LVI Visions

JANUARY / FEBRUARY / MARCH / APRIL 2009

SPECIAL ECONOMIC ISSUE

You Can Succeed During An Economic Slowdown

Thrive in an Uncertain Economy

A 25-Year Look at NM Dentistry

A Perfect Ten
LVI 10 Year Anniversary

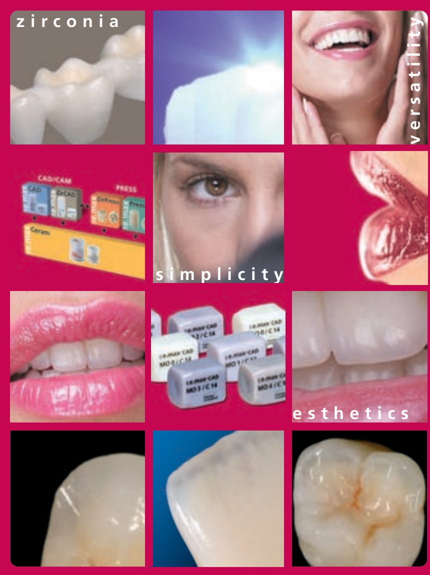
$10.00 U.S.

IPS e.max®

IPS e.max®

all ceramic

all you need



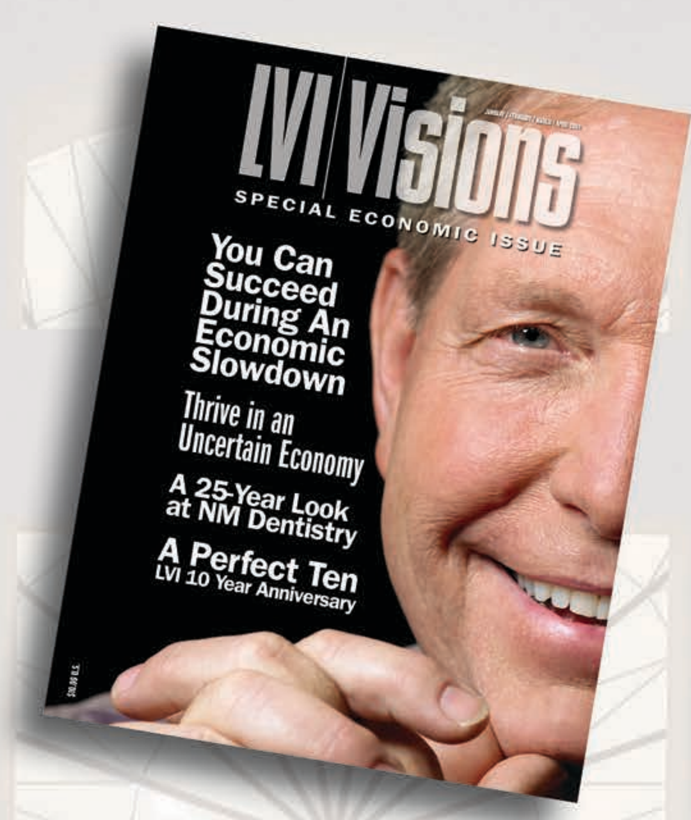
IPS e.max delivers the ultimate in metal free esthetics and strength utilizing both pressable and CAD/CAM technologies.

IPS e.max offers:

- Outstanding esthetics and strength
- Conventional cementation
- Choice of zirconia or lithium disilicate ceramic
- Press and CAD/CAM fabrication techniques optimizing both strength and fit

www.ivoclarvivadent.com

Call us toll free at 1-800-533-6825 in the U.S., 1-800-263-8182 in Canada.
©2008 Ivoclar Vivadent, Inc. IPS e.max is a registered trademark of Ivoclar Vivadent.



JANUARY • FEBRUARY • MARCH • APRIL 2009

TABLE OF CONTENTS

6 You Can Succeed During An Economic Slowdown
SHAMSHUDIN "SAM" KHERANI, DDS, FAGD, LVIM

10 A Perfect 10
DAN JENKINS, DDS

16 Interview
BILL WADE

26 Real-World Marketing:
Marketing for a Marathoner
MICHAEL D. SILVERMAN, DMD

30 Straight Tracks
Recommendations based on a Neuromuscular Perspective
JAY GERBER, DDS, FICCMO, ABPM

32 The More Things Change,
The More They Stay The Same
A 25-year look at NM Dentistry
BILL WADE

42 The Weathers' Report
32 Secrets of High Profit/Low Stress Endodontics
ARTHUR "KIT" WEATHERS, JR., DDS

48 Product Review
MARK DUNCAN, DDS, LVIF

52 The Digital Patient Consultation in 2009
GREG LUTKE

60 The Relationship Between the Upper Cervical Complex and the Temporomandibular Joint in TMD and Its Treatment Correction
NORMAN R THOMAS, DDS, B.SC, PHD, FRCD, MICCMO
WILLIAM G DICKERSON, DDS, FAACD, FICD
TRYSTAN D THOMAS, BDS, BSC AND PAUL DAVIES, BDS

70 Thrive in an Uncertain Economy
RUSSELL B. RAINEY, DMD AND CHERYL A. RAINEY, PHD, MBA, RDH

76 Transitioning Your Practice From Where You Are To Where You Want To Be
ASHLEY JOHNSON

The Las Vegas Institute for Advanced Dental Studies (LVI) publishes LVI Visions. Please send any comments or suggestions to 1401 Hillshire Drive, Suite 200, Las Vegas, NV 89134.
Telephone (888) 584-3237 or (702) 341-7978. Web address • www.lviglobal.com.

Copyright ©2009 – Las Vegas Institute for Advanced Dental Studies.
All rights reserved. No part of this publication may be reproduced in any form without written permission from the
Las Vegas Institute for Advanced Dental Studies. LVI does not verify any claims or other information appearing in any of the advertisements contained in this publication.

AXIS Dental has figured out which one comes first!

Your LVI Education!

AXIS Dental and LVI have teamed up to bring you superior rotary instruments and ultimate hands-on and patient focused education. Attending LVI gives you the clinical skills to maximize your practice. Discover what an LVI Scholarship from AXIS Dental can do for you!

Visit www.axisdental.com or call 800.355.5063
to find out how to qualify for an LVI Scholarship from AXIS Dental.

AXIS Dental and LVI Global
"Partners in Education"

WILLIAMS DENTAL LABORATORY
NEUROMUSCULAR AND AESTHETIC DENTISTRY
Dr. James McCreight, was the recent receipient of the "LVI Rookie Clinical Instructor of the Year".
DENTISTRY BY
DR. JAMES W. W. MCCREIGHT
Williams Dental Lab is a small team of dedicated LVI trained technicians, providing personalized service and achieving exceptional results.
. . . every day.
BOB CLARK, CDT, LVIM
800 · 713 · 5390
408 · 842 · 6269
bob@WilliamsDentalLab.com
WILLIAMS DENTAL LABORATORY
NEUROMUSCULAR AND AESTHETIC DENTISTRY
7510 ARROYO CIRCLE · GILROY · CALIFORNIA · 95020
GRAPHIC DESIGN © 2007 RUSSELL ELLOWAY · ALL RIGHTS RESERVED
PHOTOGRAPHY © 2007 JACKIE OWEN · ALL RIGHTS RESERVED

CHANGING DENTISTRY. CHANGING LIVES.

EDITORIAL

SHAMSHUDIN "SAM" KHERANI, DDS, FAGD, LVIM

You Can Succeed During An Economic Slowdown

Recently the Dow dropped over 350 points within one day and there was a sense of relief. Yes, "relief". We are witnessing a time period when swings of 900 points in a day is a reality. It signifies that we are all very much connected to the economy and gone are the days of isolation when one can decide to stay out of the economic foray.

The main reason for this close connection to the economic realities is that not only are all goods and services ruled by the law of supply and demand but that such a rule is highly efficient partly due to freely available credit. Availability of credit can and does drive up demand and there may be a sense that the availability of credit has no bottom and that the prices will keep going up. Far from the truth, we have seen that credit can only go so far and that reality has to kick in sooner or later. Credit today is extremely tight. This begs the question as to how we can maintain the demand for our services as dental professionals in light of such drastic and scary economic fluxes.

The supply and demand rule as a barometer for prices is the logical part of economics. The intuitive part of economics tells us that the "cheapest" product or service may be the most "expensive" depending on its Value. The Value of any product or service is its "relative" worth, utility or importance. There is a famous saying that goes as follows: "The good feeling of the lower price is long gone while the aggravation of the poor quality persists for a very long time". There are potential dental patients that consider bargain fees but I would like to underscore that most people who have discretionary dollars, and they are plentiful, are discerning and looking for good Value rather than a discounted fee.

Most healing in dentistry depends on the quality of the performed procedure. The true test is in the functional, aesthetic and longevity of the treatment delivered. In uncertain

economic times, it is not the relatively cheap dentistry that people with discretionary funds will be turning to but rather, high-value dentistry that will meet the test of function, aesthetics and most importantly longevity. That is why a niche practice with a reputation of delivering such value is critical as it makes the dental practitioner recession proof.

Such a philosophical approach to delivering dental services does not happen overnight. It requires effort on the part of the practitioner to put the building blocks in place. These include a mindset of performing procedures in a manner that you would want performed on yourself, a truly caring attitude to make your patients receive your level best and to immerse yourself in state-of-the-art, live-patient continuing education courses. Incorporating such an approach into ones practice philosophy will lead to recession proofing your practice. More importantly, there is great satisfaction derived from knowing that the right thing is done each step of the way.

The very premise on which the Las Vegas Institute was founded takes into account the gist of this message. Excellence, leading-edge and effective learning are at the cornerstones of the Institute. No stone is left unturned in providing everything necessary so that the participant is equipped to make the necessary change in his/her mind and office.

"If you think that education is expensive, try ignorance."

We sometimes hear from dental professionals that they have high overhead, and therefore, spending time away from the office is very expensive. Added to that is the cost of the course, travel, etc. "If you think that education is expensive, try ignorance." Education stays with you forever; it changes the way you think, the way you interact and is the best tonic for the mind. Education can never be too expensive. It is essential that the practitioner makes a commitment and then stays the course. A practitioner must have fortitude in the decision making and then perseverance to stay the course. I had been in private dental practice for 27 years before accepting the Clinical Director's position at LVI full-time, and this mindset has empowered me to succeed handsomely through many rough economic times.

Do not focus on the doom and gloom that is present every day. Rather, focus on the silver lining as there is always one. As a dental practitioner, if you have not done so already, I invite you to be a solid rock that cannot be moved by the ebb and flow that modern economics will deliver from time to time.

"Do not focus on the doom and gloom that is present every day. Rather, focus on the silver lining as there is always one."

Confidently artistic, the MAC story embodies a PASSION for dentistry that many LVI graduates have come to rely on for *collaborative aesthetics.*

In our hands the illuminous beauty of a MACVENEER is more than a restoration…*it is a personalized experience.*

MAKE YOUR STORY PART OF OURS.

Tonya is a Macveneers Patient. Dentistry by Joseph Barton DMD, Jacksonville, FL. *Discover Tonya's story at* macveneers.com

©2008 Dental Technologies Inc.

A Perfect Ten

By Dan Jenkins, DDS

As I drove down the Town Center off-ramp and looked to my right I saw the now familiar sight of LVI. This visit was special and unique though – like no other visit. This time I was attending the celebration of the Tenth Anniversary of the opening of the LVI Summerlin campus in Las Vegas, Nevada on October 11, 2008.

Hundreds Gather at the Anniversary Celebration and Re-dedication

For many LVI alumni going back for courses or events is always a nostalgic moment and this one started many memories for me too. I thought back to when I first attended one of Bill Dickerson's lectures at the California Dental Association Scientific Session in Anaheim in 1997, and my desire to learn what he lectured on started to burn. Later I overheard two dentists at the meeting discussing LVI and the building of the Summerlin campus. They were scoffing at the idea and said that with the high costs they could not imagine it lasting very long - let alone becoming so successful. Well, ten years later it is still growing stronger thanks to Bill Dickerson being able to imagine its success. I wonder if those two dentists remember their conversation with each other that day?

As I pulled into the parking lot on this ten-year anniversary celebration day I noticed the parking lot was set up with an elevated stage on the walkway to the original rotunda building and rows of white chairs across the parking lot. It was a bit chilly in the air with some clouds starting to move overhead. Dr. Norm and Jean Thomas commented that the weather was reminding them of their weather in Alberta. But, even with the nippy temperature, which of course is rare for Las Vegas, LVI alumni were enthusiastically visiting with each other. Some had come from as far as Canada just for this event. Other alumni were coming early for an LVI course and took advantage of the opportunity to combine the two. As is usual for LVI get-togethers there was a lot of celebration just among the alumni. However, LVI soon would show that they know how to celebrate.

Dr. Bill Dickerson Addresses the Crowd

The official ceremony began with Congressman Jon Porter giving a speech on the importance of LVI to Las Vegas and all of Nevada both financially and for the esteem it feels with LVI being there. Dr. Ron Jackson then came up to speak. As any who have attended Ron's lectures know he is a dynamic and passionate speaker – as well as having a liking for frosty liquids. For this ten- year

Dr. Bill Dickerson, Dr. Heidi Dickerson, and Dr. Ron Jackson

celebration Ron out did himself. When Ron started to speak the wind started to blow hard and snow with hail started to fall, so the celebration was quickly moved inside.

Once set up indoors Ron finished his speech on the history of LVI when Bill Dickerson held the classes in his own five-operatory office with a maximum of 25 dentists for each class. The lectures were held in the team lounge and the speakers would have to sit on the sink counter due to the limited seating. As the interest in LVI courses grew, a warehouse had to be rented to accommodate the space. In 1997 Bill Dickerson took a hard swallow and proceeded to obtain the funding to build a dream campus in Summerlin Nevada. This building was opened in August of 1998 with Ron Jackson's posterior restoration and adhesives course being the first course scheduled.

After Ron Jackson's speech Heidi Dickerson gave her tribute to Bill with slides of the construction of the LVI campus. As the song, "hold on tight to your dreams" from ELO played, everyone was able to see photos of Bill from his dental school years, to lecturing all those years on the road, to his Baylor teaching days, to his first hands on courses in his office in Vegas...to the LVI campus being built from the ground up. The memories were fantastic!

Next Heidi spoke about Bill and how he purposefully never named LVI after himself because he sees the bigger picture. That this is bigger than any one man...that he is the LAMPLIGHTER to start things going and to mentor us all up, but that these teachings will go on and on. To remember him in our hallowed halls at LVI, Bill was honored with the rotunda being named after him and attached are these words from Francois Auguste Rene Chateaubriand, "A master in the art of living draws no sharp distinction between his work and his play; his labor and his leisure; his mind and

“LVI has lasted because it has a mission, a purpose… it is not about a building… it is about Changing Dentistry and Changing Lives,”

his body; his education and his recreation. He hardly knows which is which. He simply pursues his vision of excellence through whatever he is doing, and leaves others to determine whether he is working or playing. To himself, he always appears to be doing both.”

The plaque has a likeness of Bill and spaces for the names of future LVI alumni of the year to be chosen by Bill each year. Bill humbly accepted the honor...remember, he had no idea what was planned for the entire day. He spoke to the crowd about LVI having a “Passion Driven Purpose” and that is why it has been so successful.

This facility might be the best place to learn post graduate dentistry, but as Bill stated, "LVI has lasted because it has a mission, a purpose...it is not about a building...it is about Changing Dentistry and Changing Lives,” and this motto is the very passion that Bill and everyone that works and has been to LVI lives. LVI ignites passions within those who attend to be the very best they can be in their profession, and in their personal lives. Bill thanked those who had traveled such great distances to be a part of the historic day in LVI’s impressive existence.

Then the microphone was open to others to speak. Omer Reed spoke of his early and ongoing relationship with Bill and LVI – and how proud he is of both the man and his legacy. Cal Evans, and many other instructors and friends also paid tribute to Bill.

After a great meal provided for the event, the daytime celebration took a break so everyone could get ready for the evening activities at the Red Rock Casino. At the evening celebration there was a silent auction with items ranging from an 8 unit veneer case from LVE labs to a weekend with Bill and Heidi Dickerson at their Coronado home. After a great toast from Ron Jackson an extremely humorous video from the LVI faculty and alumni in Australia, Heidi had another surprise for Bill in the form of a video “roast” of Bill by various instructors. These interviews had been secretly recorded over several months and while it was light hearted, it included many sentimental moments showing how Bill had helped their lives both professionally and personally. It was more of a "toast" than a "roast" as everyone humorously shared memories of Bill and what he and LVI have meant to them over the years.

Bill was then presented with an amazing painting of The Rolling Stones that was painted by a member of the Rolling Stones, Ron Wood. While Bill was expressing his appreciation and amazement for the painting and a large picture of all of the LVI Instructors, there was a loud noise heard in the hallway – it was as if the Hell’s Angels were coming in to bust up the party. The song "Bad to the Bone" was playing in a video

US Congressman Jon Porter and Dr.Bill Dickerson

Bobblehead Bill at Every Seat

format when the doors opened in the back and a loud Harley Davidson motorcycle started driving along the back and down toward the front. To Bill's surprise it was being ridden by one of his instructors, Hamada Makarita. Another Instructor, Chong Lee kept saying to Bill, "It's for you buddy!" Finally Bill understood that this was to be his motorcycle. This was the real gift for Bill from the clinical instructors and many LVI sponsors including Aurum Ceramic, Las Vegas Esthetics, Microdental DTI, ProWest Laboratories, and Williams Dental Laboratory. It is a beautiful bike with brilliant royal blue flames – it also has a Rolling Stone type mouth and tongue on the back fender with the initials, "Bill D" and a front fender with the LVI logo going up in flames. Everyone in the room was gasping, laughing, smiling, and beaming...so proud to be a part of honoring the person that has inspired us. So many times we honor people when they are gone. What a pleasure to do this for someone while there are here with us...to see them enjoy being honored and thanked.

For the first time that anyone around Bill Dickerson can remember – he was speechless! After many minutes with moist eyes Bill thanked his clinical instructors and the labs for something he liked so much, but probably would not have gone out and purchased for himself. The clinical instructors were then invited to come up and have their pictures taken with Bill, Heidi – and the motorcycle. It is hard to describe the excitement felt by all.

An evening of dancing began after the motorcycle presentation and announcement of the winners of the silent auction items, and the floor was full – for the whole evening. Everyone seemed to want to keep dancing all night due to the awesome atmosphere of excitement. This ten-year anniversary was enjoyed by all of the hundreds of people present and they did not leave until the music stopped playing.

I could not help but think about those comments by those two dentists at the convention who wondered how long LVI would last. In these ten years 7800 dentists have attended LVI – and it keeps growing. LVI added to the existing building in 2000 and added a second 40,000 sq foot building to the campus in 2003 making the entire campus 65000 ft. And now LVI has two additional programs in Canada and Australia. The number of classes has expanded and new courses are added as there is demand for a particular subject. This celebration was perfect for celebrating an exceptional institution of learning for dentists. This celebration was also perfect for acknowledging the person whose vision, drive and self-sacrifice of personal life experiences has persisted to make LVI what it has become. All in all, this celebration of ten years was a perfect ten.

LVI Instructors Present Bill with a "New Ride"

Don't Wait! Make Your Plans Now To Experience The Most

CAPTIVATING VIEWS

July 30 - August 1, 2009

The Westin St. Francis • San Francisco, California

2009 Conference Speakers*

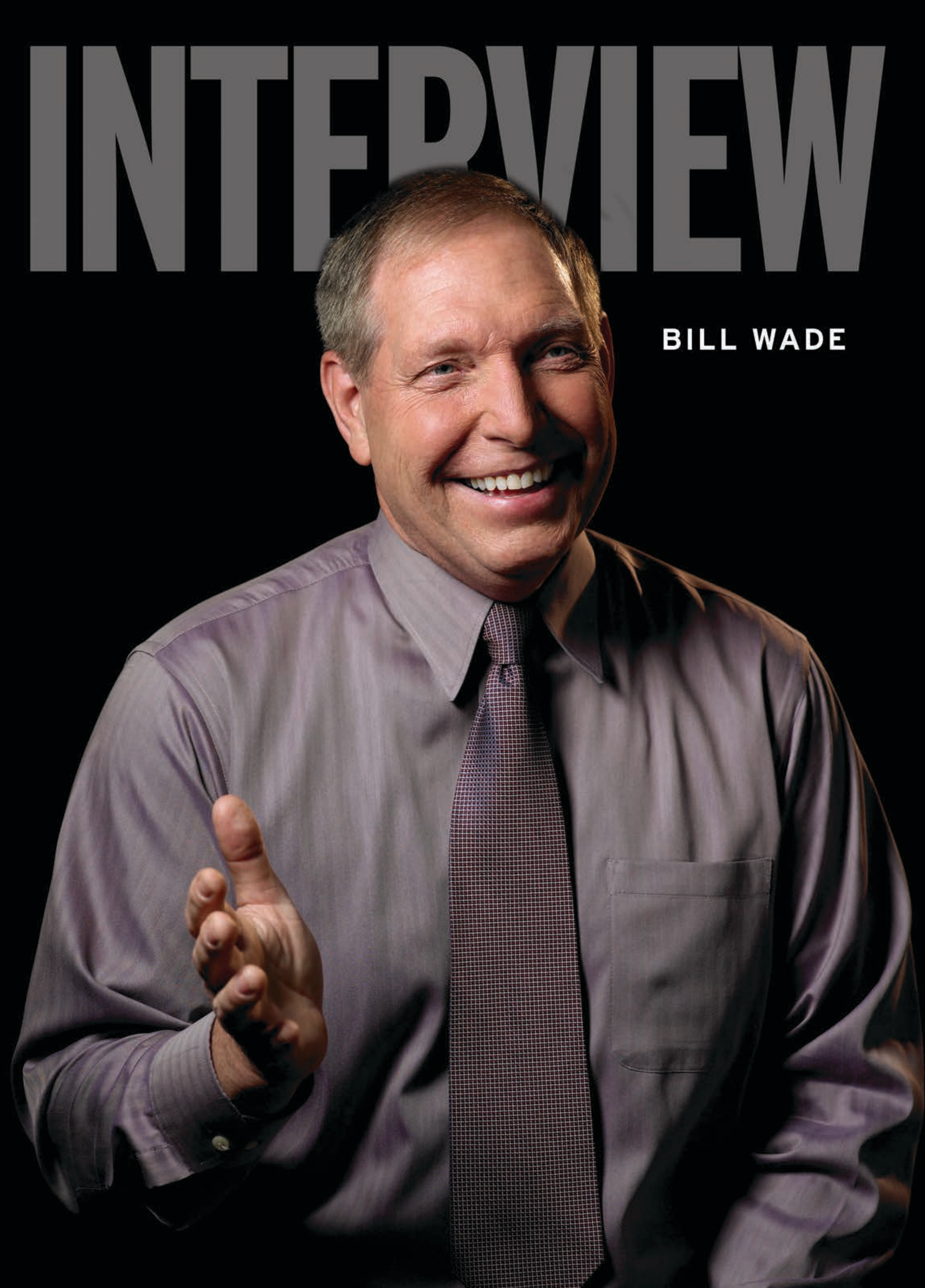
Dr. Robert Jankelson • Ms. Anita Jupp
Dr. Norman Thomas • Dr. Heidi Dickerson
Dr. Mark Duncan

*Tentative and partial 2009 speaker list.

Come and learn from the best and brightest dentistry has to offer. Surround yourself with the passion of the profession. No meeting, no group can compete with the positive, sharing, motivating environment that is…The IACA.

Join the most progressive and inclusive organization in dentistry that's also lots of fun… for you, your family and your team.

Space is limited so be sure to register early at www.theIACA.com or 1.866.NOW.IACA.


INTERVIEW
BILL WADE

You are one of the leading pioneers in Neuromuscular Dentistry. As a lab technician, how did this happen?

I want to begin by saying that I thoroughly enjoy being a Dental Laboratory Technician. Especially the last 20 years working exclusively for Neuromuscular Dentists. Dental Technology is a perfect fit for me. My education is in art and science, and I have loved the art and challenge of "making things" since I built my first model car.

My role in NM Dentistry came about with a little luck, my association with some great NM Dentists, and two great companies. I not only made my own niche, but I filled it as well!

I was very lucky to be the in-house Tech for Robert Peters who was just beginning his NM journey. I went to my first Myotronics seminar in 1982 as part of his team. The course was "Simple Solutions for Complex Problems." It was basically as much of Core I, IV and VI as would fit in a two-day hotel course. The primary instructor was Bob Jankelson. Bob's father, Barney Jankelson, generally considered the "Father of NM Dentistry" was still a part of the course, but by that time, Bob (a world renowned NM Clinician in his own right) had taken over the major teaching role in NM Dentistry.

One constant in NM Dentistry is how the journey begins. Whether it is a dentist struggling with one-tooth dentistry and failing restorations or a technician realizing that he does not have a chance to produce an acceptable result, the first step of the journey begins when you KNOW there has to be a better way!

The second step is when you finally find your first NM program. Whether it is a one-hour presentation, or a full three-day course, it is a "palm smack to the forehead" reaction when you realize "That's it!" In my twenty plus years dealing with new NM Dentists I have heard that expression repeated countless times, and it was no different for me.

At that same seminar, I met Jim Garry and his son-in law Ron Reed. Ron was the one who did all the K6 computer work for Jim's busy NM Practice. I was happy as a dental technician but I recognized an opportunity for a high tech carrier that hardly anyone even knew about yet. Bob Peters and I worked out an agreement on the plane home. I also came back from that first seminar with an insatiable desire to learn everything about NM Dentistry.

I read Dr. Jankelson's book, Diagnosis and Treatment of Temporomandibular Disorders, cover to cover. Bob Peters and I would spend time after work reviewing the scans I took that day. When we had questions we could not answer

from our notes or Bob's book, we had Bob Jankelson and Jim Garry as our mentors. Does this sound familiar? My NM journey was just the same as yours, only the names are different!

I was hooked. I could not get enough NM Dentistry. I began taking the Myotronics seminars on my own. I would volunteer to hook up the patient and run the computer while Bob Jankelson lectured. When he asked me to become a regular part of his seminars and work for Myotronics, I jumped at the chance! That was the beginning of a personal and professional relationship with Bob that I have enjoyed for over 25 years. I have been all over the U.S. and the World with Bob and Myotronics. When Bob Jankelson took me under his wing, it was a quantum leap in my NM Journey.

As my reputation grew from my involvement with the NM Seminars, doctors began to ask if I could be the one to train them on the use of their new computers. Shortly, I found myself the primary Myotronics computer trainer. During this time, I also purchased my own portable K6I. Using my computer, I traveled to NM Doctor's offices all over Southern California. I took K6 data, helped with bites and orthosis delivery. I helped them to gain some experience and a patient base before they bought their own instrumentation.

I began to represent Myotronics at dental meetings and other seminars. While at those meetings, I was able to sit in on the courses. It was like having a free pass to LVI, only I got to hear opponents of NM dentistry as well. That was the beginning of my 20-year association with Jay Gerber. Because of Jay, I experienced another leap in my NM journey.

The bottom line is that I had the opportunity to see hundreds of patients and take thousands of scans. That opportunity continues even now. Because of my teaching schedule at LVI, I still see more K7 data and take more bites in one month than most doctors in a year.

My NM Laboratory skills progressed on a parallel track. When you have Bob Jankelson and Jay Gerber recommending you, it does not take long to build a great clientele. As a one man lab I could only handle one big case a month, but I was able to develop a very personal service. I flew in on prep day to help with the bite transfer and manage the aesthetics, and I came back again on seat day to help with the coronoplasty.

By the mid and late nineties I had become very complacent. Doctors were happy. Patients were happy. I was happy. I had unconsciously set my own limits

In 2000 Bill Dickerson brought Myotronics and NM Dentistry to LVI, and my little world got turned upside down! My first impression of LVI was the campus itself. I had made presentations at U.O.P Tufts, Stonybrook, and uni-

versities in Italy and Brazil. None of those produced the feeling I had at LVI. I now know it as the "LVI BUZZ". My second impression was that the attending doctors expected, and the clinical instructors and faculty delivered a very high level of education. I knew that I would need to meet those expectations if I expected to stay. As a Lab Technician, no matter how I tried to sugar coat it, my dental lab skills were not up to the beautiful work I saw at LVI. Whether they were displayed in the classes, or all over campus, LVI smiles were everywhere. To quote Bill D.,"I didn't know, what I didn't know", and I immediately made arrangements to take the Lab classes.

LVI challenged me in the best possible way. I am a better teacher, a better NM Clinician, and a better Lab technician than I was eight years ago.

Currently, I have been elevated to faculty status by Bill Dickerson. I teach eight courses at LVI including; K7 Computer Training, Core I, Core IV, Core VI, Scan Interpretation, Bill Wade In-Office Consultations, Neuromuscular Technician, and Neuromuscular Full Mouth Waxing. I am also an LVI Certified Ceramist.

You ask, "How did this happen?" I have been at the right place, at the right time, with the right skills. I have learned from, and worked for, some of the best NM Dentists in the world. I have been privileged to work for Myotronics and LVI the two leading companies in the field of NM dentistry.

"Why it happened" is a much simpler answer. I still can't get enough NM Dentistry!

What do you think attracted you so much to this aspect of dentistry?

For me it was the computer measurement, specifically jaw tracking. I have told the story many times, about the first time I saw the chewing cycle displayed. My mind was racing with all the anatomy and occlusal contacts I was trying to manage, and the working, balancing, protrusive, and guidance movements I was trying to accommodate on the articulator. I thought I was finally going to see what the results looked like. When the patient was given a cracker and told to chew, I was amazed to watch the patient cycling through about 5mm of freeway and occluding over and over in an area of less than .2mm. I realized in that moment that all those things I was trying to accomplish on the articulator had no relevance what so ever to what was actually occuring in the mouth.

If you ask me what I think attracts the most dentists, it is the bite. If a repeatable, stable bite is the Holy Grail, then we have it in the Myobite.

Which professional accomplishment(s) do you value most?

I have done some very difficult, and some very beautiful laboratory work. I have also worked to help resolve the symptoms on some very difficult and sick patients. Any part of NM dentistry is very rewarding.

What I value most though, is that I have had the pleasure of training virtually every American NM Dentist, in the use of the Myotronics computer instrumentation, for the last 20 years. Through LVI I have trained most, if not all, of the new Australian and Canadian NM Dentists. As a Myotronics representative, I have taught refresher courses in Brazil, Italy, and Germany.

No matter where I may be I am around dentists and teams that I have helped to start their NM journey. I never tire of their stories. They always begin “Hey Bill, I had this patient…”, or “Bill you wouldn’t believe my team and that K7…” It is a great sense of accomplishment and pride that I have had a part in bringing NM concepts to Dentistry.

Who do you admire and why? Who are your mentors?

There is no one that I admire more, both personally and professionally than Dr. Robert Jankelson. He is my friend, and mentor. Dr. Jankelson treated me as a professional colleague the first time we met, and he is with out a doubt, the one who has had the most to do with my success in NM Dentistry. Bob is the owner of Myotronics and along with his late father, Barney, are the real pioneers of NM Dentistry. Robert Jankelson has fought the battle for your right to practice NM Dentistry, not only against those individuals who have a different opinion of occlusion, but all the way to the FDA, and won! Even with all the demands on his time with the NM battles and his heavy international teaching schedule, Bob maintained a very successful pain/dysfunction and reconstructive practice. He is an “in the trenches wet-fingered” dentist, and that is what makes him such a great teacher. I have seen Bob go toe-to-toe with neurologists and later do an acrylic occlusal reline, and be equally comfortable with both groups. With Bob’s guidance the dentists I was working for were doing 28-unit full mouth reconstructions 25 years ago. Even though techniques and materials change as we push the envelope of NM Dentistry, we all still stand on the foundation that he built.

Redefining esthetics

Traditional Dentistry

Laser Dentistry

The DioDent MICRO 980™ can take your gingival contouring to the next level as shown above. But what if the optimal gingival height compromised your biological width? The VersaWave® Erbium laser will restore that biological width without a flap and take your cosmetic dentistry to the next level.

View various clinical videos at www.REDEFININGDENTISTRY.com

"Lasers have taken my clinical results, patient experience and practice profitability to a whole new level. As an ALL -TISSUE laser, the Versawave has the potential to enhance your patient experience in the greatest number of clinical cases. From a child's first filling to adults with implants, my patient's smile says it all! I thought the diode laser was great. It doesn't compare to the versatility of the Versawave! The research and science all show that the future is here."

Peter Pang, D.D.S, F.A.G.D.
Academy of Laser Dentistry Educator
LVI Fellow and Visiting Faculty Member
Sonoma, CA

HOYA ConBio - Redefining Dentistry™

47733 Fremont Boulevard, Fremont, CA 94538
T 800-532-1064 • www.conbio.com
www.redefiningdentistry.com

Look for more HOYA ConBio laser benefits in future LVI Global webcasts and at your next LVI Global course.

"Any part of NM dentistry is very rewarding."

Why is that there seems to be some resistance to what you KNOW is the truth about occlusion and the benefits neuromuscular dentistry offers to our profession?

There are two levels of resistance. First, at the top of academia, on the boards of universities, and the heads of the departments are the same names I have heard for 25 years. It is not resistance at this level it is an outright attack. This is the 30 year fight that Bob Jankelson and other dedicated NM dentists are still fighting. I honestly do not understand the vehemence in the claims against NM Dentistry made at this level. They have power and they continue to try to discredit NM Dentistry.

Second, for the rank and file dentist and new dentists, the resistance is change. Every journey begins with the first step. It requires a paradigm shift in thinking to understand and practice NM Dentistry, and that is a big step! I think the LVI Global Regional Events, a home town meeting, with a home town dentist just talking about how he practices, really takes the fear out of that first step.

You have had years of experience, has it been your experience that restorations restored to a NM balanced position last?

Absolutely! It may be the most important reason the restorative dentist should practice NM dentistry. Using the NM techniques we can obtain a predictable, repeatable bite. With a stable bite it is actually very easy to put force down the long axis of the tooth where the porcelain is the strongest, and eliminate the shearing forces where porcelain is the weakest. I know that Bob Jankelson and Barry Cooper have documented cases for over 30 years. My record is ten years for one of my first all ceramic cases.

What is the biggest problem in dentistry today? What bothers you the most?

I can only answer by repeating the remarks that I hear from the dentists in my classes at LVI. The problem is that treatment is being limited and dictated by dental insurance companies. I have heard these same comments from dentists for as long as I can remember. I do not think the problem is worse now, but it sure is not any better. Dental insurance is really not insurance. To paraphrase Dr. Chuck Flume, Insurance is when you wreck your car and the insurance company fixes it. Dental insurance is when you fix the patient, and the dental insurance company wrecks the dentist!

Introducing

The **LVI Stratos®** System

SYSTEM PRICE

$1,295.00

Includes carry case, LVI Calibrated Stratos 100, and LVI Occlusal Analyzer

The LVI Stratos® Occlusal Plane Analyzer accurately transfers orientation of the maxillary arch in relation to the long axis of the body to the Stratos articulator

LVI Occlusal Analyzer

- Simple to use
- Adjustable hamular support
- Reproducible mounting technique
- Uses anatomic landmarks not variable soft tissue landmarks
- Fixed incisive papilla pin centers the model

LVI Calibrated Stratos® 100

Based on average anatomical values, the Stratos 100 utilizes fixed 30 degree protrusive and 15 degree bennett angles.

- Stable Easy access design
- Accepts H.I.P mounting accessory
- LVI exclusive calibration
- Magnetic Mounting System eliminates the need to send the articulator to the lab

To order call ***LVI Global*** at 888-584-3237

© 2006 Ivoclar Vivadent, Inc. Stratos is a registered trademark of Ivoclar Vivadent, Inc.
LVI is not a registered trademark of Ivoclar Vivadent, Inc.

Why do you think that many dentists do not have the motivation to find out about this rewarding aspect of dentistry?

In order to be motivated you must have a CLEAR goal. I know there are thousands of really good dentists practicing CO dentistry. Their motivation every day is to do the best dentistry they can for their patients, using good materials and bonding skills, making sure margins seal and contacts are right. This is not bad dentistry it is just not the EXCELLENT DENTISTRY we see at LVI. At the end of every day, did they reach their goal? Yes. Is it the goal we would like them to have? No. We need to reset the goal. Again Regional Events are great however, LVI alumni can be a big factor. I know dentistry is a competitive business, but do not be afraid to show other dentists what you do.

If you could give a piece of advice to all the dentists and lab technicians out there what would it be?

I don't care how well things seem to be going, I'm speaking from experience when I say, do not become complacent. Complacency leads to self-limitation and ultimately stagnation.

Stay current. LVI is where NM dentistry is being pushed to the limits and beyond. Do not think that because you have completed Core VII you are finished. There are over 20 more dental courses, 8 in-office consultation programs, and 7 Lab courses you can take.

Stay Connected. Talk to your clinical instructors. Talk to your LVI friends. Talk to your lab.

Stay motivated. Set a clear goal, and stay focused. When you reach your goal SET ANOTHER ONE!

What do you think the future of dentistry is and why?

I know the future of dentistry is in high technology. CAD-CAM Dentistry. Impression-less crowns sent back and forth between the dental office and the lab by email. Cat-scans replacing x-rays. Computer-aided implant placement with cat-scan accuracy. Computerized Mandibular Scanning, Electromyography, and Electrosonography, Computer Aided Neuromuscular Dentistry, and CAND.

CANDy has a nice ring to it doesn't it? K7 owners, we are in our 7th generation of "High Tech". It is about time the rest of dentistry caught up with us!

"Set a clear goal, and stay focused. When you reach your goal set another one."

Do you have any final thoughts you would like to share with the readers?

As I reviewed my collection of LVI Visions in preparation for answering these questions, I was struck by the caliber of dentists who have been on the cover of this magazine. They all are on my most admired list. I am honored and quite humbled to be included in their ranks.

I was also impressed with the lofty goals expressed with such broad brush strokes as, “Changing How Dentistry is Practiced”, and “Moving Dentistry Forward”. I will leave those goals to those who can command dentistry’s stage and make it happen

As you have read, my focus is much narrower. After all I am the “nuts and bolts of NM dentistry”. My goal is to do everything I can to make you the best NM dentist you can be. I will help change dentistry one NM dentist at a time.

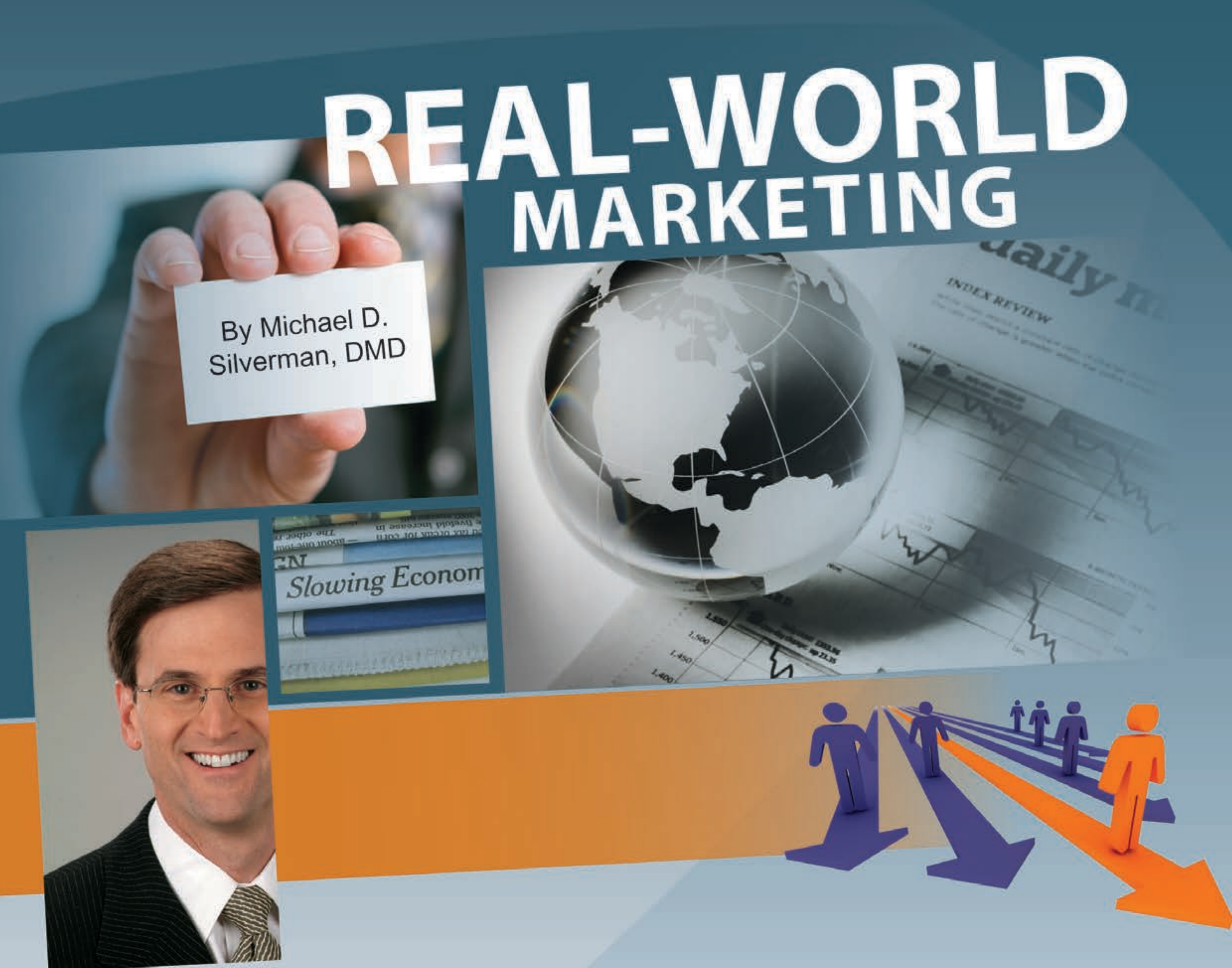
I would like to leave you with one last “nuts and bolts” view of NM dentists. Many times as NM dentists you loose sight of the forest, because you are focusing on the trees.

When a NM dentist places an orthosis, and realigns the mandible to the cranium in the optimal neuromuscular position, he sets in motion an incredible chain of events.

The head, neck and A/O realign, taking the strain off the stomatognathic system. Headaches, head, neck, and shoulder pain are significantly reduced. Head and neck posture is immediately improved, and posture continues to improve down the postural chain. Clicking and popping in the TMJ is corrected. Because of the reduced strain on the central nervous system, the limbic system stabilizes and self-esteem rises. A physiologic bite and a well made adjusted orthosis will reduce the patient’s symptoms by 80%.

You knew all that because you have been looking at the “trees”. What you missed was the “forest”! YOU, are the only one that could have accomplished that dramatic transformation. Only you have the license to work in the mouth, to take an impression, and place an appliance on the teeth. An M.D. cannot do it! A D.C. cannot do it! A D.O. cannot do it. A P.T. cannot do it. A P.H.D. cannot do it! Only a D.D.S. can, and only a NM DENTIST can find the physiologic bite and make an orthosis! Do you realize the power you have to treat patients? Name another treatment that does not involve surgery or drugs that can come anywhere close to your orthosis for pain management.

Dust off your diplomas, hang your Neuromuscular C.E. all around them, and be very proud to be a Neuromuscular DENTIST!



Marketing for a Marathoner

The Art of Running During a Recession

Every athlete knows that there are two main types of runners: sprinters and marathoners. Both are in it to win, but their approaches are very different.

"Anyone can run 20 miles. It's the next six that count."

Barry Magee
Olympic Marathon Bronze Medalist

Dental patients mirror these two types of runners quite beautifully. There are patients that are excited to get all of their dentistry done quickly and immediately. These are the sprinters—the Usain Bolt's of dental care. And then there are patients who prefer to spread their treatment out over time, whether for insurance, financial, or personal reasons, and these are the marathoners—the Constantina Dita-Tomescu's whose slow and steady pace ensure they can successfully cross the finish line.

In times of economic stability, dentists measure the value of a new patient by the amount of profit gained from an average patient over the first nine months of treatment. This system helps guide a dentist's marketing strategy, determines office and equipment spending budgets, and projects quarterly and annual profits. The nine month estimation is effective for dental sprinters. They want to get in, get out, and make it to the finish with a healthy, aesthetically pleasing smile in as little time as possible.

However, in times of economic uncertainty, a great deal of patients slow down their pace. The sprinters turn to marathoners, still eager to improve the health and appearance of their smiles but not as focused on the instant gratification of complete and immediate results, particularly aesthetic ones. Their desire for upper and lower veneers begin to compete with the immediacy of paying their mortgage, car insurance, gas, and grocery bills. Therefore, the way dentists estimate the value of each new patient needs to change accordingly.

Beijing 100 & 200m Dash Gold Medalist Usain Bolt

During a recession, the nine month value estimation of a new patient should be switched to a 24 month estimation. This will yield a more accurate number to calculate a patient's true value in a down economy. Regardless of a patient's economic status, they become increasingly hesitant to spend money on treatment that is not absolutely necessary. Patients' primary concerns turn to treating periodontal disease, completing root canals, restoring broken teeth, and alleviating painful cavities. However, this does not necessarily mean their desire for a more aesthetically pleasing smile disappears. They may still be interested in those veneers or immediate Zoom!® whitening, they are just more likely to spread out the treatment over a longer period of time—thus the 24 month estimation.

Using Different Approaches for Marathon Training and Conditioning

There are several key approaches a dentist can take to ensure that these

marathon patients remain in their system and continue to return for slow but consistent care over a 24 month period.

1. Improve patient experiences.

Patients who have positive experiences and a strong relationship with their dentist are less likely to switch dental providers during times of economic uncertainty. They seek stability and reliability—two things that almost any caring and qualified dental practitioner can easily provide. Dentists can take small steps like enhancing customer care with better staff training and improving waiting room aesthetics with comfortable furniture, calming artwork, and pleasing color schemes to ensure that their patients have a positive experience in their office and continue to return for recare.

2. Encourage but don't pressure treatment.

Present "total care" options. Letting patients know that there is no pressure for them to complete all of their treatment at once can be a huge relief for many patients. Keep in mind, this does NOT mean that dentists should change their treatment recommendations. It simply means they should modify how they present those recommendations. Dentists should focus on addressing immediate needs first and then encourage patients to continue with their aesthetic dentistry goals a little bit at a time as their budget allows for it. While it's certainly not as gratifying as getting paid in one lump sum, this approach helps a practice maintain a steady cash flow.

Beijing Marathon Gold Medalist
Constantina Dita-Tomescu

3. Build strong relationships with the kids in a family practice.

Most parents will choose discretion when spending money on themselves and opt to put their available dental funds towards their children first. If dentists can successfully maintain a positive relationship with the children in their practice, they are more likely to keep parents in their system as well. When additional funds do become available, those parents are more likely to turn to their trusted family practitioner rather then seeking care elsewhere.

Marketing for Marathoners: Planning, Advertising, and Tracking

As always, the main goal of marketing for any practice is to gain new patients that bring in more money to the practice then the cost of acquiring them. Dentists should be willing to invest their marketing and advertising funds up until this point. If it costs $1,999 to bring in a new patient and the revenue generated from that new patient is at least $2,000, a dentist has technically still made a profit. Obviously, the lower the cost of the acquisition, the higher the profit margin.

The metrics of marketing become even more essential when available advertising funds are limited. There are several simple and easy steps a dentist can take to measure the effectiveness of their marketing strategies (and modify them accordingly when necessary):

“Dentistry, like running, is about training, preparation, skill, and delivery.”

- Purchase a unique phone number for use on all new advertising to track incoming patients
- Consider using a unique URL (web address) on new advertising to determine which patients are coming in from current campaign efforts
- Seek out free analysis tools like Google Analytics to help track new patients
- Use a coupon or free giveaway that a new patient can present at the time of their first appointment
- Use patient intake forms that ask patients to identify all of the ways they heard about a practice (this is notably the oldest and least effective way of measuring marketing)

Crossing the Finish Line

Once dentists have prepared themselves for the transition of sprinter-to-marathon patients, changed their treatment approaches accordingly, and can effectively track new marketing efforts, the last and final step is to continue to build their skill sets. While dentists may see their patient’s “sprint” to complete cosmetic dentistry slow down during uncertain economic times, there are still some dental procedures that remain recession-proof.

While LVI is most famously known for its cosmetic dentistry courses, the institute also offers a wide array of recession-resistant continuing education programs that can help bolster income. In addition to their neuromuscular programs, courses like Endo Root Camp® with Dr. Kit Weathers, The Art of Direct Resins with Dr. Ron Jackson, and Rehabilitation of the Edentulous Patient with Dr. Normon Thomas and Dr. Mark Duncan present outstanding opportunities to grow and improve skills in areas of dentistry that are recession-resistant because they are need-based and not want-based.

This does not mean that a dentist should discontinue advertising or branding their cosmetic dentistry services. Consistent cosmetic dentistry marketing efforts, even in a down economy, will help patients keep Top of Mind Awareness of a dentist’s aesthetic services and make them more likely to return for treatment when additional funds become available.

Dentistry, like running, is about training, preparation, skill, and delivery. For marathon runners, it’s also about endurance. When you are prepared for the race before you and can visualize the finish line in the distance, you’re one step ahead of the game. In fact, you can lead the pack.

Michael D. Silverman, DMD, DDOCS, DICOI, is an internationally-recognized dental educator, speaker, business leader, and author. He is the President of b2d Marketing (b2dmarketing.com), a dental and medical business marketing company which manages and facilitates the LVI Branding Campaign, as well as the President of RAMP (rampresults.com), the largest dental practice marketing agency in the country. He is also the Co-founder and President of DOCS Education (DOCSeducation.org), an organization that provides continuing education training to dentists and team on oral sedation dentistry and emergency preparedness. Dr. Silverman can be reached at Dr.Silverman@b2dMarketing.com.

STRAIGHT

This featured column represents the first installment of many to be incorporated in each issue of *LVI VISIONS*. The primary purpose is to discuss questions of an orthodontic and/or K7 instrumentation nature that are either posted on the LVI Forum or brought to my attention through LVI classes. These discussions will provide valuable insights when 'Forum' questions go unexplained and it is hoped they will provide more complete solutions from a clinical perspective. STRAIGHT TRACKS will also serve as an update for those doctors that have participated in the NM Orthodontic programs at LVI.

I would like to take journalistic freedom and point out what has become evident on the forum and in the classroom. Unfortunately many knowledgeable clinicians begin their responses without even diagnosing the cases in point. The only way to determine the Neuromuscular (NM) significance of any case is to first screen the patient. Bioelectrical instrumentation using the Myotronics K7 is routinely omitted. I have observed this shortcoming in almost every Forum chat dealing with airway and four bicuspid extraction mechanics. Many simply state a case is wrong, and describe where the teeth are to be moved. All these recommendations are being made without proper NM Screening or a NM Bite Registration. Quite simply, we really do not know that the advice rendered is wrong or right from a NM perspective. One must ask; "Are these recommendations based upon science, or is it just aesthetics?" Traditional orthodontics along with traditional CO/CR dentistry is often based upon many opinions by many individuals that ignore modern technology.

The first big lesson of this inaugural column is to diagnose, diagnose, diagnose. All alumni at LVI have been instructed to evaluate, diagnose and then present a treatment plan. Remember, when all else fails "follow the directions".

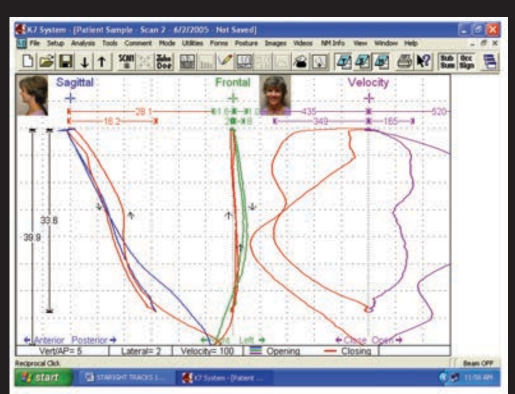
Neuromuscular Screening

The basic evaluation employs a Scan #13. We first observe the vertical levels of crossovers from the Opening/Closing track (O/C) in the Sagittal view to see where Cervical issues may arise. Are these ascending, descending, a result of occlusal imbalances, muscle dyskinesia or airway obstruction? Are the Sagittal crossovers unrelated or consistent with frontal view ones? Frontal view crossovers are representative of clicking joints, soft tissue displacements or muscle dyskinesia. When we observe simultaneous crossovers in the frontal and sagittal views they almost always are from internal derangement in the TMJ. Sagittal crossovers, with a frontal component only, viewed at the maximum opening are believed to be lower cervical dysfunction and may be representative of ascending cervical issues. Middle level crossovers are related to more upper cervical dysfunctions (such as AO) and may be indicative of descending issues when primary causation is occlusal. As the

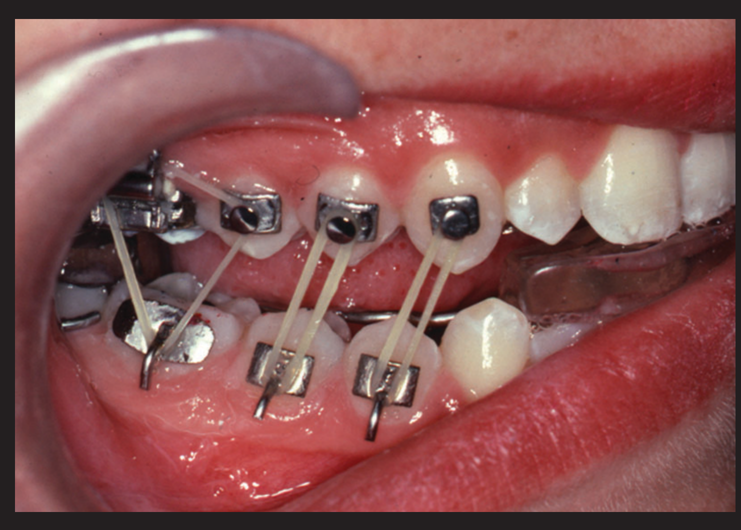
TRACKS

RECOMMENDATIONS BASED ON A NEUROMUSCULAR PERSPECTIVE

JAY GERBER, DDS, FICCMO, ABPM



This K7 Scan represents a Sagittal and Frontal views of the Mandibular Range of Motion and a Velocity sweep.



scan (tracking) approaches occlusal contact these crossovers are representative of occlusal interferences.

In summation, it behooves each clinician to do a basic NM screening. In my office a cursory NM evaluation (screening) is performed on all patients twelve years of age and older. This screening process includes a Scan #2 for Frontal/Sagittal Mandibular Range of Motion (ROM) and speed of O/C, Scan #13 for ROM and #15 for Sonography. You can modify the individual scans mode or views under the menu bar. When the decision to treat is made a more comprehensive patient study is completed including a NM Bite Registration.

Dr. Gerber is the Director of Neuromuscular Orthodontics at LVI Global and serves as the Clinical and Educational Director of the Center for Occlusal Studies. Dr. Jay has clinically treated 1,000's of patients since the early 1980's using the principles of Neuromuscular Dentistry. He has designed and used the Gerber EMG Orthosis in his private practice which is for the exclusive treatment of orthodontic and TMD patients. Dr. Gerber is recognized as one of early innovators of neuromuscular functional orthodontics and for the applications of the 'EMG Guided' bite registrations. Dr. Gerber has made a commitment to stable, pain free neuromuscular correction and long-term occlusal stability. He currently maintains a private practice in Parkersburg, West Virginia.

THE MORE THINGS CHANGE

THE MORE THEY STAY THE SAME

A 25-year look at NM Dentistry

Bill Wade

“Constants in life are reassuring, comforting and reliable.”

There are Laws in nature, physics, astronomy, and life that cannot be changed.

For every force there is an equal and opposite reaction. If that somehow changes, all motion will stop.

If, somehow, the earth were to stop spinning, then that apple will not hit the ground (Newton’s Law of gravity). It will go flying off into space, with the rest of us not far behind.

In math there are formulas and values that always remain Constant; c=pr2, a2+b2=c2. The numerical basis for the Golden Proportion never repeats; 1+1=2, 1+2=3, 2+3=5 to infinity.

You can influence many factors around those Laws and Constants. Changes will occur, some good, some bad however, the Laws and Constants always remain.

I can use force to create lift over the wings of a plane and defy gravity! I can use magnetic north and geometry to plot a course from A to B and change my location. So experimentation and change is absolutely necessary to move forward, be inventive, and creative. If, however, you think that flapping the wings of the airplane is the correct change, you are in for big trouble!

The same principles can be applied to NM Dentistry. Whether you are a CR Dentist or a NM Dentist, the Constant is the stomatognathic system. The brilliance of Dr. Bernard Jankelson and the success of NM Dentistry is that we make many changes around the system but never TO the system. In other words, if I cannot get the plane off the ground, I can get a bigger engine or lighten the load, but I cannot change the physics. If the Stomatognathic system is unbalanced, I can optimize the muscles and bite. But, it will do me no good to try to change the SYSTEM to hinge axis mechanics.

When I began listing the Constants and the Changes I have witnessed in NM Dentistry it was immediately obvious that the lists were the same. The old adage “the more things change, the more they stay the same” certainly applied to NM Dentistry. I also realized that not only are there Laws in the Science and Physiology of NM Dentistry, but there is also a legacy of measurement, education, and perseverance that began with Dr. Bernard Jankelson. To understand what has changed and what has stayed the same a bit of the history of Myotronics and NM Dentistry is necessary. Not a literal history, (I apologize in advance if I have left out someone or recorded a date incorrectly) but my impressions, the roots of NM dentistry as I have experienced them.

CONSTANT:
"If it is measured it is a fact. If it is not measured it is an opinion."

Dr. "J" (as he was known to those who worked with him) was always concerned with measurement even before he began TENSing and taking bites. I have seen the fish scale he modified with a chin cup to measure the force he was applying to manipulate the mandible into CR. In 1958 he published an article in which he described wiring two opposing gold molars to a battery and volt meter to prove that teeth do not touch during mastication. "If it is measured it is a FACT. If it is not measured it is an OPINION" was Dr. J's motto long before NM Dentistry. He was experimenting with the first Myomonitors in 1966. Myotronics was incorporated in 1968, and by then, Dr. Robert Jankelson had joined the private practice and Myotronics. There was almost 20 years of experimentation, studies, and equipment advancement in NM Dentistry, before I attended my first Myotronics seminar in 1982. After 42 years, precise objective measurement so vital in most professions, still seems like new concepts in modern Dentistry.

CHANGE:
The Equipment

Even though the same things are being measured, EMG, CMS, and ESG, the technology of the K7 Evaluation System has progressed far beyond its predecessors. The original EMG printed out on thermal paper, and if the numbers were not "inked-in" they faded out. Additionally, only four channels could be done at one time. The CMS did not electronically align. The X and Y axis were manually aligned, and if the patient moved in the slightest, the alignment had to be redone. To save a scan, a Polaroid picture of the screen was taken and pasted to a form. In 1990, I purchased the first Dolch Portable K6I. It was the size of a carry-on bag and weighed 21 pounds. It had a hard drive that could not even store the K7 program. The price was $26,000. To offer a little perspective, I purchased my first home in 1974, a Golf Course Condo for $26,500. Perhaps more significant than the obvious changes to the K7 system, are the technological changes that are not seen. As technology improved so did noise suppression, accuracy tolerances, and system reliability. Software improvements that reflect the clinical use of the system, and encourage experimentation have been constantly added.

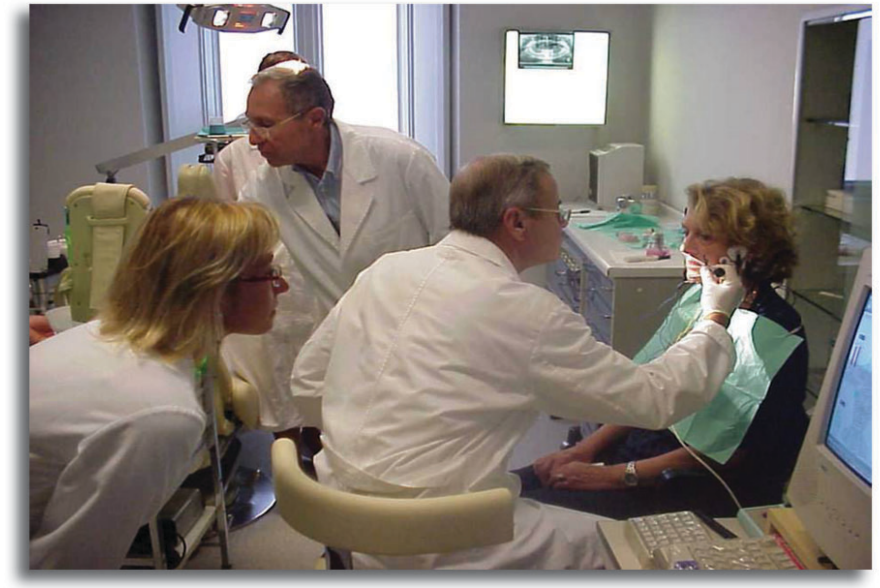
CONSTANT:
NM Education

Since Dr. J was ostracized by the Dental community there has never been a University affiliation (in the U.S.), and no outside backing of any kind. The study of NM Dentistry in the beginning was very up close and personal. The first meetings were in held in the dental office, and later in the Myotronics conference room. Even in 1984, when I began working in the seminars, a group of 10 dentists was considered a good turn out!

Jim Garry's sister was a TMD patient. He heard of the work Dr. J was doing and asked him to treat her. The answer was NO, come to Seattle with her and learn how to treat her yourself. I have heard similar stories from most of the pioneers in NM Dentistry. The idea of just "showing Dentists what we do" is still the most powerful motivation in the study of NM Dentistry. There has never been a sense of urgency or pressure to purchase the equipment. Teach the physiology first. The paradigm shift from mechanical thinking to physiological thinking may take one seminar or a whole Core system but once you buy the theory, the science of measurement becomes a natural progression in the NM Journey. Mastering NM Dentistry requires patience and practice, but the principles are simple and constant. Every NM instructor, from the Jankelsons, to Bill Dickerson, has taught the same message: Relate the mandible to the maxilla with the least muscular accommodation and the highest function.

CHANGE:
How Education is Delivered

The traditional CE format is a two-day course at a hotel and the study of NM followed the same path. I traveled the U.S. and the World with Bob



Jankelson doing two and three-day programs. I did the same in the U.S. with Ed Duncan, Jim Garry, and Jay Gerber. Barry Cooper, Mike Mazocco, and others were also doing seminars. Each instructor brought his specialty to the table, but invariably each class, no matter what the title, would contain beginners as well as experienced dentists. The courses always had one day of advanced learning and at least one day of basic NM (i.e. scans, TENS, diagnosis). It is a testament to those instructor's patience and dedication that everyone got what they wanted from the courses. Dentists would often take the same course several times in order to ask advanced questions. Many of these courses were only offered once per year. In later years, Jay began offering sequential courses on different learning tracks to provide a more comprehensive NM education. There was no fast track to NM Dentistry. I certainly mean no disrespect to the Dentists I mentioned above, remember I was there too. They are all legends in NM Dentistry, excellent, dedicated teachers, and my friends. I was a part of some amazing seminars, featuring Travell, Rocabado, St. John, and others. It was the best education at the time.

The LVI campus provides a totally unique learning environment. There are 20 fully equipped operatories, 23 K7 Evaluation systems and at least twice that many J5 Myomonitors. Every course offers hands-on instruction, supervised by an LVI clinical instructor, for every dentist. The CORE system is a cookbook for NM Restorative Dentistry. Each CORE builds upon the previous one. The CORE system was a very bold move. No longer can you be "just" a NM Dentist or "just" a Cosmetic Dentist. From the introduction to NM Principles to Full Mouth Reconstruction, when you are ready for a new skill either Clinical or NM LVI is ready for you. No matter how skilled you are, at each CORE you will be challenged to be better. After completing the CORE system, LVI offers over 20 advanced courses to take your practice to any level at your pace. I have spoken with several dentists who had to fight for their NM education using the old system. They admit to taking competitors courses and even CR courses just to gain a pearl or two. They are in fact a little jealous of what is offered at LVI, even though most are now part of LVI.

CONSTANT:
Perseverance in the fight for NM Dentistry

Dr. J was a respected, published member of the Dental community. But when he brought new ideas to his peers, he was immediately branded a Dental heretic. As I stated in the Visions Interview the reaction to NM Dentistry at the academic level is not just a professional disagreement, but vehement and personal. Barney was no "shrinking violet" in the fight for NM Dentistry. There are stories of a "punch out" in an elevator! Without that kind of perseverance NM Dentistry would never have survived. The legacy carried on to Bob Jankelson, his brother Roland, and many other committed NM Dentists. They all fought to defeat the FDA when the critics managed to get the Myomonitor reclassified with pacemakers as a life-threatening device. The war is not over. We have won some battles but the enemy is still there. When you see a message from Myotronics or Norm Thomas asking you to write letters in support of NM Dentistry, take that request seriously! The same group that has failed to discredit NM Dentistry with the insurance companies, ADA, and FDA, is trying to make TMD a Dental

Specialty. They make it sound like a good thing, but beware it is just another attempt to undermine your right to practice NM Dentistry. They are relentless in their quest and we must persevere. There is an element of pride in being the underdog, but even when you are RIGHT it is an uphill battle!

CHANGE: A much louder voice!

NM Dentists of today have the same pride, dedication, and fighting spirit of Dr. J. The change is that there are literally many, many more willing to stand up for NM Dentistry. Lecturers are beginning to realize that their audiences now might very well contain more than one NM Dentist. NM Dentists who are no longer content to sit quietly and be maligned by a speaker who knows nothing about NM Dentistry. Bill Dickerson has been relentless in his quest to bring critics to LVI. Even though they may not be converted when they leave, their universal comment has been "NM Dentistry is not what I thought it was."

CONSTANT: Scan Technology

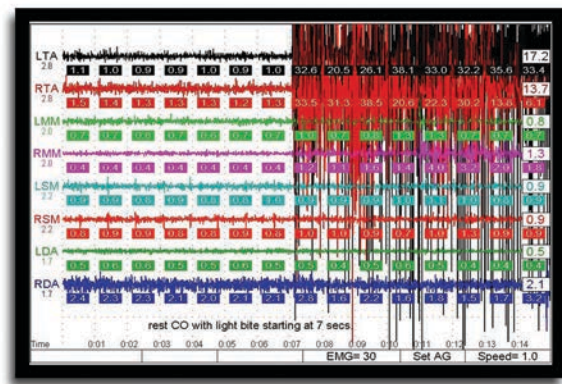
The format of scans, whether on an oscilloscope or a computer screen, remains the same. Many technological advances have been made, but a Scan 9 is still a Scan 9 whether recorded on a K5 or a K7. It is a credit to Myotronics, Fray Adib, Kevin Houck, and all the engineers, that we have a 40 year history of consistent data to rely upon. Myotronics and computerized dentistry was so far ahead of its time, dentistry is just now catching up.

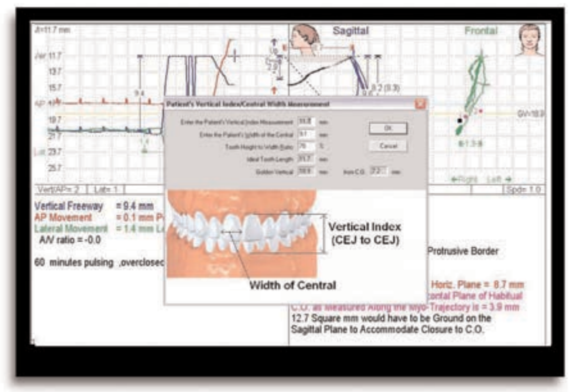
CHANGE: Scan Interpretation

After 20 plus years of Scan 9s and thousands of diagnoses, it took a fresh look to discover a new diagnostic protocol: the Rest/CO. A study of the structures and muscles of the stomatognathic system make it obvious that it is a closing system. The major muscles are involved with bringing the teeth together to facilitate mastication, speech, and even respiration. To quote Garry Wolford "TMD is an abnormal CLOSURE problem." Bill Dickerson is absolutely right when he says "You can have a good rest but a bad bite, but you cannot have a good bite and a bad rest". The Rest/CO is a bite evaluation scan done in a raw EMG format. It is so simple and logical in its intent, that even the newest NM Dentist and patients can easily understand its meaning.

The physiologic bite is not a single point but a range varying in all six dimensions. The application of the Golden Proportion to the teeth and vertical dimension has resulted in the LVI Golden Vertical, a highly accurate way to predetermine the ideal bite range using the classic 4/5 scan format.

The software has been continually updated to express these new dimensions in scan interpretation. Even though the scan format and data remain the same, new and different ideas lead to new interpretations which refine the differential diagnosis.





We believe interacting with your patients is the best way to teach.

In the Operatory

Customize your treatment explanations with Henry Schein® Guru™. Each patient is unique and Guru lets you personalize each presentation to fit your patient and your style. Add patient x-rays or images right into the presentation for a truly personal experience.

In the Front Office

With Guru TV, your patients can be educated while they wait for their appointment. Play this fun and educational video in your front office to start the learning even before they sit in the chair.

In their Home

Guru is completely integrated with DENTRIX®, allowing you to create personalized treatment plan presentations with custom images and annotations for your patients. When the appointment is over, print the presentation or email it to them at home.

We're Redefining Patient Education! Find out how.
Call 1.888.846.3391 or visit www.howdoyouguru.com

©2008 Henry Schein, Inc. All rights reserved. The Henry Schein Guru logo, DENTRIX, Henry Schein and the Henry Schein "S" logo are either trademarks or registered trademarks of Henry Schein, Inc. A-GURULVI-1208

CONSTANT:

Myomonitor Technology

The wave form and pulse frequency that Barney Jankelson and his engineers developed continues to be effective and remains the same. The electronics, electrodes, and number of leads have changed however, basic electrode placement and pulse amplitude remains the same. NM dentistry is a muscle-based paradigm and the Myomonitor has always been the bedrock of the system.

CHANGE:

Myomonitor Physiology

A second channel was added specifically to treat the postural issues of the neck and upper back. After 20 plus years and thousands of hours of TENS, a new protocol was developed. Stimulating the spinal accessory now gives us neural mediation of both the fifth and eleventh nerves. Neural mediation is crucial to NM Dentistry. Bob Jankelson has said that if we were not able to stimulate the trigeminal nerve there would be no Myotronics! Stimulating the spinal accessory may give us the same control over the muscles of the neck and upper back.

CONSTANT:

Orthosis

The removable orthosis has always been an integral part of the NM treatment. It provides stabilization for the stomatognathic system, neutralizing muscle accommodation, providing a new engram, and improving posture. It is easy to work on and, if necessary, is reversible. Early attempts at fixed and long term orthosis using the materials at hand worked however, were not very esthetic, and were very difficult to construct. Patients were wearing these appliances as the final treatment. One of the best attempts was by Dr. John Flocken at UCLA. He cast two lower quadrant occlusal overlays from sterling silver and cemented them in. You can imagine what that looked like, and I wonder how often they popped off!

CHANGE:

Materials and application

With new materials and patients committed to reconstruction the LVI Fixed Orthosis has become a necessary second phase of orthosis therapy. Esthetics and comfort is improved. 100% compliance is guaranteed, resulting in controlled remodeling of the joint. Patients with flattened posterior occlusion can wear upper and lower fixed appliances, allowing the occlusion to be refined to a higher degree. Transition from orthosis to porcelain has been greatly simplified by the use of the LVI Fixed Orthosis.

CONSTANT:

The NM Dentist

Even though Myotronics just celebrated its 42nd year, to the beginner, NM Dentistry still seems very new and high tech. The constant in NM Dentists is that they have the same enthusiasm and passion for learning whether they began their NM Journey five days, or 25 years ago. Most dentists still find NM Dentistry for the same reason. Whatever bite system they are using is just not working, and ignoring the problem does not make it any better! Historically, dentists who come to a beginning NM Seminar are already great dentists, because it takes a certain amount of self-confidence to challenge traditional dentistry. All the factors that make a great dentist do not go out the window when NM Principles are being used!

CHANGE:

The NM Dental Practice

When conducting informal surveys of CORE I and K7 Training, I find that only about one or two out of ten dentists want to specialize in a pain and dysfunction practice. The majority have come to LVI and NM Dentistry to enhance their cosmetic reconstruction practices. Of course, by default, the cosmetic dentist is treating pain and dysfunction. If I would have asked that question 8 or 10 years ago the answer would have been, "treating pain and dysfunction to supplement my general practice!" The NM Dentist remains the same; the focus of the practice has changed. NM Dentistry has moved back to the restorative market where it always should have been.

Dentists I meet today are more open minded than in the past. I have worked seminars with Bob Jankelson where dentists came just to argue with Bob. They had an agenda and it was obvious. After one of the first Occlusion II programs, Bob and I

www.Page1Solutions.com

"Web marketing with Page 1 is not only the most cost-effective marketing I've done, it is the most effective marketing I've done, period!"

- Dr. Joshua B. Bernstein
San Francisco, CA

Get more patients from the web!
Call for a no-obligation consultation.

800.916.3886

Search Engine Optimization

We guarantee 1st-page search engine results.
If you don't appear on Page 1 of the search engines, you don't pay!

Website Design

We offer custom, sales-driven dental websites.
Our websites include custom video, Flash animation, custom copywriting, and much more!

Call us at: 800.916.3886
Visit online: www.Page1Solutions.com

discussed that we needed to get the chip off our shoulder. We were spending too much time defending NM Dentistry. LVI dentists wanted to know, how it works, how much does it cost, and where to get one. Just recently a comment on the CORE I evaluation form stated that there should be less discussion about CR and our battle scars, and more NM!

The credit for the recent explosion in NM Dentistry centers on Bill Dickerson and LVI, and deservedly so! But, I think that a large measure of credit should also go to the LVI student dentists and alumni. Without support for the courses none of this would be possible. I will use my own course, K7 Training, as an example. K7 is offered once a month, and always on Monday and Tuesday. It is routinely sold out, and always includes international attendees. Dentists along with their teams come from the USA, Canada, Australia, UK, Germany, and even Singapore. NM Dentistry is flourishing at LVI because of the effort and commitment of the students. Today NM Dentists show the same determination as those of the past who had to fight for their NM education.

Constant + Change = Progress

In NM Dentistry, as in life, the more things change, the more they stay the same. Constants in life and NM Dentistry are reassuring, comforting and reliable. We cannot be afraid of change. Rather we should welcome Change and those willing to push the envelope, be creative and have fun.

Bill Wade

Bill Wade is a dental laboratory technician with extensive training in neuromuscular dentistry, instrumentation and laboratory technology. He has owned his own dental laboratory for 28 years specializing in neuromuscular dentistry since 1982. Over the past 17 years he has trained numerous dentists and team members throughout the United States on the use of neuromuscular instrumentation.

Since 1989 he has been the Myotronics systems trainer and is now on faculty teaching the K7 team training program, Core IV-Advanced Occlusal and Restorative Principles, and the Neuromuscular Technician Program.

He has lectured nationally and internationally. He is a member of the prestigious International College of Craniomandibular Orthopedics (ICCMO), and founding member of the North American Neuromuscular Study Club.

Bill Wade is an In-Office Consultant and instructs in the following courses at LVI.

CORE I

January 21-23
February 18-20
March 23-25
April 15-17
May 6-8
June 10-12
August 12-14
September 23-25
October 7-9
December 9-11

CORE IV

March 16-18
May 11-13
July 13-15
September 2-4
November 2-4

CORE VI

February 4-6
May 20-22
September 14-16
December 2-4

K7 Training

January 5-6
February 9-10
March 2-3
April 6-7
May 4-5
June 1-2
July 27-28
August 24-25
September 21-22
October 19-20
November 19-20
December 17-18

Scan Interpretation

January 7-9
August 26-28

Neuromuscular Technician

February 26-28
October 22-24

LVE has achieved the perfect blend of art, science and service... Experience perfection.

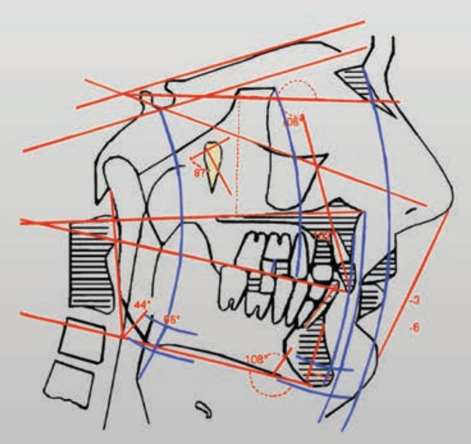
"Simply put, Ray and his team at Las Vegas Esthetics deliver beautiful teeth in a timely and professional manner. From communication to cementation, Las Vegas Esthetics is ahead of all other labs!"

– Dr. Sherry P. Tsai, DDS
Cosmetic Dentist
Millbrae, CA

2545 West Cheyenne Avenue
Las Vegas, Nevada 89032

800.711.6011

www.lvesthetics.com



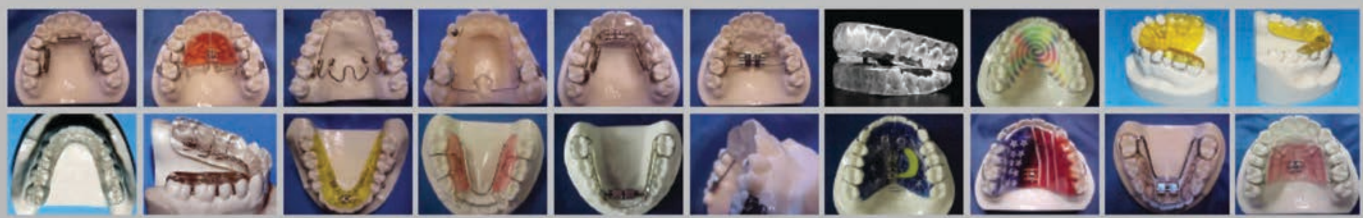
3600 E. Mckinney St. Bldg 2
Denton, Tx 76209
1(800)521-2351
www.fivestarortho.com

"I have been working with Five Star Orthodontic Lab & Supply since its inception. I am very excited to be working with them at LVI in our Neuromuscular Orthodontic classes.

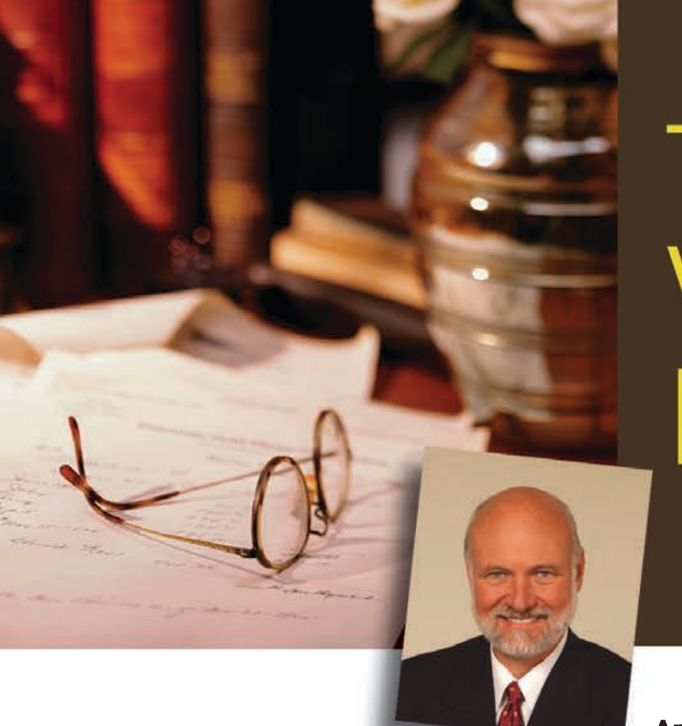
Five Star's consistency, quality, attention to detail and diagnostic knowledge are second to none. In fact, I view Five Star as a valuable extension of my practice."

Dr. Jay Gerber,
Director of Neuromuscular Orthodontics.

Five Star is LVI's Designated Orthodontic Lab.
Five Star is committed to high standards with a dedication to consistency.
Mention this ad and receive a 10% discount on your next appliance!



(800)521-2351 or visit www.fivestarortho.com



THE WEATHERS' REPORT

Arthur "Kit" Weathers, Jr. DDS

32 Secrets of High Profit / Low Stress Endodontics

These valuable tips can help you improve the efficiency and quality of service to your patients.

Recently, I have received a lot of e-mail from people with questions about Endodontics. The questions have been so diverse I thought it might be time to share a few of my favorite pearls from a special report I give to attendees of the LVI Endo Root Camp®.

The report is entitled, "207 Secrets of High Profit/Low Stress Endodontics," and it answers many of the more commonly asked questions. The original report is divided into twenty topics, and this article features 32 secrets taken directly from eight of the twenty topics. The tips are numbered according to their place in the original special report.

Short of trying to teach the entire LVI Endo Root Camp® course in one short article, I thought it would be fun and informative to share some of the tips that have served me well for more than 40 years.

Setting Up for Success (It is All About Systems)

1. Do not enter the operatory until everything is completely set up.

2. Why do operating rooms generally run on time and not have to push back the 11:30 heart bypass? The operating surgeon does not look up from the operating field. They are not allowed to search through drawers and look for instruments.

3. Every operatory should have a set-up checklist for every routine procedure in the office.

5. McDonald's is successful because it is not so much a restaurant as it is a system. Your dental office should be run the same way.

Instant Diagnosis of the Elusive Toothache

18. The purpose of the clinical testing is not to approach a histological diagnosis, but rather to duplicate the patient's chief complaint.

23. The single most telling question on your medical history: "Have you ever taken antidepressant medications?" A "yes" puts you on alert that

"I thought it would be fun and informative to share some of the tips that have served me well for more than 40 years."

the pain may not be endodontic in origin, or at the very least, that this patient may have some other problems. (Mal occlusion can mimic the symptoms of an endodontic problem.)

34. Endo-Ice is a pulp test. The ADA code for a pulp vitality test is 0460. Do not forget to submit it.

38. Radio Shack sells the equivalent of Endo-Ice (same active ingredient as Endo-Ice) as "Component Cooler" (catalog # 64-4321). Many of the "canned air" products such as Stratus Duster contain the same ingredient as Indo-Ice. When using these canned air products, turn the can upside down to express the propellant.

Access Makes it Easy

78. It is always best to remove a crown prior to endo whenever possible. The crown is placed where it looks and feels best, not where the roots are, and with the crown out of the way, you will have easier access to the canals. In addition, your files will have easier access and will not be impeded by the crown walls.

79. If you are having trouble with the access, stop and take another x-ray to see where you are. Yogi Berra once said, "If you don't know where you're going, you might wind up someplace else."

Figure 1
Use Endo-Ice (or equivalent) sprayed on a loose cotton pellet for 'Cold Test'.

Finding Canals

93. Always suspect two canals even in a single orifice: Run your precurved 10 or 15 K-file along the buccal, and then separately along the lingual aspect of the orifice.

95. The canal is always in the center of the root -- use a perio probe around the root to see the orientation of the root. If the canal does not appear to be in the center of the root, suspect a second canal.

98. Which tooth, when it has two canals, almost always has a single foramen? The mandibular incisor.

99. Which tooth, when it has two canals, almost always has multiple foramina? The mandibular premolar.

Measurement

120. Use only one reference for the mandibular molar, (usually the mesio-buccal cusp). From this reference point, the two mesial canals will be equal lengths, the two distal canals will be equal lengths, and the

Figure 2
The Touch 'N Heat from EndoSolutions makes it easy to sear off excess gutta-percha.

distal canals will usually be one millimeter longer than the mesial canals.

121. When using the mesio-buccal cusp as the reference for the maxillary molar, the distal canal will be one millimeter longer than the mesial canal. The palatal canal will usually be one millimeter still longer measured from the palatal cusp.

122. For measuring files, the EndoSolutions' EndoBlock measuring device is almost as good as having an assistant. And it makes the assistant's life much easier too. It is the quickest and most accurate way to measure a file.

Canal Preparation

130. The biggest secret of shaping the canals is to clean the coronal portion of the canal prior to the apical portion -- do not focus on the apex at first. Begin the preparation of the coronal two-thirds of the canal prior to length determination. One reason is that working length decreases as you cut away the inside of the curve. Also, apical instrumentation becomes a breeze when the coronal constrictures and curvature are out of the way.

135. Passive instrumentation: If you have finished with the 20 file, but your 25 will not reach the apex, do not go back to the 20. Use the 25 wherever it wants to go (do not force it), and then go back to the 20.

145. Buying a power saw will not make you a carpenter. You need proper tools to do a proper job, but proper principles are more important that tools.

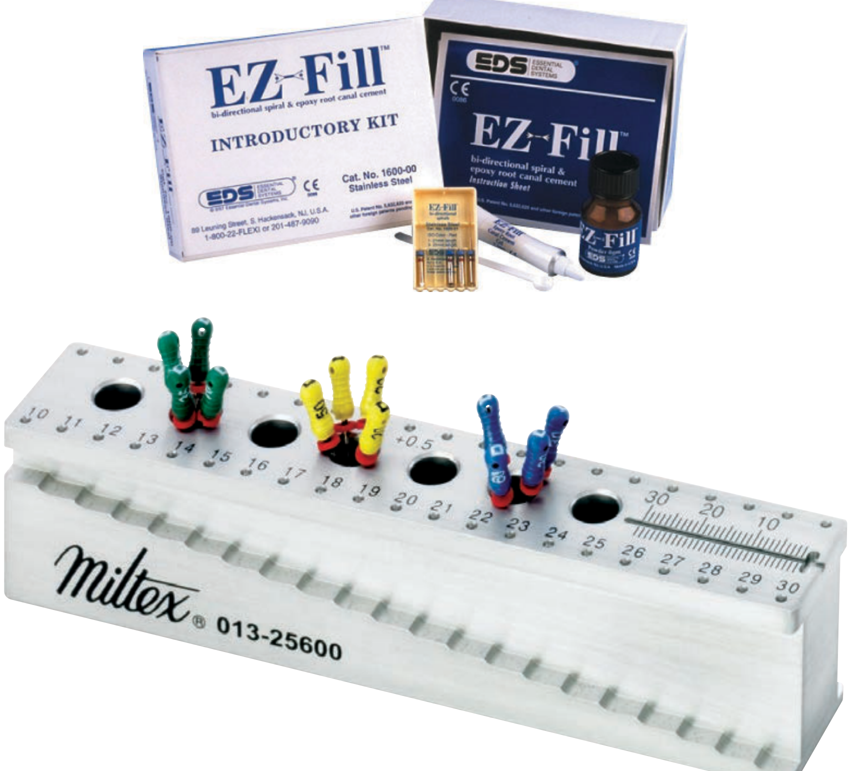


Figure 3
EZ-Fill and the EndoBlock from EndoSoltions make fitting the master cone and obturating the root canal a breeze.

Figure 4
Ultradent capillary tips help dry the canals prior to using paperpoints.

Can You Succeed In A Down Economy?

In Fact, You Can THRIVE!

"Going to LVI has set our compass in the right direction and allowed us to exponentially expand the practice. The most valuable information was to continue to work on the practice, even and especially, during challenging economic times. Since our return from LVI, we have had our best months ever!"

- Dr. Brian C. McDowell, Fitchburg, MA

Register for a Regional Event Near You!

January 23-24	Riverside, CA
January 30-31	Milwaukee, WI
January 30-31	Woodlands, TX
February 27-28	Portsmouth, NH
February 27-28	Reading, PA
March 27-28	El Paso, TX
April 3-4	Regina, SK
April 17-18	Greenville, SC
April 17-18	Fresno, CA
April 17-18	Davenport, IA

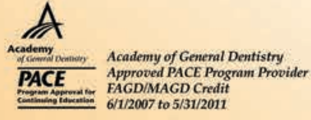
$495 Doctors and Lab Technicians
$195 Dental Team and Students
11 CE Credits

Don't Let Anything Stop You.

In today's economy it is essential to hear this message! Sign up Today.

www.lviregionalevents.com 888.584.3237

Sponsored By



150. To prevent breakage of nickel-titanium rotary instruments:
• Open the coronal aspect of the canal before taking a working length.
• Use the file passively.
• Always keep the file moving either in or out of the canal.
• Approach the working length in short pecks, not in one fell swoop.
• Discard the files regularly.
• Discard if any distortion of the flutes is detected.
• Use a sonic to flare the canal and make way for rotaries.
• Use a lubricant.

Sealing and Filling

175. Canals are sealed with sealer; gutta-percha just takes up space. All filling techniques require the use of sealer.

176. The filling is entirely only a function of the cleaning and shaping. All filling techniques work if the cleaning and shaping is properly done.

178. The Ultradent (800-552-5512) Capillary Tip on the high-speed suction adapter will dry the canal quickly.

180. First, place sealer in all the canals. Second, place master cones in all the canals. Trying to fill just one canal at a time makes a mess.

181. The EndoSolutions' Endo-Block measuring device is the best way to measure a master cone.

182. "EZ-Fill" (available from the EndoSolutions Buying Club, 800-215-4245) is the easiest way to fill a canal, just as the name implies.

184. Finger spreaders (red or medium fine), if you wish to condense, are easier to use than hand spreaders. They are safe to rotate, and they put less torque on a root.

185. Use a Touch n' Heat (EndoSolutions) to sear off gutta-percha instead of an open. Hold a suction tip nearby to minimize the odor.

Wrapping it Up

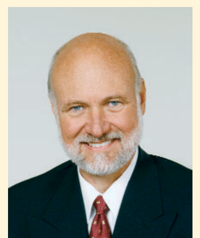
206. If things do not go well, it is only a tooth. You are not God, after all. You are just a repairman.

207. Now go home. Nobody on his deathbed ever said, "I wish I had spent more time at the office."

The inspiration for this article came from questions directed to me in care of the "Root Tip of the Week" free video series, and if you would like to receive an e-mail describing each new Root Tip, please register at www.EnDoRootCamp.com . Your e-mail address will remain secure, and will not be sold or shared with anyone.

Just for fun, I perform a magic trick or mini illusion on each 4 to 6 minute video, and I will teach you the secrets when you go to the website. There is more to life than teeth, gums and spit, so make a life, not just a living.

P.S. If you have questions, suggestions, or personal cases you would like to see discussed in The Weathers' Report or on the Root Tip of the Week, please contact me at Kit.Weathers@gmail.com.



For more than thirty years, Dr. Arthur "Kit" Weathers has lectured worldwide on technologies, products and processes designed to simplify the practice of endodontics by the general dentist. The developer of a range of dental products, Dr. Weathers pioneered the EndoMagic! Nickel-titanium file system for general dentists seeking to improve both the quality of care and the economics of the endodontic services they offer. As the clinical technique developer of the X-tip Intraosseous Anesthesia System, he has assisted practitioners in need of patient-friendly anesthetic application methods.

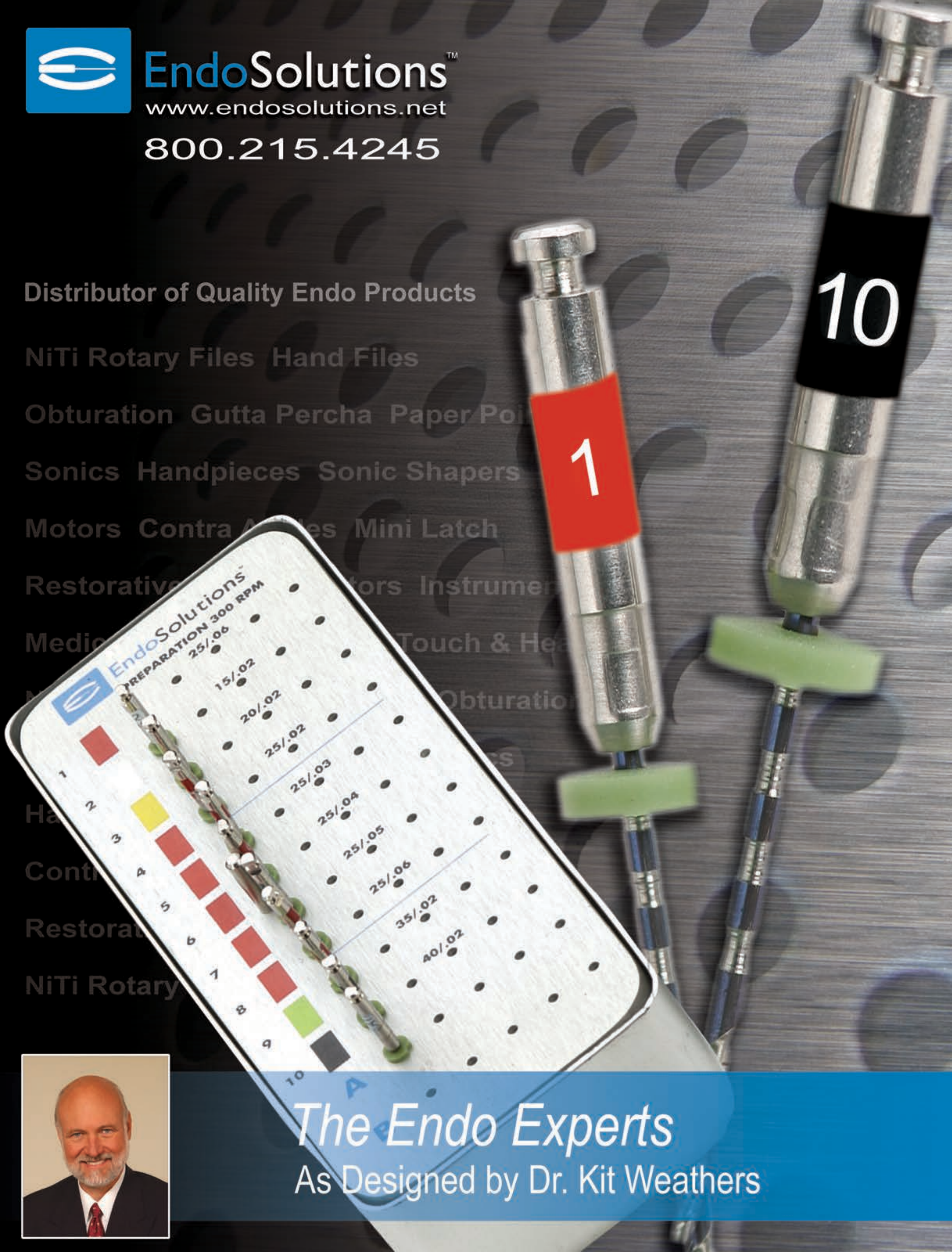
Dr. Weathers is the author of numerous articles on innovations in endodontic treatment products and processes as well as intraosseous anesthesia delivery systems. His most recent four part series of articles entitled, "Endodontics, From Access to Success," appeared in Dentistry Today. Dr. Weathers has also introduced the well-reviewed C.E.Magic "edutainment" interactive learning system, entitled "Antibiotics in Dentistry" to the field of dental continuing education.

Dr. Weathers serves as the Director of Endodontics at the Las Vegas Institute for Advanced Dental Studies (LVI). Lecturing extensively to dental organizations, Dr. Weathers integrates an academically grounded approach to his subject with humor, magic, and mnemonics to enable his audience to recall his well-accepted techniques. As the founder of the Practical Endodontics "Root Camp," Dr. Weathers offers numerous two-day, hands-on training sessions at the Las Vegas Institute and his facility in Griffin, GA.

Dr. Kit Weathers is the creator and featured speaker at the LVI Endo Root Camp®

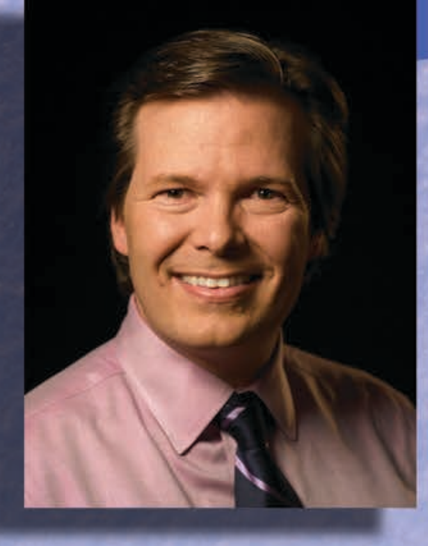
2009

January 30-31 (LVI)
February 20-21 (Griffin, GA)
March 20-21 (LVI)
April 24-25 (LVI)


EndoSolutions™
www.endosolutions.net
800.215.4245
Distributor of Quality Endo Products
NiTi Rotary Files Hand Files
Obturation Gutta Percha
Sonics Handpieces Sonic Shapers
EndoSolutions™
PREPARATION 300 RPM
25/.06
15/.02
20/.02
25/.02
25/.03
25/.04
25/.05
25/.06
35/.02
40/.02
1
10
The Endo Experts
As Designed by Dr. Kit Weathers

PRODUCT REVIEWS

Mark Duncan, DDS, LVIF



Dr. Mark Duncan is a Clinical Director at LVI. A 1995 graduate of the University of Oklahoma, Dr. Duncan vigorously pursued continuing education to grow past what was taught in dental school; twice being recognized as the leader in the State for Continuing Education. He completed the surgical and prosthetic sections with the Misch Implant Institute earning a Fellowship with the Institute as well as holding Diplomate status with the International Congress of Oral Implantologists. He has also earned the Fellowship with the Academy of General Dentistry in the shortest time period allowed by the Academy. He considers his real advance in education to have started with his journey through the Las Vegas Institute. In 2002, he became a clinical instructor at LVI. He is an active member of the IACA.

It is an amazing time to be a part of where dentistry is going and have the opportunity to discover all the new things that are happening. There have been a number of very impressive, high-tech innovations over the last several years such as; the ability to generate 3-D images, evaluate airway issues and to see the full length of a nerve. Instrumentation exists that will allow the dentist to see where in space the lower jaw should function to help balance the muscles in the head and neck in order to end chronic medical issues.

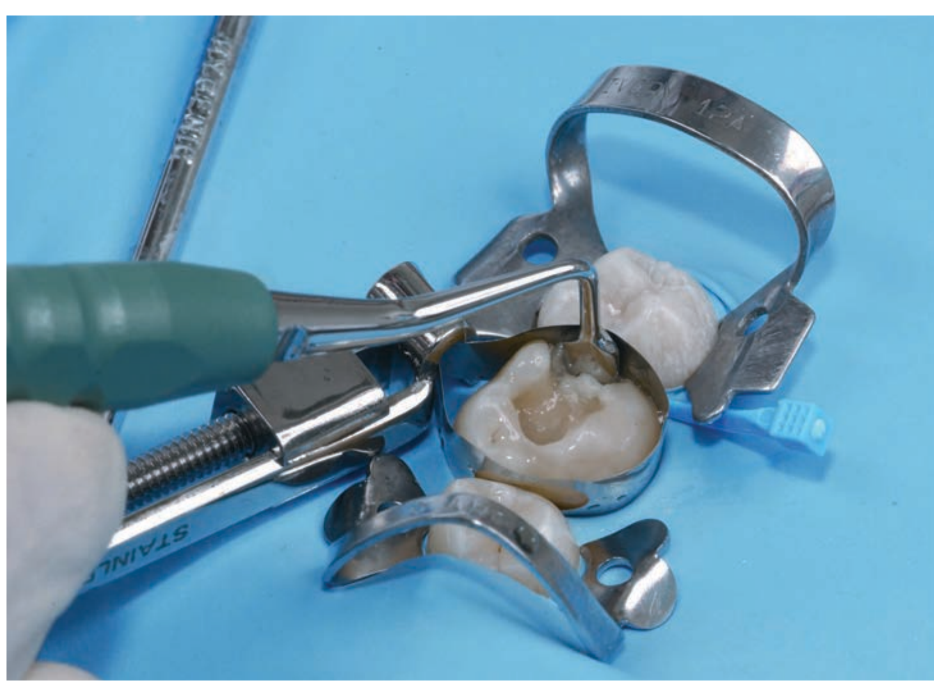
What we need to keep an eye on is all the incredible tools that are not necessarily high-tech. Just because it may not plug in to the wall does not mean that it is not an incredible tool. A couple of those amazingly useful and simple innovations are the OptraMatrix and the OptraDam. Ivoclar has taken a tool that dentists have been using for decades, and updated it to accommodate the materials that are commonly used today.

In less than 20 years the dental industry has decreased the placement of amalgam restorations from 94% of practices to now less than a third of practices. That number continues to shrink! The major advantage that amalgam has is that it can set in a sea of spit, however it needs a matrix band to help create missing walls of the tooth. In 1946, a Navy dentist created the Tofflemire matrix band to simplify the process of restoring a tooth. As the material of choice has evolved out of antiquated amalgams and the profession has moved to direct bonded resins, patients have enjoyed a number of benefits that range from improved esthetics to better

dentin and enamel seal to most importantly the advantage of being able to conservatively remove only the decayed and damaged tooth structure.

Optramatrix

One of the limitations of resin restorations is the difficulty in creating a proper contact area. Unfortunately this has led many dentists to avoid placing interproximal restorations and has forced them to either place more expensive inlay/onlay restorations or more destructive crowns. Ivoclar has taken Dr. Tofflemire's basic process and updated it to allow utilization with composite resins. It is common knowledge among dentists that it is not possible to condense composite resins thus, a new way to create optimal contact morphology is necessary. The OptraMatrix comes in a couple configurations for applications on mesial and distal sides of the tooth. With the OptraMatrix, the surface being restored is protected by a matrix band that is only 0.0004 inches thick! The band is constructed at 10 microns thick so that the side being restored is separated by a thin foil that does not displace the tooth. While a traditional matrix band would create an orthodontic force and displace the periodontal fibers, the OptraMatrix is as thin as 1/3 the thickness of a human hair and does not put pressure on the teeth. As a matter of fact, the contact that is not being restored is also protected from being displaced. The side that is not being restored has a window surrounding the contact pad, and the thin foil side will allow for

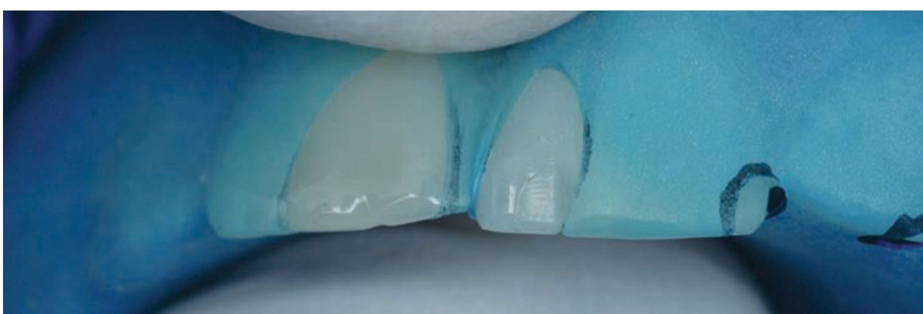


smooth and precise placement of interproximal contacts.

It is such a simple idea, but such an incredible design. This will make direct resin restorations even more predictable and more precise. Resin technology has evolved to the point where it is more durable and esthetic than amalgam restorations. Now with Ivoclar's OptraMatrix you can also plan on the placement of direct resin restorations being more precise and straight forward. If you place posterior resins, you must have this tool in your armamentarium – it is *the best* way to create optimal interproximal contact. If you do not place direct posterior resins, purchase OptraMatrix and try it out. You will be doing yourself a huge favor and providing your patients an incredible service!

OptraDam

Ivoclar has also introduced another incredible low-tech tool. Several issues back, Visions introduced the OptraGate. This retraction device allows a simple and rapid way to retract the lips and mucosa. Ivoclar has done it again with the introduction of the OptraDam! The retraction device has been fitted with a latex membrane



that can isolate not only the lips and cheeks, but also a total oral isolation just like what is achieved with a traditional rubber dam.

One of the unfortunate realities of the rubber dam is that it can be tricky to use and uncomfortable to wear. Recently, Dr. Ron Jackson quoted an astonishing statistic – only one third of dental school graduates actually use the rubber dam to isolate their patients after graduating from dental school. There is no question that we can do a more efficient and effective job of restoring the mouth if we use proper rubber dam isolation. Unfortunately the process is fraught with drawbacks and obviously that has gotten in the way of proper isolation.

Ivoclar's new retraction technology is simple to implement and elegant in design. If you have not tried the OptraGate, it works with anatomically shaped inner and outer rings. The OptraDam is fitted with an incredibly flexible membrane which allows placement of the inner ring and retraction of the buccal mucosa and cheeks without a rubber dam frame. Even more impressive, the OptraDam can be used to isolate the tooth without the metal clamps!

The OptraDam is faster to apply, does not require additional equipment, and is more comfortable to wear. The OptraDam is available in two sizes to accommodate a larger range of mouth sizes. While the benefits of isolation are numerous, such as better restorations and efficiency, the ease and comfort of the OptraDam has the potential to bring more people to accept exceptional dental procedures.

The dental industry is continually reinventing itself with new high-tech tools as well as smart advances on the low-tech side of our profession. While we have been looking at the sparkle and glamour of advanced technology, some simple elegance and beauty have become available for our everyday armamentarium. Check out Ivoclar's Optra line of products at www.ivoclar.com. I know you will be impressed!

Take at look at these products. After you do I'd love to hear your comments.
Your suggestions always are welcome – please send them to me at: mduncan@lviglobal.com

Dynamic Office Concepts

For The Doctor And The Team

A 5-disc series, plus bonus DVD, featuring
Dr. Heidi Dickerson & Ms. Sherry Blair.

Have you ever walked out of a team meeting and thought, “That was a waste of time”… IF SO, it’s time to make every meeting a PRODUCTIVE ONE… *Dynamic Office Concepts* is designed to enhance your team meetings into fun, learning experiences. Integrating these six key systems:

- Scheduling for Success
- Making Dentistry Affordable
- Effective Handoffs
- Successful Team Meetings
- Internal Marketing
- Accomplishing the Vision

Not only will your meetings be informative, you will be ready to implement these key concepts and your practice will soar…

DON’T MISS OUT....ORDER TODAY!

888-584-3237 or online at www.lviglobal.com

CHANGING DENTISTRY. CHANGING LIVES.

WWW.NORMANCAMERA.COM

THE MIDWEST’S MOST COMPLETE IMAGING SOURCE

New 15.1 Megapixel SLR Dental Kit

EOS 50D

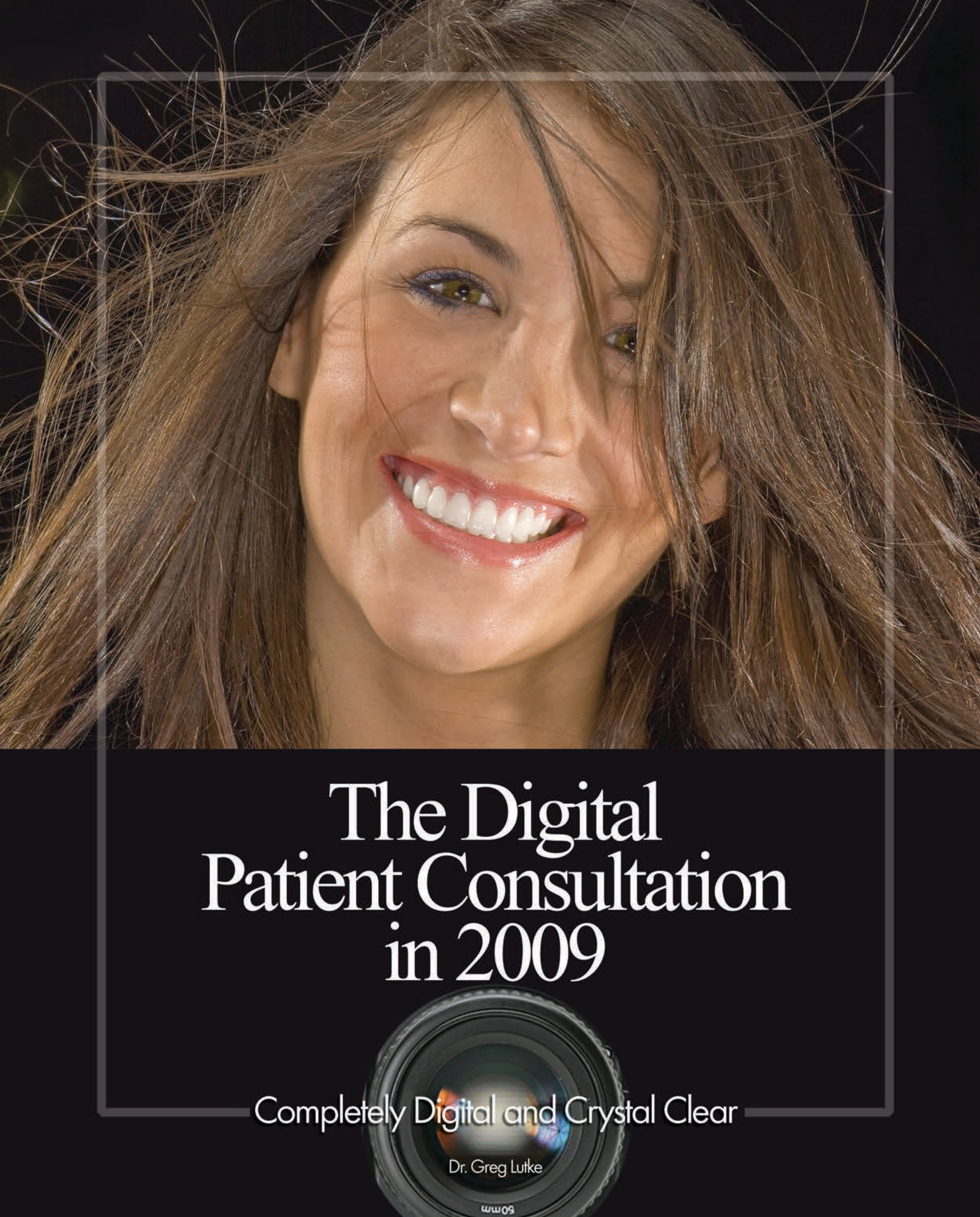
1-800-900-6676

NORMAN CAMERA

Since 1957

3602 S. Westnedge Ave.
Kalamazoo, MI 49008
1-800-900-6676

Canon



The Digital Patient Consultation in 2009

Completely Digital and Crystal Clear

Dr. Greg Lutke

"If our product is visual, it should be presented visually."

THE OPPORTUNITY

The goal is to convert treatment opportunities into patients who are willing to accept fully optimized treatment plans, in both function and esthetics.

The **Digital Patient Consultation** is the path for making this goal a reality. Historically, dental consultants have taught dentists and their staffs to use verbal skills to communicate their cases. This approach leads to a certain level of success, especially in non-appearance related dental treatment. The reality is that in modern society, patients are focused on esthetics. Studies have universally demonstrated that people learn most efficiently through visual communication methods.

The **Digital Patient Consultation** is completely visual, exactly like the treatments provided to patients.

Clear and accurate digital photography visually presented is the whole premise. A potential patient actually viewing a presentation of slides completely about them, their present condition, and accurate imaging of their optimum treatment plan is THE communication necessary for case acceptance. Words can only communicate so much however, visually and through the eyes of patients, end results can be communicated. Regardless of how we think patients buy dentistry, they are always results focused. Give them an accurate result, based on the wonderful advancements in modern dentistry and they will commit their funds, time, and energy to the result you communicate.

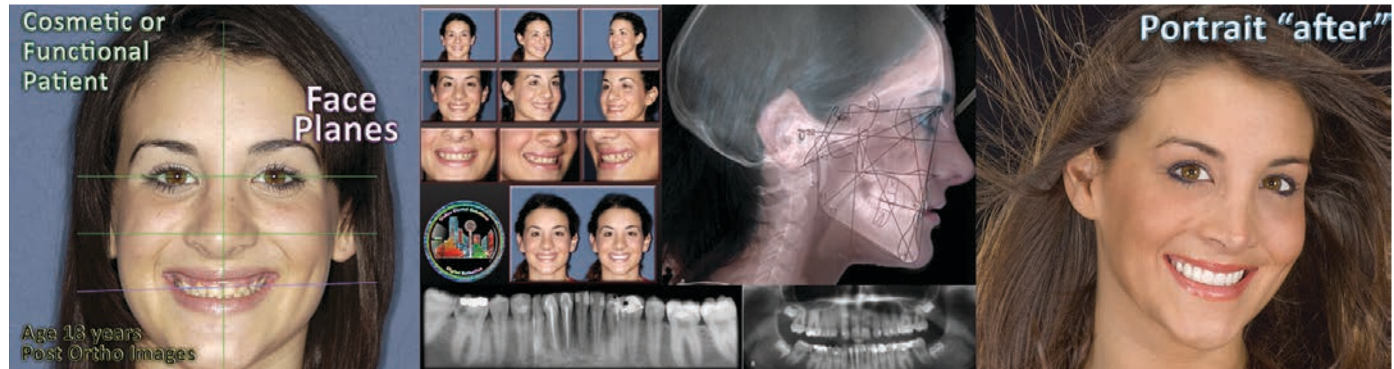
It has been said that a picture is worth a thousand words, so save a thousand words and communicate visually.

THE KEY: MASTERING THE DIGITAL USERS SKILLS

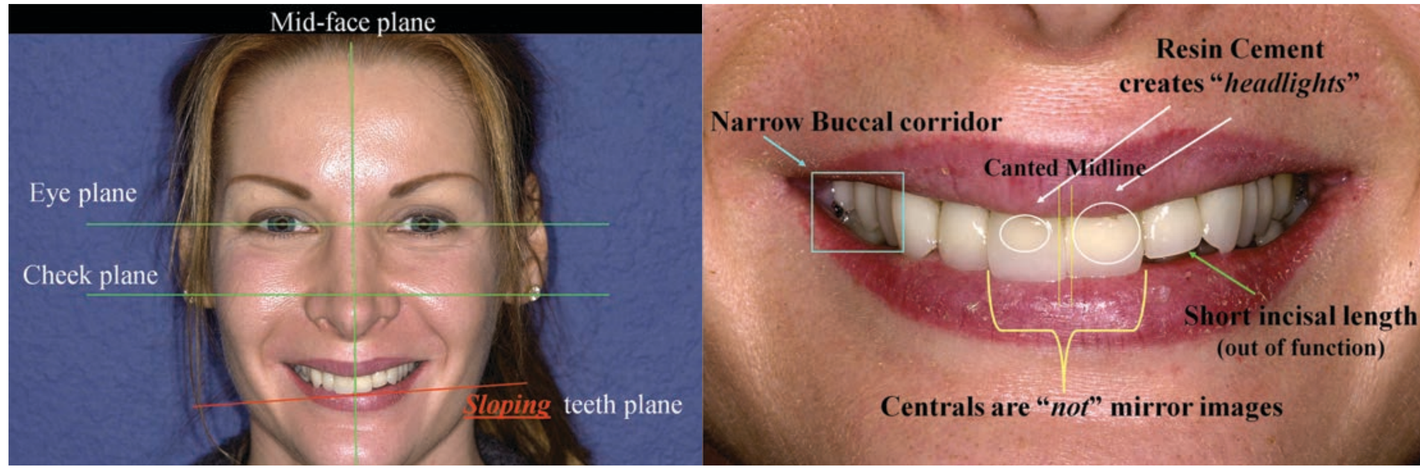
The only path to success is mastering the digital technology user skills. The skills necessary for a digital patient consultation are new to most dental professionals. The skills are non-clinical. These communication skills are not taught in dental schools, but must be mastered to effectively illustrate clinical expertise. Patients just need a way to see our abilities. The new skills involved are:

1. Capturing images of patients with a professional grade digital camera
2. Making these images film quality, "or true to life", in Adobe Photoshop©
3. Presenting the optimum treatment plan with digital photographs, digital x-rays, digital video and ethical esthetic imaging of the proposed treatment result, in Microsoft PowerPoint©.

The development of user skills is



Diagnostic Through Portrait



PowerPoint

primary. Remember, the presentation is stunning digital photography, and the quality of the images are due to the human user skills and far less on the camera hardware. In the past, dental professionals focused on buying the correct hardware and software - this is a clear departure from this old model.

The Digital Patient Consultation is a technical skill – based on people skills. These technical skills are learned just once and they pay practice transforming results forever.

My experience with dental professionals has demonstrated that once they master digital computer technology, they have the skills to stay current – even as this technology continues to advance.

We must strive to upgrade our computer user skills to the level of our dentistry. Excellence is mandatory for results.

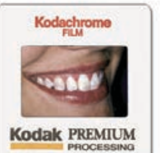
THE FIVE DIMENSIONS OF IMAGE QUALITY 35mm Film vs. Digital

Digital photography has grown up! As a matter of fact you can now omit the word 'digital', because in 2009, the images from the latest digital cameras are now simply considered – Modern Photography. Due to many digital advances over the past five years, the overall image quality is far superior to 35mm film and far superior to earlier generations of digital photography.

This bold statement is based on The Five Dimensions of Image Quality and objectively comparing images from both 35mm slides and picture files from modern SLR digital cameras.

Just like the 35mm film needs a laboratory for developing, the digital files must be corrected by any dental professional using imaging software like Adobe Photoshop© to create simple, straight forward and quick image corrections.

The Five Dimensions of Image Quality are:



1. Exposure

2. Color

3. Sharpness

4. Tonal Range

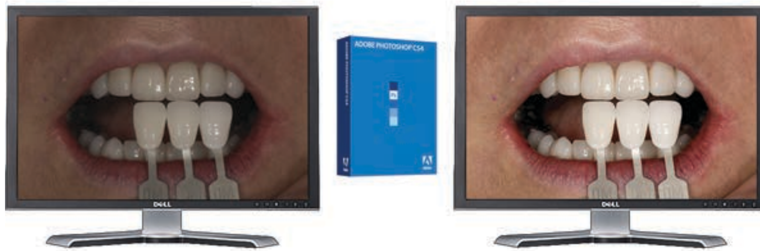
5. Depth of Field

1. Exposure

Exposure is defined as the quantity of light that exposes the film or camera sensor resulting in an image (a picture of your patient). The dental photography problem, using ring flashes, has been either an under or an over exposure of dental patients. The result is pictures of poor value that are often too light or too dark.

The only tool used by film cameras to properly expose the film is called TTL (Through The Lens metering), or an in-camera technology that adjusts the flash strength. The first problem associated with any film capture is feedback. The exposure level of pictures if often discovered after the film is developed – days or

Exposure Feedback



Exposure Correction

weeks after the photography. By this time it is often too late to re-shoot the missed exposures. The second problem is exposure correction. With film, we simply cannot correct the problematic exposures and are forced to live with the results, good or bad. With digital SLR cameras, both of these problems are solved. First, the dental photographer can get instant feedback on the exposure quality (using the camera's histogram). If the dental professional finds the image is either under or over exposed, then the camera settings can be instantly modified and then the patient immediately re-exposed until a perfect exposure is obtained. Secondly, any dental professional can make fine exposure corrections using image software like Adobe Photoshop.©

The newer digital SLR cameras also utilize TTL technology during image capture. The digital technique results in all pictures being perfectly exposed.

Grades

35 mm Film = C

Digital SLR and software= A+

2. Color

Color is defined in dentistry as being an accurate reproduction of the patients actual color (skin and teeth shade) – accurate in both tint and saturation. Another more simple definition would be that the photograph color perfectly matches the patient's actual true color.

The problem with dental photography is the dental ring flash on the camera– it is not white. Dental flashes are either a yellow or blue tint. (There is also a green-magenta tint component).

35 mm film will accurately reproduce the color tint bias (due to the flash) on the patient photograph – so the final image also retains the same inaccurate color. There is not a solution for this problem in film photography. Digital SLR cameras have a perfect solution for this 'flash tint' problem – called a Custom White Balance. This is a technology that neutralizes the dental flash to perfect white. The resulting photographs will then capture perfect color, in both tint and saturation. The best part of this digital solution is that capturing a Custom White Balance only takes five minutes and is only required to be performed once- usually when the dental professional purchases their camera and flash. Afterwards, digital color rendition is virtually perfect.

Grades

35 mm Film = B+

Digital SLR and software = A+

Custom White Balance

Capture Correct Color

Sharpen to Reality

3. Sharpness

Sharpness is defined as 'edge integrity' or visual acuity. Fine grain 35 mm film (such as Kodachrome 64) results in photographs with exceptional sharpness. This is not true with digital SLR cameras. Digital SLR cameras have an anti-aliasing plate (hardware that accompanies the CMOS or CCD capture sensor), although necessary, results in a soft or slightly blurry photograph. This is true on all digital SLR cameras. The only digital method to regain the natural sharpness is with image software like Adobe Photoshop©.

Above is an example of correcting a digital image, with software, to appear more like the subject photographed. This is also referred to as 'post capture' sharpening, a reality in dental photography in 2009.

On the other hand, one of the newer technologies for camera lenses is called Vibration Reduction (currently Nikon only for dental Macro lenses) which can eliminate camera shake (by handheld cameras) when dental professionals capture patient photography in the operatory. Also, due to relatively slow shutter speeds with digital SLR cameras, sharpness is further optimized by camera stabilizers like inexpensive monopods. VR lenses and monopods are both examples of hardware that reduce motion blur on all photographs.

Grades

35 mm Film = A+

Digital SLR, VR Lens or monopod and software = A+

4. Tonal Range

Tonal Range is a new term to most dental professionals, but perhaps the single most important dimension in image quality. The problem is that all cameras using a flash, both 35mm film and digital, capture photographs in an artificial manner or in Narrow Tonal Range. This problem results in an image that lacks contrast, or seems rather dull, but clearly different (visually inferior) to how the patient appears to the human eye. On the other hand, the healthy human eye will see a dental patient in Full Tonal Range. If it is desired that dental photographs appear as the human eye would see the patient, then the photograph must be expanded to Full Tonal Range. This is accomplished using a tool in Adobe Photoshop©. This single software edit is the most visually powerful. Once again, the tonal range correction, from narrow to full, is necessary due to the limitations of the camera hardware.

Grades

35 mm Film = B-

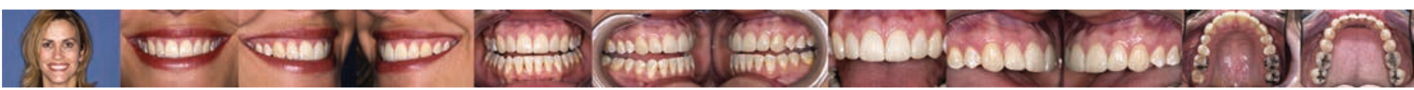
Digital SLR = A+

5. Depth of Field

Depth-of-field is defined as the total focused area in front of and behind an object held in the focus of a camera or lens. In dental terms, sharp focus from the central incisors to the second molars. Depth-of-field is determined by f/stop only and is optically created by the lens. High depth-of-field is extremely beneficial in dental photography – especially when communicating with patients and laboratories.

Full Tonal Range

These high depth-of-field images are spectacular in their uses in dentistry.
These images also benefit dental speakers when communicating with dental audiences.



Depth of Field

35mm cameras, being quite automatic, usually capture images in the 4-6 f/stop range. These low f/stop pictures, with 35mm film cameras, result in low depth-of-field or inferior dental photographs for communication. On the other hand, digital SLR cameras can easily be managed in the 32-57 f/stop range, which result in ultra high depth-of-fields. Depth-of-field is most noticeable in the close or 'macro photography', like with 1:2 and 1:1 views. The AACD Accreditation views are a great example of macro, or close-up photography. These high depth-of-field images are spectacular for use in dentistry.

Grades
35 mm Film = F
Digital SLR = A+

Image quality conclusion and Camera Hardware

In 2009, based on the Five Dimensions of Image Quality, digital dental photography is clearly superior to 35mm film. In flash based dental photography, this is even truer. The digital image quality is nothing short of amazing! Even the most ardent film advocates see the present and future of photography as completely digital.

Perhaps more important to dental professionals is the speed in which captured images can be viewed. This instant slideshow is available for both the dentist/patient relationship and the dentist/lab technician team. It is visual communication in its highest form because these images can be viewed on high resolution monitors or emailed anywhere. The images can always be printed for communicating with individuals without a computer. The digital advantages are limitless.

Once again, the user skills associated with digital photography must be learned and mastered for any dental professional to effectively participate in this powerful technology. The good news is that mastering these digital user skills is far easier than the dentistry that we perform every day.

The camera hardware is less important, although some digital camera setups are superior in dental settings.

The digital camera setup has three components:

1. The Digital Camera SLR Body
2. The Macro Lens
3. The Ring flash

Currently only Nikon© and Canon© cameras offer complete dental setups for dental professionals. Other manufacturers will continue to add products, but in 2009, Nikon© and Canon© are clearly the best option for dental camera hardware.

Dentail Cameras

Color Management

One of the most important options, yet still quite simple, is the ability for dental professionals to communicate with digital photography in accurate color. This color accurate communication is defined as “Color Management.” One important detail to note, Color Management does not describe pleasing or acceptable color, but accurate color. This accurate color is managed by a known standard (6500K, or pure white) and several hardware measuring devices and applications. Although Color Management may sound somewhat complex, it is truly uncomplicated and quite simple for any dental professional to master.

Color management in dentistry is divided into three parts:

1. The digital image file being color accurate
2. The digital computer monitor being color accurate
3. The digital print being color accurate

Each of the three parts must be managed independently of the others. Although a proper explanation of Color Management is beyond the scope of this article, all dental professionals should fully incorporate this simple technology in their visual communication. The bottom line in Color Management is that the digital photograph file is color accurate and is displayed on the monitor accurately and is printed accurately. All three are accurate and equal.

Color Management in Dentistry

The Digital File color = the Monitor color = the Print color

When skin tones and teeth shades are completely color accurate, the images communicate reality to all parties - perfectly. The patient slideshows are remarkable. Laboratory technicians also want and deserve color accurate communication. In 2009, this color accurate technology is available to everyone. Perhaps in dentistry, accurate color is more important than in other groups of photographers.

THE RESULT

In the process of preparing our presentation, high-quality digital images of the patient are studied. This is the major component of the diagnostic process. Sometimes the complete treatment answer is discovered for the first time in the privacy of preparation. This study of patient images shows the result just like it will demonstrate it to the patient. Once dental professionals learn to prepare “visually” with all the patient images, the resulting treatment plans will become optimized in all the treatment phases –and with a clear end in mind for both the dentist and the patient. Patients who are crystal clear on their treatment results will accept treatment. Simply put, the quality of your patient acceptance will equal the quality of your visual communication.

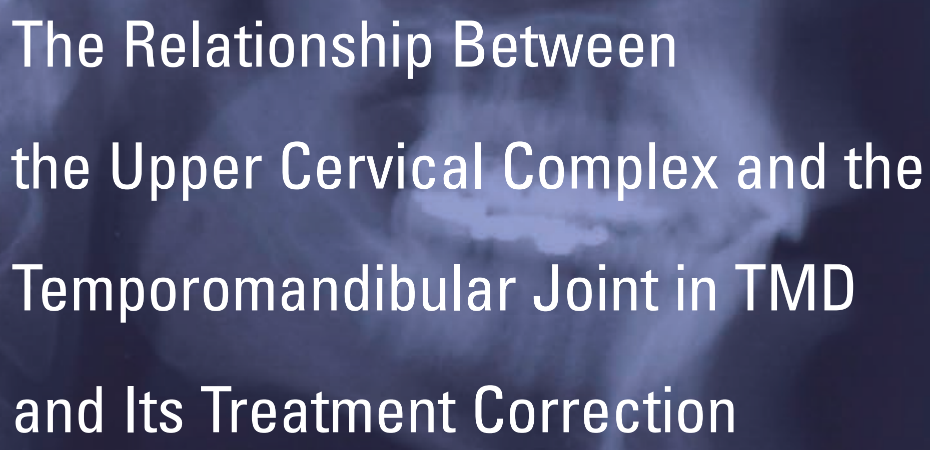
Understanding the premise of the Digital Patient Consultation occurs in just a moment. The path to learn the user skills requires several months. The results will transform your practice.

The opportunity is to practice in a manner that concentrates on the patient and not on the business of selling dentistry. Congratulations in advance- your digital success can make this your reality!

Gregory M. Lutke D.D.S.

Gregory M. Lutke, DDS graduated from Baylor College of Dentistry in 1985 and maintains a private practice in Plano, Texas, specializing in esthetic zone dentistry. As founder and CEO of a digital hands-on facility, Dallas Dental Solutions, Dr. Lutke teaches advanced hands-on courses on digital communication technology in dentistry. These digital courses focus on high-end esthetic and restorative dentistry. The digital technologies specific to dentistry include 'better than film quality' digital photography, Adobe Photoshop CS3, Microsoft PowerPoint, and high definition digital video. The resulting skills allow dentists to practice in a completely digital dental office – free from paper, film, and filing cabinets. This level of digital dentistry is vastly different than earlier systems and is most characterized as both modern and elegant.

Dr. Greg Lutke teaches Digital Dental Photography at the Las Vegas Institute for Advanced Dental Studies. Please contact LVI for more information and course dates.



The Relationship Between the Upper Cervical Complex and the Temporomandibular Joint in TMD and Its Treatment Correction

Norman R Thomas DDS; B.Sc; PhD; FRCD; MICCMO;

William G Dickerson DDS; FAACD; FICD

Trystan D Thomas BDS; BSc

Paul Davies BDS

Las Vegas Institute For Advanced Dental Studies

In 1955, Cooperman and Willard noted that the horizontal plane (HIP) through the hamular notches (H) and the incisal canal (IP) defined the basal bone of the maxilla on which develops the alveolar bone that supports the erupting teeth thus setting the natural occlusal plane. We also understand from the work of Horvath that the natural occlusal plane will be corrupted if the airway is restricted. This occurs in association with a tongue thrust swallow due to lack of oral space. The tongue thrust impedes tooth eruption in the presence of forward head posture aimed at aiding the restricted respiration (Figure 1).

Figure 1

It will be noted that the posterior extension of the HIP plane bisects the atlanto-occipital joint. The occlusal plane should bisect the atlantoaxial joint space as in the physiological occlusion shown in Figure 2. However, when tooth eruption is impeded in association with overclosure of the vertical dimension of occlusion as illustrated in the Class II, Div I situation of Figure 3 then the occlusal plane will not pass through the atlanto axial joint. Note that even though the tongue is thrust forwards between the incisors rather than reposing in the roof of the mouth it continues to impinge upon the airway which is only 2mm in diameter compared with the airway diameter of 12 mm at the level of the hyoid bone which lies at the space of the vertebral disc of vertebrae C3 to C4. In the Bimler Cephalometric tracing of a healthy occlusion, Figure 4, it should be observed that the occlusal plane forms a tangent to the Curve of Spee with its center at the centrum masticale from which a perpendicular dropped to the tangent of the occlusal plane bisects the long axis of the first premolar tooth.The Curve of Spee follows the lingual cusps and cinguli not the buccal cusps and incisal surface of the maxillary posterior and anterior teeth as well as the mid joint surface of the articular eminence of the temporomandibular joint.

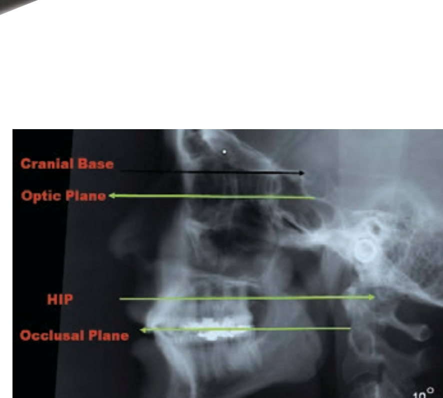


Figure 2

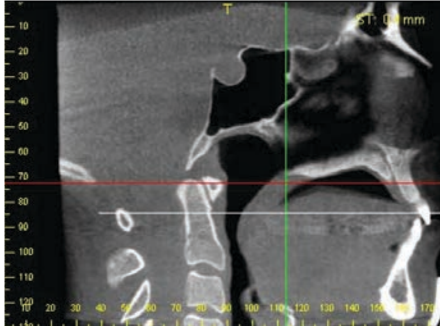


Figure 3

The Curve of Spee is a sphere which also delineates the Curve of Wilson in the transverse plane (Figure 5). The Curves of Spee and Wilson are part of the same sphere with its center at the centrum masticale along the trajectory of the temporomandibular ligament which forms the axis of swing of the condyle and mandible as they arc forwards along the occlusion following the Curve of Spee. Note that in the ideal occlusion the temporomandibular ligament subtends an angle of thirty degrees to the HIP as it passes through the temporomandibular joint to reach the center of the motion of jaw function as defined by Guzay in his Quadrant theory (1955).

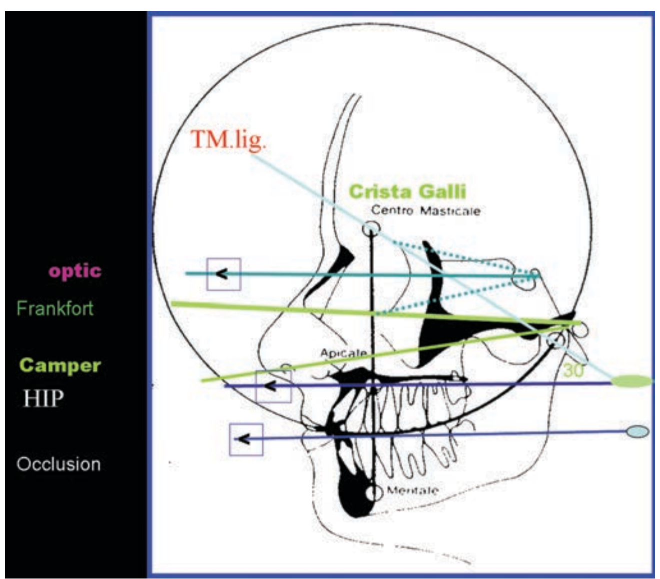


Figure 4

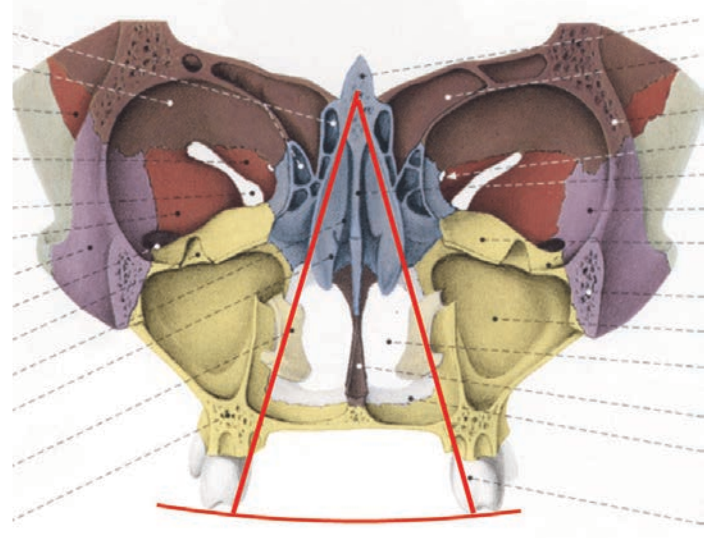


Figure 5

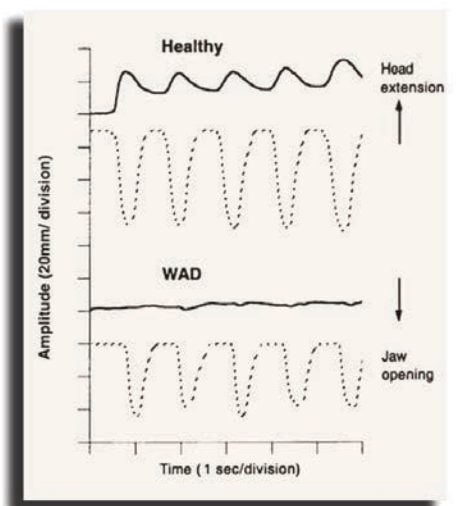


Figure 6

In Figure 4 we see that the tangent to the occlusal plane is parallel to the bipupillary plane and also the sphenoid base of the skull. Failure to understand the relationship of the maxillary lingual cusps and cinguli to the Curves of Spee and Wilson as well as to the occlusal plane, bipupillary plane, HIP and A/O joint has led to improper mounting of the maxillary dental casts on the horizontal stage of the occlusal evaluation (Stratos). Arbitrary use of the Fox Plane in violation of Wolff's law relating stress and strain in regards to the morphological and physiological properties of the occlusal system is known to lead to muscle fatigue.

In this context it is clear that there is reciprocity between the motion of the skull and neck both during maintained static posture as well as during function as in chewing. This is directed at maintaining posture and the horizontal gaze in the earth's gravitational field which, in failure, results in descending anti parallelism between head and shoulder plane when the bite and the skull base are not normal to the gravitational field. Conversely parallelism of the head and shoulder plane tilt follows postural disturbances arising at any point below the atlanto axial joint and is designated ascending parallelism which secondarily unbalances the bite with resulting TMD. Figure 6 summarizes the findings of Zafar et al (2002) demonstrating reciprocity between the head posture and jaw function. Note that as the jaw opens the head extends posteriorly and vice versa in jaw closure. But it should also be noted that in Whiplash Disorder (WAD) decreased jaw movement accompanies decreased head neck motion. Only anterior posterior motion or pitch occurs at the A/O joint.

Figure 7

This would suggest that the shape of the mandibular condyle conforms to the shape of the occipital condyle and that relative retrusion of either of the TMJs

IACA 2008 Conference Presentations Available on

Apple Video iPod

INCLUDES DR. BILL DICKERSON'S LAST LECTURE!

Enjoy Presentations from:

Dr. Joe Barton
Ms. Sherry Blair
Dr. Robert Brooks
Dr. Matt Bynum
Dr. Fred Calavassy
Dr. Anne-Maree Cole
Dr. Gary DeWood
Dr. Bill Dickerson
Mr. Tom Flick
Dr. Jay Gerber
Dr. Henry Gremillion
Dr. Sam Guirguis
Dr. William Hang
Mr. Ashley Johnson
Dr. Sam Kherani
Dr. Roger Levin
Dr. Greg Lutke
Dr. Art Mowery
Dr. Ross Nash
Dr. Gary Radz
Dr. Prabu Raman
Dr. Omer Reed
Dr. Larry Rosenthal
Dr. Michael Sernik
Dr. Norman Thomas
Mr. Chuck Wachendorfer

$1,495 each
FULLY LOADED
order at www.theiaca.com or 866.NOW.IACA
while supplies last

will be combined with subluxation of the concomitant occipital condyle. Given that condylar remodeling is usually more severe on one of the TMJs, retrusion of the joints as in deriving CR should never be under taken. Thus relative retrusion of a TMJ condyle to centric relation not only produces retrusion of that joint but also subluxation medially of the ipsilateral occipital condyle.

In Figure 7 it will be noted that as anticipated the TMJ condyle and Occipital condyle impressions are perfectly conformed to each other. Note however that the medial pole of the TMJ condyle corresponds with the anterior pole of the occipital condyle. Thus as the skull slides directly anteriorly over the occipital condyles it traverses the temporomandibular joint from lateral to medial pole. The significance of this is that as the neck flexes anteriorly as in Forward Head Posture (FHP) the skull extends posteriorly in paradoxical fashion to maintain the horizontal gaze such that the jaw joint becomes posteriorly displaced into a Class II relationship and vice versa for Class III. The neutral position of the head and neck accordingly assumes Class I relationship of the jaws where the superior pole of the TMJ condyle centers on the intermediate zone of the TMJ disc. Therefore in conclusion the various skeleto-dental orthopedic classifications of the maxillo–mandibular relationship I, II and III are intimately related to body posture. Furthermore because of this interactive relationship of the occipital and mandibular temporomandibular joints subluxation of the atlanto-occipital joint is accompanied by displacement of the mandibular condyles and vice versa.

This was confirmed at LVI from studying the CAT Scan images of the cervical and temporomandibular condyles of 36 subjects suffering from TMD (Figure 8). It is noted that in this sample 30/36 subjects (83%) exhibit posteriorly pitched crania correspond to 54/72 (75%) posteriorly compressed temporomandibular joints of which 42/72 (80%) TMJs have retrodiscal compression on the right side and 24/36 (80%) of the A/Os are rolled to the right side. This relates to handedness of the subjects which are predominantly right dominant eye,

Comparison of TMJs compression and odontoid lateralization in 36 subjects

	N	Tot. Comp n %	Comp R n %	Comp L n %
TMJs	72	54/75%	42/77%	12/23%

	N	Tot. Roll n %	Roll R n %	Roll L n %	Pitch-P n %
Atlas	36	30/83%	24/80%	6/20%	30/83%

Summary: 83% crania and atlas joints were bilaterally posteriorly pitched (FHP) of which 80% of the right distalized TMJ condyles had narrowed atlas/odontoid intervals on the same side. These subjects were thus ascending TMDs, The remainder 17% were descending TMDs

Figure 8

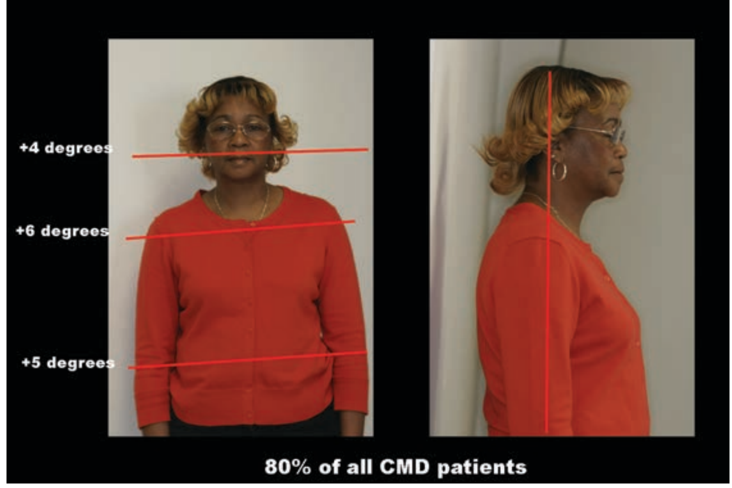


Figure 9

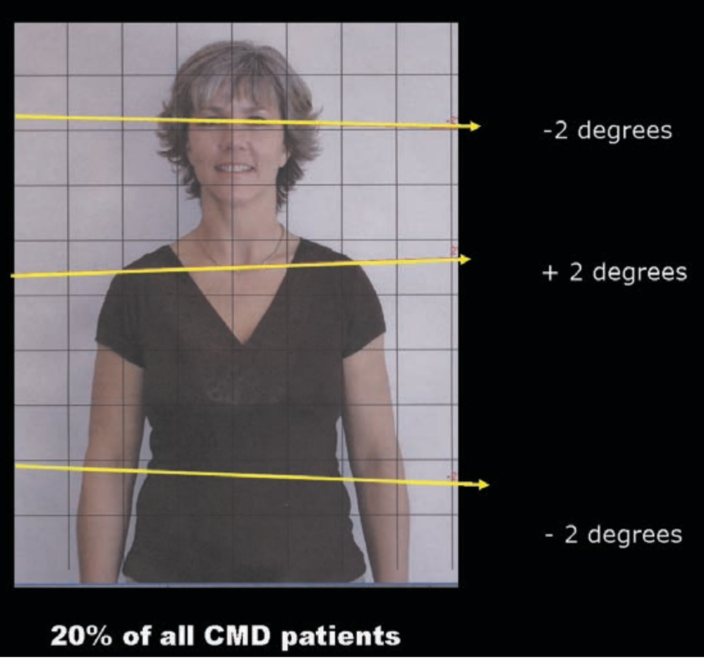


Figure 10

Neuromuscular Dentistry Powered by the K7

Dentists worldwide are discovering the science and the benefits of Neuromuscular Dentistry with Myotronics K7 technology. Evaluate and successfully treat TMD, restorative and cosmetic cases with reliable, reproducible clinical data.

What Successful Dentists Have To Say

"Since incorporating Neuromuscular Dentistry and Myotronics instrumentation into my practice, my entire perspective of my diagnostic and clinical skills has changed. I now have the ability to measure, record, analyze, and store physiologic data and anatomic function to better provide predictable comprehensive dentistry."

JOSEPH BARTON, DMD, JACKSONVILLE, FL

"Nothing in this life beats the feeling that you truly helped make a positive difference in the life of another human being. Helping people that have suffered with the pain of TMD for years and even decades reclaim their lives is the ultimate. There is absolutely no way that I could provide this level of care without the K7 instrumentation."

PRABU RAMAN, DDS, KANSAS CITY, MO

"Without the K7 system and J5 Myomonitor, I would never have achieved the TMD treatment success that my patients now experience. The equipment is easy to employ in a clinical setting and delivers objective data and very accurate measurements.

ALLAN WINCHAR, DMD, WINNIPEG, MANITOBA

For complete details visit our website at myotronics.com

MYOTRONICS
Helping Build the Perfect Bite
SINCE 1966

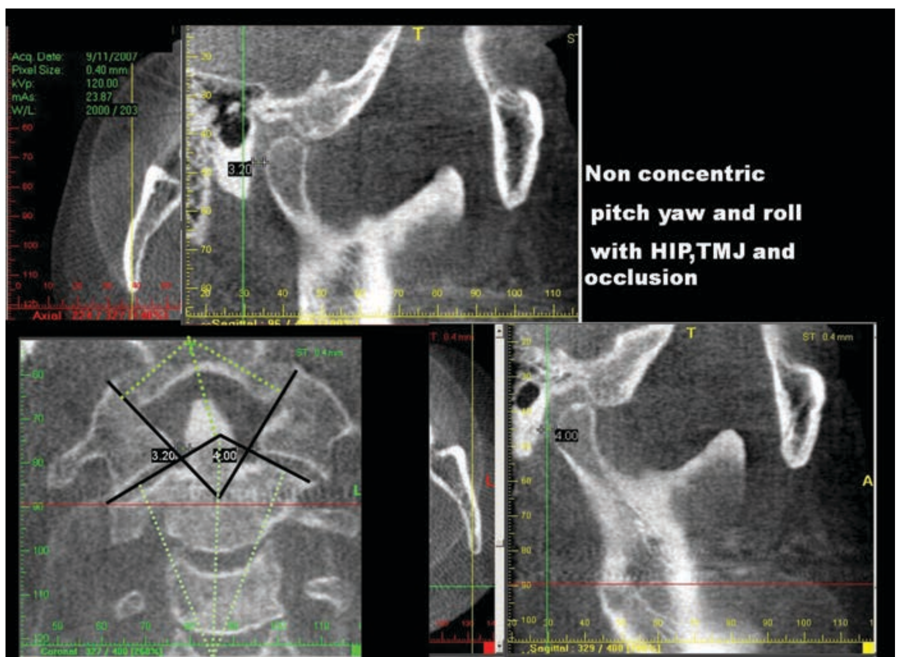


Figure 11

hand and side chewers. Thus 80% of subjects have posteriorly pitched skulls as in FHP with roll to the right. This number corresponds to the majority having an ascending body posture with parallelism of the head, neck and head planes (approximately 80%, Figure 9) while 20% are descending postures with antiparallelism of the three planes (Figure 10).

The descending types have primary TMD signs and symptoms which affects the posture rostro-caudally from above down. In the ascending type the body imbalance spreads upwards to affect the bite while in the descending the abnormal bite spreads downwards to lead to postural compensations. These postural compensations arise from proprioceptor feed to the labyrinth balance organ in the inner ear with relay to the brainstem vestibular nucleus. Importantly there are major connections from the jaw and dental receptors to signal occlusal deviations to the same region of the brain known as the mesencephalic nucleus of the fifth nerve which has the only example of first order neurons entering the brain by a process known as neurobiotaxis. Such is the importance of the bite to total body neurophysiology. But the question emerges where does the ascending mechanism begin and the descending mechanism end. Is it from a functionally short leg or from the rolled atlanto axial joints? We do know that the cervical tonic receptors play a significant role but it is not clearly understood how this relates to the important mesencephalic trigeminal nucleus to which proprioceptor information is relayed. This led us to examine the changes that occur in the cervical changes that accompany bite changes.

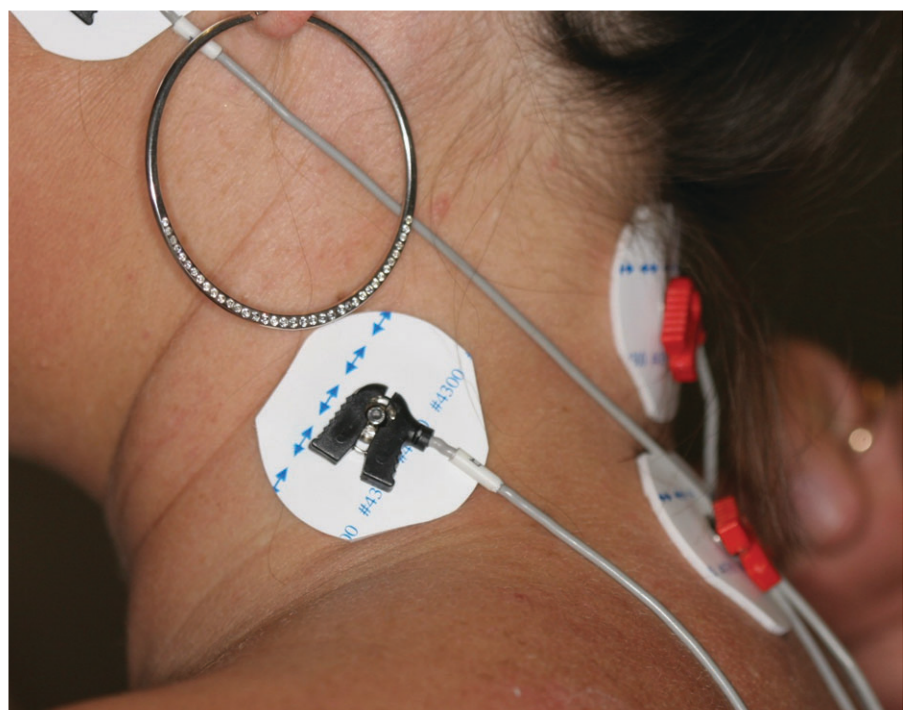


Figure 12

Figure 11 shows the CAT Scan image through the jaw joints and the upper cervical complex in known TMD (36) patients prior to correction of the occlusion by removable/fixed prostheses as in the rehabilitation of the edentulous and dentate patients respectively. It will be noted that the instantaneous axes of the

upper cervical complex are non concentric. Similarly the jaw joints are more compressed on the right side (3.2mm) corresponding to the decreased interval between the odontoid process and the right atlas (3.2mm) which is subluxed towards the left side. This correlation was demonstrated for all subjects although the measurements may vary somewhat dependent upon the degree of TM joint remodeling.

Following TENS relaxation of the neck and jaw musculature by antidromic activation and hyperpolarization of the trigeminal and cervical alpha and gamma motoneurones (Figures 12 and 13) of the fifth and eleventh nerves. The post relaxation ICat images of the cervical vertebrae (Figure 14) reveal concentricity of the atlanto-occipital and atlanto axial joints which line up with the midline of the vertebral column. In particular it will be noted that the instantaneous center for the atlanto axial joint is found centered at the intervertebral disc between C3 and C4 in the post TENS relaxed trigeminal and cervical musculature. The disc between C3 and C4 is found at the level of the hyoid bone which gives origin and insertion to the jaw openers and hence the anterior neck alignment which is markedly displaced in the pre TENS condition, Figure 11, indicative of an ascending effect on skull and TMJ alignment. The pre and post TENS Icats of the jaw joints, Figures 15 and 16, reveal the TMJ condylar posterior displacement prior to TENS (Scan 15) and the post TENS change in jaw joint position analogous with the subluxation of A/O and their correction following TENS.

In conclusion it has been clearly demonstrated that the correction of both the cervical and TMJ posture are essential to successful treatment of both ascending and descending TMD. It has also been shown that antidromic

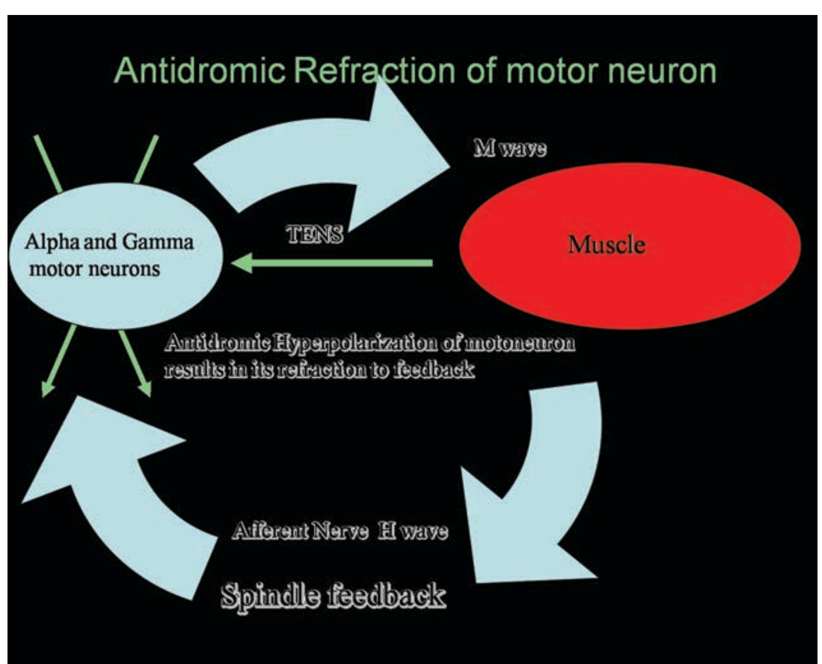


Figure 13

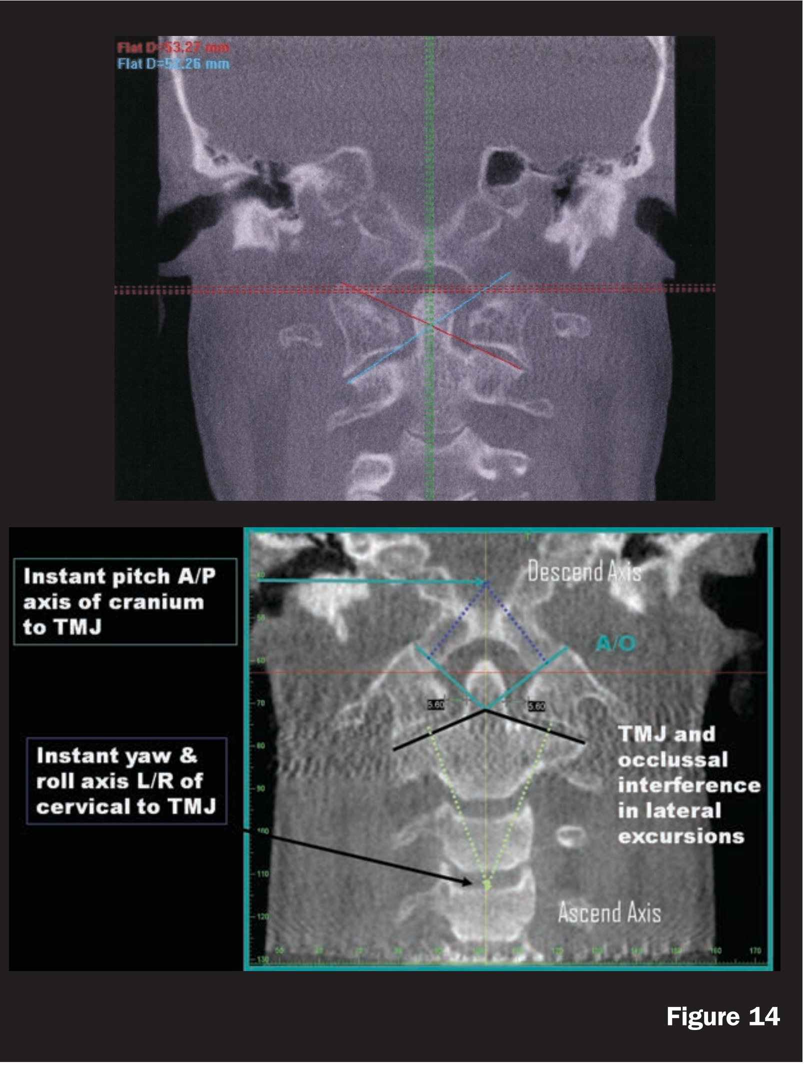


Figure 14

neural stimulation of the motoneurones to the trigeminal and spinal accessory nerves play a significant role by rendering the alpha and gamma motoneurons refractory to proprioceptor feedback allowing the muscles of the neck and jaw to assume a physiological relaxed muscle length. It is also shown that the site at which a descending TMD results is from muscle hyperactivity in the cervical extensor muscles of the cranium such as suboccipital muscles and trapezius muscles. On the other hand the ascending mechanism is located at levels below C3 to C4 levels which is the position of the hyoid bone that acts as a fulcrum for the jaw openers and cervical flexion of the cervical vertebrae.

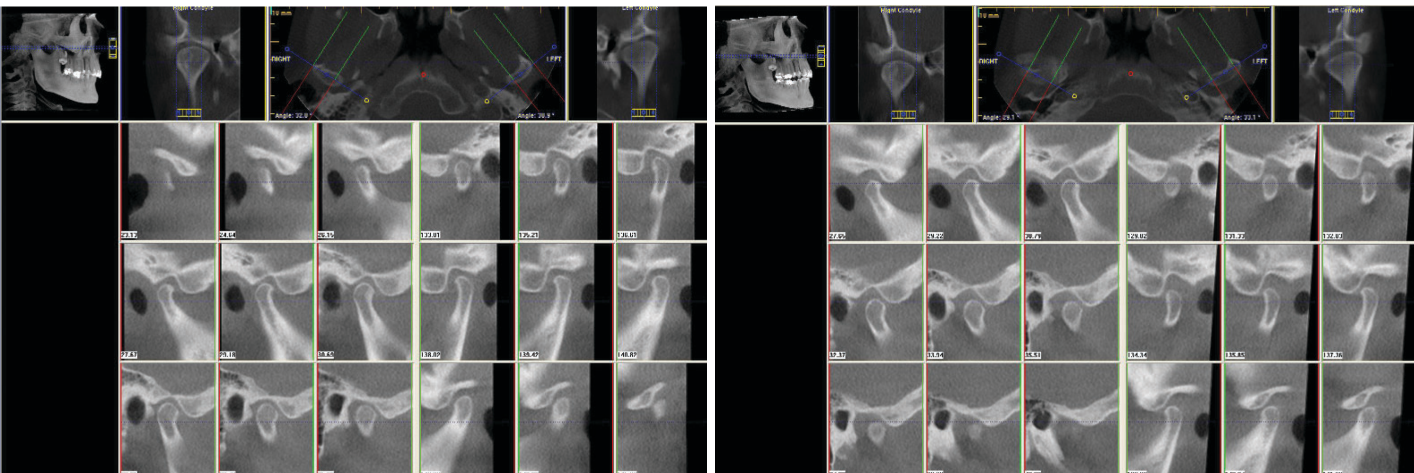
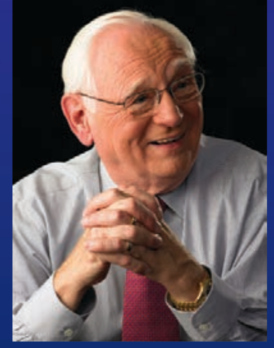


Figure 15

Figure 16



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

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

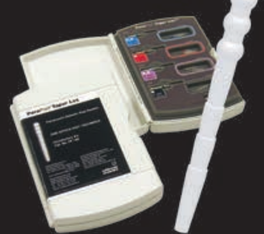
2009 LVI Courses featuring Norman Thomas include:

- **CORE I, II, IV, VI**
- **Anatomy and Physiology**
- **Rehabilitation of the Edentulous Patient**
- **Scan Interpretation**
- **TMD - Developmental Diagnosis**

ParaPost®

Fiber Lux & Taper Lux

Translucent Fiber Post Systems



ParaPost Fiber Lux **Para**Post Taper Lux

- **Outstanding Strength**
- **Low-Stress Head Design**
- **Light-Transmitting for Fast Cementation**
- **Parallel or Tapered**

ParaCore™

Cement & Core Material in One!

Dentin
5 ml Syringe

White
5 ml Syringe

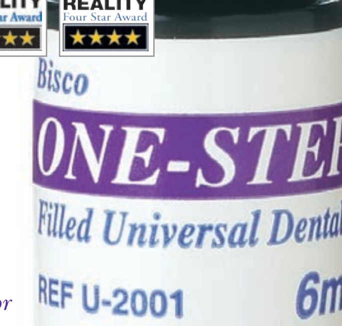
- **Economical - 80% Less Waste vs. 25 ml cartridges**
- **New canal tip for direct cementation and core build up**
- **Dual-Cured and Radiopaque**

coltène whaledent®

ONE-STEP® PLUS from BISCO

The bonding agent of choice
for all LVI clinical programs

- Clinically proven reliability
- Universal single bottle adhesive
- Compatible with all cements/composites
- Low and uniform film thickness



"For the past 11 years, I have had great success with ONE-STEP PLUS...its non-acidic compatibility has kept me out of trouble with dual-cured cements."

Sam Kherani, DDS FAGD LVIM, LVI Clinical Director

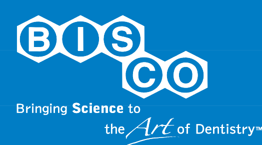
Order DIRECT from BISCO at: 800-247-3368

15% DISCOUNT for LVI participants and alumni through 12/31/09.

Promo Code: 09LVI

www.bisco.com

MC-10110OS



Thrive in an Uncertain Economy

"The biggest mistake you can make is trying to ride out a recession... and missing a huge opportunity to create change."

- Robert Krebs, former chairman of Burlington Northern Santa Fe Railroad

It doesn't matter whether we are actually in a recession or not. If people believe we are in a recession and behave as though we are, then we are in a recession. AND, that can affect your practice. According to the Wall Street Journal, (1) People have drastically reduced discretionary spending, and (2) Consumers are choosing to postpone certain purchases or forget them entirely. The effects are being felt in dental practices across the nation.

Months before the economic downturn became pervasive, *USA Today* reported the closing of 600 Starbucks stores across the nation. What had already happened to the Starbucks' coffee experience, for which Americans were willing to pay a premium price? It seems that Starbucks' leadership team forgot what business they were in.

Instead of focusing on improving the quality of the customer's coffee experience (for example, increasing efficiency and effectiveness by reducing lines and waiting times) they began to sell music CDs and other trinkets like Christmas ornaments, tiny teddy bears, etc. to increase profits. With their surprising decline in profits, Starbucks' leaders questioned their business strategies and began a reinvention process.

On the other hand, Goldman Sachs, an international investment firm that has always stood for integrity, trustworthiness, conservative strategies, and outstanding excellence in its people, investment products, and customer service, was also blind-sided by the economic downturn. Goldman Sachs' leadership has brought together the greatest financial minds throughout the world and is reinventing itself. Among their strategies are systems that can respond quickly to market changes,

in some areas even daily.

For dentists who provide high quality dental care with a focus on outstanding customer service, Starbucks' and Goldman Sachs' ongoing reinvention processes can be an eye-opener. In your practice, how have you responded to the current economic uncertainty? Have you cut your budget for marketing, continuing education (for you or your team), supplies, or expenses for "patient extras", i.e., coffee, bottles of water, lip gloss, warm hand towels, or even envelopes and brochures? Have you decreased your number of staff; or have you felt there was nothing you could do? So, you have done nothing.

According to David Simpson, Executive director of Business Families Centre in Vancouver, British Columbia, recessions bring opportunities. Robert Krebs, former chairman of Burlington Northern Santa Fe Railroad, offers this advice, "The biggest mistake you can make is trying to ride out a recession… and missing a huge opportunity to create change."

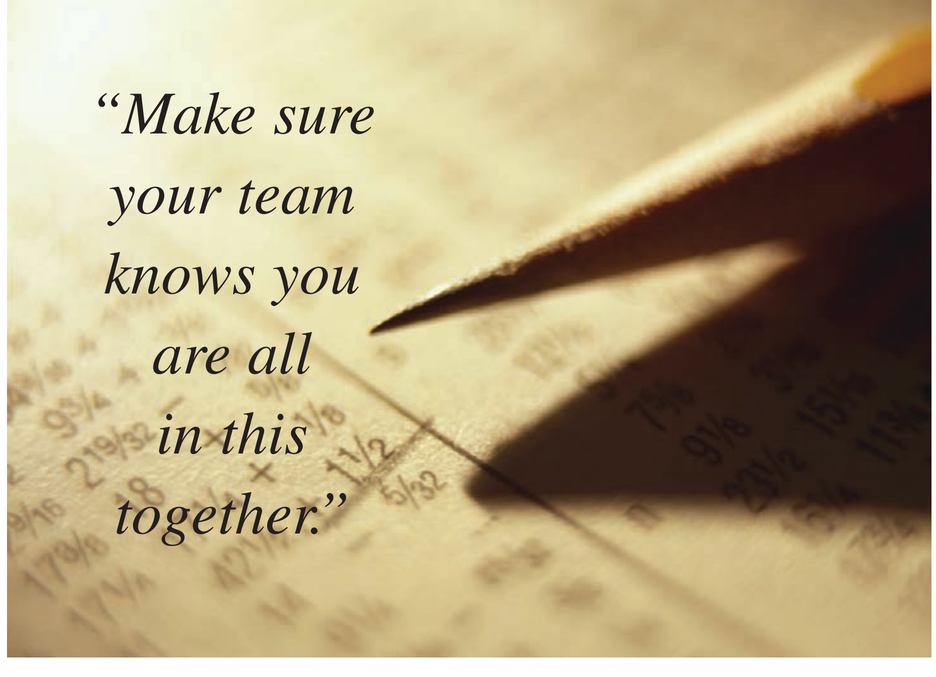
So what can you do, to reduce costs, retain productivity, and bring in new patients? The following suggestions are 10 immediate actions you can take to thrive during an economic downturn:

1. Focus on What You Do Best

Take time, bring your team together, and ask for their ideas - use the synergy of everyone's collective

Staff Meeting Agenda
Goal and Action Planning Process:

- Focus on what is working (no negative ideas are allowed)
- Ask, "Who benefits from what we do?"
- Ask, "What can we do more of that is working?"
- Develop your action plan
- Clarify the goals as well as the steps necessary to achieve each goal
- Create a system for measuring your results
- Assess your results at short intervals, daily, weekly, and monthly
- Tweak your plan as needed, weekly and monthly
- Record everything in writing: action plans, systems, and monitors
- Communicate verbally with team members throughout each day, as changes occur, to strategize for success



creativity. Determine all of the things about your practice (including marketing and other systems) and the things your team members do that are working well. Create strategies for actions to do more of them.

If team members feel their experiences and knowledge are valuable to the success of the practice, they will actively participate in the brainstorming and planning. And, it is important that ***you, as the leader,*** *do the following:*

(1) Make sure your team knows you are all in this together
(2) Do not let the meeting get bogged down in fear, blame, or negativity
(3) Communicate your appreciation for each person's input, action planning, and follow-through
(4) Record all action steps (they must be in writing for clarity), including the name of the person responsible and the date the task will be accomplished
(5) Follow-up daily, weekly, and monthly on your progress
(6) Change your plan as needed (daily, weekly, or monthly)
(7) Be flexible and create flexible systems

Closely monitor numbers and your staff members' and patients' feedback. Pay particular attention to the feedback of loyal recare patients, and new patients. For a premium dental practice that is not insurance-driven to thrive during these economic times, quick response to negative feedback is essential.

2. Avoid "Analysis Paralysis"

Dentists are often "perfectionists" who want to have all of the information before they take action. Time is of the essence. It is far better to take immediate action, even if it is not 100% perfect, than action taken too late or no action taken at all.

If quick implementation has been a concern in the past, delegate to action-oriented team members. Assign them the responsibility for meeting deadlines and you oversee the quality of the results. As a leader, it is your responsibility to establish the vision, encourage and support your team, and be available for coaching along the way.

3. Evaluate the Business of Your Practice

Reflecting on Starbucks' and Goldman Sachs' reinvention processes, take this opportunity to reinvent your practice. Recreate your practice into a leaner, healthier, and more customer service-oriented premium practice with greater added value.

Brainstorm with your team. Ask yourself and your team, "Are we in the hard and soft dental tissue business or the people business? Why do people choose our practice over other practices?" Incorporate this information into your marketing and customer service strategies.

Reduce unnecessary inventories of supplies. Review and compare your percentages of clinical, hygiene, and business supplies expenditures to the healthy percentage model. Continue to use only the best materials, while reducing the waste, and discarding unused and out of date items. Schedule time for you and your team to clean out all closets and drawers. Donate materials or instruments you do not use to a local dental clinic or a dental missionary team.

For those on your team who are visual learners, actually seeing renewed order will reinforce the vision to be lean and healthy, as well as increase your efficiency. Donations to needy or charitable institutions result in reminding your team of ways they make a difference in their community.

Whatever you do, do NOT cut your marketing budget. A recent study by the American Business Press assessed companies in past recessions that maintained their advertising budget and frequency, as compared to those that cut their advertising. The study revealed that two years later those companies that maintained their advertising had increased their sales four times more, as compared to the companies that had cut their advertising because of the economic downturn. Particularly now, it is most important to **maintain community visibility** and your market position.

4. Connect in a Meaningful Way

Do you (and your team members) have conversations with patients that really matter, or do you say things

you think the patients want to hear? Is your team asking enough questions to determine what the patient truly wants? Mary Osborne, dental management consultant, advises, "Stay in the question with the patient."

Ask Who, What, and How questions. Often when patients hear "Why" questions, they feel criticized or judged about their dental condition. Determine what is most important to the patient by continuing to ask questions and avoid the old familiar process of "telling and sellin."

The more the patient does the talking, the more you and your team will learn about the patient and the more the patient will enjoy the process, take emotional ownership of their dental condition, and "sell" themselves. Present the treatment only after patients give you verbal cues and body language signals that show they are ready to hear about, and take responsibility for, their dental disease. Connect in a meaningful way, and whether the patient decides to begin all of the recommended treatment or only a portion, the patient will feel heard and cared for. It is important to remind your team that patients, who have a positive experience of feeling cared for in your office, refer others who are seeking the same experience.

5. Take Care of your Loyal Patients

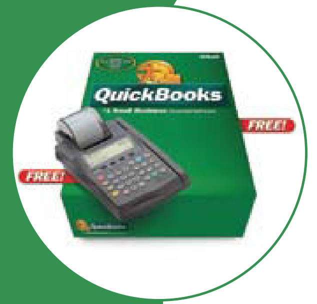
Whatever you do, do not focus on new patients at the expense of ignoring your current, loyal patients. Sherry Blair, Management Consultant for LVI Global, advises that your loyal recare patients are your best source to increase daily production. She suggests the following actions are essential to increase treatment acceptance from your existing patient base:

(1) Monitor the treatment diagnosed in the hygiene room and designate a staff member to follow-up on all treatment that has not been scheduled with financial arrangements in writing.

(2) Review the status of the Monitor every week in a morning team meeting before planning your week.

(3) Provide your recare patients value-added services.

Find out why you're paying too much for your merchant Account



GUARANTEED* REDUCTION of Your Credit Card Processing Fees

- Free Credit Card Terminal
- Direct Accounting Integration
- Free Copy of QuickBooks 2009 Pro
- Free Online Reporting

Not On Quick Books? No Problem!

Take Advantage Today:
• Direct to Bank Rate
• Free Equipment or
Reprogram Your Existing Credit Card Terminal
• Zero Start UP Fees

CALL TODAY!
800-871-7640

*If we cannot beat your rate; you will receive a $200 Visa Gift Card.

lvimerchantprogram.com

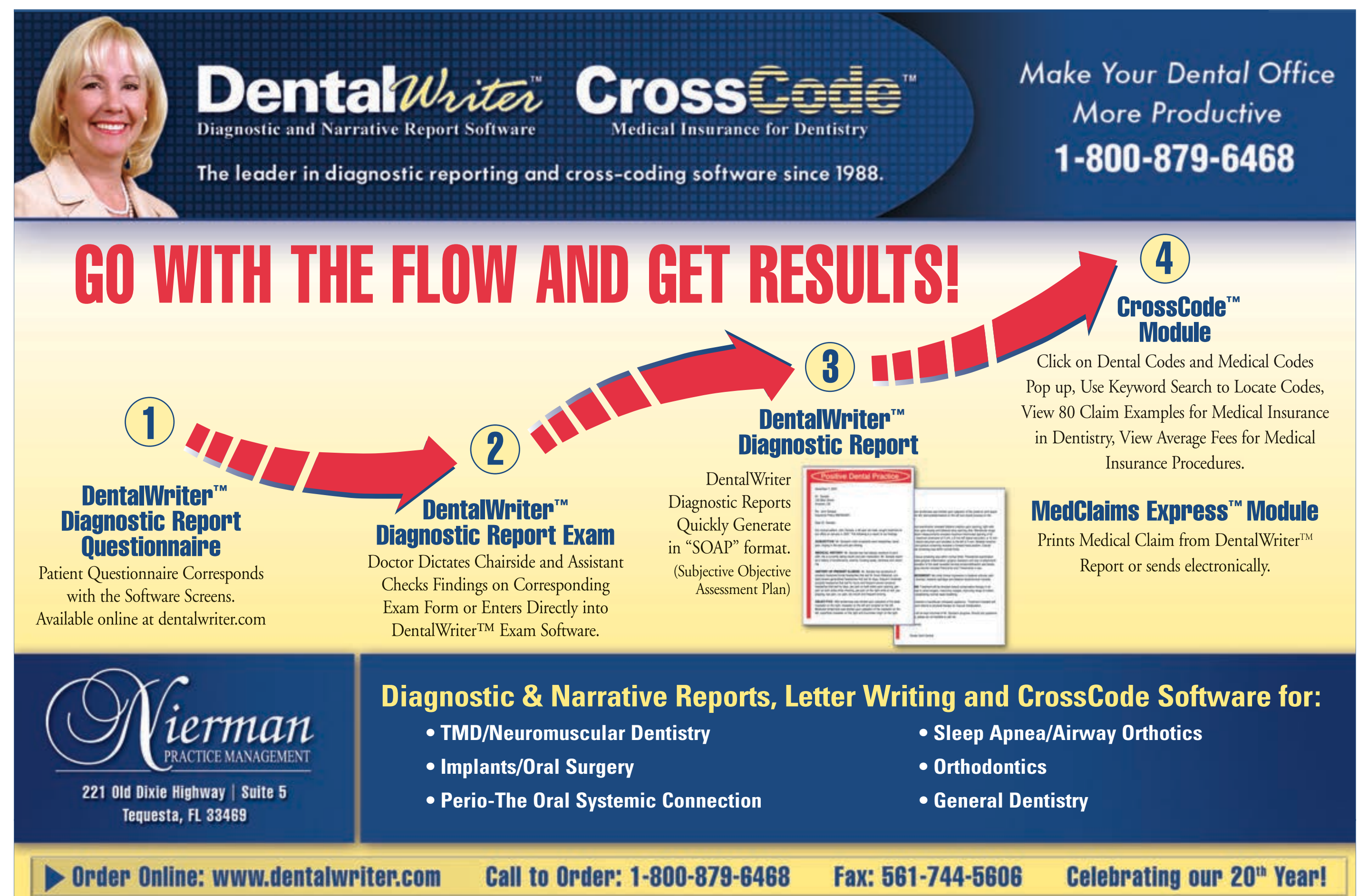
Formally ask each one how you can serve them better; listen carefully and record their responses. As a team, discuss their requests in the morning meeting or at the bi-weekly staff meeting. Evaluate each idea and immediately implement the ideas that add the greatest value and are the easiest and quickest to implement.

6. Prioritize Patient Treatment

When patients are cautious about spending money, they need to see their dental care as an investment in their future prosperity, health, and happiness. They also need to understand how by completing the treatment now, they are saving future expense, time, and possible discomfort. When appropriate, let them know it

Thrive in Uncertain Economy - 10 Immediate Actions:

1. Focus on What Your Do Best
2. Avoid “Analysis Paralysis”
3. Evaluate Your Practice and Market it
4. Connect with Patients in a Meaningful Way
5. Take Care of your Loyal Patients
6. Prioritize Patient Treatment
7. Find Creative Credit Alternatives for Your Patients
8. Build Word of Mouth Referrals
9. Personally Connect with Your Community
10. Be Charitable; make a difference!



is acceptable to do only a portion of the recommended treatment. In a positive, caring, and supportive way, facilitate a phased treatment plan - in writing - to fit their budget and financial concerns. Patients that stick with you during the lean times will be there in the flush times as well.

7. Find Creative Credit Alternatives for Your Patients

Do NOT cut Your Fees. For many dentists this is the first thing they think they should do. You can best help your patients by finding viable credit alternatives for the dentistry they want. Be prepared with various credit alternatives before presenting treatment and during the financial arrangements, brainstorm other possible resources with them as needed. Help your patients in a down economy and they will be there for you when the economy turns around.

8. Build Your Patient Referrals

Word-of-mouth is still the best and least expensive advertising! Do you and your team members know how to encourage, with sincerity, patient referrals from the heart? As patients give you or a team member a compliment, learn to respond by thanking the patient, flowing with the conversation, and encouraging the patient to refer their family and friends. Schedule a 1-hour session for the entire team to practice with each other until each team members' verbal responses and facial expressions are natural.

9. Connect with Your Community

Market yourself, first hand and in person. When people have discretionary income but are cautious about spending it, they prefer meeting you in person and feeling as though they know you, who you are, and what you stand for. They want to experience how they feel in your presence, before they come to your office, and before they purchase premium dental care from you.

If you feel more comfortable in social or business situations with someone accompanying you, take your spouse, significant other, or staff members along. Attend community events, meet people, and have person-to-person conversations.

10. Be Charitable

At this time, many people who have lost their jobs are in need of dental care and truly cannot afford it. Follow your heart. As a volunteer effort, you and your team can "give back" to the community. From your local church or social services agency, select one person or family each quarter to care for and treat their dental disease. To prevent a loss in production, schedule the patient at the end of the day, after you and your team have attended to your daily goal.

The tangible benefits are many. By donating your services to another who normally would not be able to purchase your care, you can change the quality of that person's life. You and your team will develop a closer team relationship and experience the fulfillment that only "walking your talk" by putting your values into action can bring. People in the community will your remember kindness and generosity, and they will tell others about you and your practice.

So, in the coming year, what will show up on your bottom line? Together, you can take action as a team, recession proof your practice, and thrive.

Reinvent your practice. Look for opportunities to do more of what you do best and concentrate your marketing efforts. Connect with patients in a meaningful way; focus on taking care of loyal patients; prioritize treatment and search for patient credit alternatives. Increase word of mouth referrals, reconnect with your community, and follow your heart!

This article was written by Russell B. Rainey, DMD and Cheryl A. Rainey, PhD, MBA, RDH. Russ is an LVI Fellow and has been providing comprehensive, optimum dental care for more than 21 years. Cheryl is a psychotherapist, dental management consultant, and former dental hygienist. Both are experienced dental practice management consultants. Residing in Tallahassee, Florida, they invite their dental clients and team members to visit Dr. Rainey's office and observe first hand successful systems and verbal skills in action.

Transitioning Your Practice From Where You Are To Where You Want To Be

Part One: Change and Vision

Ashley Johnson

In my travels around the world, working in hundreds of dental practices, some of which are considered to be the best dental practices anywhere, I am often asked, "How can I take my practice from where it is to where I want it to be?" My answer is: "You have to have a vision, a plan and a willingness to change."

Money is neither good nor bad, but you can tell a lot about a dental practice by simply looking at how finances are managed. I have worked with practices that have a negative accounts receivable each month and I have worked with those that seem to think that if they have room left over on credit cards each month it has been a good month. I have observed what I call the 20 / 60 / 20 rule. The rule is that about 20% of dental practices are really successful, 60% are surviving, and 20% are barely hanging on.

This observation has caused me to ask myself, "Why is it that some dentists are so much more successful than others?" So I began speaking with the dentists that I recognized as being the most successful in achievements, production, and happiness in life, about what it was that made them more successful. I have gathered what they shared with me and utilize it in the coaching I do today.

What I learned is that some dentists are doing better than others because they have a vision and a plan. They encourage change. They do things differently and they do the right things right. What I had assumed was that dentists who were doing better than others were better dentists. What I found out was that this is only a part of it. These dentists have learned to do many things differently and by learning what those things were, I learned I could teach others how to do the same thing.

In this article, and the ones to follow, we are going to examine some of these things. I hope they challenge you and cause you to make some choices and then after careful considerations, take action. Remember, taking action without thinking things through can be a huge source of problems.

“You have to have a vision, a plan and a willingness to change.”

CHANGE

It is eight thirty and your nine o’-clock just called to cancel, you just found out your computer backup system has not worked in a week, your hygienist has informed you that her husband is being transferred to another state, and your favorite assistant is three months pregnant. Changes like this can happen every day. Your time and income are scheduled down to the minute. It is no wonder that your frustration level can go through the roof. You want stability and consistency. Don’t rock your boat. But I am here to tell you that CHANGE is vital.

Have you experienced this? A consultant gives you some great ideas or you attend a course and find some practice changes you would like to incorporate. You return to your practice and go over them with your team and they agree with you that these are changes that should be made. You discuss them, but then your practice gets busy and things stay the same. What happened? You agreed the changes would be good but what you did not do was change your thought processes. If you want to change the way you are doing something you have to change the way you are thinking about it.

All of us have learned that change is not easy, but it can be simple. We all know that change is constant and while we do not have a choice in that, we do have a choice in how we react to change. As leaders, whether or not we choose to create change, we must welcome change. The choice then boils down to this: either we manage change or it manages us. In the long run, sameness leads to mediocrity, and in today’s world mediocre practices do not thrive, they just survive. If you view change as a good thing, one that forces you to grow and adapt new ideas, you will constantly strive to be your best. To compete, you must always be expanding your knowledge, your skills, your time, your team and finances better than ever before. One of your challenges will be to convince your team that the new and improved version of your practice is better than the one you are in now. Is it easy? Of course not. It takes planning, commitment, patience and courage. Change can be a wonderful thing, and without it your competition will pass you by. As a leader you will have to take your team out of their comfort zone, and convince them that even though they are on a new path, it is the right path for the right reasons.

There was a time when all a dentist had to do was open an office and success was practically guaranteed. Those days are long gone. Today’s dentists have to constantly upgrade their clinical skills and they must understand that while they are professionals they are running a “professional business.” They are facing the same obstacles that all business owners have to deal with if they want their business to grow. Every one of their patients get to choose where they spend their dental dollars and it is the job of everyone in the practice to make the patients want to spend their dollars with your practice. Those who understand this will thrive and those who do not will not thrive.

VISION

One of my best friends is Dr. Brad Durham, DMD, LVIM of Savannah, GA and he has allowed me to share his practice vision with you. I consider his practice to be in the top 2% of Dental

"Once you begin to formulate a vision, get your team involved and get some systems in place so that you can run the practice rather than have the practice run you."

practices and I believe this says it all.

• Everyday we unconditionally commit to run the practice in such a way that we create the model for the way dentistry should be practiced.

• To be excellent in everything we say and do.

• To treat patients so well that they enjoy coming into the office and hesitate to leave.

• To make ourselves massively profitable, both for the patients in the services they receive and us for our efforts.

• To create financial freedom for ourselves and our families.

• To have fun each day, be enthusiastic and enjoy our life's work.

When asked if his practice represents his vision every day, Brad will say no. However, that is not the point. The point is he knows where he is going and he is there most of the time. Do visions evolve? Sure! If you ask Brad where he is going next, he is setting up his practice to be a dental destination in North America for regular patients and dentists alike. He now regularly treats many dentists and non-dentists who fly to Savannah and stay in the practice condo and tour Savannah while they get their new smile. He is essentially setting up the practice to accomplish technically difficult cases and re-treats, and his success in this area all started with a vision.

Do you have a practice vision? Most of my clients do not have one

when I first start working with them. If not, write down the answer to each of these questions and honestly review and evaluate them.

• What do you really want out of your practice?

• How do you really want to practice?

• Are you too stressed at the end of most days?

• Are you happy with your practice?

• Are there days you avoid spending time with your team?

• Are your patients getting the very best service and care from you and your team?

• Do you have the facility that you want?

• Do you get to spend as much time with your family as you would like?

• What would give you the most happiness, fulfillment and peace of mind so that you can be your best and serve your patients the best way possible?

Wouldn't it be nice to look forward to your day at the office each morning? Do you now? Next, complete this simple exercise. Write down the way you would have your ideal days go.

• Which procedures do you enjoy the most?

• Which procedures do you enjoy the least?

• Which procedures would you eliminate?

• How many weeks would you work per year?

"Today, not tomorrow. Do it today. Put your vision on paper. If you already have a written vision, review it. Is it really what you want today versus what you wanted when you wrote it? If not, revise it."

• How many days would you work each week?
• How many hours would you work per day?
• What would those hours be?
• What you would like your practice (facility) to look like?
• Who would be on your team and who would not?
• Who would be your patient and who would not?

I find that most dentists who do this are shocked to see how different their ideal practice is from what they have currently. Some days are filled with problematic patients, procedures you do not enjoy and non-productive activities (I call these things – stuff). Imagine your days with minimal amounts of "stuff". Does that not feel good? Change is possible. Once you start to get the "stuff" out of your way, you can begin to form your ideal practice. There will always be "stuff" but strive to minimize the amount of it. Stuff is just a barrier. Usually you will find that the biggest barrier to eliminating "stuff" in your practice is you and your lack of vision and leadership. Until YOU answer the questions above nothing is going to happen. Once you begin to formulate a vision, get your team involved and get some systems in place so that you can run the practice rather than have the practice run you.

Today, not tomorrow. Do it today. Put your vision on paper. If you already have a written vision, review it. Is it really what you want today versus what you wanted when you wrote it? If not, revise it. If it does not make you smile when you read it then you do not have it right! It could very well be the most important thing you do for yourself, both personally and professionally.

When you finish this article, think about what you want for yourself, long term. I am guessing that things like health, happiness and prosperity would be near the top of your list. Is your current practice plan going to get you where you want to be? If not, now is the best time to make new plans and adjustments. If you need assistance in developing a plan and putting it into place, feel free to give me a call or send me an email. I am here to help.

Next Issue: Leadership, Image, and Customer Service

Ashley Johnson is a speaker and coach. He has been involved in dentistry for over thirty years. Ashley has a private consulting firm in which he helps dentists evaluate their practice, determine where it is versus where the doctor would like for it to be and then help them devise a plan for getting from where they are to where they want to be. He has dental clients all over the United States, Canada, Australia, Singapore and the Dominican Republic. Ashley is a Featured Instructor at the Las Vegas Institute for Advanced Dental Studies, (LVI) and lectures all over the United States, Canada, Australia, Dominican Republic and Singapore.

If you have any questions for Ashley or would like to have him speak at your local or state meeting please contact him by email at ashley@ashleyscoaching.com or by phone at 850-251-9861.

DISCOVER THE SWISS QUALITY

A member of the Bien-Air Group

If you haven't already switched to Bien-Air, this is the easiest way to do it

A leader has no fear of comparisons; give us your old non Bien-Air 1:5 red contra-angle and we'll exchange it for a brand new Bien-Air 1:5 contra-angle for only $750! You will enjoy the difference: powerful, near-silent and extremely durable. Our Swiss-made contra-angle is equipped with dual glass-rod optics, patented anti-heat push-button bur changing mechanism, 3 sprays and an anti-retraction valve. Above all, it is a Bien-Air, the world leader in top-of-the-range micro-motors for dentistry. You can expect to be won over.

For a free in office demo contact your authorized Bien Air distributors or call 800 433 2436

Bien-Air Dental SA
Irvine CA 92606 Tel. 1-800-433-BIEN Fax 949-477-6051 More information on www.bienair.com

Designed to help get you into a tight spot.

Without the heat and vibration of prepping in the mouth.

The Zimmer® 3.0 One-Piece Implant.

The cool solution for tight spaces.

Stay cool even in the tightest of spots! Visit www.zimmerdental.com/coolsolution.aspx or call us toll-free at 800 854 7019 to see just how cool the *Zimmer* 3.0 One-Piece Implant really is. Please reference "cool solution" when you call.

To receive our eNews visit us at www.zimmerdental.com/news_eNewsLetterSignUp.aspx

©2008 Zimmer Dental Inc.

www.zimmerdental.com

"Recharge" your patient's smiles!

Call our Advanced Esthetic Hotline

1-800-661-1169

www.aurumgroup.com

Dentistry courtesy of
Dr. Nathaniel Podilsky, Edmonton AB.

Restorations fabricated by
Aurum Ceramic.

LVI Designated Laboratory since its inception.