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Yones Kutlu

DENTISTRY BY

Dr. Alex Naini, Washington DC

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LVI VISIONS INTERVIEW

Dr. Heidi Dickerson

"When you are passionate about what you do in life it is truly rewarding."



WHY DID YOU CHOOSE TO MAKE THIS ISSUE ON WOMEN IN DENTISTRY?

It is very interesting to look back in time. In 1969, only 34 women graduated from schools of dental medicine in the United States. They made up a small 0.9 percent of all dental school grads. By 1975, women made up only 3 percent of grads. In 2010, 45.3% of graduates were female!

The percent of working female dentists is closer to 25%. It is expected to be 30% by 2020. The cool thing is that 35% of the incoming students at LVI are women. As a result of the dramatic increase in women participating in the dentistry and dental industry, I think it's time we celebrate women and their influence throughout the field.

HOW IS VISIONS CELEBRATING WOMEN?

There are many amazing women in dentistry. Some are dentists, others are researchers, educators, inventors, laboratory technicians, consultants, business women, etc. All of the articles in this VISIONS are written by women from varying aspects related to our field. While it is certainly much better, it is still a male

dominated profession and a common theme you will find with women in the profession is their strength of character and purpose that allowed them to succeed. Instead of just focusing on WHO they are, I wanted to also focus on WHAT they had to say. We can learn a lot from all of them as their articles are fantastic.

DO YOU THINK WOMAN ARE ON AN EVEN PLAYING FIELD AS MEN?

When it comes to dentistry... yes! The barriers have been broken. In every aspect of dentistry women are leaders. It is no longer a good 'ol boys club. Saying that, I still hear stories from women about what happened to them in dental schools that made it tougher for them to succeed than the men. I have my own experience in this regard with a professor telling me I should be "home having babies!"

WHAT WOMAN HAS INSPIRED YOU THE MOST IN YOUR LIFE?

My mom, Lydia, was my inspiration. Besides being a loving mother, she was smart, funny, and hard working. She owned a small business and my sisters

and I worked for her when we were young. She always encouraged us to do things to the best of our abilities. She told us we could be whatever we wanted to be.

During college I applied to several dental and medical schools. When my acceptance letters came, I was still undecided on what direction I should take. My mom was the one who encouraged me to go into dentistry. She said, "if you become a dentist you will run your own business and be your own boss." For once I listened to her and I've never regretted my choice!

WHY IS DENTISTRY A GREAT PROFESSION FOR WOMEN?

It is very simple, owning your own business enables you to control your life! I encourage the docs that come to LVI to really think about their ideal practice; days in/out of the office, vacation time desired, procedures they want to do, etc. and to make it happen. There are no rules. If you can dream it, you can make it happen!

Our lives are multidimensional: as wives, mothers, friends and business women, we have a lot going on. The good news is, we

have the freedom to make our schedules flexible so that none of these aspects have to suffer.

It saddens me when I hear from a woman that she is giving up dentistry because she doesn't have the time in her life to do it all. Truth is, she belongs to a profession that allows her to adjust her schedule so she CAN enjoy it all!

WHAT ADVICE CAN YOU GIVE YOUNG FEMALE DENTISTS WHO ARE JUST STARTING OUT?

New graduates are my favorite students at LVI. They are fresh out of school and are willing to listen and learn and they are fearless! Most understand that a dental degree is just a license to learn MORE about dentistry. They love the hands on courses and are open to the teaching concepts of TELL, SHOW, DO. This is one way we teach at LVI. Share the information, show how it is done, and then have them do it! In my opinion, there is no better way to learn than doing the procedures on a patient.

At such a young age they are learning how to practice amazing dentistry and affect



the health of their patients for the better. It is exciting to see these students change their patient's lives.

I always encourage them to continue learning, the process never ends. No one will ever know everything because education is a journey not a destination. Personally, I think everyone should strive to become a better dentist each and every year. Not only will it benefit your patients, but you will be passionate about what you are practicing as well. In doing so, dentistry becomes your 'hobby' not your 'job'.

I'd also tell them to find a mentor. If they look at another's success and wish it for themselves, then ask questions to find out what they are doing. Most LVI successful people are happy to share their experiences

and to mentor someone. Take them up on it! One of the things I love about LVI dentists is their openness to share what they have learned and to motivate others to make education a priority.

WHAT IS THE BEST ASPECT OF YOUR JOB?

I don't really call it a 'job', it is more of a 'lifestyle'. I'm fortunate to work 24/7 with the love of my life, Bill Dickerson. Together we work tirelessly to make LVI the best place in the world for post graduate education. In saying that, I LOVE what I do! I couldn't ask for a better team here at LVI and our 70 instructors as well. The best way to describe us is one big happy family. Being around like minded people is why our community of alumni is so very strong. No one feels like they are out there alone!

We are there for each other and our forum is active with support so people can get help online at any time since we have alumni from all over the world.

I am really inspired by the attendees coming through the programs. When I see them help a patient by eliminating a lifetime of neck pain, shoulder pain, headaches, etc, and share that experience firsthand or when they seat an aesthetic case and the patient cries in excitement when seeing the result, it makes it all worthwhile.

Just last week one of our doctors was sharing with me how she had alleviated her patient of severe migraines with NM Orthotic therapy. She said, "If I never touch another patient again, all of my education, and all I have done to become the dentist I am today is worthwhile." How powerful is that? I wish that experience for every dentist out there.

WHERE DO YOU SEE DENTISTRY GOING IN THE FUTURE?

I believe that Neuromuscular Dentistry will become the standard of care in the not too distant future. I believe



BEFORE WE START READING THIS EXCITING ISSUE OF VISIONS HERE'S ONE LAST QUESTION; WHAT DRIVES YOU?

That's a hard question as I don't really think about what motivates me. I think I just love dentistry and what I do and I'm motivated to be the best I can be in all aspects of life, personally and professionally. I guess I don't understand why everyone doesn't feel that way. Being mediocre just doesn't cut it. But I also think I'm here for a reason. I hope in some way I help leave this world a better place than when I entered it.



Scan for my Bio

the type of dentistry taught at LVI is the best thing we can do for our patients functionally and aesthetically.

There is a huge connection in NM dentistry and OSA (obstructive sleep apnea). This in itself is truly exciting. As "mouth doctors" we can literally save our patient's lives by treating this prevalent disorder. Studies show that 18 million Americans alone suffer from this disorder; comfort, compliance and results with therapy are enhanced through NM OSA treatment.

Another amazing thing about LVI is that it's a giant think-tank. We are constantly progressing, evolving and incorporating new things into our curriculum. We have 35 different courses at LVI. From team members, lab techs, to doctors... we have something for everyone. We have over 9000 alumni from 46 different countries.

Living in this high-tech world, dentists want to use technology to enhance their diagnostic and treatment strategies. Patients want us to use the most advanced technology to treat them as well. At LVI we train doctors how to provide the highest standard of care for their patients. We also help them love what they do for a living. NOTHING is more important than that! When you are passionate about what you do in life it is truly rewarding.



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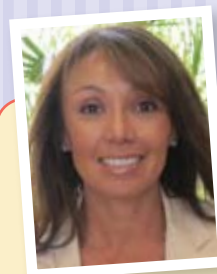
did you decide to become a dentist?



“I became a dentist because of the influence of my father, who is also a dentist.

I had a great childhood because he was able to provide a wonderful life for us and also have the flexibility in his schedule to be involved in most of our activities, and I wanted that for my family. Also, I worked in his office every summer since I was in eighth grade and decided dentistry was a pretty cool profession.”

Dr. Valle Rischer, Columbia, MO



“I feel fortunate to enjoy a profession that is the perfect combination of oral medicine, science and

artistry. The opportunity to enhance oral as well as overall health and appearance has been fascinating and truly rewarding.”

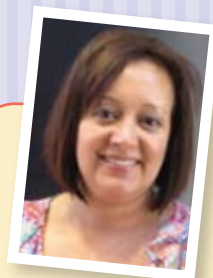
Dr. Linda DiFranco, Glenview, IL



“Growing up I had horrible teeth and little confidence. After some dental work, I saw how

much that changed. I know first-hand the power of a smile and I wanted to give people a gift that they see every day.”

Dr. Nancy Gill, Golden, CO

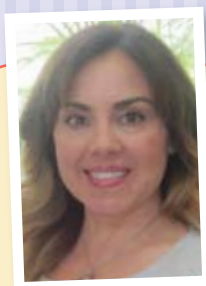


“I would answer the question by saying: In choosing a career I wanted to combine my passion for helping

people, medicine and the ability to raise a family. Dentistry has allowed me to combine all of these. Unknowingly, I received an added benefit as well, a desire to continue learning and improving my skills.”

Dr. Maria Cavalier, Greenburg, PA

“I know first-hand the power of a smile and I wanted to give people a gift that they see every day.”



“I remember as a little girl going to the office with my parents, my dad and grandfather both dentists, and spending the day doing whatever needed to be done. I loved going. I always just knew that this is what I would do. I even remember at around five years of age, realizing that I had to pick something to be when I grew up. I did not understand why everyone would not want to do this when they grew up. So why did I choose to become a dentist... I guess it chose me and I'm happy to have realized it at such a young age.”

Dr. Conchi M. Sanchez-Garcia, Miami, FL



“I was influenced by the mission field- you could help so much in such a short period of time. I was going to make the world a better place one tooth at a time... I see now that you can do so much more than that. NM dentistry and LVI has helped me see the possibilities of what we as dentists can do beyond just the single tooth.”

Dr. Melissa Chun, San Bernardino, CA



“I have always felt the desire to change people's lives in a positive way. Dentistry combined my love of art and my passion for people and science; enabling me to create a beautiful healthy smile that ultimately gives so many patient's their lives back. Obtaining my fellowship in Neuromuscular Dentistry from LVI was the missing puzzle piece for my patients. Now I can say with true confidence that my patients are better off after treatment than they were before treatment.”

Dr. Tracy Davidian, Raleigh, NC

“Obtaining my fellowship in Neuromuscular Dentistry from LVI was the missing puzzle piece for my patients.”



Can You Help My

Mother?

Minette Galura-Boquiren, RDA

It was a phone call that no one should ever get. My brother called and said *"I'm taking mom to the ER. She has been sick for the past couple of days: dizzy, vomiting, running a fever and a severe headache... she just doesn't look good."* Unable to leave what I was doing and feeling completely powerless, my response was, "OK please keep me posted!"

After the usual long wait in the emergency room, my mom was called back to see the doctor and then it ALL began: the long series of medical tests to determine what was wrong. Complete blood work was taken, CT scan of the head and neck, MRI, and a spinal tap were also conducted. Her medical history included vertigo, migraines, high blood pressure, which she maintains with daily medication, but more importantly the West Nile virus she contracted in 2004. Mom was the first known case of West Nile virus in Clark County, Nevada that year. Some symptoms of West Nile include headache, fever, neck pain, muscle weakness, and in extreme cases encephalitis and meningitis. Our greatest fear was that her West Nile Virus had returned and we needed to find out what was happening to mom.

Several long hours passed in the ER, testing was complete, and now we were waiting for the results and my mom was still in pain. The only relief she had was by a morphine drip! Finally, the results came back and everything was negative! The only test that indicated there was a problem was a high white blood cell count indicating she may be fighting an infection. So they simply sent her home with antibiotics and pain meds.

A week passed and still no relief. Mom had a never-ending headache, and was bed ridden because every time she got up she was dizzy. Her neck was sore and she was fatigued. She took the medications that were prescribed to her by the ER doc but the level of pain she was experiencing wasn't even touched. That following Friday she went back to the ER because she wasn't getting better. During her second trip to the ER, once again morphine was given for pain management. Since the last ER visit was the previous weekend, they didn't run more tests. Instead they prescribed stronger pain medications, referred her to a neurologist for further evaluation, placed her on medical disability, and then she was sent home. Again.

Starting her third week of pain my mom was clinically diagnosed with a tension headache by her medical doctor and once again she was given more meds. By this time my mom was on 10 different medications (Cartia, Butalbital, Prochlorperazine, Hydrocodone, Metoprolol, Amitriptyline, Cyclobenzaprine, Potassium Gluconate, Omega-3 Fish oil, Aspirin), six out of the ten prescribed medications she was taking were for headache and pain relief. The result of taking so many medications was that she was unable to function normally and things were deteriorating fast!

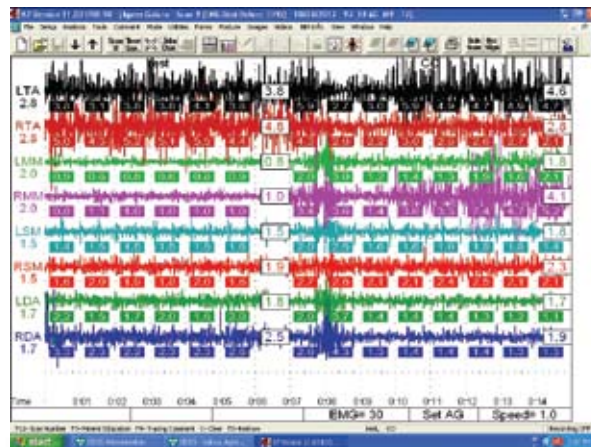
Her headaches were so persistent that this once bubbly and caring person was taken over by a lethargic, sullen old lady. She wasn't herself and even my boys, who are five and three years old, noticed and told her "Ama, you don't feel good AGAIN? Don't worry, we'll take care of you." and they began massaging her head hoping it would help her. In that instant I knew I needed to do something. I called Dr. Heidi Dickerson and asked her if I could borrow a TENS unit so I could TENS my mom. She of course said yes; and asked me to update her on any progress.

That weekend I hooked up my mom to a TENS unit, explaining to her that the TENSing should

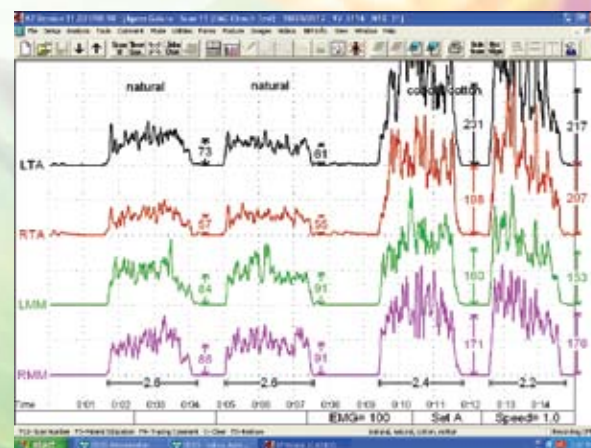
relax her muscles and hopefully relieve her of her headache. I TENSEd her using both leads to stimulate Cranial Nerves 5, 7, and 11 for approximately two hours. She actually fell asleep while TENSing and when she woke up...her headache had diminished and she said this is the best she has felt in the past two weeks. I was so excited to hear she felt better and immediately I knew all her symptoms were bite related. I called Dr. Heidi back and told her the good news. She was happy and excited too, and that's when I asked her, "Can you please help my mother?"

Dr. Heidi:

That is how it all began. My assistant of seven years has learned so many things that SHE was figuring out the root cause of her mother's headaches...something the neurologist could not do! I saw her mom right away and began taking all the diagnostic information: Upper & lower impressions, FMX, photos, and CT scans. We also did a complete intraoral exam and took 2 preliminary K7 scans (scan 9 Rest/CO and scan 11). Her vertical measurements were at her Golden Vertical but it was clear from Agnes' symptoms and the K7 scans that she had a bad bite.



High EMG's



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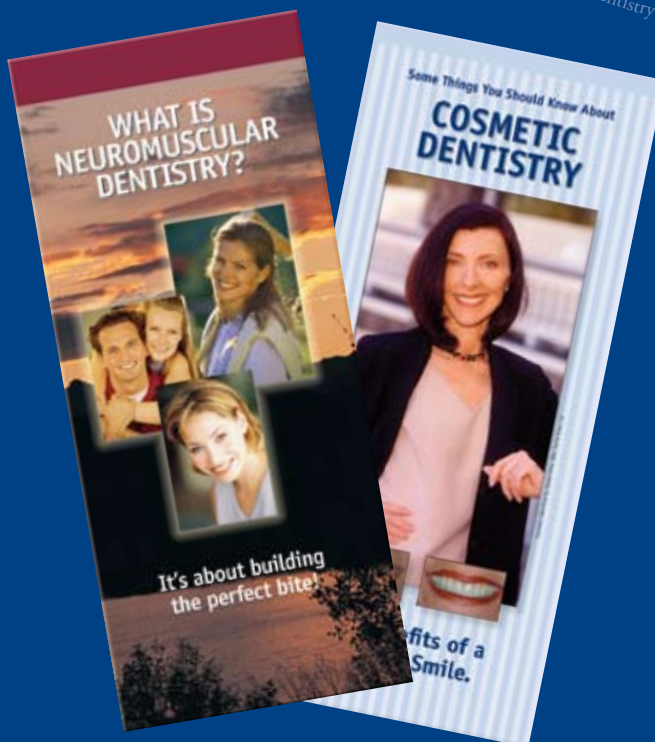
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Dentistry courtesy of Scott Wagner, DMD, Jacksonville, FL



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I decided then that we could use her as a demonstration patient in our next Core IV course which was less than a week away. She was an ideal case to show the attendees that your number one goal is to treat the symptoms despite your patient being at Golden Vertical. 95% OF PAIN IS DERIVED FROM MUSCLES!

When Core IV came around, we began by doing a full pre-TENS K7 workup (Scans 9, 11, 2, 3, 6, 13, and 16). After which we tensed her for an hour and took a bite using the K7. According to her most calm EMGs, we took the bite at 22mm well above her existing vertical/Golden Vertical. Her Scan 10 CO in the NM bite demonstrated that the 5mm vertical increase was what she needed to decompress. And that's what we used to make her a removable orthotic.

While waiting for the orthotic to be fabricated for the course, Dr. Norman Thomas, Director of Neuromuscular Research at LVI, did a comprehensive exam of our patient in front of the class. He found that her right shoulder and hip were lower which were due to her having double scoliosis. He discovered that she had fractured her tail bone in her thirties from a bad fall which may have been the root cause of her ascending bite problem. On palpation of her muscles, the right pterygoids, masseter, trapezius, and scalenes were extremely sore in comparison to the left. She had TMJ noise on the left joint on both opening and closing but more severe on the close. Intraoral signs included lower anterior crowding, bicuspid drop off, narrow arches, flared upper anterior teeth, wear facets, abfractions, scalloping of the tongue, and locked upper buccal cusps. It was obvious

from this examination that Minette's mom had many classic neuromuscular signs & symptoms that greatly contributed to her headaches and getting her into an orthotic would help her tremendously.

On the last day of the course, I delivered the removable orthotic. We placed the orthotic to check for fit and retention. I ran a scan 9 Rest/CO in the orthotic prior to adjusting and the EMG's looked good even without any adjustment. We hooked her up to TENS and let her wear the orthotic while TENSing. Once she had TENSEd for an hour, we began to check her occlusion using the J5 and green wax to show any high spots on the orthotic. We continued to define her centrics with the J5. Once she felt like she had a home, we moved on to chew cycles to remove her functional interferences on both sides. After we were done with the adjustments, Agnes said she felt really good. She felt that her bite was actually more stable in the orthotic. We ran our last Scan 10 with the orthotic in place, and the EMG's were the calmest they had ever been! I also asked her about the TMJ noise that she heard in her left joint and after a few open & close cycles in the orthotic, she looked at me with bright eyes and said "It's gone!"



Before



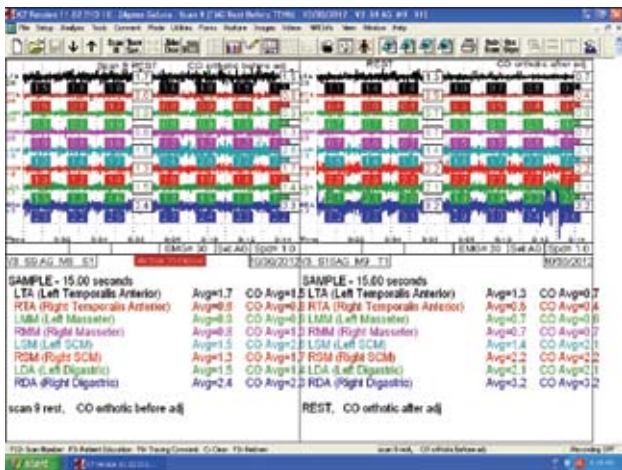
After



Before
Right Shoulder
Lower



After
Shoulder Height
More Even



I instructed her to wear the orthotic as much as she possibly can, including trying to eat with it, and not to take any of the medications that she was given for her headaches. I wanted to determine if the orthotic was the answer she was waiting for.

The next day I came to work to find a thank you note and a “choco-flan” dessert (combination chocolate cake and flan) on my desk. Agnes had woken up that morning WITHOUT a headache for the first time in over a month! She was overjoyed and couldn’t believe that all those years of suffering from headaches that had kept her from her daily life were gone. And the first thing she did was to bake me a cake! You see getting her muscles and jaw to a physiologically comfortable position was key. The orthotic holding her in that comfortable position allowed her to start to heal and once again, NM Dentistry principles were a home run!

Minette:

The day after Core IV ended, I got a phone call early in the morning and I knew it was my mom because my mom is the only one who calls that early! She was ecstatic and the first words she said were: “God Bless you, anak (child)! You always take care of me. I feel good and I couldn’t have done it without you!” No words can describe the joy I felt that morning; her pain had ended and I had MY MOM back! In all the years I have been at LVI, I have heard multiple stories of pain and discomfort from patients, doctors, team; I have assisted in countless teaching demonstrations; and I have seen the beautiful photos and scans after their neuromuscular treatment was complete, to find that all their stories had wonderful endings. Nothing has ever hit closer to home than being able to help your own mother. Therefore, I’m truly humbled to be called a NM Assistant and using what I KNOW to help others makes what I do all the more rewarding.

It has been three months since the course, and my mom is back to her usual self: cooking, laughing, SMILING! She returned to work and her co-workers and friends said she’s like a whole new person. My sons have their “Ama” who is back to spoiling them again. But most importantly my mom lives headache free and MEDICATION free. She still takes her hypertension meds and wears her orthotic about 22 hours of the day. She’s happy and healthy! She even went for her last follow-up with her doctor so that he can clear her off medical disability; he asked her “How have you been feeling?” She said “GREAT! No headaches.” He said “Ok. Do you need a refill on any of your prescriptions?” She again said that she was feeling good and showed him her orthotic. His reply was “That little piece of plastic keeps you from getting a headache!” And with a confident smile and orthotic in place, she said “YES!”

October, 2012

To Dear Drs. Heidi and Bill,

Words of thanks are not enough to express my sincere gratitude to you. Your collaborative efforts at LVI in diagnosing me with TMD and fitting me an orthotic completely took my debilitating headaches away! I pray for your continued success at LVI and God Bless you always!

Ever Grateful,
Agnes



Minette, Heidi, & Agnes



Agnes & Grandsons

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My Aha Dental Moment

Floss
floss
was
involved

In dental hygiene school I was taught that flossing was the gold standard of care for interdental cleaning. In fact, it was the only way to clean interdentally and I believed it. We all did because that is what we knew at the time based on the available information and the fact that we “learned it in school.”

Fast forward through my years of clinical practice, advanced education, and faculty positions – I’m thinking this is really frustrating talking to people about floss and still most of them are non-compliant. It was still the focus of dental hygiene textbooks and the standard of care for interdental cleaning.

“ You have been telling me this for years. I get it. However we have a little problem, I am not going to floss so tell me what else I can do. ”

One day in clinical practice I was discussing the importance of flossing with my patient and he turned to me and said, “You have been telling me this for years. I get it. However we have a little problem, I am not going to floss so tell me what else I can do.” Well, huh. This was an educated adult who had made an informed decision and asked me for an alternative. Okay, time to rethink my strategy and why am I so hooked on dental floss? That was 20 years ago.

I now work for Water Pik, Inc. as the director of professional and clinical affairs which includes fielding research studies. Around 2002, my colleagues and I were asked repeatedly if the Waterpik® Dental Water Jet was as good as flossing. Good question we said but to date there are no studies that directly compare the two products. Based on the available research it would seem that the answer was yes but maybe it is time to put that question to the test.

In 2005 the first study comparing string floss to the Waterpik® Dental Water Jet was completed at the University of Nebraska.¹ It showed that the Waterpik® Dental Water Jet was better than flossing for reducing inflammation as measured by bleeding and gingivitis and this has been confirmed by two other clinical studies.^{2,3} You can



Based on the clinical results, the name was changed to the Waterpik® Water Flosser.

imagine the surprise and even skepticism from the profession but really, think about what my patient said and if you don't like that how about Albert Einstein who said –“insanity is doing the same thing over and over again and expecting a different result.” Based on the clinical results, the name was changed to the Waterpik® Water Flosser.

The majority of patients do not like to floss, cannot floss or simply do a terrible job causing more problems than good. So, is string floss the standard of care? Based on science, it never was. Now don't kill the messenger but read the research for yourself;

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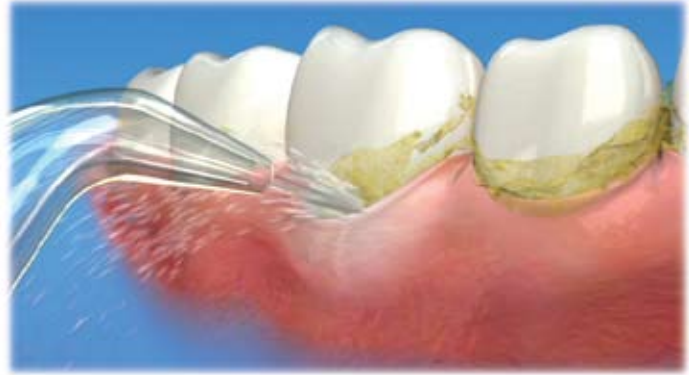
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sonic toothbrush

I have a challenge for you – if you have not used a Waterpik® Water Flosser, try one yourself and make your own decision based on the research and personal experience.



1. A systematic review found there were no studies that showed string floss added to manual brushing was any better than brushing alone for improving oral health.⁴
2. A systematic review revealed that flossing has not been shown to reduce interproximal decay.⁵
3. If given a choice, patients will choose most products over string floss for interdental cleaning.^{6,7}
4. People understand the importance of flossing but don't feel they can master the technique and when asked said they 'forgot to floss' 3 or 4 times a week.^{8,9}

So now what? Simple, let go of floss as the first or only choice and make life easier for all involved and recommend products they like, are easy to use and do the job.

The Waterpik® Water Flosser

is a clinically proven alternative as seen in research and by the many dental hygienists and dentists who tell us and their peers how much better their patients are now that they recommend the product. I have a challenge for you – if you have not used a Waterpik® Water Flosser, try one yourself and make your own decision based on the research and personal experience. I think you will agree, it is time for a new standard of care. It will be okay, I promise.

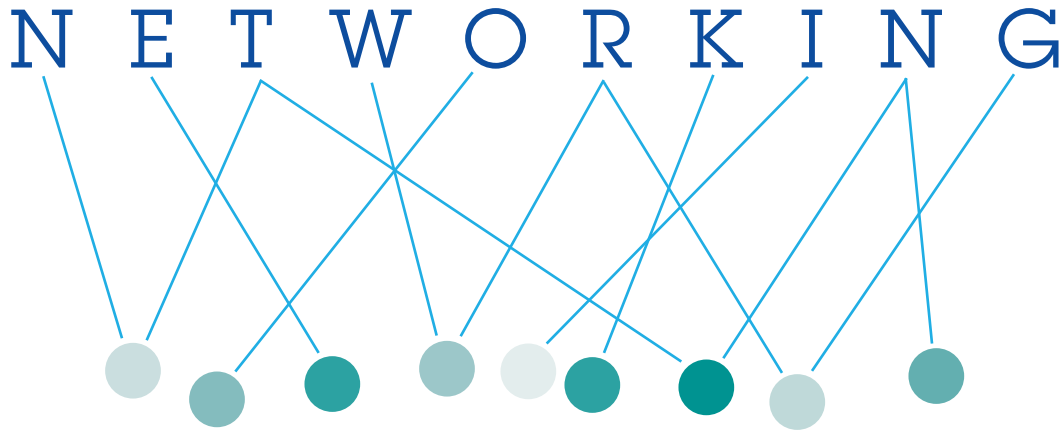


Deborah is pictured here crossing the Mara River in Kenya outside the Masai Mara National Reserve.

Deborah received her Bachelor of Science degree in Dental Hygiene and Psychology from the University of Bridgeport and her Master of Science degree from the University of Missouri - Kansas City. Along with her clinical experience, Deborah has been a full time faculty member at the University of Medicine & Dentistry of New Jersey, Forsyth School for Dental Hygienists and Western Kentucky University. Currently, Deborah is the Director of Professional and Clinical Affairs for Waterpik, Inc.

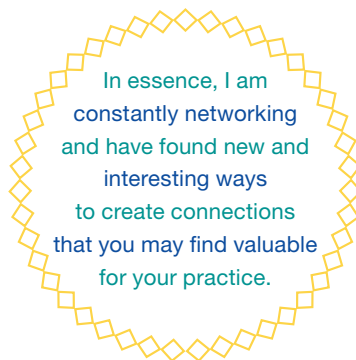
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Your Way to Success

Networking has been a business buzzword since the 1980's. At CareCredit, my most important job responsibility is to *connect the expertise of practice management leaders and speakers to the entire dental community through resources we develop such as educational audio programs, white papers and guides on overhead and minimizing failed appointments.* I also work with associations and educational institutions such as LVI in securing education that benefits dentists and LVI alumni.



In the general sense, networking typically refers to social gatherings people attend with the intent to make connections to further a career or business.

For example, a stock broker would want to attend networking functions that would enable him to meet people who may potentially invest with him. Networking in its original form was all about whom you know, not what you know.

Networking has evolved. Today, it is a way to stay connected with a group of people, with the goal to help and be helped, to educate and learn, and to promote and be promoted. It's more of a give-and-take relationship and often centers as much on what you know as who you know; the sharing of information. As we move more into a digital society, a portion of networking is now done online through professional and consumer websites such as the LVI forum, Facebook, LinkedIn... To name a few.



As a dentist, there are three groups of people you and your team should be proactively networking with: other doctors in your community including educators and study club leaders; your patient base; and key practice suppliers.

As a healthcare provider, you already know there are many benefits of networking with specialists and general dentists in your area, such as new patient referrals, product recommendations or clinical advice for complex cases. But there are other reasons to establish and maintain these “professional friendships.”

By tapping into the experiences and expertise of other dentists, you may find proven ideas and tools that will help you enhance your clinical and management skills and your patient experience. You could get “inside information” on continuing education



opportunities or new technologies in which to invest. Your networking opportunities may be through local study clubs, websites, or even state or national associations. One dentist I spoke with at a show recently shared with me his networking technique. He chooses one dentist in his local community each month and invites him to lunch. He says he learns almost as much at these lunches as he does at some of his CE courses.

Networking with patients goes beyond requesting referrals of friends and family, although it is good practice to make that a habit. Instead, patient networking is about facilitating relationships – between your dental team and patients, and even between patients.

For example, if you have a practice (not personal) Facebook page, you may want to feature a patient's story, if they have given their approval, focusing on their business or charity. The information to post will be generated from the conversations your team has with patients.



For example, a post about your long-term patient Mrs. Smith who shared with your team that she's collecting gently worn blankets for the local animal shelter is not only a nice thing to do, but can significantly enhance patient relationships and loyalty. Just be sure Mrs. Smith is OK with you telling other patients about her story.

Or, you could take a tip from your local coffee house and have a corner bulletin board for your patients to reach out and promote charitable, community or business events.

Working with your trusted supplier representatives is another networking opportunity that is often overlooked by dentists and their teams. The sales professionals who are out in the dental community visiting you and your colleagues each and every day can be a valuable source of information, ideas

and connections. If you accept CareCredit, you have free access to all the proven ideas and tools we've developed from the input of consultants and your peers. All you have to do is ask. Your vendors want to help you succeed.

Don't forget, networking can also provide personal enjoyment, spark lifelong friendships and lead to new and exciting adventures. Even the most introverted dentist or team member can become great networkers if they actively listen and engage with their colleagues and patients, and focus on providing value to others. My professional and personal advice is to embrace the opportunities, remain constantly curious, and enjoy the benefits of this new outlook.



Bete is pictured above with her husband.

Bete Johnson is the Director of Business Development for CareCredit, the nation's leading patient financing program. Bete joined CareCredit in 2001 and has spent over 19 years in sales, marketing, and practice management in the dental field. Bete works with many consultants, professional organizations, and educational institutions across the United States.

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Ginny Hegarty, SPHR



Reasons to Rock the Performance Review

*“What grade
were you in
when you used
your first computer?”*

*“How long would
it take you to send
a text message
to someone?”*

*“How long would
it take you to
figure out how many
people live in
metropolitan
Philadelphia?”*

Thought-leader and NY Times best selling author Dan Pink opened with these questions when I had the pleasure of seeing him speak at the Philadelphia Human Resource Planning Society Leadership Forum this past November.

Mr. Pink asked a 27 year old to answer these questions and the young woman shared she was in first grade when she was required to use a computer, she could text in about 10 seconds and a quick Google search on her phone took .33 seconds to come up with an answer. The world has changed since many practicing dentists were in school.

In today's 24/7-connected world answers are nearly instantaneous making curiosity fleeting and patience almost nonexistent. Comic Louis CK has a very funny bit about how frustrated people are with their cell phone connections. Exasperated he says: "It's going to space, can you give it a second to get back from space?" We have moved beyond the information age... we've got immediate and instant information and feedback in nearly every aspect of our lives.

Dan Pink points out that one glaring exception to this trend is the feedback deprivation chamber that exists in most work places since the feedback mechanism in most workplaces is an antiquated once a year performance appraisal.

In my work with dentists around the country, more than 50% of doctors are not even holding formal reviews with team members once a year. This represents both a huge opportunity and a glaring liability for dentists.

The first reality when leading a team of employees is that every employee you hire will either be an asset or a liability to your practice. There is no treading water, each person is either moving your practice forward or holding you back. Once an employee reveals their cards, trust them and act accordingly.



If an employee shows himself or herself to be an asset, take them under your wing and help them to feel like a valued team member. Year after year, study after study proves that the number one thing employees REALLY want is to be appreciated. Pay them well enough to take money off the table so they can focus their efforts and energy on serving your patients and growing your practice. Praise them both publically and privately to let them feel your gratitude and benefit from your coaching and development. Hold them accountable for results; they count on you to do this and it provides an opportunity for them to shine.

Set performance and learning goals during your performance appraisal and keep the conversation going throughout the year. I recommend that doctors get in the habit of scheduling individual quarterly meetings with team members. You can meet for 15-30 minutes in the office or go out to lunch together. You and your best team members will come to look forward to these discussions and you'll see a positive impact on goals and results.

*“Remember,
you don’t get
what you expect...
you get what
you accept.”*

Keep in mind that the very best team members are essentially free agents, win them over, create an environment that is so supportive and positive that your best people wouldn’t dream of working anywhere else. You’ll definitely reap the rewards many times over by keeping the best team members and creating a culture that repels those employees who prefer to fly under the radar without accountability.

If an employee shows him or herself to be a liability, move quickly and safely to free up their future and terminate them. Keeping poor performers on your team will shift the positive focus toward drama and this will frustrate you and your best team members. Make no mistake about it, a poor performer WILL hold you back and in far too many cases, they will work to recruit other team members to join them in their distraction and drama.

The negative impact that a disgruntled employee can have on a practice has become increasingly clear to far too many dentists. It is in your best interest to safely terminate poor performers before the situation gets more complicated. These complications can include illegal, immoral and simply inconvenient roadblocks that increase the risks associated with termination.

In summary, here are 4 key reasons to commit to getting your HR documentation in order to improve your leadership of the team while also protecting the practice.

- 1 Progress depends on feedback. Without feedback, the people not meeting expectations are not aware of their deficiencies or challenges. If you’re stressed or frustrated by a lack of results or growth, the first move is yours... or nothing changes.
- 2 The courts have ruled that not informing an employee of a performance issue deprives that employee of the opportunity to remedy the situation and can be considered discrimination. In other words, if you end up in court without a candid performance appraisal documenting your version of the facts, you’re toast!
- 3 At a time when employment related lawsuits are rising at alarming rates, a candid performance appraisal will save the day, be your best defense, and can save you tens of thousands of dollars. These documents are proof of poor performance, your intent to communicate clearly, your willingness to work with the employee toward improvement and the employee’s awareness of your concerns and the consequences if performance does not improve.
- 4 The lack of a candid performance appraisal puts your chances of winning a labor law claim without documentation at just about 13% or in other words, without it, you’re toast!

Remember, you don’t get what you expect... you get what you accept. Raise the bar. As your HR Partner, I have performance appraisal forms, tools and coaching services available to support your success. Contact me and let’s get your HR house in order and get 2013 off to a great start.



Ginny Hegarty is pictured here with her son and daughter.

With over 25 years of experience, certification as a Senior Professional in Human Resources (SPHR) and an extensive background as a speaker, writer and consultant, Ginny Hegarty, President of Dental Practice Development, Inc. is best known as a turnaround expert specializing in practice leadership, accountability and employee engagement.



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- William Dickerson DDS, CEO of LVI Global

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- Bill Williams, DDS MAGD



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Kirsten Edwards, KERR Corporation

Finding **Balance**

Its 5AM and I awake without the assistance of an alarm clock. I immediately head for the kitchen to turn on the coffee and wait patiently for my first cup while the house is peaceful and quiet. I resist the urge to check emails or my phone before I begin to drink. Instead, I take my cup to the sofa and enjoy my only quiet time in the day. Then it's off to emails, reports, texts until I go for a run or pop in an exercise tape. I may only have time for a portion of it before one of my children arises and needs breakfast or a hug. Eventually shower, dress – motivate my kids to shower, dress and come to the table for breakfast. If this routine sounds like a smooth system, I assure you it's far from it. Next, I make a protein shake for myself. In the resulting rush, the lid flies off as does my shake, into a creative splatter pattern on the cupboards and ceiling. My boys decide they want cereal immediately and I reach in the fridge for the milk

which is not there because I forgot to buy more the night before. No other breakfast selection will suffice for my children whom seem to think I run a catering service. I have not accounted for the tireless negotiating that my children attempt to explain why they really should be staying in bed or at home all day to play Xbox and watch movies. A soccer game ensues in the house despite countless times of exhorting them not to play ball in the house. After lunches are made and kisses are given, I make my way out the door to the office. My husband drives the boys to school; bless his heart, on his way to work. After an hour or so of traffic, I arrive at the office and begin the onslaught of meetings. The good news is that I enjoy the people with whom I work

so the meetings that we attend and/or lead always include some level of humor and fun.

For perspective, I love what I do. I run the education and professional relations platform and have the privilege of working with Key Opinion Leaders.

After my meetings, and the overabundance of work resulting from the meetings, I wrap up and leave early to beat the heavy traffic snarling Los Angeles to pick up my kids. With a two minute pause at the house I gather snacks and gear for our sports, I head over to taxi my seven year old from school to the soccer field. Then I sprint across town to pick up my other son and take him to the dojo for karate.



Then it's back to collect my younger son from the soccer field and to return to the dojo for my class. After all the sports, I check in with my husband to see what he is making for dinner. In our home, if we want good tasty meals, he cooks. Otherwise we go out! We speed to the grocery store to buy milk and a few other items. By the time we return home, it's 8PM. We eat and complete any homework that awaits their attention... At this point, I am running on fumes and I throw their pajamas at them, tell them to brush their teeth and get into bed. Finally, I enter my bedroom and connect with my husband of 15 years who helps me keep my head on straight. I collapse. I am in REM sleep 2 nanoseconds after my head hits the pillow.

Although my days are non-stop and I feel as though I am on a

continuous treadmill, I have come to realize three important factors in finding balance.

1 FOOD First, the food I eat has a big influence on how I feel, especially when I am on the go all day. If I eat a lot of sugary foods and carbs, I feel really tired and can't drink enough coffee to keep me going. I have found that going gluten free, sugar free, dairy free works for my body and provides me with the most energy.

2 EXERCISE If I do not exercise, my tolerance level drops to zero. I have to sweat and expend some of my stress through exercise at least four times a week if not more. It centers me.

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3

ATTITUDE

In my search for finding balance, I have decided that balance is an attitude that I choose and will never attain in a search outside of myself. I used to look for balance in my life by being over- controlling of every little detail of my day. That typically does not bode well in the end. Because I love being a mom and wife and I am really fulfilled by my professional career and the people with whom I work, I now realize that it's really my attitude that allows me to maintain balance within. *My attitude is a choice. I am never ready for those curve balls I am thrown should my kids come home with lice, or a pipe in the house has a leak. However, it is in those moments where my attitude enables me to find balance.*



Kirsten is pictured above with her husband and two sons.

Kirsten Edwards holds her Masters of Arts in Psychology from Pepperdine University. She has worked in the dental industry for over 15 years in both sales and marketing roles. Currently she is responsible for the education and professional relations platform at Kerr Corporation. Kirsten is the liaison for the partnership between Kerr and LVI. She lives in Los Angeles with her husband and two sons.

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"I did not hesitate to start LVI after finishing dental school because I am confident this is the correct way to practice dentistry. I am so thankful that LVI is available. You have done an amazing job at organizing the lectures and making everything so much fun!"

- Dr. Christina Samra, Vienna, VA

"My journey in neuromuscular dentistry at LVI has energized me both professionally and personally. I am making more, working less and happier with my profession now than ever before."

-Dr. John Hay, Georgetown, TX

"I wish I would have come to LVI about 20 years ago! It has improved my technical skills, my confidence and attitude! I wish I could just get the new graduates to come straight out of dental school. Their lives would be so much better."

-Dr. Cathy Fuchs, Elk City, OK

"LVI provides clinical and professional guidelines while introducing state of the art equipment, materials, and delivery systems. On separate courses for my team, the enthusiasm and enjoyment of my dental practice has gone up exponentially."

- Dr. Gary McDowell, Abington, PA

"There isn't any aspect of my dentistry that hasn't been improved by my training at LVI. Being able to treat all types of cases, LVI has allowed me to treat patients across the spectrum from cosmetics to dysfunction resulting in a consistent flow of patients into the office even in troubled times."

-Dr. David A. Smith, Carmel, IN

"The neuromuscular and cosmetic concepts I learned at LVI have enabled me to become the 'Go To' dentist for pretty smiles, head and neck pain and other TMD symptoms."

-Dr. Byron Wall, Albuquerque, NM

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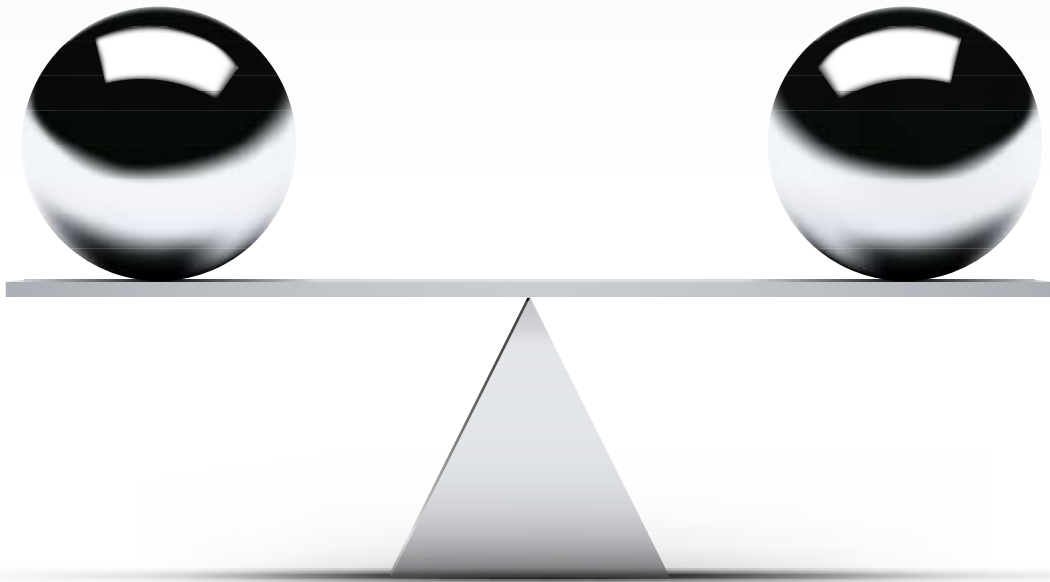
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Heart & Mind

One Approach for the Modern Leader

Kimberly Bradshaw-Sickinger, Microdental DTI

THE BEST LEADERS appeal to both the heart and the mind. Some leadership styles exclusively appeal to the mind, and may underutilize team members who rely on qualitative information and instincts. Other leadership styles exclusively speak to the heart, and may not connect with team members who rely on quantitative data. As the gender and ethnic diversity of our industry increases, it is critical for leaders to develop a leadership style that appeals to both the heart and the mind.

“While this article is intended for everyone, I thought my slant could be particularly helpful to the ladies since it comes from my personal experiences as I learned to dance the dance in a predominately male arena.”



Women are smart, determined, compassionate, organized, multi-talented, solutions oriented, resilient, and strong. Women are also commonly labeled as “emotional.”

It can show up in different ways; be it the pitch in our voice, the way we debate, the animation in our body movements, the expression in our face, or our language and phraseology.

Women are intuitive, emotionally intelligent and wired to express. Whether we are leading a project, a practice, a study club or a business meeting, we have to adapt our communication method to meet the audience/forum in order to be successful.

As a young woman, just entering the workforce, I was surrounded by strong male, engineer / scientist / medical professional / business types. This article represents my personal journey to develop a leadership style that appeals to both the heart and the mind, a style that put my career on course.

in·stinct

1. A natural or intuitive way of acting or thinking
2. A natural or innate impulse, inclination, or tendency

Early in my career I relied heavily on my instincts to guide direction and activities. My instincts were unusually good, and had served me well in every part of the job; employee behavior, customer satisfaction, inventory management and forecasting. I just knew. I didn't know how I knew, I just did.

I had been with this particular medical device company since its inception. The Executive Team and the Division Heads would run things by me before launching a new program or making any major investments. They trusted my instincts, and they had not steered us wrong.

Fast forward 4 years and I land a new boss. A trained Aerospace Engineer who had spent 27 years with Hewlett Packard.

“I would use my normal language to describe the climate; ‘I feel’, ‘I believe’, ‘my gut tells me’, ‘I’ve heard’, ‘I expect’ and that’s where it all began. He was a numbers guy, he couldn’t relate to feeling language or gut instincts.”

He was named the VP in charge of Research & Development, Engineering, Manufacturing... and me.

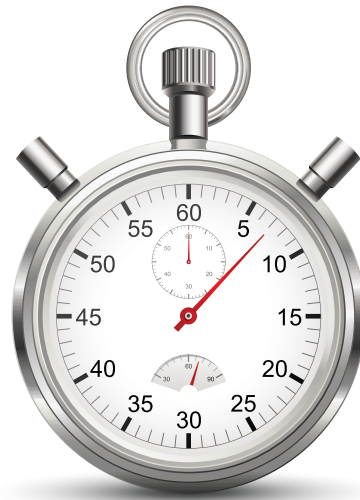
A few months in, he deployed a new meeting format; we would meet weekly as a group and discuss department issues. I would use my normal language to describe the climate; ‘I feel’, ‘I believe’, ‘my gut tells me’, ‘I’ve heard’, ‘I expect’ and that’s where it all began. He was a numbers guy, he couldn’t relate to feeling language or gut instincts. He would embarrass and chastise me in front of the group. We were not getting along and I had become very unhappy.

In almost 5 years of employment I had never complained about anything, let alone a boss, but I couldn’t handle it anymore. I scheduled time with the CEO to discuss a transfer. As I began my plea, we were interrupted by a knock at the door and it was none other than “the boss”, who was there to ask the same.

The CEO sat us both down and said, “neither of you are going anywhere. You are both exceptional at what you do, and you are going to have to figure it out.”

My boss was in his early sixties and I was in my mid twenties. I realized he was not going to change and if I had any chance of making it work and being taken seriously, it was going to have to be me that changed.

When I started to breakdown my instincts and understand where they came from, it became clear that I was taking in detailed information through very specific channels. I was receiving customer feedback (their names, their likes and their dislikes). I knew what products were moving (what was being entered into the system and shipped) and why others were not (complaints and defects). I knew by visual queues who was overwhelmed and why (workload, health and/or personal problems).



quan·ti·fy

1. To determine, indicate, or express the quantity of
2. Logic to make explicit the quantity of (a proposition)
3. To give quantity to (something regarded as having only quality)

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I had to put a value on the information I was receiving. I started by quantifying everything. Total number of calls a service rep could take in a day, the average time a rep was on a call, how many orders were processed, the amount of time it took to enter into the system, how many complaints were received, the type of complaints received. I had more spreadsheets and data than I care to admit and while it was good information and I was speaking to my new boss in numbers, it was in my opinion, not as helpful as I had hoped.



an·a·lyze

1. To separate (a material or abstract entity) into constituent parts or elements; determine the elements or essential features

2. To examine critically, so as to bring out the essential elements

3. To examine carefully and in detail so as to identify causes, key factors, possible results, etc.

Analysis made the information helpful and created a language that removed all emotion or anecdote. It was powerful and it changed both the shape of our business and my career.

I was in our meetings talking about the same things I had always talked about, but with credibility and precision. I spoke to them about failure rates, customer

retention, yields, inventory turns and average sales price. We were a better company, responding to customer demands in a more efficient and effective way. The best part for me was that I exerted a fraction of the energy to get a point across.

Still, I worked long, hard hours, too many actually. I became a slave to spreadsheets, surveys and checklists. I was doing it all manually and I could barely keep up. One of the downfalls of data, is you want more of it, and you want it faster. There had to be a better way.

sys·tem·ize

1. To reduce to system; to systematize

I migrated the company from manual methods and spreadsheets to systems. We created dashboards where the data was available at the push of a button by whomever needed it. We created routines that would set off a chain of actions simultaneously to the responsible functions. It was scalable, extremely accurate and efficient. We were small and lean, but we supported customers in an exceptional way.

The day my new boss walked into my life, I was forever changed; not because of anything he did, but more by what he didn't do. I learned to speak to him in a language he could relate to and understand. It changed the quality of my communication – I learned that my instincts were good, but my assessment was better.

I still believe instincts are really important. I know many leaders who drive their businesses exclusively by instinct and it has served them well. However, the risk of this method is in the unknown. I know others, who believe instincts have no place in business and rely only on analysis. The risk here is that “x’s and o’s” cannot always predict the human components.

Heart & Mind

Today, I use both. I use analytics to guide my decisions. When my instincts start firing, I test them by measuring the subject. When my instincts prove out, I assess the associated risks and move forward. Folks rarely question hard facts. The power of a well-understood challenge brings about meaningful and lasting solutions.

Keen instincts, combined with strong analytics and a well-articulated condition speak to all walks of life and have proven to be both effective and gender neutral.



Kimberly Bradshaw-Sickinger is pictured left.

Kimberly Bradshaw-Sickinger, President and CEO joined DTI in November 2007 as SVP of Dental Services. In December 2008, she also assumed responsibility for Sales, Marketing and Clinical Affairs and was promoted to Executive Vice President.

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Sheila N. Keator
Founding Partner, Keator Group, LLC

*Many women are at the top of their
professions now and need financial
education to help work themselves
through the maze of the marketplace.*

For the past 30 years I have had the privilege of spending the first weekend of June with 13 great women friends. I feel that our group's diversity defies logic but each year we fit like a comfortable pair of shoes. It all began in a shelter with no running water or electricity and we slept on the floor in sleeping bags. One of our first additions was a gasoline powered motor to pump water. Each year brought new additions and now we have a generator to power our cell phones and tablets. Despite all of these changes this same unbelievably diverse gang still eats and laughs and HEALS in each other's company.

I emphasize the word HEAL because, in investing, the market may give us some scary moments and scary months. And I feel that patience and diversification (like my friends) can help to bring a bit of sanity back into the picture.

I believe that the housing market provides an excellent recent example of an uncertain, volatile time in the market. We've seen a decline of housing values since 2007 and now some signs of "healing". We've moved from about 2.4 million housing starts per year in 2005 to approximately 750,000 annual housing starts as of August, 2012. With the 25 year low of about 400,000 compared to an average of 1.38 million, I feel that the market extremes are clearly illustrated. We now see home inventories at

Let me put forth a few ideas:

1992 levels, estimated monthly mortgage payments nationally below average cost of rents and Case Shiller Index* housing price data improving since 2011. While I feel that part of this has been with the deliberate intervention of the government through reduced interest rates, time has been an important factor in allowing the excesses to be absorbed and the “healing” to begin. We are starting to see a more neutral supply and demand inflection point.



This new empowerment brings me to my credo; “With freedom comes responsibility.”

One study has given us the statistic that in 37% of households, the woman is the major earner. In today’s unsure economy more woman are tasked with the health of their families’ financial future. This is in spite of the fact that they have less time to do it as child bearing years take them from the workplace.

Many women are at the top of their professions now and need financial education to help work themselves through the maze of the marketplace. This investigation might not be easy or quick but is necessary to help make appropriate decisions and help achieve the goals chosen to pursue. We women cannot hide under a bushel. I believe that it is now our turn to accept the financial responsibility that is a reality for so many of us. This new empowerment brings me to my credo; “With freedom comes responsibility.”

✓ ASK QUESTIONS

Do not be satisfied until you understand; then ask more questions. You have a “Need to Know.”

✓ READ

Established financial newspapers and magazines can be good financial resources. As with anything, I feel that it is important to read with a critical eye to the veracity and voice of the author. You should be wary of an agenda and check sources.

✓ LISTEN

Be attentive to people you respect in the marketplace. They can be helpful in both understanding the markets and your investments.

✓ BE ANALYTICAL

I have found that the volatility in the markets is reflected in current media headlines. When the markets are tumultuous, it may help to turn off the television. These uncertain times are an excellent reminder and opportunity to review your overall investment plan and asset allocation.

✓ SET GOALS

Spend the time to research and articulate what you are trying to achieve. It is common knowledge that the act of setting goals gives one a higher probability of achieving those goals. In addition it is important to find a professional to work with you on developing and attaining those goals.

So, what does all of this mean in the context of our current environment. I am not an economic theorist but, I feel that there are signs that our Government is in the mood for compromise. This mood should help soften some of the swings in the market. It is just another opportunity to review our financial goals, allocation and risk tolerance.

So, my advice is surround yourself with people that help you both heal and thrive. Work with those that can help you reach your goals. Embrace the responsibility that you have for your own financial well-being and never tire of learning.



Sheila Keator is pictured left.

As the Founder of Keator Group, LLC. Sheila devotes her time working with clients to help them define and achieve business and investment objectives. For clients seeking less volatility in their investments Sheila's strength in fixed-income management can help create a stream of income while also helping to buffer them from the daily turbulence of the equity markets. With over 30 years of experience, her knowledge of the investment industry is invaluable. Prior to the First Albany Corporation — First Union Securities merger, Sheila was a member of First Albany's President's

Club and First Albany's Directors Advisory Council. Currently, she sits on the Advisory Committee for Mass College of Liberal Arts M.B.A. program and serves on the board of directors of the University of Massachusetts at Amherst's Newman Center. In addition she is the former Treasurer and Vice-Chair of the Massachusetts College Building Authority. Sheila was named to the 2004 Research Magazine's Women's Winner's Circle of top-ranked Women's Advisors in America¹ and Barron's Top 100 Financial Women in 2006, 2007, & 2008.²

A graduate of The College of Our Lady of the Elms, Sheila went on to receive her certificate of finance and accounting from the Wharton School of Business. She holds her 7, 63 and 65 securities registrations, and is licensed to sell insurance and annuities.

Sheila and her husband George reside in Lenox and Becket MA. They have eight children.

¹Criteria was based on more than 7,000 filtered nominations from over 80 investment, insurance, banking and other related firms, which were narrowed down by quantitative and qualitative criteria as well as by examining regulatory records and talking with peers, supervisors, clients and the advisors themselves. Portfolio performance is not a criterion because most advisors do not have audited track records.

²Criteria was based on quantitative and qualitative criteria as well as by examining regulatory records and talking with peers, supervisors, clients and the advisors themselves. Portfolio performance is not a criterion because most advisors do not have audited track records.

Facts/Figures quoted sourced from JP Morgan Asset Management "Market Insights 4Q/2012 Guide to the Markets", Sept 30, 2012. This article was written by and provided courtesy of Sheila N. Keator, Founding Partner, Keator Group, LLC in Lenox, MA at 877-532-8671.

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NEWS ALERT

Las Vegas Institute for Advanced Dental Studies launches online campus

LVIGlobalOnline.com

Physical and virtual campuses intersect at LVI partnership with DTSC

Christiane Ferret
*Director of International Education
Dental Tribune Study Club*

Distance learning, virtual networking and the practice of dentistry seem made for one another. And while nothing can replace the value of learning through hands on experience with patients, the reality is that advancements in dentistry come at us far too rapidly for any individual to keep pace via only onsite opportunities.

The growing prevalence of e-learning options being incorporated into curriculums at top universities and colleges across the globe confirms that convergence of the onsite and online classroom is being fully embraced at every level of higher education.

It's not a question of which knowledge-delivery method is better. It's a question of how practitioners choose to embrace the unique value each approach brings – to ensure patients get the best care possible and practices achieve the level of success the dental professional desires.

In recognition of this convergence of the physical and virtual worlds in post-graduate dental education,

the Las Vegas Institute for Advanced Dental Studies (LVI) and the Dental Tribune Study Club (DTSC) have pooled resources and expertise to create the powerful online educational platform, www.LVIGlobalOnline.com. This virtual campus electronically expands the physical footprints of the LVI campuses in Las Vegas and Brisbane, Australia, breaking geographical confines to make components of LVI's ever-expanding body of knowledge more widely available to dental teams across the globe. The online educational community complements what is already one of most comprehensive live-patient, post-graduate education programs in dentistry.

“By bringing these resources to the Web, www.LVIGlobalOnline.com makes it easier than ever for dental professionals worldwide to experience LVI’s advanced training and techniques.”

With its February launch, www.LVIGlobalOnline.com establishes itself as a critical resource for dental professionals who want to keep their dental teams enthusiastic, vital and highly in demand in their local markets. A broad mix of courses cover the full spectrum of dental sectors. Some courses are scheduled to stream live with an immediate interactive component between students and instructors; other courses are available on demand with opportunity to engage the instructor through an “Ask The Expert” feature in a social-media-type structure. Some courses are offered at no charge; others have a nominal fee. Courses qualify for ADA/CERP-recognized continuing education credit to help prospective, current and alumni LVI students meet annual C.E. requirements. A link to a C.E. quiz is available to registrants to engage after completing the class at their own pace, on their own schedule. But far more important than the C.E. credit is the real-world impact the courses are designed to have on a dental practice’s success.

The LVI Global Online campus enables dental professionals throughout the world to access educational resources such as live and interactive webinars, on-demand courses, clinical articles and videos, roundtable discussions and video blogs – as well as educational and informative writings and commentary from an array of dentistry specialists and thought leaders.

LVI Global Online will continually add new e-learning modules and associated content. Reflecting a core tenet of the LVI educational philosophy, the site’s focus isn’t directed exclusively on dentists. Because LVI views mastery by the entire dental team as critical to the ultimate success of any advanced dental training, the curriculum delivers high-value content to every member of the dental team.

In addition to the comprehensive C.E. curriculum, the site has interactive, community-building components that are considered just as critical to the idea of creating a true virtual campus. Free-flowing questions and the exchange of ideas and experiences are seen as equal in value to the core knowledge being transferred by the expert instructors.

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Also present on the online platform are numerous educational partners representing some of the most reputable names in dental products and services. These organizations will provide detailed insight into best practices involving some of the market’s latest offerings and research.

The LVI Global Online campus is open to professionals representing every dental sector, including general dentistry, endodontics, periodontics, cosmetics, laser, hygiene and practice management.

Summing up the site’s purpose, LVI Global CEO and Founder Bill Dickerson said, “By bringing these resources to the Web, www.LVIGlobalOnline.com makes it easier than ever for dental professionals worldwide to experience LVI’s advanced training and techniques.” The platform represents an expansion of LVI’s commitment to advanced dental education. It provides a learning environment that enables dental professionals to take advantage of continuing education at their own pace, while keeping them connected to each other and to the latest news, techniques and hot topics in every corner of the industry.

The site also advances our mission at the Dental Tribune Study Club to deliver advanced-education opportunities to dental professionals throughout the world while honoring the study-club tradition of open, friendly sharing of fresh perspectives. With more than 32,000 members worldwide, DTSC, based at www.dtstudyclub.com and onsite at the industry’s major dental meetings and trade shows, is arguably the fastest-growing education platform in dentistry. Its success is grounded in a commitment to providing dental professionals with a borderless community that inspires new possibilities and creates higher expectations.

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Christiane is Director of International Education for Dental Tribune Study Club, the 32,000-member continuing education arm of Tribune Group, a global health-care industry publisher based in Leipzig, Germany, with publications in more than 90 countries printing in more than 25 languages. Christiane designs educational programs, focusing blended learning for dental professionals worldwide.



The Rationale for Endodontic Therapy

Lisa Germain, DDS, MScD

Why it works

My husband is an attorney, the corporate kind, not the slip and fall kind. He doesn't go to court, and has never sued anyone. He interprets "fine print" all day long. His world is very different from mine as an endodontist. While he patiently listens to me jibber jabber about the marvelous cutting efficiency of the latest rotary file, the number of pixels in the newest imaging system, anecdotes about nutty patients and the fact that I did not have time today to... "powder my nose", I can see that he is baffled. Baffled somewhat by my enthusiasm after all these years, but more so by the dogma that drives my beliefs about endodontics, which clearly leaves no room for... interpretation.

Lately, I hear rumblings from dentists who profess that root canal therapy does not work. Over the years, I have educated and treated literally, thousands of patients who have sought my expertise to help them retain their natural teeth. So this shift in thinking that endodontically treated teeth are doomed from the start has me asking, "Has Endodontics become disconnected from the other practice areas of dentistry?" "Could it possibly be true that all the teeth that I have treated endodontically will eventually be replaced with implants?"

The answer to these questions of course is no. I can say with total conviction that while death and taxes are certain, so is root canal therapy. Endodontics is alive and well. It is predictable, and has a very high rate of success.¹ And, while much of our technology has changed in the field of endodontics, the Rationale for Endodontic Therapy remains constant and will always resonate for me in the same way that it did the first time I heard it from my mentor, Dr. Herbert Schilder. So here goes:

“Has Endodontics become disconnected from the other practice areas of dentistry?”

Inside every tooth there is a piece of soft tissue, which is susceptible to necrosis, gangrene, and death. This pulp tissue dies for three reasons: ^{2,3}

1. The tissue has a very small blood supply making it very difficult to regenerate on its own once it is injured.
2. It lies inside the unyielding walls of dentin and therefore when it becomes inflamed does not have room to swell.
3. It is a terminal circulation, like the appendix, which once diseased, needs to be removed.

The most common cause of nerve pathology that leads to pulp necrosis is caries, with trauma being the second most common. Add to that parafunction, plus the inflammation that is created from dental procedures alone, and it is amazing that any pulps actually remain vital and asymptomatic. Fortunately, many do but the higher the frequency as well as the greater the duration and magnitude of the injury or insult to the tooth, the more likely the pulp will succumb to an irreversible, pathological change ranging from inflammation with pain to an abscess with swelling. ^{2,3}

Any given root's canals (not a typo) are comprised of a system of channels and are

virtually never just a single tube. Hence a “root canal system” is a complex anatomical space within the root of the tooth. Most main canals terminate in the PDL at an exit point close to the end of the root. However, because of the lateral branches inherent in root systems, it is not unusual for a root canal system to have more than one exit point. These portals of exit (POE) can occur anywhere along the cementum of the peri-radicular anatomy, but are quite common in the apical one third. ^{2,3,4}

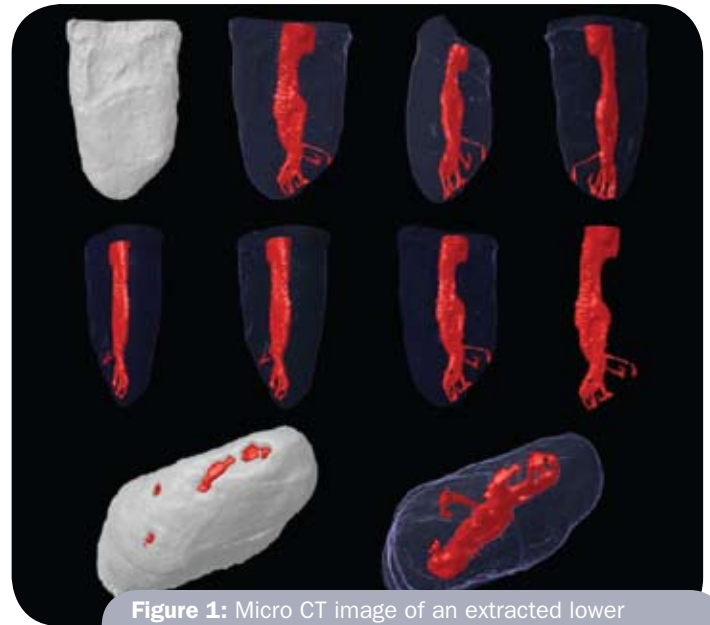


Figure 1: Micro CT image of an extracted lower premolar illustrating accessory canals and multiple portals of exit. Scan by Marco Versiani DDS, MS, PhD

“Endodontics is alive and well.”

When the pulp begins to break down, the bacterial by-products of cellular necrosis egress from within the root canal system through the POE's into the surrounding PDL and bone. These toxins in turn will destroy the healthy peri-radicular tissues and create bone loss, which in “endo-speak” is called a LEO (lesion of endodontic origin). Because a LEO arises secondary to tissue breakdown within the root canal system, the tooth is the source of the disease. The disease however is manifested in the bone.

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“Doing the most expedient thing is not necessarily the same as doing the right thing.”

So to get to the actual root of the problem (pun intended), the pulp and its diseased remnants must be removed since they are the source of the problem in the bone. The leaking root canal system must be eliminated. Extraction is certainly one way to accomplish this, and once the tooth is gone the clear evidence of healing is bone regeneration. But, if you have a hang nail, would you cut your finger off? Doing the most expedient thing is not necessarily the same as doing the right thing. A rule of thumb (pun intended) would be to ask yourself what you would do if it were your own tooth. Honoring the answer to that question helps me sleep at night.

If the tooth is restorable, if the periodontal condition is stable or can be made so, and if the root is intact, I would chose the root canal every time. It is more conservative, and less traumatic to the patient both physically and mentally. Yes, a root canal system must be shaped, cleaned and sterilized properly. And, the tooth structure must be maintained by using conservative preparation methods.⁶ But when all goes well, and it should, the POE's can be sealed extraordinarily well. Then sit back and watch those LEO's heal (Figure 2). Problem solved.



Figure 2: Digital image illustrating the results of root canal therapy on tooth #19, with peri-radicular healing of the bone around several POE's.



Lisa Germain is pictured with her daughter.

Lisa Germain, DDS, MScD., graduated from Boston University School of Graduate Dentistry with a Masters of Science Degree in Endodontics in 1981. She is a Diplomate of the American Board of Endodontics, a Fellow of the International Congress of Oral Implantologists, and a senior faculty member of The American Academy of Facial Esthetics. Dr. Germain maintains a full time private practice in New Orleans, LA. specializing in Endodontics, Implantology and Facial Pain Management.

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Executive Director of The Smile Centre

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Dentistry is a challenging profession, and that's why BISCO has always focused on the science behind adhesion chemistry... so you don't have to. All of our adhesives are designed with the ideal chemical formulations; all you need to decide is which one is right for you and your practice. To do this you must first understand two key characteristics of the material: its indications and its limitations.

Every dental adhesive is uniquely formulated. That means that the recommended application techniques can vary. It is important for dentists to select the adhesive that is right for their practice, and then learn the proper application technique for that specific adhesive. Also, while all adhesives are indicated for bonding light-cured direct

procedures, many are not indicated for use with dual-cured restorative materials or indirect bonding procedures. These are the formulations that are either too acidic, too hydrophilic or too thick. Again, the dentist must select an adhesive with an understanding of both its indications and limitations.

How do you decide which BISCO adhesive is right for you?

All BISCO adhesives are all formulated to be compatible with any restorative material on the market, without requiring a separate Self-Cure Activator or specific cement. No dental adhesive manufacturer can claim this, except BISCO, because of its 30 years of expertise in adhesion chemistry.

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ACE® All-Bond SE® and ACE® All-Bond TE™

With over five years of clinical history, the combination of these two revolutionary adhesives from BISCO is ideal for the dental practice that prefers to use a Self-Etch (SE) adhesive for direct restorations and immediate dentin sealing or bonding primarily to dentin, but prefers a separate Total-Etch (TE) (or Etch-and-Rinse) adhesive for indirect restorations, like veneers or inlays/onlays, or when bonding primarily to enamel. Both of these adhesives are formulated with highly cross-linking monomers to prevent permeability of the adhesive layer, which results in more durable bonds over time. In addition, ACE All-Bond TE is a dual-cured adhesive, so it doesn't have to be light-cured when cementing indirect restorations.



All-Bond Universal™

Based on the latest cutting-edge technology, All-Bond Universal is the newest adhesive from BISCO, designed for dental offices that just want ONE adhesive in the office for every procedure. It can be used to bond to both dentin and enamel, with or without a separate phosphoric acid etchant, for both direct and indirect restorations. All-Bond Universal can also be used to bond zirconia/metal restorations, and can be used on porcelain/lithium disilicate restorations as a bonding resin (wetting agent) for the luting resin. Its unique formulation is the culmination of 30-years of research at Bisco: Finally, a one-bottle adhesive that can really do it all... one that doesn't require a separate activator, specific cement, or have shelf-life and storage limitations. Its proprietary formulation optimizes the hydrophobicity of the adhesive, which makes it less permeable and more durable than any other one layer universal adhesive.

Regardless of which BISCO adhesive you select for your practice, you can successfully implement adhesion dentistry with an ease of mind knowing that your bonding procedures will be durable long-term, and compatible with whichever material you select to restore your patients teeth.



Carolyn is pictured here hiking Machu Picchu (Peru).

Carolyn Suh is the Director of Professional Relations at BISCO Dental Products, a manufacturer and distributor of dental products in the U.S. She has worked at BISCO for 15 years in various sales and marketing positions, and is currently responsible for marketing information about BISCO products via the industry's speakers, CE institute programs and universities. BISCO has been a GOLD Sponsor of LVI since 2008.



IN DENTISTRY

Ozone

What is the fuss?

Anne-Maree Cole, BDSc, LVIM, MICCMO

The topic of ozone is gaining momentum in the United States due to its recent upgrade in status by the FDA to GRAS (*generally recognized as safe*). However, it is far from new. The first ozone generator was created by Siemens in 1857 and it has been used for the purification of reticulated water system since 1893 in Holland and 1906 in Nice, France where it has been in continuous use for this purpose ever since.

Ozone occurs naturally in the atmosphere, absorbs harmful ultraviolet radiation and beyond that is Nature's sterilant. It is responsible for that 'fresh' smell in the air after electric storms, beside rolling surf and crashing waterfalls. It forms when the O₂ molecule splits into individual atoms of oxygen in the presence of a very high-energy output such as lightning and then reforms into an O₃ molecule called ozone. This O₃ molecule is highly reactive due to its unstable state where it becomes a powerful oxidant, neutralizer, anti-bactericidal and anti-viral. Its breakdown product is oxygen (O₂) with no residual.

Its use in medicine and dentistry goes back to the 1970s in Europe and has grown wide acceptance in Australia over the past decade. I personally have used ozone daily in practice for the past eight years and could not imagine working without it.

It plays a major role in minimally-invasive caries control with adjuncts such as the Diagnodent and air abrasion but its uses are much more extensive than this. Contamination of dental unit water lines can be treated or better, prevented, through the use of ozone either at point of use through self contained bottled ozonated water or by ozonating all the water as it enters the building.



Ozone is highly soluble in water and oxidizes the cell membranes of pathogens, effectively causing them to burst within seconds. This is highly disruptive to biofilms not only in DUWL's but the biofilms in plaque. Our hygienists use self-contained bottled ozonated water for every procedure they perform.

Ozone because of its instability as a gas needs to be generated at the point of use. The half-life is only 20 minutes so you cannot buy ozonated water; you produce it yourself with the appropriate equipment. It can also be produced as a gas, which has very wide application in prevention and treatment of infection in the dental patient. These applications include but are not limited to:

- Pre-treatment mouth rinse
- Pre and post extraction
- Implant surgery
- Salvage of failing implants
- Root canal therapy
- Pulp exposures/deep caries
- Pericoronitis
- Angular chelitis/herpes
- Oral ulceration including post radiation ulceration
- Neutralizing odors such as patient prostheses & orthotics
- Teeth bleaching



Anne-Maree Cole pictured with her husband.

Anne-Maree is the Director of LVI Global Australia and a past president of the IACA. As a perpetual student, she has taken more courses at LVI than anyone on record!

Anne-Maree will be speaking on the applications of ozone in dentistry at the 2013 IACA Meeting in Calgary, August 1-3.





Wonder Women *in the Workforce*

Today it's estimated that 75% of women participate in the labor market and that number is steadily growing. When compared with generations before us, women today are both accepted and highly regarded professionals making a mark on industries once heavily dominated by our male counterparts. The steady surge of professional women pursuing careers and attending to professional demands has created an intensified pressure to juggle both work and family. In fact, the NAWBO (National Association of Women Business Owners) compiled notable data stating that approximately 9.1 million women owned businesses in the U.S., which comprises nearly 40% of all businesses. An impressive statistic nonetheless, leads me to pose the following question: When 67% of working women are mothers who are at the height of their career, running businesses, or are putting in over 40 hours per week; when does that leave time for family and personal down time? This delicate balancing act of wearing multiple hats has working mothers walking on a proverbial tight rope operating under what I like to refer to as the wonder woman complex.

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	ATI-6-18-5PGAV	C-6	18"	5-0
ABSORBABLE PGA Fast Absorbing & Undyed	ATI-31-18-3PGAR	C-31	18"	3-0
	ATI-31-18-4PGAR	C-31	18"	4-0
ABSORBABLE PGA Undyed and Braided	ATI-6-30-3PGA	C-6	30"	3-0
	ATI-31-18-3PGA	C-31	18"	3-0
	ATI-6-30-4PGA	C-6	30"	4-0
	ATI-3-18-4PGA	C-3	18"	4-0
	ATI-31-18-4PGA	C-31	18"	4-0
	ATI-3-18-5PGA	C-3	18"	5-0
	ATI-31-18-5PGA	C-31	18"	5-0
	ATI-1-18-6PGA	C-1	18"	6-0
ABSORBABLE Chronic Gut	ATI-3-18-6PGA	C-3	18"	6-0
	ATI-3-18-4CG	C-3	18"	3-0
	ATI-3-18-5CG	C-3	18"	3-0
	ATI-6-27-3CG	C-6	27"	4-0
ABSORBABLE Plain Gut	ATI-6-27-4CG	C-3	27"	4-0
	ATI-6-27-3PG	C-6	27"	3-0
	ATI-6-18-4PG	C-6	18"	4-0
	ATI-3-18-5PG	C-3	18"	5-0
	ATI-6-27-4PG	C-6	27"	4-0
	ATI-7-27-3PG	C-7	27"	3-0
	ATI-9-18-3PG	C-9	18"	3-0
	ATI-7-27-3PG	C-7	27"	3-0
NON-ABSORBABLE Polypropylene	ATI-1-18-6PPN	C-1	18"	6-0
	ATI-1-18-7PPN	C-1	18"	7-0
	ATI-3-18-5PPN	C-3	18"	5-0
	ATI-3-18-6PPN	C-3	18"	6-0
NON-ABSORBABLE Black Braided Silk	ATI-6-18-3BBS	C-6	18"	3-0
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	ATI-9-18-3BBS	C-9	18"	3-0

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- Resists body enzymes

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- Tensile strength retained for 10 days
- 300 Series stainless steel needles eliminate needle flex, increasing ductile strength
- Resists body enzymes

Polypropylene

- Non-absorbable
- Synthetic blue superior strength polyolefin
- No tensile strength loss over time
- Reduces inflammation with tissue
- 300 Series stainless steel needles eliminate needle flex, increasing ductile strength

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- 300 Series stainless steel needles eliminate needle flex, increasing ductile strength

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The wonder woman complex can further be defined as the self imposed expectation that one is infallible and can execute all tasks expeditiously with flawlessness. Truth be told, as working mothers we tend to put unrealistic expectations on ourselves, most often driven by guilt surfacing when too much time is allocated to our career over our family. Realistically, there are only 24 hours in a day and not enough time to attend to the never ending checklist of duties and responsibilities held by working mothers.

With great effort put forth, unfortunately something has to give when we attempt to live up to the myth of this idealistic super woman answering the demands of a full time job, taking an active role in raising children, having dinner on the table, and having a home in perfect order. Falling short of personal expectations often leads to deeper feelings of guilt as we face the world cloaked in our super cape and armor trying desperately to take care of everyone else except for ourselves.

“Truth be told, as working mothers we tend to put unrealistic expectations on ourselves, most often driven by guilt surfacing when too much time is allocated to our career over our family.”

“Whomever it is that said you can’t have it all is wrong. You can, just not all at the same time while doing it on your own.”



The pressure we put onto ourselves to be selfless can be detrimental if we don’t learn to be the slightest bit selfish and take some time for ourselves to lead a healthy lifestyle that sets an example for our children and generations to come. Whomever it is that said you can’t have it all, is wrong. You can, just not all at the same time while doing it on your own. Unlike wonder woman, we don’t have a magic lasso, bullet proof bracelets, and an invisible plane to help us navigate through our roles as business women and mothers. However, we do have people that play supporting roles in our lives. By delegating responsibility and learning to let go of the reigns while relying on those around you for support at home and at work, you can not only strengthen both personal and working relationships but also help lead to continued success as both a mother and professional.



Jaclyn is pictured with her husband and son.

Jaclyn Schiller is the Director of Marketing and Business Development at A. Titan, focusing on building distributor and key opinion leader relationships. She has an undergraduate degree from the Pennsylvania State University and a Masters in Business Administration from Saint Joseph’s University in Philadelphia.

Crack The Clinical **DRESS CODE**

We all have an image.

We may not consciously design it; however, how we look and feel comes out in the image we display.

What we wear in the dental office makes a very powerful statement as clothing and appearance are what our clients see. Their initial impression of the entire office can come down to one judgment of how the doctor or the team members present themselves.

If the team wears wrinkled scrubs and tattered shoes, the perception might be of an office that is not well kept, dated, and old. Whereas, matching uniforms for the team and professional attire for the doctor might project an office that is progressive, professional, and modern.

Successful people look successful! How can you improve your image? Evaluate what you and your team are wearing and dress for the image you would like to portray.

Here are some suggestions to CRACK THE CLINICAL DRESS CODE:

THE DOCTOR

WHAT TO WEAR: Set yourself apart from the team. A simple pair of black pants, collared shirt, and comfy, yet stylish shoes.

WHY THIS WORKS: This look is comfortable when sitting chair side and professional when consulting with a patient! Toss on a jacket or blazer and you are set for a lunch meeting.

MUST-HAVE ACCESSORIES: Less is more... a lab coat that is stylish and comfortable to perform procedures in. Keep jewelry to a minimal.

JULIE WEARS

Lab Coat by All Heart \$25.49

Pants by Express \$69.99

Shoes by Aldo \$75

Loupes by Orascoptic



KARA WEARS

Top by Koi \$28

Shoes by Puma \$59.95

Pants by NY & Company \$49.95

Headband by Forever 21 \$2.99

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THE ASSISTANT

WHAT TO WEAR: Modern, stylish, wrinkle-free scrubs. There are so many colors and styles to choose from these days. The team could have a different set of outfits for every day of the work week.

WHY THIS WORKS: The clients can easily distinguish between the team and the doctor. This matching look says 'we work together' well as a team!

MUST-HAVE ACCESSORIES: Clean, comfortable shoes that are easy to be on the go in!

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Suzanne Yacovitch, Dr. Katy Yacovitch and coauthor Dr. Terence Yacovitch

CADCAM

Excellence *is achieved by Practicing*

THE DIGITAL AGE CANNOT BE IGNORED IN ANY SECTOR OF OUR LIVES, THE ECONOMY NOR THE PROFESSIONS. THE EVOLUTION OF THESE TECHNOLOGIES HAS BEEN ASTOUNDING WITH EACH STEP COMING FASTER AND TAKING GREAT STRIDES FORWARD. THE BASIC CAD/CAM TECHNOLOGIES THAT ALLOW FOR THIS STELLAR TECHNICAL PERFORMANCE HAVE BEEN WELL ESTABLISHED AS DEPENDABLE, INNOVATIVE AND ESSENTIAL. THE LAST WORD HERE IS KEY... ESSENTIAL. PRACTICE EFFICIENCY AND PRODUCTIVITY ARE BASED UPON EFFECTIVE USE OF TIME AND RESOURCES. OUR TIME AND OUR PATIENTS' TIME MUST BE MANAGED EFFICIENTLY. COMPUTERIZED DENTISTRY CAN HELP US ACHIEVE THESE GOALS.

In the dental arena digital technologies are being incorporated at all levels in primary practices, laboratories and support dental sectors. Approximately 80+% of laboratory generated ceramic restorations are now done with CAD/CAM

"Computer Assisted Design, Computer Assisted Manufacturing."

The use of CAD/CAM in office milling technology is the main focus of this article with no specific platform technology. They are all outstanding. Each platform appeals to the "artist" within us catering to the technical nuances for the user and their preferences.

CAD/CAM excellence is achieved by practicing, documenting and assessing our work with a critical eye. By reviewing and revisiting cases, each case can serve as an educational resource that leads to more successful future treatment. We can provide our own constructive criticism

In dental school we were taught to have each impression "checked by the instructor". Let us each become our own clinical instructor by reviewing each and every stage of treatment at regular intervals with a dependent, probing eye.

As dentists we are legally obliged to document all details in our patient records. The same is true for CAD/CAM Dentistry. You should assign a clinical assistant to the document in a specific ledger, a specific separate record system devoted to describe for each CAD/CAM unit. This record should include the patient, the date of service, the material used, by brand, by size, by milling style (regular or "fast milling"), the etching treatment details, the bonding agents used by brand name, etc. This information can be documented during the time when the units are being milled and the doctor is treating other patients. *Keeping track, keeps details measurable for success.*

This documentation allows long term evaluation of successes and more importantly helps locate the origins or clues to any failures.

Excellence is achieved by repetition and using the critical eye upon completion. What could have been done better to work more efficiently? What had to be adjusted that took perhaps unnecessary time? What can be done to avoid any of these observed inefficiencies? Institute changes and document "new" principles. Review these changes with the team so all are following any new protocols. This may seem like a trivial path to take, but efficiency comes with noting where time is lost.

Overall success can be achieved by:

- committing to the goal of success and deciding to be successful
- investing the time to set and assess goals, set a realistic timetable
- focusing energy and education to achieve success
- engaging the whole team in an internal mentorship with everyone helping each other
- committing to "being successful" not just "trying to be successful", adjust the mindset
- eliminating self limiting beliefs and take action towards successful behavior
- improving the team's "emotional intelligence", encourage their "people skills" to blossom
- not over analysing everything, avoid the "paralysis by analysis" syndrome

Clinical excellence and success are achieved by:

- identifying the resources and education required
- focusing on the mindset and beliefs that need to be adopted
- setting specific goals backed by the motivation to succeed
- adjusting the recipe for success via continuous re-evaluation
- getting into the habit of fulfilling all of these principles each and every day

Team excellence and success is achieved by:

- ensuring that behavior is professional and focused on tasks at hand
- allowing a social environment where the team members can be themselves and express their own personalities while delivering excellent service
- allowing the brainstorming of ideas at team meetings to achieve excellence together
- sharing information and education highlights
- being proactive in adopting consistent verbiage and treatment philosophies
- encouraging growth via education

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- **Dr. Leo Malin**



Implant Logistics was created by an implantologist with one main objective in mind, to stop bone loss associated with bacterial intrusion.

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Restorative II	June 21-22	Surgical II	Nov 13-15
Surgical I	Sept 4-6	Surgical III	Dec 4-6

www.implantlogistics.com

Patient treatment excellence and success is achieved by:

- connecting with patients' emotions and paying attention to the patients' desires and wants
- identifying and adjusting needed treatment to achieve their goals and needs
- identifying the specific learning habits of the patients, and then guiding them to an understanding of treatment, by fulfilling the visual needs for the visual learner and the written information highway needs of the text or reading learner
- presenting with confidence and clarity the possible treatment venues without over informing
- being "in the moment" and totally focused on the patient when we are with them
- listening to their questions without interrupting and observing their body language responses
- looking directly at them, eye to eye, keeping eye contact while they speak
- cultivating a curiosity of treatment potentials within the patient with optimistic, truthful guidance to better overall health as the primary goal

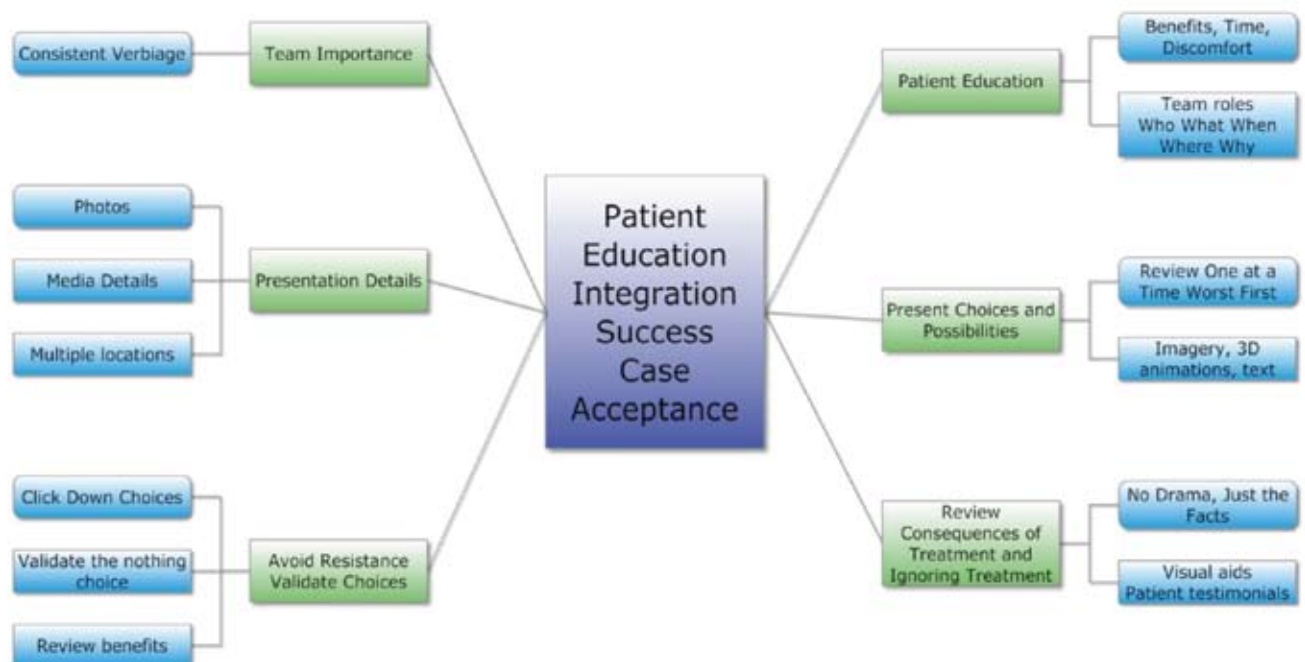
Consider the "mind map" below as a template for team development and fodder for team meetings to achieve an improved practice environment.

Jack Edwards CDT MDT, who is a close friend of this author from our stay on the board of the Academy of CAD/CAM Dentistry, says frequently "We are creating teeth, not inlays, onlays or crowns, but TEETH!"

We must take this challenging commitment to heart. With proper anatomy and physical characteristics and orientation of these structures in the proper physiological location, we achieve outstanding function and comfort. All the parts work in harmony as they were meant to.

Our profession was founded on restoring and preserving the dental structures, physiology and anatomy. The teeth are the hard structures that allow us to function at a higher level macerating the food we need, allowing us to phonate properly and ... to look good!

The teeth we create should fit into the specific environment of each patient providing function, aesthetics and durability. Ceramics today match the durability of human enamel; we even have materials such as Zirconia that well surpass the strength of human enamel.



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the long axis of the body
to the Stratos articulator*



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

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CADCAM designs today are “biogeneric”, giving details to the teeth created that match quite precisely the teeth we are replacing when they first grew into the patient’s mouth. “Yes, we have the technology! We can rebuild him.” Remember this line from the Six Million Dollar Man television series? We have this available for each and every dentist should they chose to incorporate the technologies!

Using subtle, the key here is SUBTLE , staining, glazing and optical illusion techniques dentists can satisfy both the patient’s desire for improved aesthetics and the artistic eye of dentists. We do not have to reproduce “Grandpa’s” overdone, dark, cracked and stained tooth ... unless asked to!

We must show our range of possibilities. Have a photo library at your disposal to demonstrate the “levels” of cosmetic nuances that we can achieve and deliver. Let the patient see, and then decide what they would prefer we deliver to them. They then own their choice. THEIR CHOICE!

When the patient is happy, the team should be happy.

When the patient is satisfied, the opportunity for further care is in place.

When patients like our work and dental expertise, they usually move forward with additional services. More often than not, many patients will advance into optional services, choice driven treatment.

Cosmetic services for example are interpreted by many “old school” dentists as non-essential. This could not be further from the truth. With proper form, function, and arch stability comes outstanding performance and COMFORT! Minor Orthodontic corrections, a service that may not be “essential” for good oral health, but services that “enhance dental well being.”

Services that make patients feel better about themselves is where we can start. Our beloved patients may then move forward with treatments that improve their overall health. It IS all about them!

Let’s look at Philip’s quadrant for regeneration. This is a case that we can provide in one appointment, the same day:



Then see what we delivered, the same day of delivery (please forgive the tissue appearance as the rubber dam and clamps were removed):



Philip’s quadrant was restored with Vident Vita A1 blocks and subtle staining and glazing:



Let’s look at Sylvie before. She wished to have her smile rejuvenated:



In the provisional phase we provided “character” that she had requested:



With the final restorations, she requested a more “perfect look”:

Happy patient, happy doctor! Sylvie's smile was created using basic Vident Vita A1 monochromatic blocks with simple surface glaze and minor interproximal tint. Anterior cosmetic cases are not for everyone, but show the potential we have when we chose to challenge ourselves!



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Upcoming CAD/CAM Courses:

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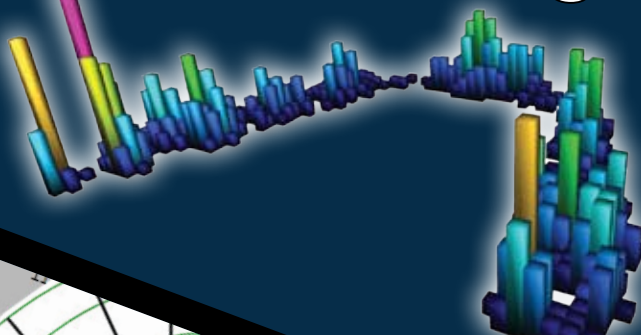
Pictured from left to right are Dr. Katy Yacovitch, Dr. Terence Yacovitch, and Suzanne Yacovitch.

Dr. Katy Yacovitch completed her DEC in Natural Sciences at John Abbott College in 2006 with honors. She then directly entered the 5 year Dental Preparatory program at McGill University. Katy joined the team at Yacovitch Dental upon graduation. A multiple attendee at LVI, she continues her professional development with great energy for learning in all disciplines of modern Dentistry.

Suzanne Bechard-Yacovitch graduated from the Faculty of Education at McGill University in 1976. She was a professional educator for the Lakeshore School Board in Montreal, and then joined her husband's practice as office manager, team leader, and general counsel. Mrs. Yacovitch has over 33 years of dental experience as practitioner, teacher, lecturer, coach and team leader.

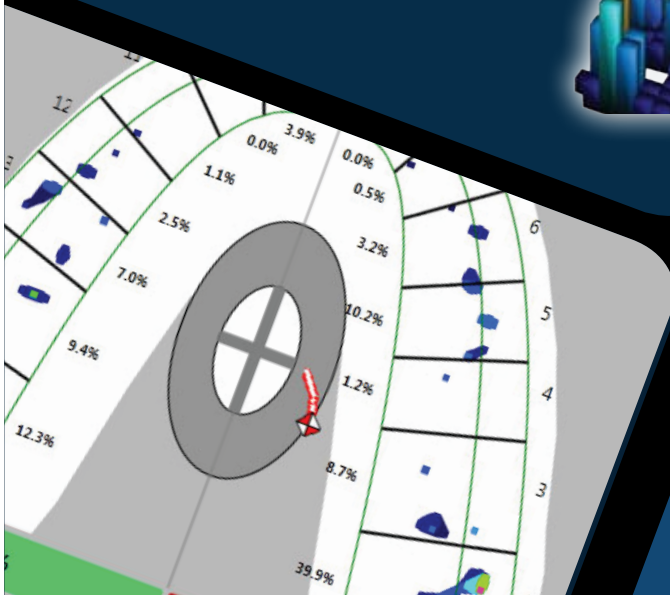
Dentistry and photography courtesy of Dr. Terence Yacovitch and the ACCD.

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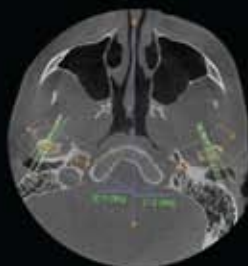
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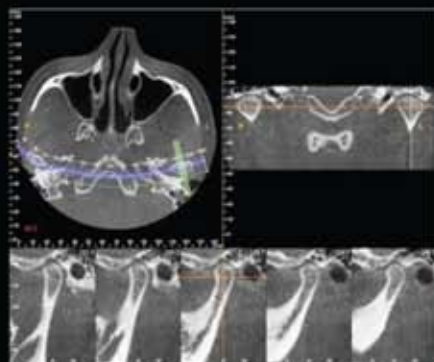
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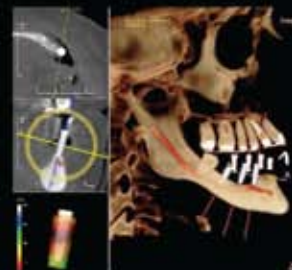
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Dentistry for Women, by Women



Lisa Kalfas, DDS

I have a wonderful patient in my practice named Greg. Greg is definitely an “A” patient: he stays on his recall schedule, he never misses an appointment, he is always on time, he accepts recommended treatment, he always pays upfront, and he is a really nice guy. About ten years ago, Greg had me do veneers for him, and he was very happy with the results.

Five years ago, Greg became engaged. His bride-to-be, Stephanie, had asked her sister to be their maid of honor. The sister, Jennifer, had severely decayed teeth, never smiled and had a severe dental phobia. This was a problem. Stephanie wanted the perfect wedding with perfect pictures. Jennifer was having second thoughts about being the maid of honor because she was so self-conscious about her smile. So Greg (did I mention what a nice guy he was), as a gift to his future wife, and of course his future sister-in-law, offered to pay for veneers for Jennifer!

My team and I worked with Jennifer on her dental phobia issues, giving her the extra time and attention that she needed to feel comfortable and trusting. We did eight Empress restorations for Jennifer, bonded with Variolink translucent bonding resin. As the photos illustrate, we had very nice results. Jennifer was thrilled and couldn’t stop smiling. Greg and his bride were very happy as well. And Jennifer’s new-found confidence translated to a greater confidence at work and with friends. I was so happy to be a part of this transformation.



Before



After



Kelly Lytle, DDS

Even though it has been well over a decade since I completed this case, and I was just beginning to study neuromuscular dentistry at LVI, it remains one of my favorite cases.

Anna was a young Lakota woman and lived nearby on the Pine Ridge Indian Reservation. The poverty there can only be described as third world. Unemployment is over 80%. Alcoholism rate the same. Heart disease, diabetes and fetal alcohol syndrome are rampant. The per capita income a paltry \$4000. With four times the national teen suicide rate it is obvious that hope is hard to find. With the second lowest overall life expectancy in the Western Hemisphere, it is a place where a culture is clinging.

Anna was extremely shy, introverted, lacking confidence and noticeably uncomfortable in her own skin. Her wise mother knew that fixing her smile would help... so much so that it was her dying wish. Turns out Anna's mom had passed away a year prior to her coming to see me.

In Lakota tradition they "keep the spirit" of the deceased for a year and offer up daily prayer, food and honoring. At the end of that year there is a formal ceremony to give thanks and acknowledge their loved one as an ancestor now.

During that year Anna's entire extended family worked hard, pitched in and saved up. God only knows how, but during that time they were able to save enough money to keep their commitment to their mom... and give Anna a new smile. I can only imagine how insurmountable it must have felt and the sacrifices that must have been made.

I can picture Anna's final photo shoot like it was yesterday. She came in with makeup tastefully done (and remind you she had never worn any before) a new hairstyle, a twinkle in her eye and a smile beaming from ear to ear that had obviously anchored her in her own skin. She looked centered, confident, proud and pleased... and I felt my heart swell with pride.

Proud that I had the honor of experiencing LVI's tag line, "changing lives daily" ... for sure. But, as I stood there looking at Anna, I felt more than proud. I felt a deep love... a mother's love, if you will. And I knew that my eyes weren't the only ones filling up with tears. We both knew that Anna was going to make it.



Before



After



Anne-Maree Cole, BDS, LVIM, MICCMO

The Gift Of A Smile

Mary Jane was one of the most naturally beautiful women I had ever met. Her skin so clear, her eyes so pretty but her teeth so dark and damaged. She never smiled, she lacked confidence, hid behind baggy clothes and tried to be invisible. She had a long history of anorexia nervosa following a trauma in childhood. Yet she had a dream. A dream to make a difference, to create a centre of excellence for eating disorders in Brisbane because, through her personal journey, she was well aware of the deficiency in existing facilities. With the help of her family, Mary Jane is putting herself through the university studying public health and media and communications.

After meeting Mary Jane and getting to know her, I examined her teeth to see how much damage had occurred. It was very significant. She had lost most of the enamel off her teeth, they were sensitive, her bite had changed and she was getting headaches every day. She was suffering much more than just appearance issues. I knew that to get her well again, I would need to replace all the lost enamel with porcelain and she would need her bite re-established and maintained through the predictable and physiologically supportive approach of neuromuscular dentistry.

Mary Jane understood that the problem was extensive and would be expensive. I explained how much all the treatment she required would be and, as she processed this, I said: "But I am not going to charge you anything because, once a year, I am going to help one person who is not only in great need but also has the potential to use this gift to truly help others. This year, that person is you."

Mary Jane was stunned and said she felt unworthy. I explained that "sometimes we all need someone to believe in us before we can believe in ourselves, and, Mary Jane, I believe in you. You will use this gift to get yourself better and help others to get their lives back and become well again."

In Mary-Jane's own words she explains: "My teeth were eroded and damaged from poor nutrition and I never used to smile. I used to grind and clench constantly and suffer debilitating headaches. There are just no words to describe the difference Anne-Maree's work has made to my health and life. Now I smile with confidence and I am so thankful every single day, although sometimes I still find it hard to believe I deserve it!"

For the last eight years I have been working to gain support and funding for my 'Red Dove' eating disorders center. When I first became sick, there were no specialized treatment options for anorexia. People viewed anorexia as a choice rather than a serious illness and consequently my treatment was oppressive and punishing. I want to make sure this never happens to anyone else."

Can dentistry make a difference? Oh yes – what I do makes a difference every day. Not every case is as far-reaching as Mary Jane's but lives are changed through dentistry. It's a privilege to be a part of that. And a privilege to not only have been taught but inspired by my teachers, mentors and friends at LVI."



Before



After



Sholina Kherani, DDS

Bob and Cathy have been married for over 25 years. The problem was that Cathy did not see in the mirror what Bob told her he saw when he looked at her. On top of this she regularly suffered from migraines and headaches as well as neck and back pain. She did not like her smile because all she saw was worn and discolored teeth and a deep underbite.

The trusty K-7 helped us find her comfortable resting position and tracked her jaw movement in the neuromuscular zone and we placed an upper and a lower fixed orthotics to confirm that we were on the right track. Within three months the frequency of migraines and headaches decreased and her neck and back pain subsided.

Now that we knew how to solve the physical symptoms it was time to start on the mental pain of Cathy's self image.

Sexy is not a size or shape; it is a state of being.

After placing beautiful Empress crowns over a few visits, we were ready to reveal the beautiful woman Bob had married and wanted to welcome back. Cathy's beauty had always been there in person but not in spirit.

Here is how Cathy describes herself "With my new smile my confidence has grown and I no longer feel I need to pose differently in front of the camera."

Cathy is a frequent visitor to the office and brings baked 'goodies' for the team. Cathy has since her dental "makeover" become a successful and energetic businesswoman who knows that her only limitations are those she imposes on herself.



Before



After



Before



After





Danielle D'Aoust Gallagher, DDS

I love this aesthetic case we were able to achieve on this beautiful 26 year old model. The case consists of 10 empress veneers and is simply gorgeous with the blended shades and incisal translucency. Right from the start we addressed the occlusion issues: signs and symptoms that this patient presented with. After being informed of any bite issues, the patient opted to continue with the aesthetic case. She is so happy with the desired aesthetic result she now wants to continue and treat her other issues. I believe you should present the very best to your patients and inform them of all that you discover in the comprehensive exam. After that... it is all a choice. Educating your patient is the key to success!



Before



After



Lori Kemmet, DDS, LVIM, FICCMO

I love full mouth reconstruction cases because so many changes can occur. Starting out as cosmetic dentists we get to see the difference a smile makes and the increased confidence. Now as a neuromuscular dentist the rewards are even greater! I love helping people with pain, headaches, migraines, numb fingers and in this particular case I helped Sandy regain 80% of the hearing loss she had in her left ear from a car accident she had eight years ago. When she came to me she just wanted an improved smile and with all the old dentistry it made sense to talk about full mouth reconstruction. She never told me she had hearing loss. But immediately upon placing the fixed orthotic in her mouth she noticed that something shifted. At the next visit to adjust her orthotic, she told me that she had regained her hearing in her left ear. She will be forever appreciative for neuromuscular dentistry! I am forever grateful for my education at LVI so that I can make these life-altering changes for my guests.



Before



After



Before



After



Scan QR Code for Bios

Inspiring THE LEADER Within

Victoria Richards

What do you look for in a good leader? You might say honesty, empathy, confidence, integrity. You know what I mean – the person who stands out, who makes you want to follow. Or the person who makes you think, “I really want to be more like her.” A good leader inspires others to drive towards their own potential; to step up to the plate.



Victoria Richards
Director, Professional Relations for OralDNA
Labs, a Service of Access Genetics

I have been inspired by this five point leadership challenge.¹

Model the way – Establish principles concerning the way people should be treated, create standards of excellence, and set an example for others to follow. Create opportunities for success.

Inspire a shared vision – Believe that people can make a difference. Envision the future, creating an ideal and unique image of what the organization can become. Breathe life into visions, and get people to see exciting possibilities.

Challenge the process – Search for opportunities to change the status quo, look for innovative ways to improve organization and take risks. Accept inevitable disappointments as learning opportunities.

Enable others – Foster collaboration and build spirited teams. Strive to create an atmosphere of trust and mutual respect. Strengthen others, and make each person feel capable and powerful.

Encourage the heart – To keep hope and determination alive and accomplish extraordinary things, recognize individual contributions. Have team members share rewards and leaders celebrate accomplishments.

This Leadership Challenge is a great model. But the bigger question may be this: Where does leadership begin? Leadership starts as a burning passion within, as an inspiration, a desire. It then manifests itself in a passion that is passed on to those around you.

In the Dale Carnegie series “Making Yourself Unforgettable,”² the cornerstone of leadership is described as courage. Courage enables us to face danger or hardship resolutely. Aristotle summed up courage this way, as “not the absence of fear, but how you respond to it.”

The opposite of courage is discouragement – the feeling of despair in the face of obstacles. However, the best thing we can do is face obstacles and then focus on our successes as we call upon courage in fearful situations.

When we think about courage, we also have to think about fear! Fear is a pre-condition to courage, and it takes two forms – physical and moral. Physical fear comes from a threat to life or limb, and we need to call upon courage to face that fear without fleeing. In today’s world, fear most often comes from fear of failure. Courageous leaders experience these fears, but they differ in the way they react to them. They exhibit a firmness of spirit and face difficulty without retreating.

In my work I have the honor of meeting with people across the country. This requires me to frequently travel by airplane. When I first started this position, I was afraid of flying. The first time I went to catch a flight, I called home and told my husband I couldn’t do it, I would need to find another job. However, with his encouragement, I was able to take that flight. I faced my fear, which then enabled me to take another flight, then another. Now I fall asleep in route! How many opportunities and friendships would I have missed had I not faced my fear?

What stops people from stepping up to lead? One word: FEAR. You know that physical feeling – sweaty palms, heart throbbing, dry mouth. But fear really begins in our minds.

“Courageous leaders experience these fears, but they differ in the way they react to them.”

Courage

Dale Carnegie² defined fear through this acronym:

F-false, E-evidence, A-appearing, R-real.

In order to conquer fear, we need to apply courage.

What benefit do we derive from fear? None. It makes us immobile. Do you like the way fear makes you feel? There is no pleasure in fear. And there is no wisdom in fear. Listening to fear keeps you from learning from a situation. Pushing through fear, confronting fear is how we grow and become good leaders.

Some people never develop courage because they never venture out of their comfort zone. Most people who feel fear are not in physical danger, but are afraid of making a mistake, failing or looking foolish. Fear helps us develop courage, and courage is the cornerstone for leaders. Being a leader does not mean you don't feel fear. It means you push through it to do the difficult thing. It also takes practice.

Think about how a child learns to walk. A baby does not read about walking, listen to the latest tape about walking, or attend the newest seminar. The baby just does it and fails! Failure is part of learning; it is painful and hurts the ego! But failure simply means you were not good enough this time – not forever. And having courage is what will allow you to do what is difficult.

Meet the challenge head on, and learn by doing. Do things that are uncomfortable, new things that allow you to expand beyond your comfort zone. Do these things not without fear, but with fear under control. A perfect example of this is "Britain's Got Talent" winner, Paul Potts³. Paul entered the competition with a dream to sing opera. If you watch his performance on YouTube, you will see a person racked with fear and facing it. Had Paul been beaten by his fear, the world would have missed one of the most amazing singers performing today!

What are you missing by allowing your fears to dictate your actions? What rewards might you enjoy as you push through those fears? Perfection is not required for using your God-given talents. All it takes is a first step! Embrace risk. Tap into that leader within, and face the fear with courage. As the Nike commercial says – "Just Do It!" Share your talents. Take the leader challenge. Grab tight to courage, and make a difference in your family, your spiritual life, your community, your profession and your job.

¹"The Leadership Challenge" leadershipchallenge.com

²"Make Yourself Unforgettable" by Dale Carnegie

³Paul Potts: www.youtube.com/watch?v=1k08yxu57NA

*"Some people
never develop courage
because they never
venture out of their
comfort zone."*



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Nonverbal Communication

*What you do speaks
so loud that I cannot
hear what you say.*

Sherry Blair

◆ **Nonverbal communication is easily understood when broken down into categories:** ◆

Of the communication that individuals send, researchers tell us that up to 93% can be nonverbal. People convey a great deal of information without even speaking. The nonverbal communication can convey just as much as written and verbal communication. Human beings read and react to nonverbal signals even to the point that if the verbal and nonverbal messages are incongruent, they tend to believe the nonverbal over the verbal.

We cannot not communicate. This means that we are constantly transferring meaning no matter how hard we try not to. Even the act of not communicating, communicates something. Dental teams are constantly trying to improve their verbal skills which we know will increase treatment acceptance. Being aware of these nonverbal messages that we give and receive to and from our patients can be just as critical, if not more so, than the verbal communication with those patients and may have the same result of higher treatment acceptance.

◆ **First: *Facial expressions*:** Researchers have found that people can identify with great accuracy seven separate human emotions after seeing only facial expressions: sadness, happiness, anger, fear, surprise, contempt and interest. Therefore, without speaking a word, a facial expression can convey a great deal of information to others. However in dentistry we often “cover up” those facial expressions that we send to patients with our necessary dental attire, our goggles and our mask. I have observed over and over in dental practices a hygienist, assistant, or doctor, educating a patient while that patient is laying on their back, our hands in their mouth, and them staring at our mask and our goggles. And then we wonder why when they get to the front desk they don’t remember anything about the fillings and/or crowns we discussed. Remember that when a patient is on their back with instruments in their month we are performing a procedure or gathering information. When it comes time to educate that patient, sit them up and get in front of them so they can read your facial expressions and you can read theirs.

◆ **Second: Eye Contact:** Making and maintaining eye contact can have a positive outcome in our practices. Eye contact can be used to indicate receptiveness to what another person is saying. A lack of eye contact, or an unwillingness to maintain that eye contact may indicate discomfort with a situation. This becomes particularly important to understand when it comes to the financial presentation with our patients. If we are not able to look our patients in the eye when discussing our fees it may send a message that we are not confident about those fees which can of course interfere with treatment acceptance.

◆ **Third: Touch:** Unfortunately sexual harassment fears have made many avoid all types of touch when indeed touch can nonverbally be used to recognize other individuals. The social-polite touch, such as a handshake, is much more common and is an expected touch in a business setting. However the friendship-warmth touch shows that one values another as a person. A pat on the back, a hug, or a hand on a shoulder is a friendship-warmth touch and is useful to convey encouragement or concern for another's well-being. This can be a big part in developing relationships with our patients.

◆ **Fourth: Personal Space:** Individuals have a personal space that is like an invisible bubble surrounding them. And of course in dentistry we have to enter their personal space with the type of procedures we perform. However we can certainly respect that personal space when we are verbally communicating and educating our patients. Personal space can depend on many things but most prefer anywhere from one and a half or four feet. A good gauge for us in our operatories, is when facing our patients sitting in the dental chair, back up and line up your knees with their knees. This will also create enough space for us to read their facial expressions as well as them read ours.

◆ **Fifth: Voice:** Often considered part of nonverbal communication is the sound and pitch of speech during social interaction. Also, the rate at which we speak and speaking with hesitation can effect this interaction. When speaking with too much hesitation we may send that nonverbal message that we are not confident in the information that we are verbally giving. It will be difficult to gain a patient's trust if they happen to read us as not being confident. In addition, pauses in speech, or sounds such as "ah" and "um" can cause boredom and lapses in attention.

◆ **Sixth: Environment:** Meaning can also be transferred by inanimate objects such as furniture, design, colors and decorations. Your patients will start to formulate an opinion about your practice even as they drive into the parking lot. There are many different styles of furniture and decorations but the most important aspect of this is that it is clean, neat and up to date. So much of the time we develop visual paralysis when it comes to our environment simply because we have become so accustomed to it. Occasionally have a friend or family member do a "walk through" of our office. Have them tell you in detail what they are seeing.

Ultimately it is important to understand that nonverbal communication is the language of relationships. It is in the way that we treat others, much more than in what we say to others, that lets them know whether they are liked or disliked, respected or disrespected, wanted or dismissed. Isn't it through those relationships that we can gain a patient's trust? It is through that trust that we can increase our treatment acceptance.



Sherry is pictured here with Cocoa and Chanel!

Sherry is the Director of the Dynamic Team Program at LVI Global. She has more than 33 years of experience in most forms of practice management, dental systems, as well as a strong focus on patient satisfaction, which make her uniquely qualified to enhance any dental practice.

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Jill Taylor, RDH, BS



THE LAW OF THE *Instrument*

{ *“If all you have is a hammer, everything looks like a nail.”* }

Abraham Maslow, in *The Psychology of Science* published in 1966, coined this wonderful quote. I submit this idiom can best describe how hygienists view their instruments of choice. To work hard and steadily with elbows up seems to be what hygienists do best. They must get every stain, every click of calculus off their patient's teeth, or they consider themselves woefully inadequate because they were brow beaten by their instructors in hygiene school. Sadly, they can't fix their patient's disease in one hour or with one type of instrument.

One thing I have noticed in my in-office consultations is the Need for Great Instruments! Not that I want my hygienists to have a ton of “hammers” but they need Makita Drills and

screwdrivers as well (Hello Tool Time)! Power tools, such as piezo electric units, by EMS (Electrical Medical Systems) can help remove tenacious calculus and deliver ultimate biofilm disruption. Because we no longer are after a “glass like” surface, but rather a velveteen one, sonic power tools are a must have. These tips and inserts wear out just like a dentist's bur. They can be re-tipped or replaced. Either way, hygienists should be utilizing their right and left biofilm tips. Having a plethora of sharp Gracey curettes is necessary for cement and calculus removal. It is equally important to have a well-marked Probe and a sharp explorer. Our LVI Complete Hygiene Kit with Cassette contains all the hand instruments needed, but the sonic power tools must not be overlooked.

**"If I am a true craftsman,
I must choose the right tool
for the right job."**

Hygienists are taught to be incredible technicians when working with their Gracey curettes. They know which angle works best on which tooth root morphology. What Maslow was alluding to in his quote was when tools are limited, single-minded people will apply them inappropriately or indiscriminately. Trying to get hygienists to use different instruments can sometimes be like trying to pull teeth. If a hygienist is familiar with a certain, single instrument, for example a universal ultrasonic insert, they may have a confirmation bias to believe that it is the answer to clean each tooth surface, when in fact there are other superior options. In the LVI Hygiene course, we expose the hygienist to right and left angled microsonics for superior biofilm disruption. Sadly, when I ask my new hygiene graduates if they learned the curved biofilm tips in school, they tell me that they are forced to buy the tools but never given the real coaching behind power instrumentation. Even older graduates still focus on the "universal" tip, which doesn't access the "Col". When they go back with their favorite Gracey, they find plaque and chalk that up to always needing their Gracey to finish the job, instead of choosing a "different instrument" that FITS the morphology of the tooth. The curved perio tips and inserts that ultrasonic companies have created mimic the Gracey 11/12 and 13/14. Hygienists would never try and use a straight shanked 7/8 to scale the fluted root on the mesial of #14. So why would they use a universal microsonic tip? The Law of the Instrument!

Working with great instruments will make that job seem effortless and insure added years to one's profession. How can one feel if the root surface is velveteen if there isn't an explorer on the tray? How can one achieve superior biofilm disruption if all they use is a hand instrument that research shows leaves a smear layer on the tooth? How can they even rid the gingival pocket of the marinated



**"Working with great instruments
will make that job seem effortless
and insure added years
to one's profession."**

bacteria if they aren't using a Laser, like our new Tech4Med 1064Xlase? Does your hygienist measure the "active" tip left on her ultrasonic with a gauge card? Again, in every consult last year, the hygienists were using DULL ultrasonic inserts.

If I am a true craftsman, I must choose the right tool for the right job. I would never choose a flat head screwdriver when it's a Phillips screw. Nor would a dentist use a polishing bur to cut off an Emax Crown. Hygienists typically use their Gracey curettes to do therapy. Hygienists need to identify the right instruments for the job, whether it's a healthy continued care appointment or a perio therapy appointment. They need to understand how to probe into the Col and how to do a tissue response. Which instrument is for calculus removal and which is for biofilm depends upon the tip size for efficiency. A great set up could have a mirror, probe, explorer, gross debriding insert, right and left perio inserts, and an anterior scaler. Gracey curettes and a laser would be additional add-ons for perio therapy.



**Jill is pictured here skiing
in Steamboat Springs, CO.**

Jill is the Director of Hygiene at LVI Global. As a practicing hygienist, Jill brings the most current and modern materials to her students. Her training includes: molecular therapy and laser therapy.

Changing Landscape

Women and Women's Rights in Dentistry

Rebecca Crane & coauthor Tim Twigg

Susan B. Anthony was a primary organizer, speaker, and writer for the 19th century women's rights movement, especially the first phases of the long struggle for voter rights of women (i.e. the women's suffrage movement).

Women won their right to vote in 1920, but it didn't stop there. More than just the right to vote, women are now afforded rights and protections in the workplace that affect all employers (both men and women) every day.

Nowhere is this continuing and ongoing shift more prevalent today than in dentistry. In the U.S., prior to the early 1970's, dentists were almost exclusively male. The U.S. had the lowest percentage of women dentists in the Western World: roughly half of the dentists in Greece were women, about one-third in France, Denmark, Sweden, and Norway, and almost four-fifths in Russia, Finland, Latvia, and Lithuania.

While the majority of the employees in the dental field have always been female (dental assistants, hygienists, and office managers), today, it is estimated that one third of practicing dentists are female. And dental school enrollment is now approaching a ratio of 50% male and 50% female. It clearly is not an exclusively male industry anymore.

Most of us applaud the progress, and it requires employers to "elevate their game" with understanding the responsibilities inherent with women's rights and the protections afforded them under various federal and state laws.

Title VII of the Civil Rights Act

It's possible that no other law has had a greater impact on protections for individuals, including women, than Title VII. This federal law makes it illegal to discriminate against someone on the basis of race, color, religion, national origin, or sex/gender. It is also illegal to retaliate against a person because the person complained about discrimination, filed a charge of discrimination, or participated in an employment discrimination investigation or lawsuit.

Making it illegal to discriminate based on sex meant that women could no longer be discriminated against simply because they were a woman. They had a right to apply and get hired for the same job that a man would. This also meant that employers had to refrain from saying and doing some of the things they might have before the law went into effect, much of which was related to the recruiting process.



***“Men - their rights
and nothing more;***

***Women - their rights
and nothing less.”***

Susan B. Anthony

Unless the employer wants a discrimination claim, employers cannot:

- Ask a woman about her intentions on having children, or how she will take care of her children if she gets the job.
- Make unreasonable requirements for the job that would have the effect of excluding women unless there is a bone fide business necessity. For example, arbitrary lifting requirements that could exclude women.
- Select a less qualified male candidate over a qualified female candidate simply because the employer “prefers” working with men.
- Make generalizations about women, such as they aren’t strong enough to be managers, and, as a result, never promoting females into management positions.

Perhaps one of the most significant impacts of this law is the prohibition against harassment. No longer was it legal to sexually harass females or make unwelcome sexual advances, requests for sexual favors, and other verbal or physical harassment of a sexual nature. More importantly, harassment didn’t only include sexual harassment but also offensive remarks about a person’s sex. For example, it is illegal to harass a woman by making offensive comments about women in general.

Although the law doesn’t prohibit teasing, offhand comments, or isolated incidents that are not very serious, harassment is illegal when it is so frequent or severe that it creates a hostile or offensive work environment or when it results in an adverse employment decision (such as the individual being fired or demoted).

Pregnancy Discrimination Act

This law amended Title VII to make it illegal to discriminate against a woman because of pregnancy, childbirth, or a medical condition related to pregnancy or childbirth. Many employers confuse this law and believe that it affords women more rights than it actually does.

It does not:

- Mandate that female employees get a leave of absence for pregnancy-related conditions or childbirth.
- State that a pregnant employee cannot be disciplined or fired for poor performance.
- Require compensation while on leave.
- State that employers have to jump through hoops to accommodate a pregnant employee who simply doesn’t want to take x-rays, lift a heavy box or come to work on time.

The bottom line is: this law says that everyone has to be treated the same without regard to pregnancy. Unless the employer wants a discrimination claim, employers cannot:

- Refuse to hire, promote, or otherwise affect employment in a negative way simply because the woman is pregnant, or might get pregnant.
- Provide leave for other types of temporary disabilities, but not for pregnancy.
- Provide greater benefits to non-pregnant employees (i.e. a paid leave of absence, more vacation benefits, more paid sick time, etc.).
- Assume the employee cannot perform her job while pregnant. For example, modifying the employee’s job duties “to protect the employee and her baby” unless the employee has requested such accommodations.

It’s imperative to stress that employers should not engage in what’s called “reverse discrimination” either. That is, the employer should not go overboard providing rights and benefits to pregnant employees that aren’t provided to non-pregnant employees.

The Equal Pay Act

This law makes it illegal to pay different wages to men and women if they perform equal work in the same workplace. This law helped bridge the gap between men and women's pay in the workplace. It was an important breakthrough for women's rights. Until then, business owners (primarily male) could arbitrarily pay women less simply because they wanted to and not because they were less qualified.

As a result of this law, women who found out that they had been discriminated against could file discrimination lawsuits and, if successful, would be awarded back pay for the entire time they were paid less than their male counterparts.

As with any law, there is a statute of limitations on filing claims. The Lilly Ledbetter Fair Pay Act of 2009, states that the 180-day statute of limitations for filing an equal-pay lawsuit resets with each new paycheck, not when the initial discriminatory decision was made, thus, making it easier for women to seek justice if they are subject to wage discrimination.

Breastfeeding Rights

One conflict many women have had when joining the workforce is how to manage their job once they have a baby and are breastfeeding. While many states have had protections in place for women to breastfeed at work, there was nothing on a federal level until 2010 when the Patient Protection and Affordable Care Act was passed. This law modified the Fair Labor Standards Act (FLSA) to provide nursing mother protections.

This modification applies to all employers and requires employers to provide:

- "Reasonable break time for an employee to express breast milk for her nursing child... each time such employee has need to express the milk...as frequently as needed by the employee."
- Said break time to the employee for up to one year after the birth of the child.
- "A place, other than a bathroom, that is shielded from view and free from intrusion from co-workers and the public, which may be used by an employee to express breast milk." The Act goes on to state, "A bathroom, even a private one, is not permissible. The location provided must be functional as a space for expressing breast milk. If the space is not dedicated to the nursing mother's use, it must be available when needed in order to meet the statutory requirement."



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There is an exception carved out for small employers with fewer than 50 employees if compliance with the regulation would impose undue hardship. Undue hardship is determined by "looking at the difficulty or expense of the compliance for a specific employer in comparison to the size, financial resources, nature, and structure of the employer's business." Undue hardship can be difficult to justify and should only be considered after consulting with a professional on the matter.

Conclusion

As an ever-evolving issue, women's rights in the workplace are sure to change more as time goes on. Opinions will vary on whether those changes are good or bad, but one thing will remain constant: employers have a due diligence to keep their pulse on these laws and manage their practices and their employees accordingly.



Rebecca is pictured here lifting 95 pounds during an intense crossfit competition!

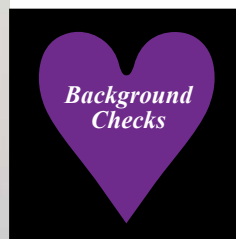
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An HR professional for 15 years, Rebecca's specialty is employment compliance and human resources management.

She has worked in various management and consulting capacities, including speaking, presenting and training.



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