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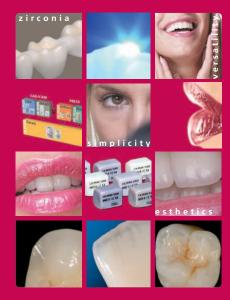
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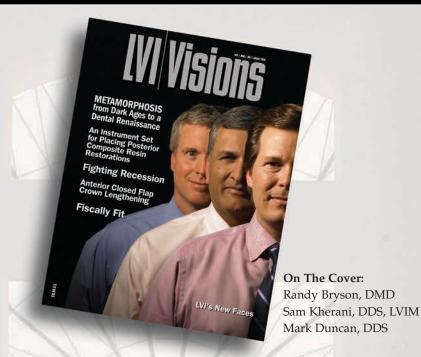
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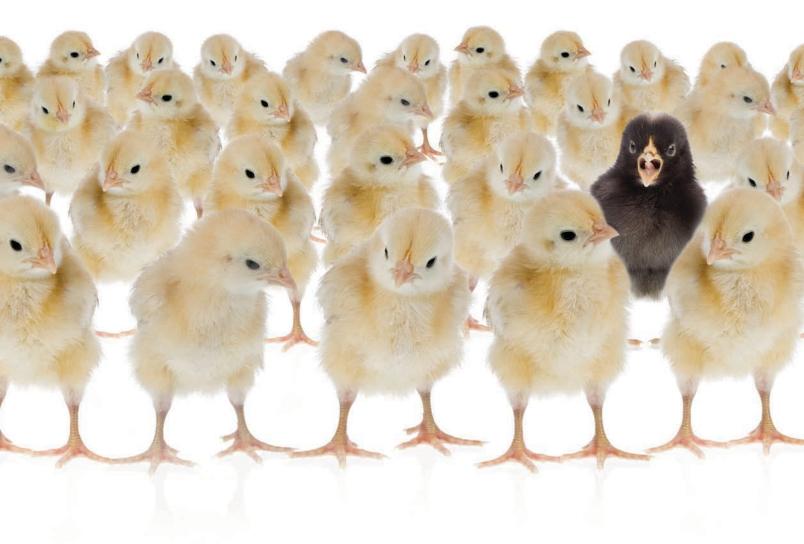
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E D I T O R I A L
BY WILLIAM G. DICKERSON, DDS, LVIM

Up The Path To Success Talent Is Never Enough



My decision to retire from public speaking outside of LVI was a tough one. There are several reasons for my decision, but the main reason is that it is no longer necessary for me to travel and spread the message of a better profession that many of us believe in – I am able to hand that responsibility over to some incredible people.

here are many gifted professionals with tremendous knowledge and ability to fulfill our mission to improve dentistry and elevate it to a more respected and important position in health care. It is time to pass the baton. I have selected what I believe to be the greatest, most inclusive dental conference as the venue to present my final lecture (outside LVI) – the International Association for Comprehensive Aesthetics. The IACA is composed of

the most sharing, motivated, enthusiastic people in our profession. I want to communicate perhaps the most important message that every person, including young people, need to know to be able to succeed in ANY business. That message is: talent is never enough.

If talent were enough, how come I know so many dentists who are very talented, yet are not highly successful? How come I know so many talented people outside of dentistry who are not successful?

You all are talented or you would not have made it through dental school, hygiene school or dental assisting school. However, perhaps your talent lies in another area. What is your passion? Have you lost the passion you once had? Remember, talent may be given, but success has to be earned.

"There is no level of skill so high that it cannot be overcome by significantly poor judgment."

- Bruce Lansberg

"Do not let your talent get in the way of your success. Be teachable."

Peter Drucker, the father of modern management said, "There seems to be little correlation between a man's effectiveness and his intelligence, his imagination, or his knowledge."

More than 50% of all CEO's of Fortune 500 companies had C or C-averages in college.

65% of all US Senators were in the bottom half of their class

75% of all Presidents were in the bottom half

More than 50% of Millionaire entrepreneurs never finished college.

So why are they more successful than you?

- 1. Everyone has a talent.
- 2. Develop the Talent you have, not the one you want. Do not spend time strengthening your weaknesses.
- 3. Anyone can make choices that will add value to talent.

Believe in your potential.

Many people have asked me how I was able to create LVI and turn it into the most progressive, successful, post-graduate dental education center in the world. My answer was and still is; "I expected it!" AND... I never stopped learning. Talented people are

usually the toughest to teach. Do not let your talent get in the way of your success. Be teachable.

"Do you see a man who is wise in his own eyes? There is more hope for a fool than for him."

- Proverb

Always remember that the greatest enemy of learning is knowing it all.

So the question is, can you be successful? Are you capable of achieving great success? The answer is an absolute yes!

"If we did all the things we are capable of doing, we would literally astonish ourselves."

- Thomas Edison

Sharon Wood, the first North American woman to climb Mount Everest, said, "I discovered it wasn't a matter of physical strength, but a matter of psychological strength. The conquest lay within my own mind to penetrate those barriers of self-imposed limitations and get through to that good stuff – the stuff called potential, 90% of

which we rarely use."

"The difference between what we do and what we are capable of doing would suffice to solve most of the world's problems."

- Mohandas Gandhi

Point being - most of the time it is a self-imposed limitation.

"Life is a ten-speed bike. Most of us have gears we never use."

- Charles Shultz

Your potential is up to you. It does not matter what others might think. It does not matter where you came from. It does not even matter what you might have believed about yourself at a previous time in your life. It is about what lies within you and whether you can bring it out.

Talent may give you a head start, but it is only a short-lived advantage.

"Talent is cheaper than table salt. What separates the talented individual from the successful one is a lot of hard work."

- Stephen King

"We all have a tendency to make excuses about why someone else can succeed and we cannot."

And remember that teamwork multiplies your talent. A team that supports your mission will dramatically enhance your chance of success.

"Destiny is not a matter of chance, it is a matter of choice; it is not a thing to be waited for, it is a thing to be achieved."

- William Jennings Bryan

People define success in different ways, but I think most people would agree that true success is mainly feeling that you have been fulfilled in life. It is a deep satisfaction that you have served a purpose in life and have made the world a better place. Yes, providing a good life for your family is also important and a result of serving a purpose. The end result is a sense of happiness and peace of mind.

"We are prone to judge success by the index of our salaries or the size of our automobiles rather than by the quality of our service and relationship to mankind."

- Martin Luther King, Jr.

"Efforts and courage are not enough without purpose and direction."

- JFK

We all have a tendency to make excuses about why someone else can succeed and we cannot. It is easy to make excuses as to why you are not as successful as you would like to be. I have heard them all. As the saying goes, excuses are like anal sphincters, we all have them and they all stink.

"Ninety-nine percent of failures come from people who have the habit of making excuses."

- George Washington Carver

Many people want success. Few people work at it. Results come from action! Humans usually just hope for success. Good results come from good actions. The most positive attitude in the world will not create success unless you take action towards achieving your goals.

One good action you can take is to make this year's IACA Conference in Orlando (www.theiaca.com). At the IACA conference this year, I will discuss the 10 vital steps up the path to success. I say up, because going down a path is easier than going up. I am not saying achieving success will be easy, just that it IS possible, for everyone. And yes, it is easier going down a path however, that is the path to mediocrity, not self-fulfilling success. I hope you join me at this year's IACA where those with the desire to succeed will learn the essential fundamentals to achieve their dreams, regardless of what they may be.

"The most positive attitude in the world will not create success unless you take action towards achieving your goals."

ANTERIOR CLOSED FLAP CROVVN LENGTHENING



Dr. F. Jay Ohmes, D.D.S., F.A.G.D.

s restorative dentists, we have all encountered the clinical situation of not having adequate biologic width after decay and old restoration removal, or a complex cosmetic case requiring gingival contours or reducing a "gummy" smile. Time to refer the patient to the periodontist for full flap osseous surgery, six to eight weeks of healing time, and an additional appointment for final impressions, right? Wrong! Erbium hard tissue lasers allow us to change these dilemmas in our practice with a procedure called "closed flap" crown lengthening. The erbium laser uses a 2940 nm wavelength of invisible light to react with soft-tissue and hard tissue structures like gingival, bone, dentin and enamel. Although previously used most commonly for dental caries restoration and soft-tissue procedures like frenectomies, tongue-ties, and ridge recontouring, erbium lasers are now approved by the FDA for osseous surgery.

CASE PRESENTATION

A 41-year-old female patient presented with a complaint about her "gummy" smile (Figure 1). She had an old ceramic crown on tooth #9 and her incisal edge lengths needed improvement. The gingival architecture was not ideal and an improvement was needed in the buccal corridor. After discussing her options, the patient decided to complete a smile design makeover.

After gingival probing it was determined that we could generally reduce the visible gingival by approximately 2mm but due to the position of tooth #9, minimal pocket depth was available for gingivoplasty. The patient did not want to be referred for periodontal flap surgery.

Our initial effort to reduce this patient's "gummy smile" was successful except for a gingival rebound at the facial aspect of tooth #9. After introduction of the erbium-YAG laser into our practice, we were able to offer this patient a non-flap procedure to improve the gingival smile line of tooth #9 (Figure 2).

The patient was appointed and after probing the gingival attachment depth, a closed flap osseous crown lengthening procedure was completed on both teeth #8 and #9 utilizing the 400 and 600 micron erbium laser tips (Figure 3). The length of this tip is an ideal 2.75mm and serves as a depth guide during the procedure.

The full crown prep was built out to improve our ceramic shade balance and a final crown/veneer impression was taken (Note the new clinical crown length and probe depth in Figure 4.

Custom provisional restorations were made, and the case was sent to the lab for fabrication (Figure 5).

After three weeks the final case was bonded. The patient was pleased with the reduction in the amount of gingiva that showed in her smile and the harmony of her gingival architecture (Figure 6).

CONCLUSION

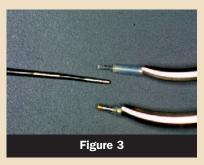
Improvements in technology and materials give the general dentist many more options for treatment than ever before. The erbium-YAG laser is one more tool in the dentist's arsenal to improve the standard of care delivered to patients. Procedures can now be completed in not only a more comfortable manner but in a more timely fashion. The erbium-YAG laser is also a major asset for the cosmetic practice. By utilizing the soft tissue and osseous applications of the erbium-YAG, ideal golden proportions can be created leading to more ideal cosmetic results.



Dr. Ohmes is a 1989 graduate of the University of Missouri-Kansas City School of Dentistry and has been practicing in the St. Charles, Missouri area for 18 years. He has also received certification through the Advanced Education in General Dentistry program at the UMKC School of Dentistry. Dr. Ohmes is an international lecturer on high-tech dental equipment and restorative dentistry and has had several articles published on the latest in laser techniques and procedures. He is currently a fellowship award recipient with the Academy of General Dentistry, a sustaining member of the American Academy of Cosmetic Dentistry, and a certified member of the Academy of Laser Dentistry and the Dental Organization for Conscious Sedation. Dr. Ohmes is the cosmetic dentist and smile designer for Mrs. America 2004 and his practice emphasis is on dental and facial bioesthetics.





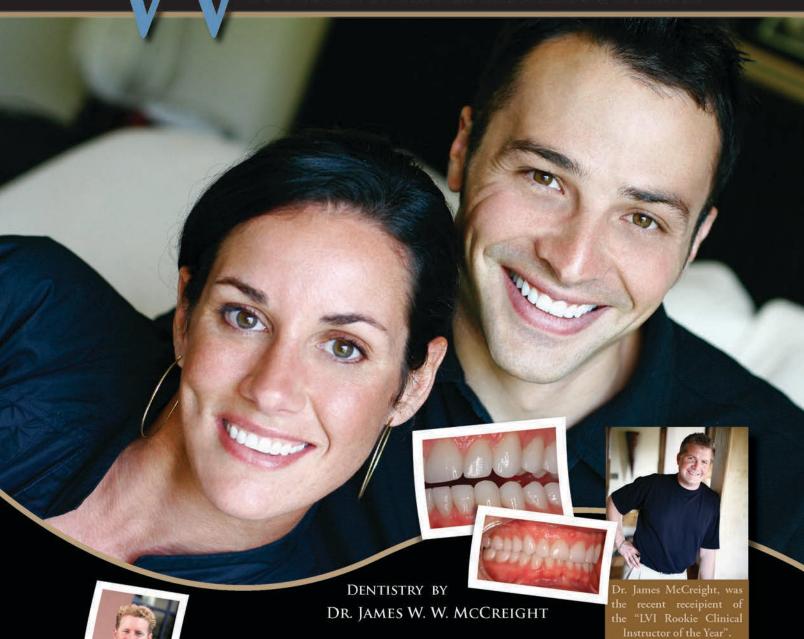








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Peter Pang, D.D.S, F.A.G.D.

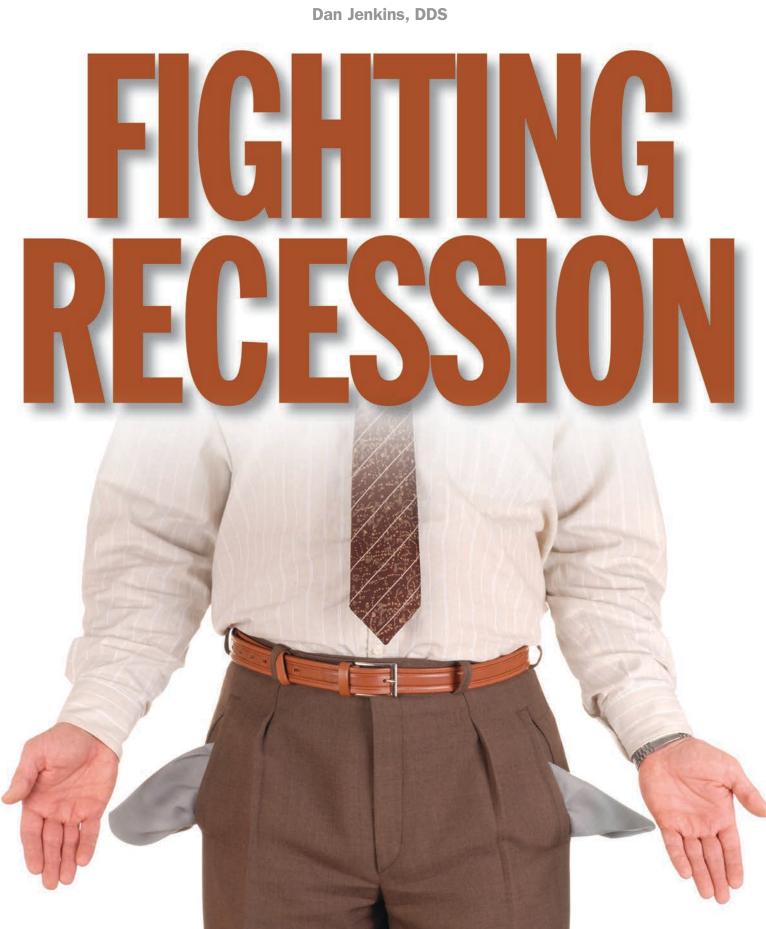
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In tough financial times it is natural for people to reassess which expenses are necessary and which are optional. Some actually compose a list and prioritize the optional items. The issue faced in dentistry is how high on the priority list a client will place their dental care.

During a flight to New York City last year I read in my American Airlines flight magazine that in 2006 there were 146 golf courses that went out of business. It was not profitable for them to stay in business due to the lack of people wanting to play at their courses. You might think these closed courses were charging too much for people to play - but virtually all of these closed courses were public courses!

From this glance of golf financial history, I thought of a parallel to cosmetic reconstruction dentistry. The golf courses that stayed in business and prospered were those that offered a better service and a better experience. These golf courses held a high standard and charged appropriately. Sure, not every person who played golf, (by the way, I do not play golf!), appreciated the quality of the experience at their courses. However, enough of the market continued to do business with these courses and they were able to remain profitable.

It is important in a cosmetic dental practice to maintain the high standard that people recognize. The service for cosmetic patients must stand above what a patient will receive for "everyday" dentistry. This will help the cosmetic dentist to remain profitable and continue to enjoy their practice.

Cosmetic dentistry is different from "everyday" dentistry. Cosmetic dentistry, like golf, is optional (although some of my golfing friends disagree with me on this). When a patient has a toothache the necessary part of treatment is to eliminate the pain and restore the tooth to function. The cosmetic dentistry part is to eliminate the "detractive" and restore or treat the tooth to beauty.

Cosmetic dentistry comes under attack quite often with accusations of "over treatment" or placing cosmetic restorations on teeth that were all "natural" beforehand. This is similar to what took place in medicine many years ago. The plastic surgery that

provided breast reconstruction for post-mastectomy patients was accepted easily. However, when cosmetic augmentations were performed, the ethicists came out of the woodwork. It was not until psychologists came to the rescue and explained the benefits of physical selfesteem that the words of fire resided. There are still accusations of cosmetic surgery being done by improperly trained surgeons and the news industry is quick to report on that.

Cosmetic dentistry is not a recognized specialty. Instead, it is a part of all of dentistry. Each specialty should be aware of cosmetic concepts in their area of treatment. Each cosmetic dentist should also be aware of procedures that can be provided by each specialty - including those in medicine. Dentists and Physicians need to be aware of the total treatment of a patient – not just their area of expertise.

It is difficult to find dental continuing education courses that provide information on the interaction between the oral structures and the rest of the body. I encourage all dentists to seek these courses out. Find anatomy and physiology courses that will tie in bite relationships and proper TMJ function. Take courses where you can learn not only the clinical aspects of a pretty smile but the psychological benefits as well. Take courses that guide you in case presentation so that the client will accept the best treatment for them. If the client only knows enough to go for the "white tooth sale", they will only base their decision on the lowest cost. Providing quality dentistry involves more than the ideal preparation or the ideal restoration - it involves the best possible education of both you and your client. Just like the public golf courses, superior ser-

vice will set you apart from the "public dental offices" and ensure not only survival but success as well.

All cosmetic reconstruction dentists should be prepared to learn all they can in order to successfully provide the best service. It amazes me when I meet dentists who advertise that they are a "cosmetic dentist" but do not attend any of the cosmetic dentistry organizations, conventions or cosmetic reconstruction training facilities. I realize they are trying to keep their costs down just like the public golf courses and many cost-conscious clients. My grandfather used to tell me "you get what you pay for." That holds true for continuing education too. When you invest in the quality you want, you will enjoy the game more. I wish you success.



Dan Jenkins D.D.S. is in private practice in Chino California. He is a 1975 graduate of Loma Linda University School of Dentistry. He is a Fellow of the International College of Dentistry and a Certified Dental Editor with the American Association of Dental Editors. Besides being a member of the ADA he is Editor for the Tri-County Dental Society. He is also Editor and director of the International Association of Comprehensive Aesthetics. Besides writing numerous articles on dentistry he has participated in research and lectured for a leading dental laser company as well as lectured and directed workshops on the use of CAD-CAM for aesthetic restorations.

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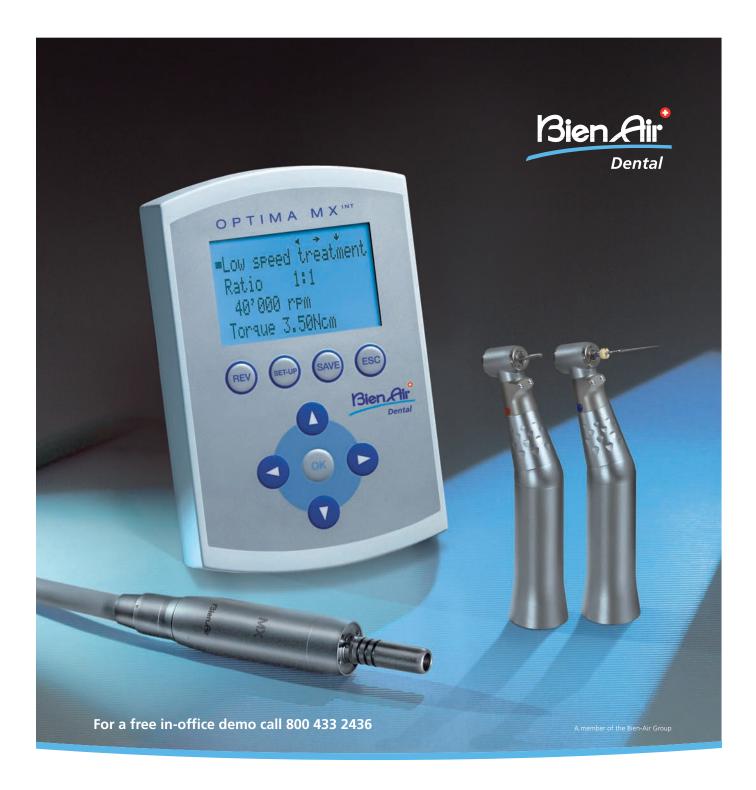


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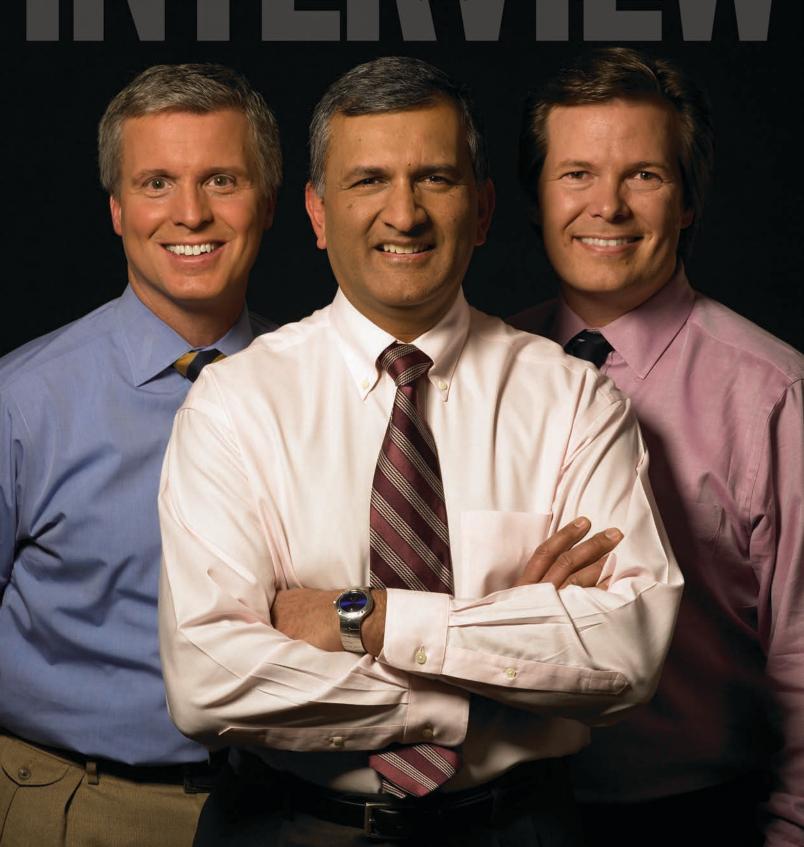


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RANDY BRYSON, DMD • SAM KHERANI, DDS, LVIM • MARK DUNCAN, DDS



The New Faculty Members at LVI

All of you have had wonderful practices that have changed from conventional practice operations, where many dentists find themselves burnt out, to a more rewarding, patient-centered practice. Please describe your own professional transformation?

Duncan: I have always enjoyed the practice of clinical dentistry. There are few professions where the state of technology changes as quickly as dentistry has over my career – and being able to provide patients with the options and advances available today is so rewarding. Upon graduation from dental school we were charged with continuing our education. The unending pursuit of knowledge has been such an incredible benefit in my clinical practice. As my skills developed, I simply sharpened my focus on what dentistry can do. As a result, my practice transformed from a typical insurance-driven, dental school model of tooth-at-a-time treatment into one that starts with a foundational perspective and a comprehensive whole body approach. We can touch our patients in such incredible ways – from literally preventing the onset of diabetes to ending chronic and debilitating head and neck pain. It simply is not about a little decay in the tooth anymore. In my opinion, that is the real transformation.

Bryson: My wife, Dr. Toni Margio, and I owned a 13-year-old, financially successful, insurance-based practice in Yardley, Pennsylvania. However, personally and professionally we were not enjoying dentistry as much as we had expected. We experienced a constant struggle between providing the very best dental care for our patients, and juggling a very busy schedule. We had the "roller-skate" mentality that so many dentists have. We thought that it was the only way to have a successful practice. We could not see ourselves practicing for much longer if something did not change.

We had the pleasure of hearing a speaker who inspired us to have the courage to return to the office and fire the "uninvited partner" – the dental insurance companies - from our practice. This lecturer was so different from any other dental lecturer we had ever heard. Dr. Bill Dickerson was passionate about dentistry and its future. So passionate that it was contagious. After that dental society meeting we immediately began our LVI Journey. We started a transformation of our existing insurance-based practice into an insuranceindependent practice. The experience at LVI helped us to realize that we could hang up our roller-skates and adjust the pace of our practice. Dentistry became more and more enjoyable. A reduction in work days gave us much more time to spend together as a family. Unexpectedly, as a result of the new practice style, our incomes increased.

Randy Bryson, DMD • Sam Kherani, DDS, LVIM • Mark Duncan, DDS



Kherani: It all boils down to fulfillment. Physical life has an end to it and you want to feel fulfilled having lived it. I have long realized that financial success alone cannot give you this fulfillment. So what does? It is in knowing that you routinely impact people's lives in a positive manner with unsolicited positive feedback from the recipients of your endeavors. That is what contributes to fulfillment and leads to self-actualization. As Maslow's pyramid of hierarchy explains that self-actualization is what we eventually strive for. That is the philosophical part.

On the practical side, it meant that I had to transform my practice whereby I was able to deliver the right treatment, done really well that was long lasting. The only way I could do that was by eliminating dental insurance meddling into my professional service. The other part was to take in a lot of continuing education. After taking courses at several other places, I focused on attaining a majority of my education at the Las Vegas Institute. The outcome was that like-minded patients came to avail my services and it was a win-win situation. The interesting part was that focusing on the right things led to increased predictability in my cases. I was working a lot less hours, performing the kind of treatment that was comprehensive and aesthetic. The increased predictability led to peace of mind on a daily basis and also increased financial success. This further underscored the wisdom that if you do the right thing, everything else positive follows.

You have given up lucrative practices, sacrificing so much, to come to LVI and help others become successful. Many would find it hard to believe, that you would walk away from such financial and professional success. Can you explain why you have made such a HUGE move at this point in your career?

Duncan: Success is many things and the monetary impact is certainly one of them. While I have truly enjoyed the benefits of private practice and cherished the intimate relationships developed, that is not really my main love in dentistry. In private practice I have the opportunity to touch the lives of my patients and do great things for them, however teaching other dentists how to do it touches many more lives and helps many more people. Dentistry is poised at the beginning of a whole different role in the health care world. Being a part of LVI and sharing these concepts with dentists from across the world is rewarding in many ways. The saying goes "Give a man a fish and feed him for a day. Teach a man to fish and you feed him for life." While I am in private practice I am only giving people fish. LVI is teaching dentists how to fish. Given the opportunity to become a part of that, I do not know how I could not make this move!



Bryson: I can easily answer that in one word - Bill. Those of you that know him personally can thoroughly relate to this answer. Consider the scenario: Bill Dickerson asks you to be part of the team at LVI, and to influence the way dentists practice. Not too many dentists would turn down this HUGE professional honor. I was very fortunate to be able to do this at this time in my career. There were a couple of very important reasons I was able to make this dramatic change in my life. First, Toni and I were quite aware of the need to save for our future early in our careers. Thankfully, we were very successful at doing this. This was one of the important benefits of developing an LVI Style practice with solid business systems. We did not want to end up like many dentists who are never able to retire comfortably. Second and MOST important, is my wonderful family. My son, Logan, quickly embraced the move across country. My wife, partner and best-friend, Toni has always lent her support throughout my entire career. There is no doubt in my mind that it could have easily been her in this position, but she has always been the biggest source of support through my LVI Journey. I am usually the one who has been out front receiving the public accolades for OUR success over the years. Most people that know us well realize we are successful because of our teamwork together; we compliment each other well. She is the one who worked tirelessly behind the scenes and took care of all the personal and professional responsibilities during my time as Clinical Instructor, IACA founding board member (President), and now Clinical Director at LVI. She has been unselfish and I can never thank her for all she has done for me.

Kherani: That is easy to answer. It is because I want to be even more successful but this time it is more than financial success. Life is a balancing act. On the one hand you have financial success and on the other hand, the fulfillment aspect that comes from giving back. This feeling can only be understood once you start giving back. It does not have to be in a big way (like changing careers as I did), but even small ways. If only one could physically witness a bank account with these "feel good" dollars. Remember that financial success has no limit and so one has to use the accumulated wisdom to decide when to make such an important change. I feel that I am actually on a train to paradise and I want to take as many with me as possible: co-workers, colleagues, students, and patients!

Randy Bryson, DMD • Sam Kherani, DDS, LVIM • Mark Duncan, DDS

Observing every one of you lecture is a pleasure because of the knowledge and passion about what you teach. Why do you think you have become successful lecturers?



Bryson: Because I LOVE IT! I just want to share with all dentists my successes and experiences with all of the programs at LVI. I believe that I represent all of dentists who come to LVI for the very first time. It was not that long ago that Toni and I were experiencing our very first course. I can relate to all of the different emotions and worries that develop after hearing the information for the first time. It is very hard to make CHANGES in the way you practice dentistry. Change is difficult, and it is much too easy to simply maintain status quo. This is especially true for dentists because they have the most to lose if the change should not work out. When I am speaking in front of attendees at LVI, the one thing that I always keep in mind is helping to provide as much pertinent information to go back in the office on Monday morning and successfully implement any change desired. I will contribute as much as possible to all of the programs at LVI. This is what keeps me excited and passionate.

Kherani: I am very passionate about what I have learnt in dentistry and the best way to release this passion is by sharing. Lecturing to a group of dentists and dental auxiliaries who want to learn is a powerful endorphin. Attached to this activity is the fact that you are always open to a challenge from thinking individuals in the audience. I fully embrace such a challenge as I also learn something new every single day and many a times it is from my audience.

I believe I am good at empowering my audience and at the same time motivating dentists and auxiliaries on a one-to-one basis. Attitude is everything. My Values & Ethics guide me in delivering this empowerment. Whilst knowledge is important, the audience admires your enthusiasm and caring more than they admire your knowledge.

Duncan: I hope that I am good at it – there is so much to share! The practice of comprehensive dentistry has so many facets and the devil is truly in the details! As anyone who has been to LVI can attest, the bar is set high and there is such an incredible example of what advanced education should be. For that matter, the lessons to be learned are not limited to dentistry but rather extend to all aspects of our lives. All I can do is share what I have learned. Of course, it helps that the information has tremendous strength and relevance in our practices. We are all frustrated by the limits of our abilities and those that sacrifice their time and energy to pursue knowledge are really the ones to be admired! For me, it is simply a pleasure to be surrounded by so many incredible dentists and teams on a regular basis.

You make presentations to many people, several of which have been told untruths about what you believe. Are you surprised at the overwhelming embracement of those that actually take the time to listen to the logic and science of NM dentistry?

Kherani: "When the student is ready, the teacher appears". Most of the time poor self esteem gets in the way of people's progress. They do not allow themselves to be informed about what they do not believe in and that further reinforces what they believe. Herein lies the problem. Human nature is such that humans fear the unknown. One has to be brave enough to learn all there is to learn about what they do not believe and then make an informed decision. On the other hand, some people do not want to leave the pulpit in case they never get to be in another pulpit. Shame on these people! My advice to all thinking professionals out there is to not follow a "pied piper" as he may lead you astray. Decide for yourself AFTER you are well informed.

I also feel that there is an inherent subliminal desire for humans to avoid change. This aspect in and of itself prevents some people from embracing new ideas even though there is science to support it. Whilst I have seen numerous dentists abandon the older occlusion philosophies and embrace the science of Neuromuscular Dentistry, I have not met anyone thus far who has learnt the basis of Neuromuscular dentistry and then refuted it.

Bryson: I am not surprised at all. From my personal experience I have always commented that our patients readily understand the concepts of NM dentistry once they are presented with the facts. It makes so much sense to them, it is completely logical. The problem with many dentists is they have formed their opinion of NM dentistry based on misinformation and untruths from ill-informed dentists who in most cases have not attended a program at LVI. Once a dentist allows his or her mind to be open, the science behind NM dentistry makes so much sense. I always urge dentists who criticize NM dentistry, to find out first-hand about NM dentistry before they offer any criticism.



Duncan: It is funny how things work out! Early in my journey I had many reservations about these seemingly radical concepts. I was trained at a fantastic dental school and had a great grounding in clinical dentistry. It was difficult to look with a fresh perspective even in the evidence of the science and logic of Neuromuscular Dentistry. I was experiencing a lot of frustration with the lack of success from the occlusal concepts I had been taught. I continued to learn more at various educational programs across the country yet, did not improve the success rate. It simply did not make sense to do what we were told was the correct way to treat patients. The more I learned about the role of the muscles and the more I discussed it with patients, the more often I heard them say 'that's exactly what it feels like I need' or 'I have told my dentists that this is what I need'.

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It became obvious that without the blinders of the dogma we were trained with, the concepts simply make sense and subjectively feel better to the patients. As I continued my training and advanced my understanding, I was able to literally prove that this is a better treatment for my patients.

I think many people have had similar experiences. It is difficult to let go of the truths we have held since the time we were infants in dentistry. However, if you simply take the time to listen and exercise the discipline with an open mind, the logic and benefits jump out at you. In time this will be seen as the next evolution in occlusion and we will look back at how we developed from thinking about just the teeth to thinking about both the teeth and bones and now finally studying the teeth and bones and muscles and how they interrelate. How exciting to be a part of such a young and growing profession!

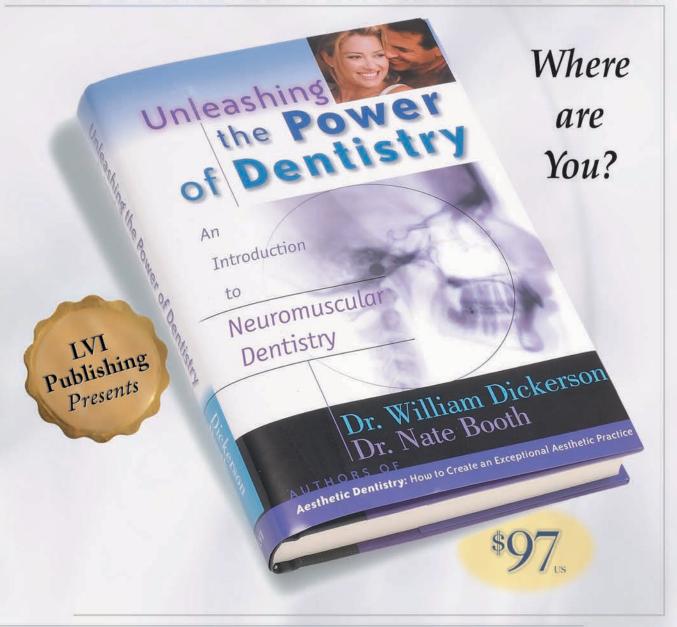
Why is that there seems to be some resistance to what you KNOW is the truth about occlusion and the benefits neuromuscular dentistry offers to our profession?

Kherani: As I mentioned earlier, resistance comes from the non-thinkers, the already established or followers of the "pied piper". Any new idea that supports a paradigm shift meets with ridicule, then violent opposition and finally a slow acceptance. This is no different. We can now see things with the aid of technology that we could not see before. The differential diagnosis should take all of this into account.

I find that most young dentists are very open to newer and better ideas. They are also very willing to think things through. This resistance problem is transient in the overall timeline and we are already witnessing major positive changes.

Bryson: Change is difficult. Think about it. When you embrace NM dentistry, you probably are going to have to change the way you have approached occlusion in the past. From lecturing and involvement with NM dentistry and LVI, I can tell you the younger dentists are so receptive to NM principles. It is the seasoned dentists who have difficulty believing there may be a much better approach to occlusion and problems associated with occlusal disease. As a dentist, it is a challenge to take time away from your practice and family and truly make a commitment to advancing your education. For me it was a "no-brainer". I wanted to provide the very best for my patients, and NM dentistry has played a big part in being able to accomplish that. I did not want to allow any biased criticism sway me from actually finding out for myself, what NM dentistry was all about. Dr. Omer Reed has a great saying, "you can't be down on something, which you're not up on". So I would hope every dentist would find out first-hand the science behind NM dentistry. I am confident that most dentists who learn about NM dentistry would agree it is based on very solid science and research.

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Duncan: Change should be a four letter word. We all know it exists and is inevitable; however it can be challenging to come to terms with change when it impacts our lives and professions. Dentists are in a unique situation where we are charged with and strive to protect the health of our patients and yet we do not really know how to do that. In order to be able to truly understand what can be accomplished, we need to be comfortable with abandoning preconceived guidelines and re-evaluate our ideas about what we do.

As new technology and enhanced understanding arises, we must dedicate ourselves to examining the foundations of dentistry. Dentistry is not about treating the white-hangy-downy things anymore. Dentistry is an inextricably entwined part of the total health of the human body. The depth and variety of ways that the health of the mouth impacts the rest of the body is totally underestimated. In time the full value of Neuromuscular evaluation and the intrinsic truth will overcome the tenacity to old dogma and the resistance to change. All new ideas are met with this same resistance. For some reason we all think we are at the peak of evolution and that everything is known. It was in the late 1800s that the head of the U.S. Patents office actually said everything worthwhile has already been invented and nothing radically new is left to be discovered.

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



Duncan: Wow – there are so many people who have set such excellent examples of how to live! I guess the people who have helped shape me are the ones that best fit that question. Oddly enough, the first one is fictional. It is John Galt. He is the character in the Ayn Rand book Atlas Shrugged. Rather than bend to the will of the foolish masses where the able are beaten into serving the lazy, he chucked it all and forged out a community where each person could create based on their passion.

A real person who lived life that way was Leonardo da Vinci. In a world defined by boundaries and convention, he chose not to look to what already exists to decide what can be. Rather, he looked at the world within and then created that in the world without. He did what his personal compass directed and accomplished so much with it that his legacy continues to live on and he is referenced across professions and cultures still today!

My mentor, someone I truly admire is, Bill Dickerson. Bill embodies the qualities of each of the previous people and has accomplished so much for so many people. His legacy will live forever. He is the one who forged the path based on his personal conviction and stood all the attacks and ridicule because he believed he was doing things a better way. As a result, we all have gained so much and there are countless numbers of people that have been able to enjoy life. He has absolutely touched many lives by being willing to stand up for what is right.

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Bryson: Someone I admire for his accomplishments is Walt Disney. His vision, passion, willingness to take chances and the overall success he experienced is amazing. There are many people who have done similar things but not necessarily experienced the same level of success. He has helped to change lives for the better. He took huge risks to pursue something he strongly believed in, even though it may not have been widely accepted. It is something I try to remind myself everyday; love what you are doing, always try to have fun at the same time and you will probably be very successful at it.

My mentors in the field of dentistry are Bill Dickerson and Ron Jackson. Two very different personalities however, both share the same vision, passion, and success in dentistry and teaching. I believe because of their influence it was easier for me to take a big leap at this stage of my life. Both their passion and enthusiasm for helping dentists provide better care for their patients and become more successful in their practices has had a huge impact on me.



Kherani: As a life coach, my mentor is His Highness, The Aga Khan, the spiritual leader of the world's 15 million Shia Ismaili Muslims. As a Shia Muslim myself, I have been his follower my entire life. He has instilled in me what I consider to be Virtues of the First Order and taught me to lead a life of purpose with awareness of all that is around me. He has formed the Values and Ethics with which I lead my life.

As a professional coach, my mentor is Dr. William G. Dickerson, the founder of the Las Vegas Institute for Advanced Dental Studies, one of the few institutes that has NOT been named after the founder. That says a lot. Dr. Dickerson has taught me that we need to gather all the information we can and think it through. That it is OK to challenge the status quo and doing the right thing is the best thing to do. Do not allow others (such as insurance companies, self appointed gurus, etc.) to cloud your judgment. After all, your conscience is your best judge. Do unto others as you would have done unto you.

"After all, your conscience is your best judge. Do unto others as you would have done unto you."

What do you consider the greatest professional event of your life? **Kherani:** The greatest professional event of my life was being offered a fulltime position at LVI. I am glad to be able to decide to give up my two lucrative dental practices in order to accept the offer. This opportunity allows me to positively impact hundreds of dentists and subsequently thousands of patients. Ask not what your profession can do for you but rather, ask what you can do for your profession!

Bryson: Being selected as the very first LVI Alumnus of the Year has to be at the top of my list. To say the word "shocking" does not even come close to describing how I felt that day. The LVI alumni base includes the best of the best in dentistry. What a huge honor to even be a part of this elite group of dentists.

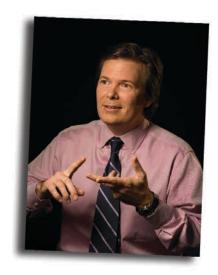
Duncan: I am in the enviable position to be living the greatest event to date. I have enjoyed a number of exceptional experiences and am able to view them as accomplishments to be proud of. However, joining the LVI family and working together with the faculty, team and students, is head and shoulders above anything that has happened to me. This is the sort of opportunity that simply does not happen for most people and I am blessed that the timing enabled me to enjoy it!

Which professional accomplishment(s) do you value most? **Kherani:** Completing the requirements and receiving the Mastership designation from the Las Vegas Institute (LVIM) was the most rewarding of my professional achievements. I considered other accreditation possibilities and found the LVIM to be the most comprehensive in that it takes into account aesthetics, adhesion and occlusion. At the same time it is practical and possible to execute the end result.

Continuing education in dentistry throughout my professional life, both didactic and live-patient, has made me feel professionally accomplished. Coupled with that is the reality that over the past 27 years of practice, I have attained lots of success in difficult treatment situations for my patients. I consider that kind of experience highly valuable and something which I can utilize in my new role.

Bryson: It is an honor to be one of the founding members of the IACA. This organization has quickly become the premiere organization for dentists that want to provide comprehensive treatment for their patients. Also, being one of LVI's Regional Directors has been very important to me. I love how we are able to move throughout North America and show dentists first-hand the value in an LVI education. Regional Events have been successful in doing just that over the past couple of years.

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Duncan: On occasion, a case comes along that makes the time and energy that goes into being a dentist worth it. There are several that I have enjoyed over the years such as: Helping a patient to be able to eat fajitas for the first time ever; helping a young college student be able to smile for the first time; ending weekly and almost daily trips to the ER for pain control. In my practice, I met a lady who literally decided not to have children and never married. She knew that when she was hospitalized for a week at a time or was stuck fetal in her closet because of pain she could not take care of her children and family. I cannot imagine that kind of pain or sacrifice and I wish dentistry had not failed her for nearly 35 years! Had we all been open to and aware of the things that we can do, perhaps she would not have had to live her life alone. For several years I have been helping to end that kind of pain in my practice. Now I am about to embark on the next step in my journey, which is to help other dentists learn how to end that kind of pain in the lives of their patients. What could possibly be more professionally rewarding than that?

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

Duncan: Apathy. Good is good enough for many dentists. What was good 15 years ago is not so good now. What was good 30 years ago should not really even be done now. It is odd to me that with all the accomplishments and advancements we have seen in the world over the last 150 years that we have not progressed beyond what was state-of-the-art during the last part of the 1800's! I cannot imagine why we have not come up with something better than that in over a century, and yet metal is still the first choice for restoring teeth. With laser assisted diagnostics we can literally see decay in the earliest stages and remove and correct it extremely conservatively. It bothers me we still use micro-restorative equipment and cut large holes in the center of teeth condemning them to further breakdown and future restorative needs. Imagine the cost difference over the lifetime of that patient! At 15 they receive a conservative adhesive restoration that may well last forever or a large metal restoration that will most likely need to be replaced at least every decade for 80 years! The reason metal restoration is used so frequently is because it is inexpensive, but is that really why? Dentistry is developing into a two-tier profession which is clearly visible between those who intentionally continue their education and those who are content with 'good enough'. The biggest problem with dentistry today is that 'good enough' simply is not!

Kherani: The biggest problem in dentistry today is the confusion in what is being taught; especially for the unsuspecting dentist. There are very few places



How can the principles you teach be applied by an average dentist in their own practice? What could it do for their careers?

where one can attain continuing education that has a comprehensive philosophy which addresses the problems that humans face in the arena of the stomatognathic system. Coupled with this is the whole area of new products that are being developed through research in material science. To keep abreast of all this is a tall order and that is a problem that dentistry needs to solve appropriately.

The fact that we do not have an internship program in dentistry for all graduates as they have in medicine makes it all the more important that dental graduates at some point soon after their graduation take up a continuing education program that is comprehensive such; as the CORE program at the Las Vegas Institute. In my opinion short courses that touch on specific topics are not enough to bring a new graduate up to speed with all the latest modalities and philosophies in the sophisticated dental practice of today.

Bryson: Attitude. I remind myself of the saying; life is 10% of what happens to you, and 90% of how you react to it. Too many dentists look for reasons or justifications as to why they are struggling or having problems in their practice. As the dentist, you have complete control over how you run your business. You are the one who decides what days you will work, how many hours each day, and what type of procedures you perform. You decide the business principles, fees, and collections. You can practice any way you want, and decide if you are going to be successful or not. Dentistry is a great profession and you can decide on whether you enjoy it or not.

Duncan: Wow! That is such a big question! One of the fundamental elements that have always made LVI exceptional is that the programs are designed to be practical and useful as they elevate the level of knowledge and understanding. That is why LVI continues to grow and evolve. The easy part of the question is how to apply the principles in their practices. The educational format at LVI depends on the team of clinical instructors and consultants that are available to put the material into everyday use. The concepts are not difficult to learn or master - the hard part is being consistent with change. The team of clinical instructors and consultants are there to help guide that process.

Imagine what it could do for their careers. We have seen only the beginning of a sunrise in dentistry. As we learn more about the Oral/Systemic connection of periodontal issues and the dramatic impact of proper skeletal and muscle health involved in NM dentistry, we will launch dentistry into a whole new world. As dentists are learning these concepts and principles and applying them in their practices, the most important change is their enjoyment of dentistry. Without that nothing else matters. These dentists no longer have to go to work! This has an awesome impact in their personal and family life. The other thing

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that people value and desire – from esthetic services to ending chronic pain to management of life-threatening disease. A new day is dawning and in it we will enjoy greater financial freedom for ourselves and our families as well as a deeper professional satisfaction!

Bryson: There are many different practice styles amongst LVI alumni. By de-

we see is that their business actually does better. They are able to offer services

Bryson: There are many different practice styles amongst LVI alumni. By design, the LVI journey enables the dentist to take all of the very important education in clinical skills, business systems, and communication skills and apply it to the practice in a step-by-step fashion. Successful LVI-style practices can be found in both large group practices and very small niche practices. It really is up to the individual dentist. I believe developing your unique LVI-style practice will allow you to fully enjoy your chosen profession.

Kherani: I think that the best thing that any dentist could do is to avail them self of leading dental continuing education, including practice management. Taking live-patient courses removes the trepidation in accomplishing the right thing. Furthermore, the patient that knows the least about dentistry makes the biggest decision – go ahead with treatment or not. "If you think education is expensive, try ignorance." Education can never be too expensive no matter how much it costs.

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

Bryson: If you are not satisfied with the way your practice is today, do something about it. Toni and I share with other dentists, the transformation of our existing insurance-based practice into an insurance-independent practice. It can be done. It just takes the desire to change and the effort to accomplish your goals. I believe you simply start by writing down on a piece of paper your vision. Where do you want to be in 1 year, 5 years, and 10 years? With your goals clearly defined you will have a very good chance of reaching them. For me, LVI made it easy to get the education and training to make these changes in my practice. It not only addressed the need for me to improve and advance my clinical skills, but also business systems and communication skills. LVI also has an array of Team and Business Programs that are important to achieving success.

Kherani: Listen to all and then make your own decision. Stand by that decision. Ask a lot of questions and engage in discussion but remember, the rubber must hit the ground. You should be both a perennial student and a wet fingered dentist all at once.

One other thing that is important is to have fun in life and enjoy family. At the end of the day, that is what it is all about. You cannot give back to society if you are not inwardly happy. Charity begins at home!

Duncan: Enjoy life! Decide to create a vision and have a dream and then act on it. We are taught a great number of things in dental school and while important, they are probably all irrelevant compared to the one lesson that seems to be missing. Without a vision or without a dream to work toward, life is simply a measure of time. On the other hand, even the simple act of deciding to enjoy life and accomplish your dream sets the stage so that anything is possible. It is remarkable, the sense of power and control you experience, once you have decided to take charge of your life.

During my journey through LVI, I realized my future was mine to write and create. In the end, it is up to me -I can write the upcoming chapters however I wanted to!

What do you think the future of dentistry is and why? **Duncan:** Dentistry is an incredible profession and is about to get much better. We are able to offer so much, including the ability to see what is happening with the patient internally. Since x-rays were developed over a hundred years ago not much has happened until recently. Sure we have seen materials improve but not until the last few decades were the improvements dramatic. Some great treatment and restorative advances include: dental implants and CAD-CAM technology. Along with the introduction of diagnostic lasers we are beginning to see what kind of changes are on the horizon. Jaw tracking equipment now allows us to measure muscle comfort as well as plot jaw function and chewing pathways. These literally change the way we diagnose. Using these principles and technologies, we can see things that were impossible to evaluate before.

Bryson: I am reminded of something Bill said during the very first lecture in which I saw him, nearly 10 years ago. He felt that eventually there would be two types of dental practices. One type would be busy with a lot of single-tooth dentistry and work closely with the various dental insurances. Practice success for this type of office hinges on volume dentistry. This type of practice would fill most need-based dentistry. The other type would be a much smaller practice focusing on comprehensive dentistry. This office would not participate with any insurance companies, and would focus on quality and customer service. I am not saying one practice is better than the other, but as a dentist you MUST decide what type of practice you want to have.

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Kherani: I think that the future of dentistry is very rosy because of the young, energetic, open-minded dentists that are joining the profession. We also have new materials, treatment modalities and technological evolutions that allow us to see and treat that which we could not in the past. The public understands what we are trying to do and places a high value on it. Overall, I see an extremely bright future for dentistry - grounded in science and truth.

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

Kherani: Dentistry is a great profession where you can attain fulfillment. Just ask yourself what part you will play in making sure that this profession becomes even greater while at the same time giving you what you desire out of life. You can change people's lives in ways that no other health care provider can.

Bryson: I made this change in my life to hopefully make a difference in dentistry and the way dentists practice. I want to share a quote from Henry Ford. It sums up my feelings about dentists and their ability to make changes in their dental practices. "Whether you believe that you can, or that you can't, you are usually right" –Henry Ford. LVI has changed my life for the better and I hope to see the same thing happen for every single reader out there.

Duncan: Do not limit yourself! We have been fed a bunch of stuff through the years and in general feel responsible for a number of things that are not really ours to control. As a result, we do not live to our potential. There is much more to be done as dentists and we are the gate keepers. We are fortunate to be living in a time of discovery, at a time where we can finally get rid of the blinders that have kept us from truly helping people. Through the advent of technology and the courage, conviction and insight of dental pioneers we are in a unique situation to re-exam the body anew and change forever the way dentistry is practiced and taught.

Dentistry is an incredible profession and is perhaps the one that is easiest to make a hobby. We have control over who we work with, who we work on and what we do for each. We get to decide how much we work and when we work. We get to decide everything about whom and what we are. Do not limit yourself to some abstract idea of what a dentist is or should be. Go out and live life. A great friend preaches 'Love what you do, love who you do it with, and love who you do it for'. If you can achieve that kind of balance at work then you will enjoy true happiness at home and by every measure you will have succeeded!





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An Instrument Set for Placing Posterior Composite Resin Restorations

Ronald D. Jackson, DDS, FAGD, FAACD

t is estimated that in 1979, 157 million amalgam fillings were placed in the United States.

In 1999, that number had declined to 66 million. By the year 2000, the number of amalgam restorations placed annually was surpassed by composite resin restorations.1 This transition has not been easy for dentists because almost none of the techniques or instrumentation used when placing amalgam fillings extrapolates to posterior composite resin restorations. Also, it wasn't that long ago that most graduates of US dental schools had never clinically placed a Class II composite resin restoration.² Even today, it is felt by many that "this shift in emphasis from amalgam to composite needs to be better addressed within dental educational institutions so that newly graduated dentists are prepared to place composite restorations properly."3

One of the factors (among many) that is drastically different when placing Class II posterior composite versus amalgams has to do with the actual insertion of the material. Amalgam is condensable and reaches a semi-rigid set that allows it to be carved. Composite resins are not

condensable and instantly reach rigidity upon curing. There is no carvable stage. Composite resin materials have evolved however, such that the majority are highly sculptable and, with proper instrumentation, allows the dentist to quickly and easily create a very anatomically correct occlusal morphology before the material is set. It is this instrumentation that I will address in the rest of this article.

The matricing systems,
adhesives and the
composite resins
themselves have improved
significantly in just
the last few years.

What we dentists want in a set of posterior composite placement instruments is one which contains as few instruments as necessary, and gives us the ability to place and shape the composite resin as easily and efficiently as possible. In addition, we also want the instruments to be durable, feel comfortable, and, although we understand that non-stick

is also a function of the composite resin material itself, it should at least have a highly polished surface that is truly non-stick when using quality contemporary composite resins. I believe these criteria are met by the **Posterior Composite Placement Set** recently introduced by American Eagle, Inc., as part of their Celebrity Series. In the interest of full disclosure, I was privileged to collaborate on the design of some of the instruments as well as the make-up of the set itself. These instruments are titanium nitride coated which makes them 400% harder than stainless steel and non-stick. The larger, but very light, Eagle Lite™ handles are designed for comfort and tactile control. There are five instruments in the set – no more or less than are needed to do any posterior composite restoration. Of equal significance is the cassette they come in. When the working ends composite instruments scratched, composite resin will stick to them, regardless of the surface. It is easy to see how they get scratched. When collected up after the procedure, dumped into an ultrasonic cleaning basket, then dumped out, only to be dumped into a sterilization bag and dumped out again, scratching is inevitable in just a few cycles. Keeping the instruments in a cassette through the cleaning and sterilization cycle will yield many years of successful use from the instruments.

The following case illustrates the use of three different designs in this five instrument set. Figure 1 shows the round ended plugger of the appropriate size (out of 3 - J1M, J1, J2) being used to push the composite resin into the cavity. In addition, the thin blade on the reverse end (not shown) is used to press the composite resin against the walls of the proximal box. In figure 2, the final layer is sculpted using the J3M instrument. This double ended instrument has very thin blades that are 90° offset from each other allowing access to all areas of the occlusal surface. The blades are placed onto the existing tooth structure which act as guide planes, yielding very accurate occlusal morphology. This in turn translates into much less occlusal adjustment. Very detailed pits and fissures are easily created when using non-slump composite resins. The last instrument used when placing Class II restorations is the AG4-5 shown in Figure 3. The offset blades allow easy access to shape the proximal planes. Sometimes, depending on location and matricing, this instrument is useful to shape the occlusal anatomy as well.

Posterior composite resin restorations are now mainstream and no longer considered just pretty fillings. (Figure 4) When done well, these conservative restorations seal teeth, reinforce remaining tooth structure and are proving to be durable over time.4 The matricing systems, adhesives and the composite resins themselves have improved significantly in just the last few years. In this article, I have introduced a convenient, simple instrument set, which I believe will help dentists to achieve efficient and accurate placement of these high quality aesthetic restorations.

Disclosure: Dr. Jackson consulted in the development of the instrument set discussed in the article and receives a royalty on sales.

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Dr. Ron Jackson is a 1972 graduate of West Virginia University School of Dentistry. He has published many articles on esthetic, adhesive dentistry and has lectured extensively across the United States and abroad. Dr. Jackson has presented at all the major U.S. scientific conferences as well as to Esthetic Academies in Europe, Asia and South America. He is a Fellow in the American Academy of Cosmetic Dentistry, a Fellow in the Academy of General Dentistry, a Diplomate in the American Board of Aesthetic Dentistry and is Director of the Advanced Adhesive Aesthetic Dentistry and Anterior Direct Resin programs at the Las Vegas Institute for Advanced Dental Studies.

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



Figure 1 Placement of 1st increment of composite using J1 plugger.



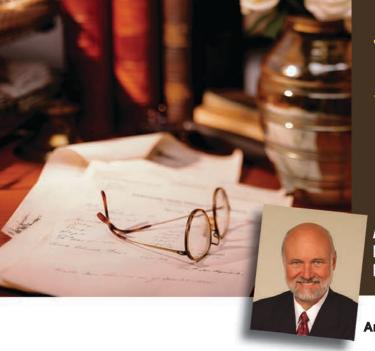
Figure 2 Sculpting the occlusal anatomy with the J3 instrument using the existing tooth structure as a guide plane.



Figure 3 Proximal wall shaped with AG4-5.



Figure 4 Final occlusal-distal Class II composite resin restoration.



THE WEATHERS' REPORT

ARE POSTS BECOMING OBSOLETE?

HOW PROPER ACCESS AND BONDED CORES STRENGTHEN ENDODONTICALLY TREATED TEETH

Arthur "Kit" Weathers, Jr. DDS

I have just completed Ron Jackson's course, Advanced Adhesive Aesthetic Dentistry, for the second time. I am amazed at the shear volume of vital information that has been added, or more likely, the amount of "new" information I probably missed the first time. Perhaps I was not quite ready for the depth of knowledge originally presented, or maybe I was just validating the "Weathers Theory of Hidden Knowledge."

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Later in this article, I will explain how my "Hidden Knowledge" theory works, but for now, let me tell you why I have virtually eliminated endodontic posts from my armamentarium. In my opinion, the post is rapidly going the way of the amalgam restoration, and in the not too distant future, may become extinct.

A post placed in an endodontically treated root canal, has one function and one function only, and that is to retain the core. Posts do NOT strengthen teeth. Posts weaken roots, making them more susceptible to fracture. If we had a material that would bond to the remaining root structure and create an interface as strong as or stronger than the original crown, we might never need a post again.

There is another very good reason for avoiding the use of metal posts.

When a tooth with a metal post is severely traumatized, the root frequently fractures and the tooth must be extracted. Trauma to a composite core with or without a fiber reinforced post, however, might fracture the post and/or core, but the root often remains intact. What is left of the core can usually be repaired and fitted with a new crown.

With modern bonding technology, we are getting very close to that reality. In fact, by using the pulp chamber for core retention combined with a 2mm ferrule on sound tooth structure, a post is no longer needed in most cases.

Figure 1 shows an upper premolar ravaged with decay and represents a situation in which most dentists would place a post. This tooth was scheduled for an indirect restoration as part of the hands-on portion of Doctor Jackson's Advanced Adhesive course, and it illustrates a nice alternative to placing a post. I completed the endodontic treatment, prepared the pulp chamber for a retentive core, and turned the patient over to Doctor Norman Thomas for the build up and crown. No post was needed or indicated.

For teaching purposes, the endodontics was completed in one visit, and the restoration was done two days later. However, there is no rea-



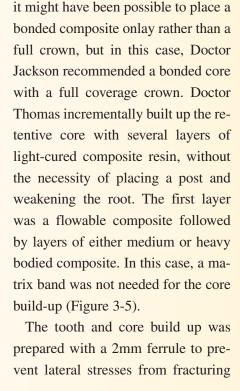
Figure 1 Pre-op X-Ray of the upper right first premolar.

son that the endo, bonded core, crown prep and impression could not have been completed in one appointment.

Figure 2 shows a small "puff" of sealer at the apex of each root, which is very common in necrotic cases, as well as a couple of additional exit portals that were filled with sealer. The digital x-ray also shows the outline of the preparation for the bonded core. The walls of the pulp chamber are nearly parallel and exhibit some slight undercuts.



Figure 2 Endodontics completed and the pulp chamber prepared for retentive core.



If the decay had been less invasive,



Figure 3 The pulp chamber has been acid etched, and covered with flowable composite. The remainder of the core will be built up with several layers of bonded composite.

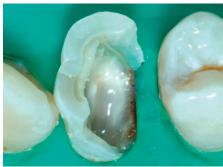


Figure 4 After the decay was removed, there was very little coronal tooth structure remaining. You can see the glossy layer of flowable composite sealing the pulp chamber floor.



Figure 5 Composite core material is built up in layers and each layer is light cured.



Figure 6 The bonded core is prepared with a 360 degree, 2mm ferrule for added strength and retention.



Figure 7
The laser is used to remove excess tissue.and control bleeding.



Figure 8Final preparation ready for impression.



Figure 9
The impression captured the margins perfectly.



Figure 10

Empress crown is bonded and occlusion is checked. In this photo, the natural teeth are desiccated and appear lighter than the newly bonded crown, however, compare the shade to the second molar, which was not under the dam and remained hydrated).

"Consider an implant in severely compromised cases and bonded cores as your standard, and posts just might become obsolete after all."

the core (Figure 6). Placing a 2mm ferrule and making certain to eliminate lateral interferences is critical for long-term success in cases like this. If there is insufficient tooth structure to allow for the 2mm ferrule, we would be forced to consider crown lengthening, extruding the root, or inserting an implant.

More often than not, there will be enough tooth structure remaining to retain a bonded core when the added retention provided by endodontic access into the pulp chamber is utilized. The more tooth structure the dentist can retain the better the long-term prognosis of the completed restoration.

Incidentally, Doctor Jackson reminds us to avoid using the terms "permanent or final" restoration. Nothing is permanent, and by calling something a permanent restoration, we are telling the patient that it should last a lifetime. Instead, say something like, "When you come back, Mrs. Jones, we will remove the temporary (or provisional) crown and cement the real crown (or the completed restoration)."

In this case, the decay was relatively deep on the distal. Doctor Thomas used the laser to trough the interproximal tissue and cauterize the area to prevent bleeding into the impression (Figure 7, 8). The impression (Figure 9) perfectly captures the margins of the preparation and allows the techni-

cian to fabricate a beautiful porcelain crown. The adjacent teeth were slightly desiccated when the photo was taken, but the shade was perfect when they re-hydrated.

The next time you consider placing a post in an endodontically treated tooth, consider using a bonded core with at least a 2 mm ferrule instead. In my opinion there is almost never a reason for placing a traditional post in a molar, and rarely is one needed for anteriors or bicuspids. Most of the time when you really need a post, it is a situation where the post will have a poor prognosis. Consider an implant in severely compromised cases and bonded cores as your standard, and posts just might become obsolete after all.

The Weathers "Hidden Knowledge" Theory

As promised, here is an explanation of my "Hidden Knowledge" theory. Whenever someone hears an important idea and stops to write it down, that person often misses what is being said during the time it takes to transfer the information to paper. The next time that person takes the same course, the material that was previously written down is familiar and does not need to be recorded a second time. At that point, the attendee often hears what seems to be "new ideas," and although the information was clearly presented the first time, the

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student may have been too distracted to absorb it.

'I have observed the "Hidden Knowledge" theory for many years, and it explains why so many people attend seminars more than once, and

why they always report "tons of new ideas." There are always repeaters in my LVI

Endo Root Camp® course and they invariably tell me it is as good as or better than the first time.

In the case of Ron Jackson's course, he is constantly adding new information, improving the way it is absorbed. I recommend that every-

one re-take his course every year or so. It is already on my schedule for next year.

The materials and concepts of adhesion and bonding change almost daily. Add to that the fact that Ron

rect and indirect restorations. He shares many innovative ideas and concepts for earning your patient's trust, and creating a burning desire to have the best dentistry done. Jackson does not sell dentistry or set up case presen-

tations. What he does do is communicate information, which establishes value in the patient's minds and

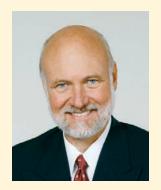
stimulates the buying process.

By the way, if Ron had not shown the before photos at the wrap up, most of the dental professionals in the room would not have been able to locate the restorations in the photos including Ron himself.

"The materials and concepts of adhesion and bonding change almost daily."

Jackson is constantly adding new information to his course, and you can appreciate why people go back to hear him time and again.

Doctor Jackson's course, subtitled "Practical Science, Predictable Techniques," is not just about bonding di-



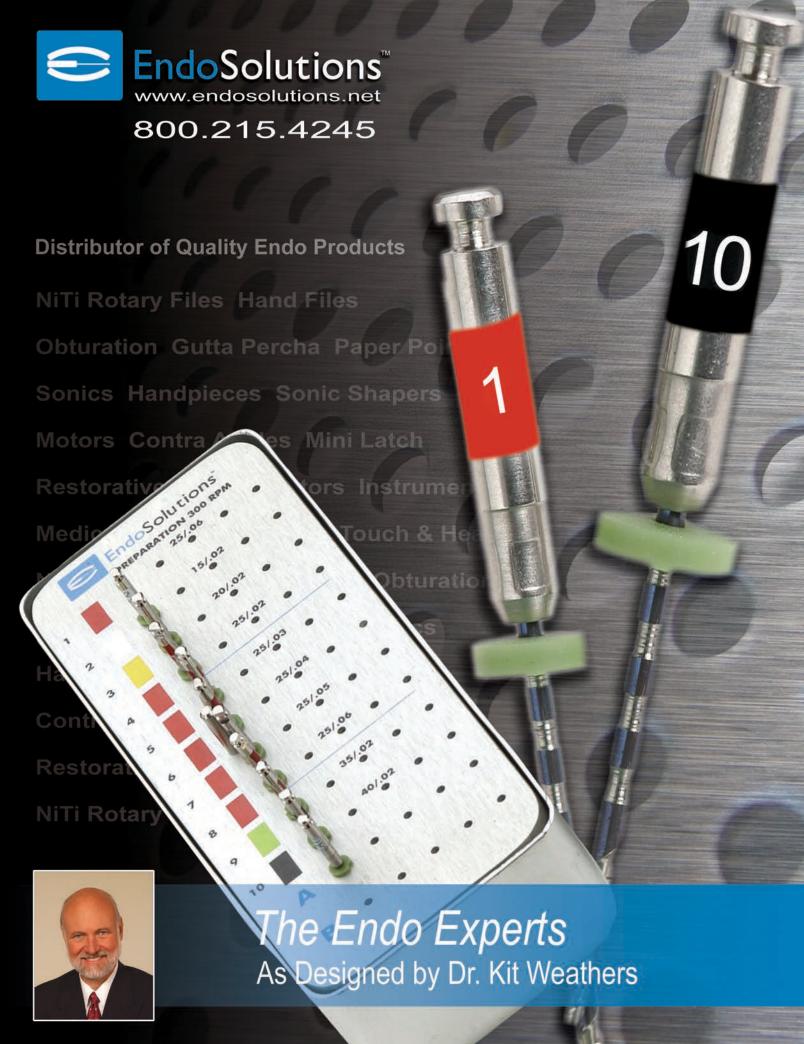
Dr. Kit Weathers is featured in LVI's Endo Root Camp[©] 2008

May 2-3 (Griffin, GA)
June 13-14 (LVI)
September 26-27 (LVI)
October 3-4 (Griffin, GA)
November 21-22 (LVI)
December 5-6 (Griffin, GA)

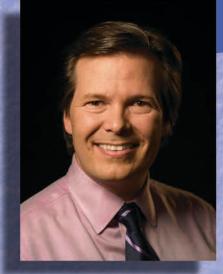
For more than thirty years, Dr. Arthur "Kit" Weathers has lectured world-wide on technologies, products and processes designed to simplify the practice of endodontics by the general dentist. The developer of a range of dental products, Dr. Weathers pioneered the EndoMagic! Nickel-titanium file system 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.



PRODUCTION DEVICES



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.

here are a number of things that are important to me in treating patients. Fundamentally they are all very simple and it seems almost trite to mention them, but in the end it is the simple things that make the most difference. I have no interest in being the most complicated dentist or completing processes in the most difficult way. I want my life to be as idiot-proof as possible, so I employ specific systems and structure treatment in a certain way. I have found the instruments and services described here are helpful in creating a more simplified dental practice.

American Eagle Instruments

"I'll cut his heart out with a spoon!
... It will hurt more – you twit!"

-Sheriff of Nottingham, Robin Hood.

It is funny how sometimes any instrument will do, and sometimes there is literally no substitute. For instance, in the third grade, the only important issue when writing was that you had a No. 2 pencil and an eraser. In fact, even the eraser was not all that big of a deal. Now, if you happen to do much actual writing you have to have a pen that writes with you.

Without a fluid pen you find that your thoughts do not flow and it is difficult to write. For some of us a ball point is the key while for some a roller ball or fiber tip. Remember the first time you used a gel ink pen? Worse, many of us cannot even write without a computer now. The instrument becomes such an integrated part of the process that without it you cannot even get started.

You will find that same thing happen in your hygiene and soft tissue care practice. If you have not already had the opportunity to try the American Eagle Instruments line of instruments featuring the XP technology, you owe yourself that experience. I know that we have a long history of being promised instruments that are sharper and require less maintenance. I also know that historically the majority of instruments have needed to be sharpened before they are even used. Right out of the box the instruments are not as sharp as they ideally should be. This is compounded with the simple fact that every time you sharpen the instrument you do it by reducing material and therefore shortening the life of the scaler or curette. In effect, what we have done is buy the best instrument we could find and right out of the gate find it lacking. That is about to change.

Another issue with instruments is that the level of detail and fineness required for clinical excellence is a factor of the metal they are created with. Proper treatment of patients requires sharp instruments. Without sharp instruments for subgingival maintenance, debris is left behind to maintain the infection and supporting soft tissue is traumatized. Makes one wonder how we expected people to ever heal in the first place and it helps to explain why over 80% of American adults have perio issues! On the other hand, with sharp instruments we can efficiently remove hard deposits on the surface of the root as well as protect the tissues from iatrogenic trauma. Unfortunately, the environment in which instruments are used is abrasive and corrosive to metal instruments. There is a resulting change in the geometry of the cutting edge of the instrument as it is used. Instruments experience the most wear when being utilized for difficult and tenacious cases. The metal lost from the cutting edge of the instrument is lost in the subgingival environment where health is most difficult to achieve. The simple process of attempting to restore health creates an additional biologic burden for the tissues. Another challenge is achieving a comfortable fit between the tooth and gum tissue as well as adaptation to the contours of the root. As a factor of the metal used, the instrument tip needs to be fairly thick and that makes it difficult to place it subgingivally. Making matters worse, the thick metal blade being placed subgingivally is also very difficult to hone and maintain effectively sharp. A conscientious hygienist will spend a significant amount of time sharpening hand instruments and in some cases will need to sharpen them after each use! Over time, they may spend as much



as a full day each month simply sharpening their instruments! Of course, during the time spent sharpening, they are grinding away the instrument itself and shortening its useful life. The only alternative is leaving debris or abusing the tooth and tissues!

What you will find when you try your first American Eagle Instruments XP curette is that the whole issue is totally changed. The fundamental design of the instruments radically improves the process. The major issues associated with a sharp cutting edge and the girth of the instrument tip are both resolved and to boot, the instrument will maintain its edge over time. The difference is in





the surface coating that literally changes the properties of the metal. There is a number of surface coating technologies used in industry to enhance the base materials. However, they have not met the detail and precision requirements when applied to dental instruments. Then along comes Large Area Filtered Plasma Deposition (LAFPD). Simply put this means the whole instrument blade can be treated while maintaining control of the properties of the surface coating over the entire tip. With the process of LAFPD surface coating applied to the instruments, there is a change in the outer 2 microns of the surface that literally changes the entire instrument. The result is a major improvement in cutting efficiency, long-term edge retention and instrument life. But, the benefits do not end there.

With improved characteristics of the metal, the tip of the instrument can be made in smaller dimensions. This allows for the finer instrument to more easily and more comfortably access the brittle subgingival tissues and increase the tactile sensitivity for the operator. It also improves the ergonomics of the instrument as there is less force required to achieve the desired action from the instrument. In fact, the handle was re-engineered to further enhance these benefits. In addition to all of that, the long lasting edge requires less ongoing maintenance which allows the operator to invest their time in health care rather than metallurgy.

On the whole, American Eagle Instruments brings some pretty phenomenal improvements to the table.



Their instruments are smaller, lighter and have improved sensitivity and enhanced feel. They are sharper and maintain sharpness dramatically longer. They will actually save you many times their cost in money because more time can be invested in patient care. Patient care will improve as the risk of embedded metal filings and tissue trauma is reduced. Better for the patient, better for the operator, and better for the practice. Think these are worth a try? I totally agree



with you! Try them out and let me know what you think – I know you will be glad you did!

You can order American Eagle XP Technology instruments from your supply house or contact them at 800.551.5172 or online at www.Am-Eagle.com.

Aurum Ceramic ACCES

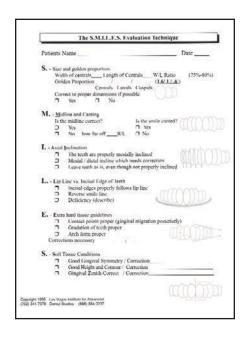
"Don't know where we're going, but there's no sense being late."

Matthew Quigley, Quigley Down Under

There are few things as critical and beneficial as a plan - and unfortunately we are trained out of utilizing them! Any time we are attempting to rebuild the dentition, we have the option of building to the existing conditions or trying to make the conditions better in the process. As a general rule, part of why the system is breaking down is because the existing conditions are unfavorable to the longterm stability and health of the teeth. Life is made much simpler by merely taking the time to plan and plan effectively. While this same concept can be applied to any reconstructive procedure, it is most easily illustrated with esthetic cases.

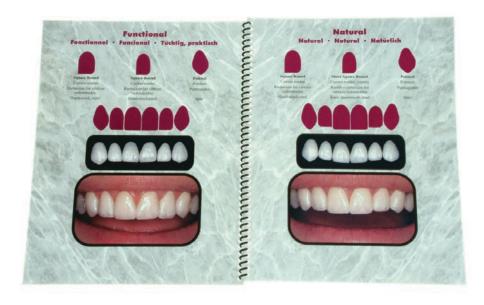
When a patient presents with esthetic concerns, it is simple to examine and then think to yourself "if the teeth were just a little longer and color more even, the smile would look better." Then the patient decides to move forward, you schedule the preparation of the teeth and away you go. Great, except when you miss something. Unfortunately and quite commonly, that is precisely what happens. The patient receives their newly constructed smile and it looks better, but it is not what it could potentially be. While that is not exactly malpractice, it is still an ethical issue. When the patient puts their trust in us they deserve our level best and they should get it every time.

Taking a step back and looking at the whole smile in terms of balance, golden proportion, flow, soft tissue symmetry and color will lead to a whole dif-



ferent end point. The first key step is to utilize the LVI S.M.I.L.E.S. form (www.lvistore.com). This tool walks you through the process one step at a time so that nothing is omitted. It is a great foundation in case planning. The next step is converting that information in a meaningful way to the patient and then proving that before you actually create the porcelain restorations. This is the beauty of ACCES offered by Aurum Ceramic. ACCES stands for Advanced Cosmetic Communication and Esthetic System. What this process does better than anything else is solve the picture part of the equation. Esthetic reconstructions are, by their very nature, a visual process and abstract concepts need to be dealt with in a concrete and structured way. This is difficult to do among dental teams, but nearly impossible to do with patients. All too often there is a disconnect along the line where the patient is looking for one thing and seeing another. The net result is that the doctor and ceramists work very hard to achieve something the patient does not want. Not a great result!

There are several ways to ensure that the patient receives the desired outcome. First, start with asking the patient questions. ACCES will provide the environment where patient and team can identify answers to questions, goals and a predictable result. The system includes several features, starting with a diagnostic waxup. This becomes the fundamental basis for the remaining case development. The wax-up is a 3-D blue print of what the output will look like. It allows the doctor to specify a smile style (such as in the LVI Smile Cataallow the patient to literally walk a mile in new shoes. They can eat, talk, sleep and smile in the new plastic version of what will be creat-



log) or exact dimensions for the creation of the teeth. This can then be evaluated by the patient in detail rather than photos of other patients or abstract space. This also allows the doctor to build the case in the patient's mouth to the specified dimensions and be as conservative as possible. The final surface of the restored smile becomes the guideline rather than the mis-shaped and malposed teeth the patient started with. Nothing is easier to attain than a goal that is clearly stated and easily visualized. Using the Labial Reduction Guides included in the ACCES kit provides preparation guides that allow you to easily determine when adequate reduction is accomplished.

Creating diagnostic provisionals is vital to patient success. They can ed in the lab. Patients know to expect amazing things in these cases, and there is no reason why that should not be done. Using the Temporary Stent created from the diagnostic wax-up, the patient can actually see what their smile is going to look like. With it, you can determine if you are building a smile the patient is eagerly looking forward to and most importantly, change it if you find out otherwise! In many cases, the patient does not know what they want until they have had the chance to see a new smile in their own mouth. Oftentimes patients start the process of deciding what they want in their mouth after the procedure is underway. ACCES is used by the dentist as a tool for communication and a blue print for guiding a successful case.

The elements you need to start the process of building a phenomenal case are excellent PVS impressions that extend back to the hamular notch and include clean impressions of all the gingiva, superior digital photos, smile style, a horizontal reference bite (like the Symmetry Bite) and the ACCES system. From this basic foundation you can build a case that creates predictably beautiful cases. A small investment in time in the beginning of the case will more than pay for itself in tears and hugs at the end!

To find out more about the ACCES system, call Aurum Ceramic at 800.363.3989 or find them online at www.AurumGroup.com. Work with them on your next case and experience the difference.



ACCES
(Advanced Cosmetic Communication and Esthetic System)

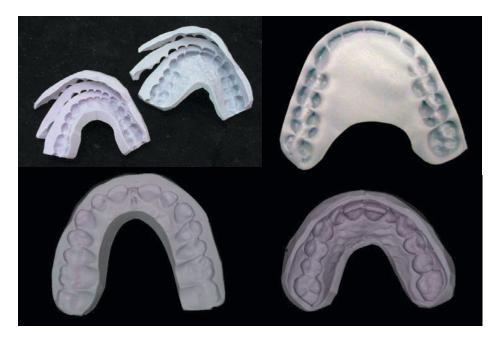








Aurum Ceramic/Classic's exclusive ACCES system. Utilizing a range of two-and three-dimensional communication tools, ACCES creates a clear blueprint for unsurpassed esthetic and functional results. Consistent and careful use of these tools allows a smooth transfer of detailed information between patient and dentist and between dentist and laboratory technician, prior to any dentistry performed on the patient.



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

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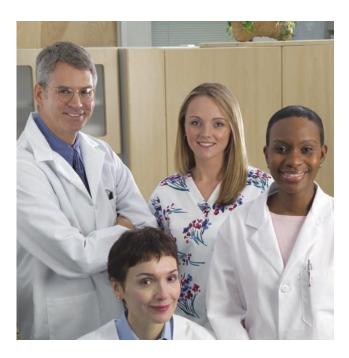
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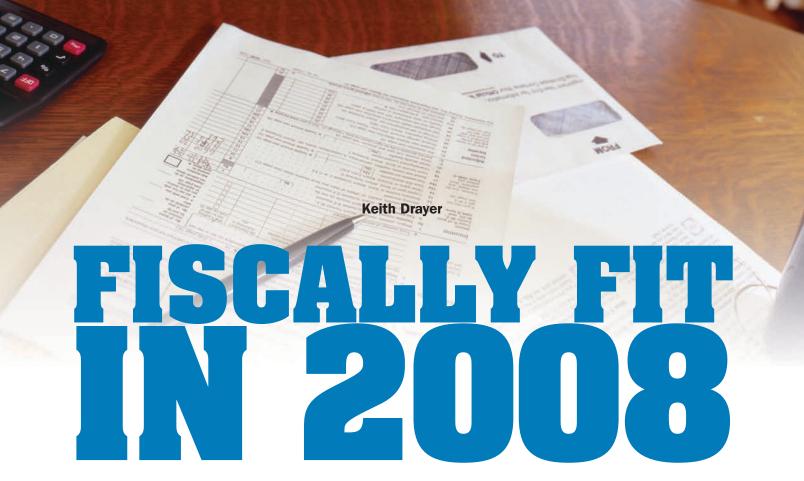
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Tax breaks and new laws make this the perfect time to invest in your practice

entistry has fared better in the present economic environment than many other industry sectors. In speaking with dentists nationwide, I have learned that many face increased demand for their services and are booked ahead anywhere from one to three months. A combination of existing tax incentives (IRS Section 179 and Section 44) the Economic Stimulus Act of 2008 and substantially lower interest rates make this a strategic time to invest in your practice to meet the demands of healthcare today. Because of these beneficial conditions, installing equipment and technology in 2008 can create a cash flow win for dentists in the know! Please check with your individual advisor to determine your own eligibility.

Because of these beneficial conditions, installing equipment and technology in 2008 can create a cash flow win for dentists in the know!

Economic Stimulus Act of 2008. This bill was signed into law February 13, 2008. In addition to benefits to individual taxpayers, this is a massive stimulus bill with business incentives to help dentists financially. It retains one of the business community's most sought after tax incentives – doubling Section 179 benefit to \$250,000 and a 50% depreciation "bonus". For dentists, the most important part of these tax breaks is the temporary double Section 179 and 50% bonus depreciation. These benefits will expire on December 31, 2008. The bonus depreciation is allowable for regular and alternative minimum tax (AMT) purposes for the tax year in which the property is placed in service. Property eligible for this treatment includes:

- Property with a recovery period of 20 years or less (almost all dental equipment)
- Standard software/practice management software

Section 179 encourages small-business owners to invest in equipment or technology by allowing you to deduct the asset's value the first year (up to \$250,000). When you acquire new equipment - including machinery, furniture, fixtures and off-theshelf-software - you may deduct up to \$250,000 of the value during the first year of ownership. Bonus & standard first-year MACRS deduction applies to the amount up to \$800,000.*

		Equipment Not
		More Than \$800,000
A. Equipment Price	Example->	\$300,000.00
B. Section 179 Deduction		\$250,000.00
C. 50% Bonus Depreciation (A - B x .50)		\$25,000.00
D. 2008 MACRS Deduction (A - B - C x .20)		\$5,000.00
E. Total 1st Year Tax Deduction		\$280,000.00
F Combined Federal & State Tax Bracket		38%
G. Total 2008 Tax Savings as a Result		\$106,400.00
of Capital Expenditure (E x F)		



Fauinment Not



Now is the right time to sit with an equipment or technology specialist and discuss acquiring the optimal production-enhancing technology and equipment that will help your practice stay "fiscally fit".

Annual Internal Revenue Code Section 179. This is an annual "use-it-or lose it" accelerated deduction (lowers your taxable income) benefit. This deduction is available whether you are a sole proprietorship, a partnership, or a corporation. As long as the equipment is placed in service by December 31, 2008 you may be eligible. If you plan to acquire equipment in the near future, purchasing it before year's end is prudent. Utilizing a finance agreement or capital lease to acquire technology or equipment will qualify for this benefit (where true leases or fair market value agreements will not). Thus, if you use a finance agreement to acquire your equipment and you have deferred payments, you may file your tax returns and achieve the benefits before you have made any payments. The remaining basis qualifies for the 50% temporary depreciation bonus rule.

Want to reduce your taxable income further and support your industry at the same time? Make plans now to travel to the American Dental Association's 149th annual session in San Antonio or a regional dental conference.

Don't wait too long to acquire technology or upgrade your office. Although it is true that you can have equipment placed in service by December 31 to take advantage of the incentives, waiting too far into the year may mean that you'll settle on your selections because of diminished year-end selections. Now is the right time to sit with an equipment or technology specialist and discuss acquiring the optimal production-enhancing technology and equipment that will help your practice stay "fiscally fit".



Keith Drayer is Vice President, Henry Schein Financial Services. Henry Schein Financial Services provides equipment, technology, practice start up, acquisition financing services nationwide. Keith can be reached at 800.853.9493 or hsfs@henryschein.com. Please consult your tax advisor for your individual circumstances.



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from Dark Ages to a Dental Renaissance

he LVI journey is very personal, yet I feel compelled to share mine with you, my fellow dental professional. Let this be a source of inspiration and reassurance that dentistry is a wonderful profession and satisfying career. This narrative is intended for both seasoned dentists as well as recent graduates who are shaping their paths in dentistry. I am a living example that it is your choice to be happy in your profession. Dentistry is an admirable vocation and we all worked and studied hard to achieve the goal of becoming dentists. We are able to control our future, schedules and work hours. All of us should be proud of our accomplishments in attaining a dental degree and tailor our practices so our lives can have a balance between work, family, and play. More than any other profession or career, dentistry allows us to be in command of our lives. My transformation was not planned and occurred very unexpectedly, in the Summerlin neighborhood of Las Vegas.

During a long flight home from LVI in January this year, I was contemplating the transformation that occurred over the past two years. I reflected on how my attitude and enthusiasm toward my profession and practice had changed. I was a happy person and enjoyed life both inside and outside my office. There was a

new found vigor and passion in me that had been missing for many years. While attending courses at LVI, I had heard about dentists experiencing change and the slogan "where lives are changing daily". And now, these things have great meaning for me. I thought back to when Bill Dickerson often concluded the courses by asking the attending doctors to write a testimonial. Until recently, it was difficult for me to effectively write a testimonial truly expressing my feelings. In an email to Bill and Heidi Dickerson, I let them know what a wonderful experience LVI has been and how the entire devoted team at LVI changed my life in such a positive manner. In response, Bill encouraged me to share my story with others. He felt that it

morphosis

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

was so inspiring and that it could help others like me. I understand there are many dentists in practice that feel trapped and unhappy with their profession and dread going to the office. I am living confirmation that dentistry does not need to be that way. You can experience transformation through a "Dental Renaissance" at LVI.

In spring of 2005, my LVI journey began and my life changed more than I could ever have imagined – it was a Metamorphosis. A few months earlier, one of my partners, Alex Quezada, attended an LVI regional meeting in Chicago. On the following Monday, Alex indicated to me that he was going to go to LVI for the Advanced Functional Aesthetic course the coming spring. He suggested I attend, but



David Dooley, DDS

I was nearly fifty-five years old and counting the years until I could get out of dentistry and enjoy life. At that time. I had no idea what LVI really offered other than what I heard in rumors. I really did not want to go to all the effort and costs of taking a CE course in Las Vegas.

Alex continued to drop many hints and make numerous suggestions, urging me to attend with him. He said, "Come along - we'll have a good time." Eventually, his persistence paid off and I reluctantly registered for my first LVI course to begin in May of 2005. I went through all the usual application steps and approval of my patient, but I was still not really interested in going. I had been practicing dentistry for twenty-nine years and deduced that there was not much anyone could teach me that I did not already know. Alex and I were members of a local, established, prominent dental study club in which we traveled around the country attending dental CE courses. We received CE through our study club and the CDS Mid-Winter Meeting to comply with state license requirements. That was plenty of CE for me. The thought of spending more time away from the office on dental topics and costly CE simply did not appeal to me. I was an LVI skeptic.

Professionally, I did not feel fulfilled even though I was financially successful. I was just going to the office, treating patients and going home at night – only to complain about how much I could not wait to retire or leave dentistry. Many of my fellow dentists whom I would socialize with and the older ones in our study club shared the same feelings I did about dentistry. I was sometimes depressed about my vocation and felt sorry for myself. I had even met with a career counselor to discover a different career that would reinvigorate me. My family continued to hear how I disliked dentistry and wanted out. Even worse, I was quite vocal about those feelings, sharing them with my partners, my staff, and some of my most loyal patients. My practice was financially successful yet I was not satisfied. Since several of my colleagues were feeling the same, I felt I was a normal older dentist, experiencing what other older dentists feel. However, this was not the picture I had envisioned as a dental student and graduate.

I began my dental career in 1976 when I graduated from Loyola Dental School in the Chicago area. I was recruited and became an associate in a wonderful practice in Glenview, Illinois just south of my hometown of Northbrook, Dr. B. Paul Justen started

the practice in 1946. In 1976 he was President of The Chicago Dental Society. He had a large restorative dental practice with many patients from Glenview and the North Shore area of Chicago. I was introduced to many wonderful dentists from around the country and Paul helped mentor me in restorative dentistry with an emphasis on posterior gold restorations. Paul chose not to place amalgams, and restored most large restorations with gold onlays. Paul was ahead of many dentists and recommended gold over amalgam as a better restoration for the tooth and dentition. He referred to quality comprehensive dentistry as an investment in one's mouth.

My wife, Linda, and I married in 1978 and my practice slowly started to grow. I was working Monday through Friday with Wednesday off and a half-day schedule on Saturday. I took a teaching position at Loyola



Dental School during the winter quarter of 1978 because I really enjoyed the idea of teaching and helping other aspiring students become dentists. I was placed in charge of the Sophomore Endodontic Technique Lab Course and my responsibilities began by reorganizing the methods by which students were evaluated and graded. I lectured in the lab, organized the instructors, evaluated the students and, along with the group instructors, helped to determined the students' final grades. I worked six days a week and after five years of a wonderful teaching experience, made the decision to spend more time with my precious, growing family.

Over the years I had been able to attend numerous seminars given by some of the most prominent and popular lecturers in the country. They were all renowned, reputable speakers from around the dental community. Most of you know who they are and their respective teaching centers. From every one of those seminars and meetings I brought back a few pearls to the office, yet, things seemed to always revert back to how my patients, my colleagues or the staff wanted the office to function. I felt the investment of time and money I was making in the CE was reaping small dividends in return. My attitude towards dental continuing education was always positive but I felt cheated that I could not put into practice what I had learned. Implementation of change and new techniques is always a struggle.

In 1984, already a partner with Dr.

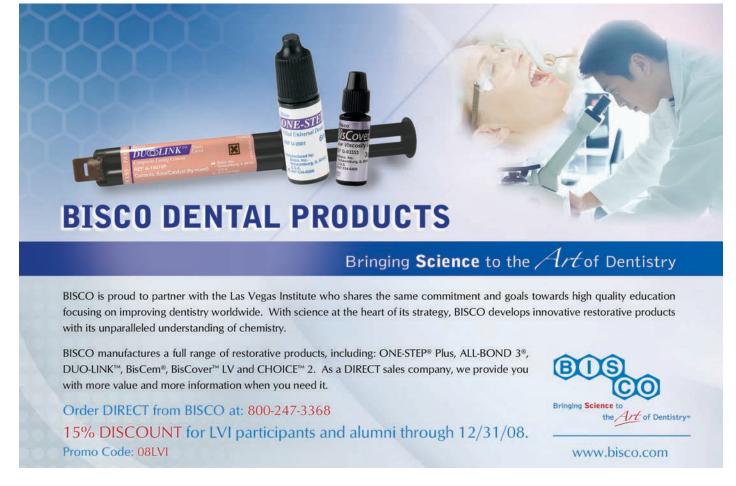
Metamorphosis

Justen, we welcomed a bright, young dentist into the practice. The exponential growth of the practice required the assistance of Dr. David B. Lewis, Jr., a graduate of Illinois Dental School in Chicago. Dave brought new ideas into the practice and helped to improve systems in our office. I was involved in the Chicago Dental Society and was placed on the newly created Special Events Committee, which met monthly for three years. Since my partner had been president of the CDS and was still involved, I too immersed myself in its many activities. I enjoyed being involved in the dental society but felt unfulfilled with my dental career.

In 1988, B. Paul Justen, my mentor

and the person whom I relied upon to help me through difficult times, retired. This left me solely in charge of a very large practice, making the big decisions, choices and plans for the direction of the office. I was overwhelmed. The golden opportunity to build my dream was at hand and I was working hard to try to make it a success. The responsibility in my profession and community were increasing. From the outside, I looked like a successful dentist however inside I felt stuck in a rut with my profession. I co-chaired a task force for the local elementary school district in Glenview to evaluate the economics, facilities, demographics and boundaries of the individual schools. I was also elected to go through the Chairs of the North Suburban Branch of the CDS and eventually to be President. I was a leader in my community and in my local dental society. I was financially successful. One would think that I would feel like I had 'made it' and was enjoying my profession and all its benefits. One could

not be more wrong.



One night at home, Linda was sharing with me photos of our children and family. She came across a picture of my youngest son, Jim, standing at our backdoor and wearing my sport coat. He had a frown on his face, arms folded, and looked very unhappy. I did not recognize the picture and asked her what he was doing. She responded that he was pretending to be Dr. Dooley. Looking at it I felt embarrassed and guilty that if my son saw this in me, obviously my family, my wonderful source of support, was also being affected by my negative feelings about my career as a dentist.

In the mid 90's our practice added Dr. Alexander Quezada and soon he became our third partner. We purchased the practice of a retiring dentist who was popular in town but had a different philosophy of treatment than we did. This acquisition was not well-planned and was doomed from the start. I was at times depressed and not enjoying dentistry. My family knew it, my partners and staff knew it and most importantly, my patients knew it. The vision of what I expected my practice and my life to look like when I first started my dental journey in 1976 was nowhere near where I was in 2005. I was in the mental Dark Ages of my professional career. Then Alex asked me to go to LVI with him.

My first experience with LVI was The Advanced Functional Anterior Aesthetics course in May of 2005. I was very skeptical and thought that I was just entering a sales pitch for products and services. I was confident that my dental experiences and education were far above most of the course attendees. I also believed that I was going to be much older than all the other course attendees. To my surprise I realized that I was not the oldest seasoned dentist in the course. During an evening celebration the first week, I

I was surprised to see him at LVI. I had no idea that the very successful O mer Reed was also on staff at LVI and was taking a course as well. I

noticed Omer Reed

greeted him and conveyed to him that I heard him speak in the late 70's with my partner Paul Justen. I made reference to the fact that those were the good old days and I can still remember his comment. He said, "Dave, these are the good old days." Later in my journey I would understand what he meant. My confidence in LVI was boosted by seeing so many dentists my age as well as Omer Reed. This opened my eyes to the thought that there may be something special at LVI that I never experienced at a dental CE facility. I had really enjoyed the first day of the Anterior course and noticed all the enthusiasm within the Institute. Everybody I met greeted me with a smile and was dedicated to creating a positive experience. My excitement that there might be more in dentistry caused a renewed enthusiasm towards my profession. Near the end of the Anterior course Alex and I made up our minds to sign up for the Continuum and commit ourselves to an LVI education. My Renaissance was at hand and my Metamorphosis was beginning!

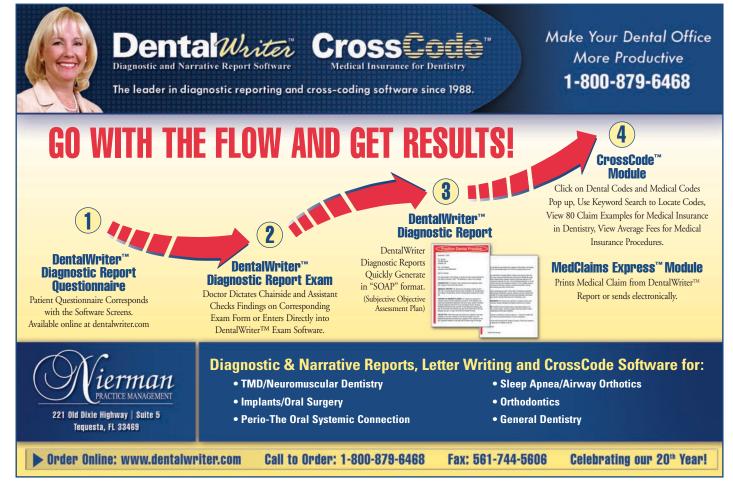
In late summer 2005, I attended Occlusion I with both my partners. We heard lectures from the LVI faculty and learned about the T.E.N.S. unit. I have always been very interested in occlusion and TMD issues. Neuromuscular Occlusion was something I had never heard about before. We purchased a T.E.N.S. unit. Robert Jankelson's books and dedicated ourselves to learning more on Neuromuscular Dentistry attempting to integrate it into our practice. After returning to the office, I began to T.E.N.S. patients, take bites and begin doing some veneer cases with confidence and a regimented routine. I began creating checklists of procedures and realized that our office image and marketing needed improvement. We implemented changes and improvements. The office production began to soar and the staff and patients noticed the positive change in me. I was happy coming to the office again and that feeling translated over to my patients and their acceptance of comprehensive treatment.

Metamorphosis

My journey through LVI continued with Occlusion II in the summer of 2006 with my first introduction to the K7 and all its marvels and diagnostic data. When I attended the C.A.R.P. course in the fall of 2006 I brought along four team members who I felt could communicate what LVI had to offer to the rest of the team. I wanted them to experience what LVI had to offer and also feel the enthusiasm I experienced. My team was amazed at the motivation, enthusiasm and knowledge that each day offered and they were convinced that our office should try to incorporate as much as we could into our practice. During the last day of C.A.R.P., the attending doctors were asked to prepare a verbal testimonial on what the experience at LVI meant to them. At the end of the day, we were seated in the front of the room, facing our team members, the Anterior Functional Aesthetics dentist and their team members. When it was my turn to speak, in a very humbled voice I simply said, "Before I came to LVI, I thought I knew everything, but after attending the courses I have come to realize how little I knew and how much more I needed to learn." I could not verbally describe what LVI

had done for me, my life and my family. I was transforming with a renewed vigor for my profession. I felt like I had found a new reason to be a dentist; something I had worked so hard to achieve during my years in school, and the years following. I was enjoying my life and career once again.

In January and February of 2007, I attended the Full Mouth Reconstruction course. For just the second time I saw the K7 at work, but this time it was being utilized on my very own patient. I was surprised with what I thought was a physiologic rest position on my patient was still not quite correct and



Bill Dickerson showed me how to find a better one. I was able to see how the K7 could be used and was amazed by the results. This was enough evidence and validity for me to acquire one. My patient was so impressed that he picked up a brochure for the K7 and told me I should purchase one! My Renaissance was in full gear.

When I completed the CORE II course in December of 2007 I became an official LVI graduate. Ron Jackson was absolutely wonderful and full of information which I could incorporate to create more profitability while doing "bread and butter" dentistry. The ease of incorporating techniques

and the difference it made in my practice was a consistent theme with every course I had taken at LVI. Whenever I returned to the office from an LVI course I was full of energy and enthusiasm. My systems were adapted, techniques added or amended and my production grew exponentially. I also noticed that my team was enthused, motivated and on board to accept these changes. Perhaps it was the way I conveyed it, the fact that I had many of them attend courses with me or my attitude and enthusiasm, but it certainly was contagious. I did not receive that boost at other facilities or lectures I attended over the years.

I finally found, in LVI, a one stop facility that offers an immediate large return on your investment. I have met many wonderful people and excellent dentists at LVI and have developed great friendships. LVI transformed my life and opened my eyes to the wonderful profession that dentistry is. The institute is a think tank of learning with an exceptional teaching facility. The employees and faculty, both full and part-time, are exceptional, always smiling and willing to assist you. LVI is more than a place of learning, but an institution that truly changes people's lives. I spent

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Metamorphosis

many years attempting to leave this fine profession and find a new career that would add meaning to my life. LVI opened my eyes to see I already had that career. I will always be indebted to LVI for allowing me to get out of my Dark Age and into my Renaissance. My journey is personal and it is my wish that this will be a helpful example and reassurance for those of you who have doubts or are struggling. Dentistry is an enjoyable profession and as Omer said, "These are the good old days." If you should see me on campus at LVI please say hi and if you want to talk I am here to listen. I wish you all a wonderful career.

"I finally found, in LVI, a one stop facility that offers an immediate large return on your investment."





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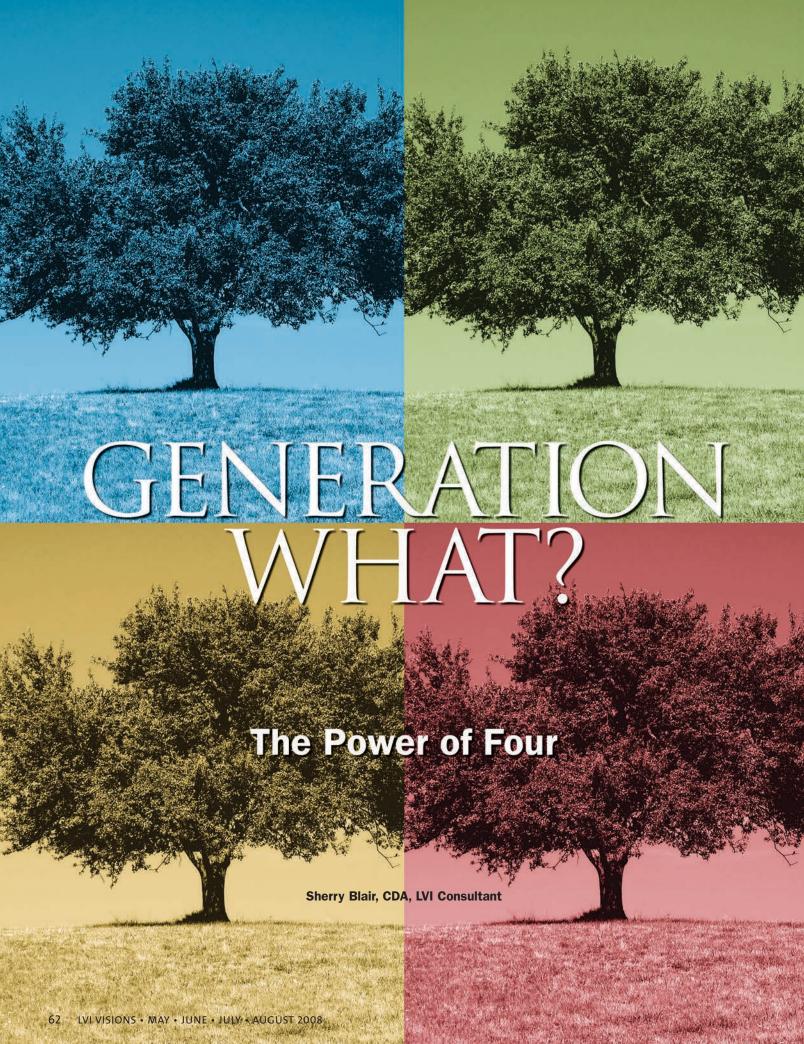
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Now is the first time in American history where four generations have worked side-by-side in the workplace.

or years we have talked about how the DISC Personal Profile System can assist in communicating with patients, and when used correctly, can increase case acceptance. However, since psychologist tell us fifty percent of how we arrive at our decisions is based on our environment, would it not make sense to also look at generational backgrounds in both patients and team members. Now is the first time in American history where four generations have worked side-by-side in the workplace. If old enough, you can remember when older workers were the bosses and younger workers did what was asked of them. There was a definite hierarchy system. You had to climb the ladder. The older generation was "the boss", the middle generation was in "management", and the younger generation was "the workers".

If you do not think that generation makes a difference, think about what happens at a family reunion where all four generations are present. How long is it before someone brings up "the good old days" or "I remember when", and the eyeball rolling begins? The friction increases, and we leave saying "never again". We blame our families, when indeed it might simply be generational differences. If you are still not convinced, think of this question: How and where did Kennedy die? The Mature generation and some Baby Boomers would say "Gunshots in Dallas". Generation X would say "A plane crash in Massachusetts. Millennia members would say "Kennedy Who?" Each generation has created its own commotion when entering the adult world and every generation says the same thing about other generations. "They just don't get it." "They have it so much easier." Just like DISC, to begin to understand how individuals in different generations act and react, you must first start with understanding yourself and the environment from which you evolved. See where you fall on the Generation Timeline below.

Baby Boomer Generation X Millennia **Mature** 1909 - 1945 1946 - 1964 1965 - 1978 1979 - 1988



WARNING: Individuals within each group may lean toward the values and characteristics of the generation above or below them, especially those at the outer edges of the birth range. It is critical to ask the right questions and meet your patients or team where they are during each stage in the process. Does your patient want to complete the process in person with minimal communication via technology (Mature) but desire high levels of customization (Boomer) and intend to privately research alternatives to confirm their choice (GenX)?

Getting oriented with the generations is as easy as looking at each of their backgrounds, what they are driven by, and their views.

Mature 1909 - 1945

Branded as the depression babies, Matures are the smallest generation, and the wealthiest. They occupy only about 5% of the working population, however carry the most influence in the policies and habits of the majority of decision-makers (the Boomers who were trained to lead in their absence).

Background: Depression, Pearl Harbor, World War II

Driven by: Duty, Sacrifice, Loyalty

Views: The workplace is a collective whole that must work together. Work ethic is measured by timeliness, productivity, and not drawing attention to one-self. When dealing with money, it is always, "put it away" and pay as you go, and/or courtesies.

As Consumers: Matures place faith in institutions, companies, and government. They value quality over speed. After all, in their generation everything was built to last. They DO NOT require fancy options or customization.

Approach: They feel they have earned the right to be set in their ways. Allow them to be. Ask for the "rules of engagement" up front. By doing this you show respect for their belief in the hierarchy of business. Include every aspect: Who will be the decision maker, timelines, emails, (or do they even use email). The only way to know is to ASK THEM.

Presentation: They expect quality. It is important to understand that their lifetime of personal experiences shapes that definition – not your impressive data or "better, faster, more." Let them define quality and then you match it. Use testimonials from governments, people and corporations that have long, reputable histories. They want proven solutions. Do not mention age. Matures are looking to maintain their youth, not cater to advancing age.

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Baby Boomer 1946 - 1964

Branded the "ME" generation and workaholics, Baby Boomers are the largest generation at about 80 million strong. They are prepared and ready to inherit their parent's savings.

Background: Civil Rights Movement, Assassinations of Martin Luther King and the Kennedy's. They either fought in the Vietnam War or protested against it.

Driven by: Prosperity. Their worth is based on their "job" and "hours spent on the job". They will be the first to ask "what do you do for a living?"

Views: In the workplace productivity is less important than face time. They are team-oriented and consider relationship building skills critical for success. They expect loyalty from those they work with. Where money is concerned, the philosophy is to buy now and pay later.

As Consumers: They demand products and services that provide status and individuality. These products and services need to help them regain control of their time. They have mixed views on technology, believing it can sometimes bring about as many problems as solutions. However, many of them have been forced into technology by their children.

Approach: They feel trapped between the Mature hierarchy and the GenX free spirit, so they are looking to feel in control. Their belief in team brings them to the point that the relationship is equally important as the solution – if not more. We must show them that we are on their team and dedicated to their success. Make sure you know where they stand on technology before jumping into it. Interestingly enough Boomers often seek out advice from their children when making decisions. They will also turn to team members for advice. When talking to Boomers, you are being heard by many, so be ready to switch gears with them.

Presentation: Boomers are ready to reevaluate how they spend their time and are looking for help on how to spend their time wisely. They have worked long hard hours and they are not sure it was worth it. They do not have time to know how it works; they just want to know that it does work. They want customization, however do not assume you know what that customization should be. ASK.

Generation X 1965 – 1978

They are branded as the "Slackers" and the "Skeptics" – reluctant to grow up and conform. And of course they were our latch-key kids. I have to admit that, I, myself had a tendency to judge this generation in a rather harsh way until I





really understood their background. Now, I cannot believe they turned out as well as they did! Beware! They are now at a time in their careers that they have and are ready to spend discretionary dollars.

Background: National institutions fell like dominoes. Church scandals. Impeachments, and of course divorces were the norm. They were taught to question authority. They were the first generation to be told that they would be less successful than their parents.

Driven by: Information, and lots of it. They are searching for the truth and they will only trust their own decisions.

Views: In the workplace they are looking for structure and direction. Productivity matters more to them than time at the job. They truly want to work smarter, not harder. They invest in loyalty to people, not to companies. After all, how long will that company really be around? Because of their background they have developed the Carpe diem attitude. They are cautious and conservative when it comes to spending their money. It is not that they do not want to buy, it is that they do not want to buy the wrong thing.

Approach: They can spot a phony a mile away. They do not want to be "sold to". They want control of the decision and they will use technology to gather and research that decision. They only seek knowledge from you. Be prepared to answer "why", repeatedly. More importantly, recognize the "whys" for what they are – an effort to learn, not a challenge or attack.

Presentation: GenXers look at things with a short time horizon. As opposed to the Matures, they are not interested in long-term guarantees. After all, what in their life has ever been long term (presidents, churches, marriages)? We have often called them pessimistic, when indeed they are realistic. Because very little really worked out in their environment, be up front and honest if there is a possibility of something not working out.

Millennia 1979 - 1988

They are branded as "spoiled brats" and "coddled since birth". You will find much of this generation still living at home with their parents, or moving back home with their parents. They are just now entering the workforce, therefore do not have a lot of discretionary dollars to spend – but Mom and Dad do!

Background: They are a generation that is no longer fighting an enemy in a far away country, because they have experienced attacks on US soil. They have never known the effects of the depression and they are technology gurus. They

have never lived in a world without cell phones, remote controls, computers, and travel to outer space. They are the most over scheduled youth in history!

Driven by: They demand less stress in their lives and seek open communication with everyone. Balance is key.

Views: They have developed the "what's next" attitude. They have become multitaskers seeking to reach their goals and are not afraid to search for those mentors that will help them achieve those goals. They seek fulfillment in their jobs and not just financial security. They value extreme FUN!

Approach: Self esteem is important to them and recognizing their accomplishments is a big part of the relationship building. They are a generation that has been told that they are special and they believe it. Absence of praise will not go unnoticed.

Presentation: They just want to be happy. They have grown up in a time with no financial distress, so they look to products and services to feel better about themselves. They like instant and immediate effects. They value the opinion of their peers but they like to be an individual. They like testimonials, but they want to know how it is unique to them. They have a hard time making decisions and may need to be guided in that direction.

Keep in mind the warning about pigeon holing people within a generation profile. Asking the right questions is ALWAYS the key to EVERYTHING. Not everyone is going to be a poster child for their age group stereotype. One easy question that might give you insight to help you with your communication strategy is:

How do you prefer to communicate – text message, email, or phone?

Phone would indicate Mature and some tech-phobic Boomers while email might be GenXers and some Boomers. Text messages might be Millennias and some GenXers.

Having explained the generational profiles, what systems within a dental practice could this knowledge be applied?

The New Patient Phone Call

Try asking the patient; "Would you like me to mail, fax, or email you the new patient information packet?" Remember, if you just offer to mail the new patient information, GenXers and Millennias will be thinking "are you kidding me, do you mean snail mail, what kind of an office is this?" If you only offer to email it to them, the Matures are thinking, "well they're just one of those fancy offices that I'm going to have to pay a lot for", while some Boomers are thinking "oh my gosh, that would mean I have to figure out how to use my computer!" (we are slowly coming around!).





The Financial Presentation

When presenting to someone in the Mature generation, I will put more emphasis on the savings or courtesy they would receive if they were to pay for the ENTIRE treatment up front. Remember, they have the money, but they usually pay as they go, unless they could save money. For Boomers, emphasis would be placed on financing options, because they buy now and pay later. Present GenXers will all the options, and then shut up! And of course most Millennias want to finance the treatment, but may not have enough credit history to do so. This is where the discussion of being able to use a co-signer, such as their parents, would be helpful.

Scheduling

Knowing that Boomers are about "face time" at work, I recommend talking about getting everything done in as few visits as possible. This allows them to schedule less time off from work. Many Matures are retired with more flexible schedules, and they often choose to spread those visits out. Millennias are used to instant results. NOW! GenXers will come up with their own plan!

Treatment Presentation

Knowing that Matures put emphasis on institutions, hierarchy, and higher education, I recommend emphasizing the Doctor's advanced education (beyond dental school) at the leading dental institute in the world. Talk about quality and longevity. For Boomers everything should be customized. Focus on relationship. They are now a part of the team and working together. Give GenXers information (including any bad news that might occur) and get out of their way! Provide Millenias a stress-free solution that will be of personal relevance to them. Admire them as individuals.

As my good friend Sam would say: "At the end of the day, how can I use this information?" I have always said that the bottom line is this simple: You have to LOVE your patients, whatever generation they are in, or if they are a D, I, S or C. You have to love them in three ways; with your head, your heart, and your hands. You cannot love them with your heart until you love them with your head, which means understanding them and their stories. Take the time to listen. Loving them with your hands – well this is the fun part. This involves using your hands to change their lives. However, it also includes taking the responsibility to educate yourself in the best way possible in order to have those hands perform the best clinical skills possible.

In conclusion; slow down, ask the right questions to better understand, and customize your service. Remember we are not changing the message, we are simply changing the way we deliver it. The results will be better relationships, happier patients and team, and of course increased case acceptance.

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Sherry Blair, CDA

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





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1-3. References available at www.zimmerdental.com/references.aspx

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