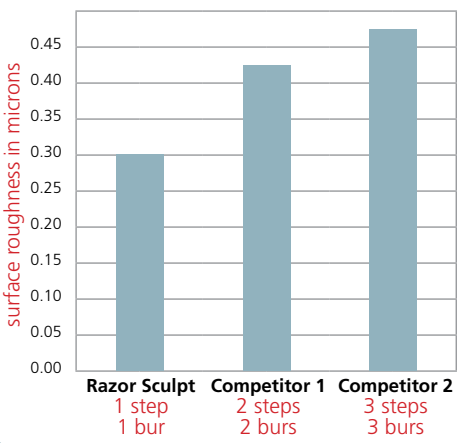

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It might be common for you to describe a failing amalgam as a "leaking" filling, or an "old" filling or caries, or even decay. The patient has no real emotional response to that and might feel as if you are trying to talk them into a lot of expensive dentistry if multiple restorations are treatment planned.

It is more accurate and far more descriptive if the description of the situation could be as follows: This tooth on the upper left has a 5mm crack on the back side that disappears under the gums. There is a gap between the filling and the tooth with bacterial colonies that are invading the tooth and burrowing towards the nerve.

That tells exactly what is happening to that tooth and opens a dialogue as to what is likely to happen to that tooth if nothing is done.

We have a moral obligation to educate the patient on their conditions, then we need to help them to really understand the problem.

This approach to treating your patients is a big win for everyone. The patient gets better long term care and the dentist is doing more needed dentistry on fewer patients. Many of us are rightfully concerned about the economic well-being of our practice. It can become a significant focus for us. It is possible that the solution is right in front of us by actually giving our patients exactly what they want, which is a mouth full of healthy teeth restored close to their original form and function with conservative, long lasting, beautiful restorations.

Richard Collier in the July 2006 JADA noted: If you must obsess about something, make it your patients. It is amazing how dentists who focus most on what is best for their patients find that the money follows.

A case study by Harry and Rutter et. al, for the Journal of Medical Education, has shown that the most gratifying aspect of dental work is interaction with the patient and being able to help the patient to the point where they are satisfied. Not only is properly treating a patient beneficial in promoting the practice, but it provides a moral reward that reminds dentists that they are helping people, not just servicing teeth.

Filling a void in your practice

Many dentists are complaining of a downturn in their incomes, while at the same time allowing "an epidemic" of undiagnosed disease to continue in their patients' mouths. Perhaps rather than spending more money on marketing to bring in more new patients, a better solution would be to treat all the disease that is currently presenting in your existing patients.

In a recent article by Dan Barton he states: Three of the most common causes of job dissatisfaction for dentists are all interestingly enough, time related. Most dentists we spoke to, interviewed and studied, expressed that working under constant pressures, keeping to appointed schedules, and conflicts between profit and ethics are the leading causes of stress in their life. Due to rising overhead expenses, dental practices need to schedule in clients on a tight timetable that does not leave a lot of time to focus on clients' distinct needs and concerns. This work environment means that practitioners are placed in a position whereby they must sacrifice quality of care provided for quantity of patients serviced.

By focusing more on the long term health of the teeth for each patient you will find yourself doing more quadrant dentistry and fewer single teeth. This allows you to slow down enough to provide the exceptional service you want to give each patient and yet still maintain your financial goals. The patient gains by spending far less on their teeth by taking care of problems early, rather than waiting until it is a bigger, more expensive problem. You are able to solve many of the challenges you face in your practice by simply giving our patients what they really want.

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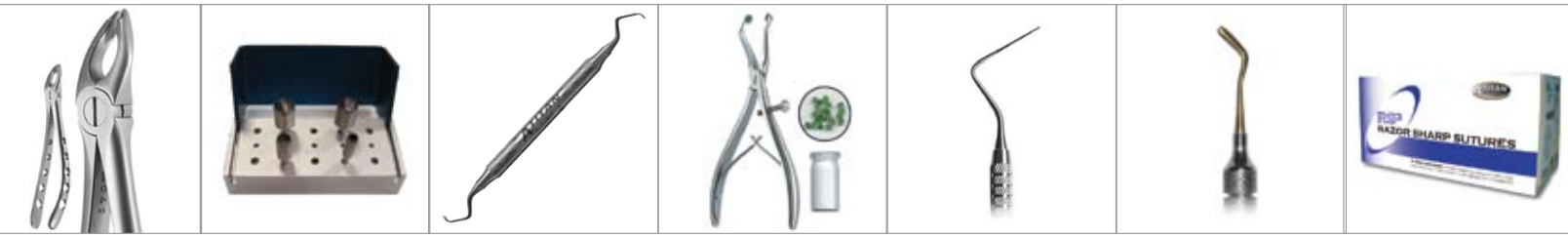

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Hygiene: An Untapped Production Resource

• • • Jill Taylor, RDH • • •

The Dental Hygiene department can be a profit center in the practice.

Often time practices are not maximizing their potential in the hygiene hour. Most hygienists think of production as prophys and radiographs. Hygienists typically see seven to eight patients per day and have the perfect opportunity to create interest in comprehensive and preventative care, if they manage their time appropriately. By doing the 5 screenings at each and every appointment the hygienist can concentrate on selling prevention and optimal health. Those 5 screenings allow the hygienist to weave in various products that can maximize their hygiene hour and boost production to the hygiene department. The 5 screenings that are coached in the LVI Hygiene course are Risk Assessment, Oral Cancer Screening, Occlusal Screening, Restorative Screening, and Periodontal Screening. Several products and services recommended during those screenings are outlined.

In the Oral Cancer Screening,

the hygienist is doing a manual and visual head and neck exam. Enhance this screening by using technologies to increase effectiveness in the discovery of possible hidden abnormalities not seen with the naked eye. Having Veloscope, Vizalite, HPV test, or Identifi 3000 available, can allow the clinician to charge a separate fee for these tests. Patients are very appreciative especially if something is found in early stages and gives them a fighting chance for normalcy once the cancer is treated. Hygienists could be doing 2-4 screenings @ 35.00per day which would increase production by 20,000 annually! When patients realize this is part of their routine care, it not only increases prevention and early detection but also the value of their regular hygiene visits.

In the Restorative Screening,

technologies such as the Diagnodent or Soprolife use fluorescence to differentiate diseased vs. healthy hard tissue. Assessing and suggesting restorative needs can be validated with these tools. Caries Management by Risk Assessment (CAMBRA) will enable the clinician to assess the patient needs for remineralization products. Salivary testing using Caries Risk Test (CRT) is a great way to help customize patient care and educating them as to the causes of caries. When a patient is high risk for caries, options for remineralization products becomes key after restorative needs have been met. Varnishes such as Cervitec Plus that has chlorhexidine and thymol as active ingredients will protect exposed root surfaces, reduce hypersensitivity, reduce bacterial activity and reduce gingival inflammation. Varnishes are an excellent add-on to any hygiene appointment. Recommend prescription caries management products for home use that contain NovaMin or Calcium Phosphate. Your patients will appreciate your recommendations when they realize caries prevention goes beyond that "Go home Brush more Floss more " lecture.

With over 70% of the adult population having some level of periodontal disease, patients think that their bleeding "just a little bit" is normal. Helping them understand that they have a level of infection that could be so subclinical that their disease is not severe enough to present definite or readily observable symptoms is key. Early detection has been the theme to these screenings and it shouldn't stop with perio. Molecular testing can discover these subclinical infections, target the specific pathogens and help make treatment option recommendations to the patient based on their test results. These tests can help boost the hygiene department production by not only increasing perio therapy being recommended and performed, but also in recommending locally applied antibiotics that should be used in conjunction with the treatment plan. Arestin or Atridox can be a great adjunct to hygiene production. Specific systemic antibiotics are also recommended by these test results and can be used judiciously at the end of perio therapy if needed. Patients will appreciate the extra care taken in monitoring and treating their disease appropriately.

With over 70% of the adult population having some level of periodontal disease, patients think that their bleeding "just a little bit" is normal.

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Many offices feel that they can't "sell" or dispense products. I always point out that the definition of "to sell" can be "to prostitute oneself; to deliver or give up in violation of duty, trust or loyalty" (this is the first definition in Webster). This is NOT what we do in dentistry. I like the second definition by Webster: "to persuade or influence to a course of action or to the acceptance of something". Everyday we make our patients enthusiastic about health. We are "selling" health! Most patients would rather purchase a recommended product directly from the office as they find this much more convenient. Any time we can dispense a dental hygiene product we recommend, we are increasing the practice production! Maintaining the investment that the patient made in their beautiful veneers, crowns or healthy tissue can be best achieved by offering power toothbrushes, dental jets or whitening kits.

A well-run dental hygiene department can be a great opportunity to maximize practice production in today's economy. Hygienists who consistently perform the 5 screenings during their hour will be able to communicate products that can truly help meet their patients' needs and ultimately boost practice production. A hygienist should strive to be business minded and know their daily production and produce at least three times their hourly pre-tax income. The hygiene department needs to show a healthy bottom line but it's not always about production. Managing costs, collections, and ethically presenting the standard of care within the 5 screenings is the ultimate goal. Recommending and "selling" those resources is key. Practices that achieve this will have greater patient satisfaction and value. Practices that achieve that will have healthier patients and a healthier bottom line. Who doesn't want that?!

To learn more about all of the Systems mentioned in this article attend Hygiene: Advanced Technologies at LVI.

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THE Weathers' report
by Arthur "Kit" Weathers, Jr., DDS

MOVING UP IN A DOWN ECONOMY

6 Simple Steps for Maximizing your income

Why are some dentists losing money in this down economy while others are enjoying the highest production they have seen in years? More importantly, which group are YOU in? The game has changed dramatically, and in order to survive we must be willing to adopt new paradigms. So, if you have holes in your schedule and production is dropping, this article may be just what the doctor ordered.

Incidentally, the primary focus of this article is to increase endodontic efficiency, but it also contains tips for maximizing efficiency in all aspects of your dental practice, so even if you hate endo, read on.

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But I hate doing root canals

Endodontics can be one of the most profitable procedures in your dental practice, and believe it or not, every dentist can develop a love for root canals. The secret is to eliminate the stress and mystery of endodontics, select your cases wisely, and NEVER start a root canal unless you KNOW you can complete it. I realize that seems like a tall order, but you will be surprised at how easy it is to meet those three goals.

Let's start with the reasons EVERY dentist should be doing at lease some endodontics, and how you can learn to absolutely love doing root canals.

Hooray, another Root Canal

Endodontics can be a welcome "change-of-pace" from your routine restorative procedures. When done efficiently, and you remove the mystery, endodontics really can be fun. Production on anterior and most bicuspid root canals should exceed $800 per hour, and can easily exceed $2,000 per hour, and producing $2,000 per hour can definitely be fun? I know this may be difficult to believe, but stay with me.

A few more reasons why every dentist should be doing endodontics.

Your patients do not like being referred to another office for treatment. Stopping restorative treatment to refer can be devastating to the flow of your treatment and your hourly production. The best time to complete endodontics on a tooth with a vital exposure is immediately after it happens. Your patients do not have to be uncomfortable waiting to be seen by the specialist. You are more apt to perform necessary root canal treatment prior to crown and bridge dentistry when you can do it efficiently in your own office. You have an opportunity to restore the tooth at the time of the root canal treatment, which further adds to the efficiency.

Six Simple Steps for Maximizing Your Income

Raise Your Fees

Done correctly, endodonics can be one of the most rewarding procedures in your dental practice. Unfortunately, many dentists avoid endodontics because of fear of the unknown and unsolved mysteries carried over from dental school. Many GPs set their endo fees way below what the local endodontist charges, in spite of the fact they are held to the same standard of care as the specialist. If you finish a root canal to the same standard as the specialist why should you charge a third of what the average endodontist charges. According to a recent survey, the average GP charges $550 for treating an anterior tooth, while the average endodontist's fee for that same anterior canal would be $750 or more.

Dental fees have not even kept pace with inflation, let alone technological advances, so it may be time for you to re-examine your fees. If your overhead is 60 percent and you increase your root canal fee by only 10 percent it will add 25 percent to your bottom line. Increase your fee by 20 percent and you will earn 50 percent more without changing anything else. P.S. most patients consider anterior teeth more valuable than posterior teeth, so if you are concerned about increasing fees, at least consider raising your anterior fee.

If you do a procedure normally done by a specialist, you will be held to the same standard as the specialist. Does that mean you should charge the same as the specialist? Probably not

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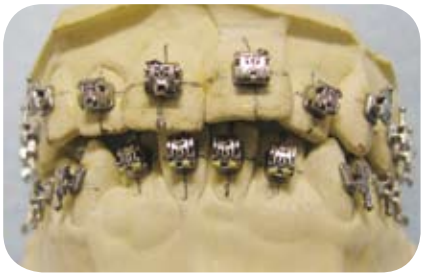

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* Burkland G. Direct vs. Indirect Bonding JAOS 2011 18-20.

because endodontists routinely get the more difficult cases most GPs don't want to treat. In those cases endodontists are entitled to charge higher fees. If, however, you perform a routine endodontic treatment, and are held to the same standard of care as the endodontist, why would you charge less?

Never Start Something You Cannot Finish

One of the most stressful aspects of dental treatment is unplanned referrals. It is also one of the most costly errors you can commit and there is more to the loss than money. Both the doctor and the patient suffer a financial loss from a wasted appointment, but the bigger loss is the patient may question your judgment.

So how can you possibly know that you will be able to locate all of the canals and negotiate them to the full working length without actually starting a root canal? The answer is you cannot. Therefore, if there is any possibility that you will not be able to locate and negotiate all of the canals, schedule an "Infection Control" appointment and treatment plan a D3221 (pulpectomy). Then, make your access opening and start looking for the canals.

To make certain you do not spend too much time searching, set a timer for 15 minutes and if do not find all of the canals before the timer goes off, close the access and refer the patient. There are many advantages to this approach…

1. You are more apt to perform necessary root canal treatment prior to crown and bridge dentistry when you can do it efficiently in your own office.

2. You have an opportunity to restore the tooth at the time of the endo treatment, which further adds to the efficiency.

3. You are probably referring endo cases you should be treating.

4. The patient doesn't think it was a wasted visit.

5. Patients don't like having to leave your office for treatment.

6. You will avoid a minimum of $300-$400/hr lost production.

If there is a possibility you may have to refer a case, tell the patient, "Today, I will do an infection control appointment." Then, treatment plan a pulpectomy D-3221.

D-3221 is pulpal debridement of primary and permanent teeth for the relief of acute pain prior to conventional root canal therapy. It is not to be used when endodontic treatment is completed on the same day.

By utilizing the "Infection Control" appointment, you know you can complete the case at the next visit. The patient knows the next treatment will be painless so there is a greater chance that patient will show up. You know precisely how much time to schedule for the next appointment, and you are more likely to schedule restorative treatment at that time.

3

Treat Emergencies Quickly and Efficiently

When a patient calls with a dental emergency, your only question should be, "How soon can you get here?" If you see a new patient immediately, it will really impress that person making her and her family more likely to become permanent patients in your office.

Of course you must be able to get the emergency patient out of pain quickly, so here is the secret to my efficient, endo emergency treatment. Numb the patient with the X-tip intraoseous injection system (one minute). Make your initial access with a #4 round bur on molars and a #2 round bur on anteriors and bucuspids (two minutes). View my access technique on YouTube by searching for the combination video "Root Tip 14 and 15." Place cotton in the pulp chamber and seal with a light cured temporary composite. Total doctor time will be no more than five or ten minutes.

4

Don't Hurt the People Who Pay your Bills

Your patients do not know if you do a perfect root canal, but they do know if you hurt them. One of the very best practice builders is to be known as a painless and caring dentist.

Here are a few tips to make you and your patients more comfortable as you administer local anesthesia:

1. One of the simplest ways to administer a painless injection is to pull the tissue down over the needle instead of pushing the needle into the tissue. The difference is subtle, but pulling the tissue onto the needle is virtually painless.

2. Always use topical prior to the injection. Most of us do not wait five or six minutes for the topical to take affect, but if you "accidentally" wipe some on the tongue the patient feels numb right away and is more likely to relax.

3. Use a 27 or 25 gauge needle. Patients cannot tell the difference between a 30, 27 or a 25 gauge but the 30 gauge can deflect in the tissue and is much more likely to separate at the hub than the 27 or 25 gauge.

4. Inject one centimeter higher than you normally do when using the standard "Inferior" alveolar nerve block a.k.a. the Halstead injection.

5. Here's an interesting injection that many dentists do not know about. There is a fossa on either side of the nose and by injecting in that area, you will numb the cuspid, the lateral and the central incisors.

6. Finally, consider using the GowGates injection to virtually eliminate trismus and aspiration of blood as you numb the long buccal in addition to the mandibular nerve.

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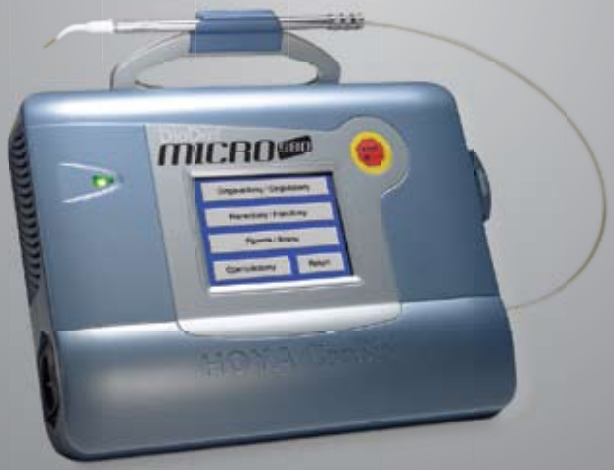

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Shorten the Time For Root Canal completion

Time is money and even small improvements in efficiency will create significant increases in productivity.

Create a set-up checklist for endodontics. Make a tray and a tub of all of the endodontic equipment that you need, along with a checklist of everything you need to have set-up. Don't even walk into the operatory until the room is completely set-up. Insist upon excellence from your assistants. If you do not have a good x-ray, get one. Do not tolerate mediocrity and don't enable your assistant to neglect the set-up by tolerating incomplete set-ups.

Surgeons do not work without the proper instrumentation, only dentists do. Dentists even pride themselves on being able to work with any instrument. You should pride yourself on becoming better organized and using the best instrumentation.

Prepare the coronal aspect of the canal before the apical aspect. This coronal enlargement before the working-length is the biggest secret to easier endodontics. No longer will you have to fight to get your #10 file down to take a working length radiograph. You will take what the canal will give you, and soon your files will float down to the apex.

Your patients will have less post-operative discomfort, because you've removed the noxious irritants instead of packing them down or pushing them through the apex. Try coronal instrumentation before apical instrumentation. You and your patients will like it.

Complete cases in one visit whenever possible. The quickest way to cut your overhead in half and double your net is to switch from multiple-visit to single-visit endodontics. Post-operative problems will all but disappear; completing needed treatment is much more efficacious than attempting to delay it. Patients will thank you, as they would actually pay extra to avoid another injection or to prevent missing more work. Canals should be filled when they are clean and dry; no sooner and no later. No study has ever compared a medicament favorably to root canal sealer.

No treatment is complete until you give your patient your home phone number. Our patients pay for five-star service and they get it. No patient of ours will ever be unable to contact us. The idea of one of our patients in pain telling other people instead of telling us would stress us out. Write your unlisted phone number on the patient's appointment card and they will be touched by your concern. Patients will not abuse this trust and will be less likely to loose their appointment card.

Technology available today makes endodontics more enjoyable for both the patient and for the dental team. Endodontics may not be as glamorous as cosmetic dentistry, but it will be just as appreciated by a patient in need, and can be just as lucrative to your practice. I hope this information will help renew your interest in endodontics.

6

Don't practice 'Herodontics' When in doubt, send it out.

Don't do all your own endo just to satisfy your ego. Any dentist can do endo, but a smart dentist, just like a smart lawyer, chooses his cases wisely. According to the 80/20 rule, 80 percent of the endodontic problems in your office are caused by 20 percent of the patients, so wouldn't it be nice to identify and refer before starting work on that 20 percent?

Here's one way to determine which cases you should never start. Get a spiral notebook, and every time you say to yourself, "I wish I had never started this case," write down all the problems you encountered. After a couple of months, look through the book and you will see patterns developing. If you see that every time you made an access through a crown, you had trouble finding the canals, refer those cases or remove the crowns. If you have problems every time you start a re-treatment case, stop re-treatments. Incidentally, if you do have to do a re-treatment, tell the patient that "further treatment" was required. "Re-treatment" implies that the treatment was not done properly.

The most valuable investment you can make is an investment in yourself!

Summary

The most valuable investment you can make is an investment in yourself. Now is the best time for you to take that C.E. course you have been putting off. If you have noticed a slowdown in your practice, I will bet you can trace it back to a slowdown in your continuing education.

P.S. If after reading this article you still do not like endo, please attend our LVI Root Camp and you will look at endodontics in a totally different light. Register online at www.EndoRootCamp.com.

Kit Weathers'
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Time is money and even small improvements in efficiency will create significant increases in productivity.

THE Keys TO Understanding NM & OSA

PART VI | *Active Eruption in Lathyrism*

Norman Thomas BDS; MBBSc; PhD; FRCD; FADI; AAOMFPath; DAAPM; Cert MedAc; MICCMO
Director of NM Research LVI

I was able to compare impeded and unimpeded eruption of the incisor teeth by using a scoring marker on the impeded tooth at the level of the gingival margin and by cutting down the unimpeded incisors taking care not to damage the transeptal and alveolar crestal fibers which act as resistors and stabilizers to the orally directed oblique fibers of the periodontium the primary source of the eruptive force. It is possible that the excessive cutting of the teeth at the gingival margin in Berkovitz study may also have contributed to his results which can be seen to have been initially retarded by lathyrogen only to break away later on the 8th day (Figure 27).

I also followed impeded eruption and mesial drift of the influence of the force exerted by the transeptal fibers by cephalometry (Figures 23 and 24) which does show that impeded teeth do erupt and drift under the influence of collagen polymerization and crosslinking but is decreased in the lathyritic animals. The results obtained on the impeded and unimpeded incisors are presented in (Figures 25 and 26). It is seen that unimpeded rates are increased by almost double in both control and experimental rats but that these rates almost completely cease after 20 days. The findings underscore the philosophy of NM dentistry that the tongue acts as an impediment when resting between the teeth. Obviously the cheeks and lips may act as an impediment too given the observed cephalometric differential between healthy control and experimental measurements on incisor and molar teeth (Figures 23 and 24).

The retarded eruption and loss of periodontal support was accompanied by cervical scoliosis and malformation of the thorax, shoulder and pelvis. This is of great importance because it demonstrates that correction of the occlusion is vital if skeletal anomalies of ossification are to be prevented. Indeed it is known that cervical scoliosis accompanies obstructive sleep apnea of which it may be cause or effect as in torque of the airway or as a compensation for obstructive sleep apnea respectively, which is hardly surprising given the collapse of the thorax seen in the lathyritic rats. When both teeth were impeded the eruption rates were also seen to be decreased in the lathyritic state as noted in the cephalometric findings.

In confirmation of my findings Micheli et al (1975) (Figures 28, 29 and 30) avoided the pitfalls of Berkovitz et al (1972) by using young animals at the minimal dose levels while avoiding damage to the circular ligament of the gingival margin once. They thus were also able to avoid problems in the Sarnat and Sciaky (1965) study and entirely vindicate the collagen polymerization/crosslinking 'traction theory' of eruption which also eliminates any of the pressure theories of tooth eruption because of the negative effect on the retardation of eruption by lathyrogen even when the pressure of a thickened periodontium does not increase active eruption rates. Thus collagen polymerization contributes a fractional force in the Extra Cellular Matrix (E.C.M).

Although Dr. Price did not experimentally identify the environmental factors he did notice the concomitant findings of altered environment in malocclusion, temporomandibular compression, cranio-cervical scoliosis, mouth breathing,

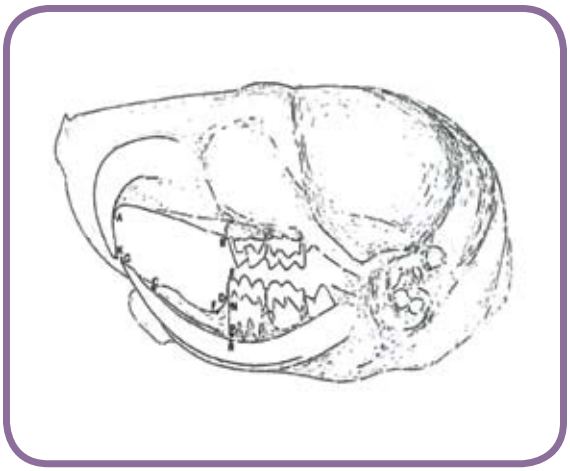

Figure 23 - Cephalometric Measurement for Control and Lathyritic Rats

Table 2

Measurements from cephalometric radiographs of the pups of nursing mothers and weanlings on 0.1 per cent A.A.N.B. supplied in the drinking water.

	Experimental Group Days of Age				Control Group Days of Age			
	19	26	33	40	19	26	33	40
Upper Diastema (A-B) (mm)	7	8	8.5	9.25	7.75	8.5	9	9.75
Lower Diastema (C-D) (mm)	4.8	4.95	5	5.1	5	5	5	5.1
Distance between occlusal surfaces of the first lower molar and lingual alveolar bone (E-F) (mm)	1.8	1.95	2.2	2.5	2.5	2.7	2.9	3.1
Extra alveolar length of lower incisor (C-G) (mm)	3	3.8	4.8	5.1	3.7	4.5	5	5.7
Extra alveolar length length of upper incisor (A-K) (mm)	1.8	2.7	3.2	3.2	2.1	3	3.3	3.8
Mandibular Length (mm)	16.2	16.5	18.8	19.8	16.7	17.2	18.8	20.7

A.A.N.B Amino acetonitrile bisulphate (0.1 per cent)

Figure 24

Table 1

Mean Eruption of the incisors of control and lathyritic rats.

Day	Control		Experimental	
	Impeded	Unimpeded	Impeded	Unimpeded
1	.57mm	.85mm	.56mm	.85mm
2	1.13	1.79	1.17	1.9
3	1.72	2.81	1.81	2.75
4	2.53	3.70	2.21	3.51
5	3.11	4.58	2.55	4.08
6	3.61	5.45	2.84	4.81
7	4.23	6.47	3.12	5.35
8	4.78	7.19	3.36	5.81
9	5.38	8.21	3.61	6.12
10	6.12	9.31	3.82	6.70
11	6.58	9.98	3.95	6.75
12	7.21	10.86	4.12	6.90
13	7.79	11.71	4.24	7.05
14	8.38	12.69	4.41	7.28
15	9.12	13.53	4.521	7.45
16	9.58	14.31	4.681	7.65
17	10.17	15.10	4.760	7.72
18	10.81	16.20	4.81	7.81
19	11.38	17.07	4.80	7.91
20	12.18	18.13	4.80	7.93

Figure 25 - Mean Eruption Rates of Control and Lathyritic Rats

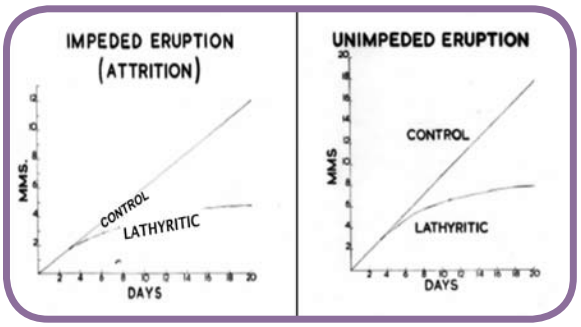

Figure 26 - Effect of lathyrogen 0.1% AAN on Impeded and Unimpeded Eruption

airway occlusion and dysfunctional posture and arthritis. Neuromuscular dentistry owes an enormous debt of gratitude to Dr Price and his observational powers of primitive and modern communities throughout the world.

In the last century Dr. Weston Price, DDS showed that collapse of the dental arches is not observed in the Eskimo and Inuit living on the ice floes but as soon as they move to modern communities then dental arch collapse ensues. The collapse of the dental arches seems similar to that of the lathyritic subject is accompanied by loss of vertical development of occlusion (VDO) and compression of the temporomandibular joint into its glenoid fossa also observed in modern industrial man. It was further hypothesized that the pathogenesis of what is now diagnosed as temporomandibular disorders arises from compressive forces acting on and between the occlusal surfaces of the teeth by a cramped scalloped tongue impeding physiological eruption of the teeth.

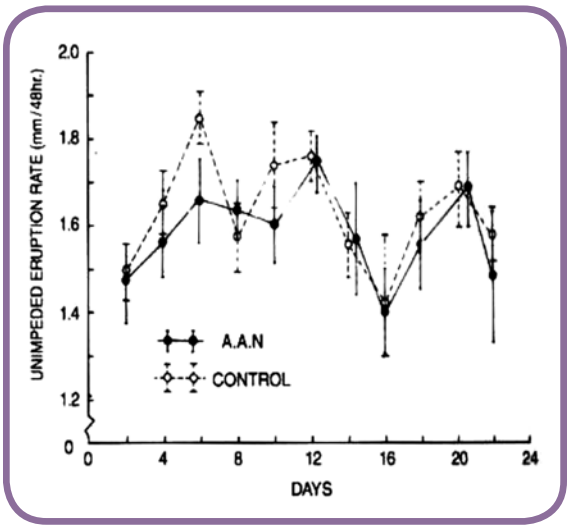

Figure 27- Although Berkovitz et al (1972) state no effect of 0,1% BAPN on adult rats it is noted that except for day 8 there is retarded eruption to day 11.

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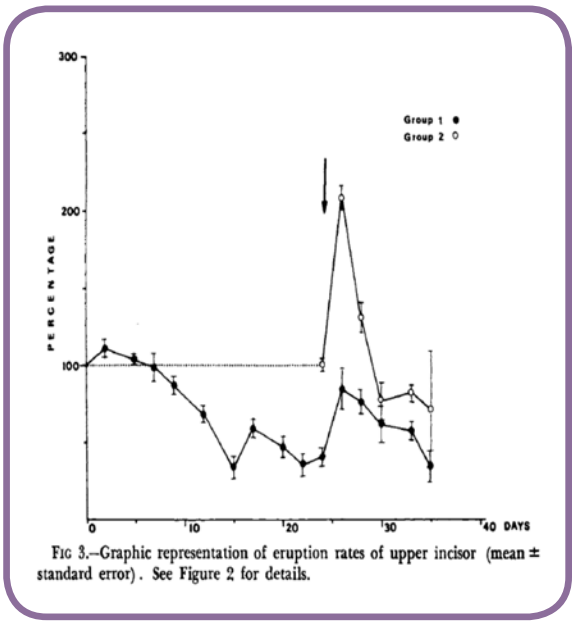

FIG 3.—Graphic representation of eruption rates of upper incisor (mean ± standard error). See Figure 2 for details.

Figure 29- Lathyrism on upper Incisor eruption

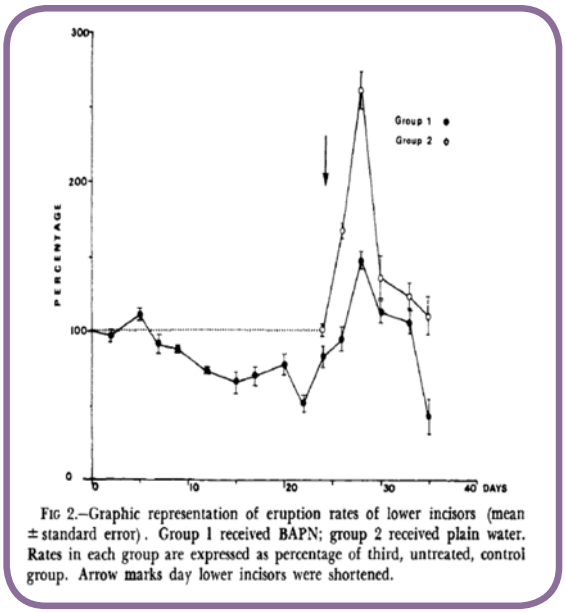

FIG 2.—Graphic representation of eruption rates of lower incisors (mean ± standard error). Group 1 received BAPN; group 2 received plain water. Rates in each group are expressed as percentage of third, untreated, control group. Arrow marks day lower incisors were shortened.

Figure 28- Confirmation of Tractional Theory of Tooth Eruption (NR Thomas. PhD U.Bris.(1965), Berkovitz B and Thomas NR 1969. Arch Oral Biol 14:471 and Thomas NR (1976)
Michaeli Y ,Pitaru S Zajicek G and Weinreb MM (1975) "Impeded and Unimpeded Eruption in Lathyritic Rats" J. Dent Res 54:891

These findings agree with those of Thomas NR(1965) and oppose those of Berkovitz B,Migdalski and Solomon M (1972) (Arch oral Biol 17:1759-1764) and also Sarnat H and Sciaky I (1965)"Experimental Lathyrism" in Periodontics 3:128-134

Figure 30- Statement from Michaeli et al (1975) J.Dent Res 54:891

Norman Thomas, DDS, PHD, FRCD; FADI, MICCMO, DAAPM, CMAc, M.B., B.Sc (Hons Anat. Physiol)
Norman is the Director of Neuromuscular Research at LVI Global. He is a Professor Emeritus at the University of Alberta. Norman is one of the smartest men in dentistry!

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Dentist Survival Guide

By: Mr. Tim Twigg

For many, things are going well. In fact, a lot of practices report having their best year ever.

The Wall Street Journal caption read "Dentists Step Up Marketing Efforts As Patients Scrimp by Skipping Visits." The writer stated what you unquestionably recognize, "In the slowdown, even dentists are feeling the pinch."

The condition of our economy is at the forefront of many people's minds. No doubt, economically, these are challenging times.

For many, things are going well. In fact, a lot of practices report having their best year ever. For others, business is down, profits aren't as high, workers have less to do, or, even worse, some have closed their doors.

Regardless of whether you are doing well or not, now is the time to be creative. Being creative in marketing to increase patient flow and revenue is essential, as well as creative with establishing yourself as the "go to" person in your area and/or your niche(s) and creative in maintaining employment opportunities for great team members.

Creativity in Marketing

Now is not the time to pull your head into the shell. That's what everyone else is doing. Now is the time to set yourself apart and seize the opportunities that exist.

Creativity in Employment

How do you ensure your profitability without hurting the lives of your valuable employees? What can you do to keep your staff motivated and productive? Most of all, how can you not only survive, but also set yourself up to thrive in the future?

Before making permanent decisions about reducing staff, which can be demoralizing to the staff person being let go, as well as the staff that remains, many employers are choosing other, more creative ways to reduce costs in an effort to keep from terminating employees.

Now is not the time to pull your head into the shell. That's what everyone else is doing.

One such method is to reduce employee hours. This can be done in several ways. The employer could:

- reduce full-time staff to part-time
- require an extra day off per week taken as unpaid time and reduce pay accordingly
- completely eliminate overtime
- implement temporary business shutdowns for certain days or weeks

Employees might welcome this alternative, when compared to being unemployed. Some employees may volunteer for a schedule reduction for various lifestyle reasons. Employers choosing this route could certainly look for those individuals first. If no one comes forward to volunteer, then implement this approach in a fair and equitable manner.

Another alternative is to reduce employee pay or benefits. These actions should only be done "prospectively." If the benefit is administered by a third party, i.e. medical insurance or 401(k), then the plan administrator should be consulted before changing benefits to ensure that the change can be done, as well as to comply with any applicable rules.

Another alternative? Shift more of the employee compensation to be performance, bonus or "piece of the pie" based. You shift fixed costs to variable costs and the employees are rewarded for excellence.

In his book "The Exceptional Dental Practice" Dr. William Dickerson explains how to implement the "piece of the pie" process in your practice.

Combating Low Employee Morale

Surveys suggest that nationwide employee engagement and morale is low; nearly 70 percent of the surveyed workers indicated that their employer could do more to help them cope. To keep from losing quality employees, employers should be cognizant of their own employee's morale and take some measures to improve it. Here are some potential morale-boosting suggestions:

- Provide open and honest communication, even when the news is bad. Cost to you? Zero.
- Don't lose sight of developing staff and creating opportunities for career growth. Cost to you? Very little.
- Look for ways to continue to recognize and reward highly performing employees. Cost to you? Very little.
- Engage with employees and empower them to create positive changes. Cost to you? Very little.
- Offer reassurance when needed and give clear direction to everyone. Cost to you? Zero.

Big benefits with little or no cost, now that makes leadership sense!

Reductions in Force

Ideally, job cuts should be a last resort when other alternatives are not successful. One of the options for managing the business in an economic downturn is to reduce staff through layoffs. Many employers believe that a layoff does not carry the same legal risks as discharging an employee. This is false perception.

When considering team or staff reductions, caution must be exercised when making employee-related decisions to keep your business in compliance with the myriad of laws and regulations that can cause liability.

In layoff, termination, elimination of position or reduction in work force, the employer is taking an adverse action against the employee and making individual decisions about who stays and who goes. The decisions must be administered based on legitimate, non-discriminatory, and non-retaliatory criteria and the reasoning for the reduction as well as the reasoning for who was selected should be thoroughly documented. Often times, these decisions create a disparate impact on one group of individuals, which has the appearance of discrimination. For example, consider how it would be perceived if only the individuals over forty (40) were laid off.

Documentation should reflect why the layoffs occurred and how the layoff decisions were made in case any challenges are brought against the employer at a later date. ***DO NOT MAKE THE MISTAKE OF THINKING THAT "AT-WILL" PROTECTS YOU.***

If reducing staff is the necessary action that must be taken, consider the following:

COBRA or State-based Health Care Continuation

The Consolidated Omnibus Budget Reconciliation Act (COBRA) is a federal law that applies to employers with 20 or more employees. COBRA is a program in which employees who lose their job can continue with their employer-sponsored health insurance plan on a self-funded basis for up to 18 months or more depending on the situation. It does not require that health insurance be provided, only that if it is, employers must notify employees of their continuation rights.

Smaller employers with fewer than 20 employees may also have healthcare continuation provisions that must be adhered to if the employer resides in a state that has such regulations. These so-called "COBRA expansion laws" exist in approximately 40 states and each has its own set of rules regarding eligibility and the duration of continuation coverage varies.

Older Worker Protections

Employers should exercise caution when selecting older workers as part of workforce reductions. The federal Age Discrimination in Employment Act (ADEA), which applies to employers with 20 or more employees, protects workers who are age 40 and over from age-based discrimination. Many states have adopted similar and/or stricter laws. Therefore, a terminated older worker could claim wrongful termination based on age and challenge the decision in the courts.


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Severance Packages

Much like severance packages for older workers, some employers offer severance agreements for all workers involved in workforce reductions, although it is not required. It's important to note that, in general, employees are not permitted under federal or state law to waive all of their rights to sue and many employees challenge these agreements even after they have signed them.

An amendment to the ADEA called the Older Workers Benefit Protection Act (OWBPA) was adopted in 1990. This amendment is aimed at protecting older workers when employers offer a severance package that includes a liability waiver for age discrimination. Contained within this law is very specific criterion that must be included when creating severance agreements of this sort with older workers and failing to follow these rules could result in the agreement being null and void.

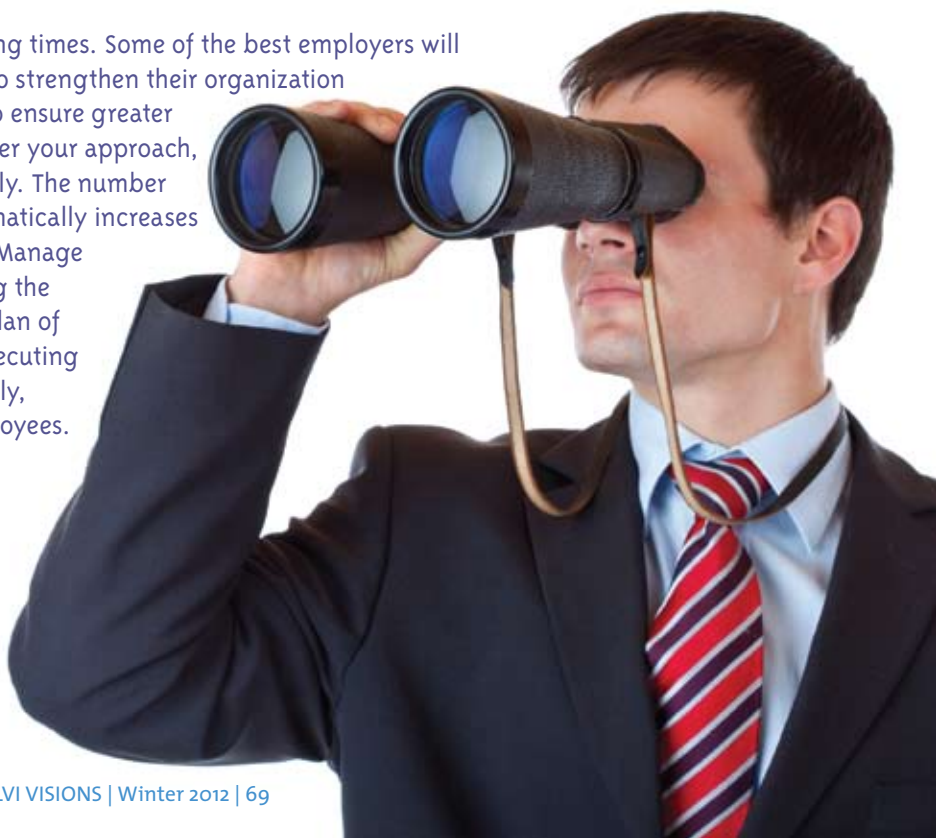
For these reasons, and the fact that laws change for these types of agreements regularly, be sure to use an accurate, up-to-date agreement that has been provided by an attorney.

Unemployment Insurance

Employees have a right to file for unemployment insurance (UI) when they have lost their job or a substantial work hour reduction has been imposed, whether it is involuntary or voluntary. Employees who have been subjected to workforce reductions will, therefore, probably file for UI immediately, unless they are lucky enough to land a job quickly. Although employers can submit their justification for denying these benefits, it is unlikely it will succeed. Odds are the terminated employees will be awarded UI benefits to assist with their transition to another job.

Conclusion

These are certainly challenging times. Some of the best employers will view this as an opportunity to strengthen their organization and take appropriate steps to ensure greater success in the future. Whatever your approach, navigate these waters carefully. The number of employment lawsuits dramatically increases when the economy is down. Manage the risk by carefully assessing the business and developing a plan of action, knowing the laws, executing decisions fairly and objectively, and taking care of your employees. The success of your practice depends upon it!



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