

# Marketing Physiologic Dentistry



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I had a discussion with a very good Physiologic Dentist on why it is so difficult getting people to move forward with Physiologic Based Treatment. His comment was that he doesn't do a physiologic computer workup unless the people are committed to have an orthotic. This is the reason many people are not doing as many physiologic cases as others. They say that they don't have patients that want this treatment but it's because they are not getting the patients to "own" their problem and they are not going to "own" their problem unless you have measurable, documented evidence to show them WHY it's related to their bite.



**S**o you tell someone that their headaches MIGHT be related to their bite and they need an orthotic. That's it? You expect your patients to not only believe you, but to understand how that's even possible? If you showed them the EMG's of their muscles in their existing bite and they saw where exactly their headaches were coming from, they would be sold. If you were able to show them the EMG difference of where their bite should be compared to where their bite is and the percentage difference, it would be compelling and convincing. If you could show them on the picture of a head with big red circles where the muscles are contracting, it would be dramatic... and then show them how they turn to little green dots when you move them to the physiologic position they would become hopeful.

**People need to see the PROOF of why their pain may be related to their bite and it's not only arrogant to think they will just believe you, it's naive and ridiculous.**

Why would they? They have never heard from any TV show or medical doctor that their migraines may be due to their bite... and now you... a dentist... who has a vested interest in them getting this orthotic, is telling them that their bite is the problem.

So many Physiologic Dentists are not doing the number of cases they should because they expect the patients to just believe them without giving them the documentable evidence that would SHOW them the measurable data to prove why they are having the chronic pain.

## SO, HERE ARE MY SUGGESTIONS

1. Use the M-Scan for a quick evaluation to see if they might be a candidate for physiologic workup. This can even be done in the hygiene operatory on recare visits like taking their blood pressure. If the EMG's are high, ask them if they are having headaches or other symptoms. Show them the difference between their rest score and their CO score. Let them know what the EMG's should be. Then ask them if they would like a detailed computer analysis of their bite.
2. Do a complete workup on anyone with symptoms even if they are not committed to an orthotic. Seeing the data may in fact convince them that it might be the issue. No longer is it necessary to do a long workup to evaluate someone. A complete computer workup with the BioPAK can be done in less than seven minutes.
3. Make an AAG before the workup appointment so you can show them the difference in their EMG's of where they should be.
4. Give yourself enough time to analyze the results... showing them the difference between the bites and the other evaluation data you gather in the short workup that is diagnostic to show pathology.
5. Make sure you are up to speed on all the advances and changes in Physiologic Based Dentistry. How impressed would your patients be when you talk to them about their cervical and postural issues you learn in PAT... about their turbinate problems that you notice on the CBT... about their airway or tongue posture issues?

Understand that you can't be a Physiologic Based Dentist unless you think like a Physiologic Based Dentist. Would you want to go to a MD that doesn't evaluate your total health? It's your OBLIGATION to diagnose the complete condition of your patient's oral health and that includes any pathology that is due to the bite or bite related issues like OSA and FHP.

Guess what I'm saying is... be the best that you can be!  
Be A PHYSICIAN OF THE MOUTH!

## Upcoming Practical Advanced TMD

PAT I: September 17-19, 2017

Pat II: September 20-22, 2017