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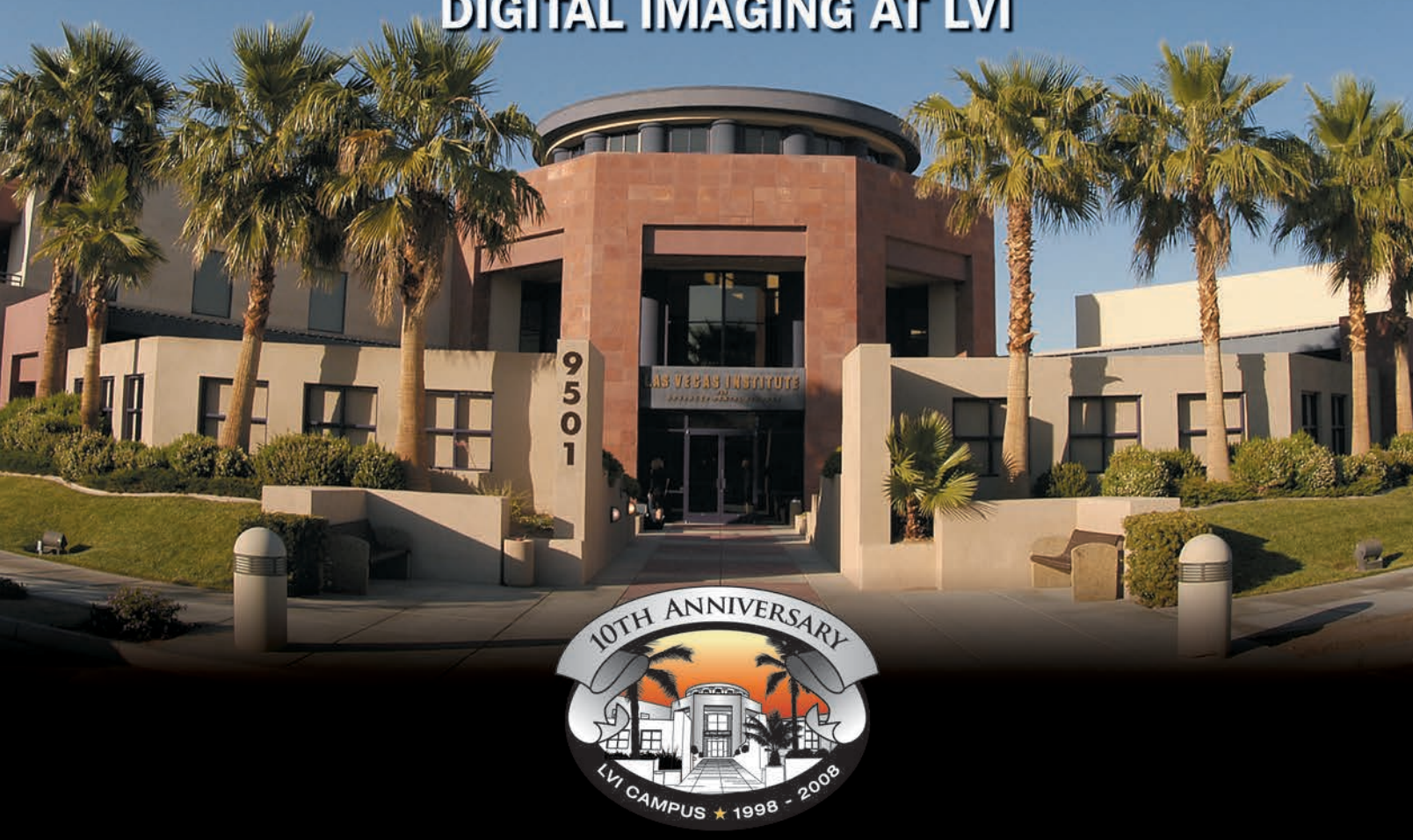

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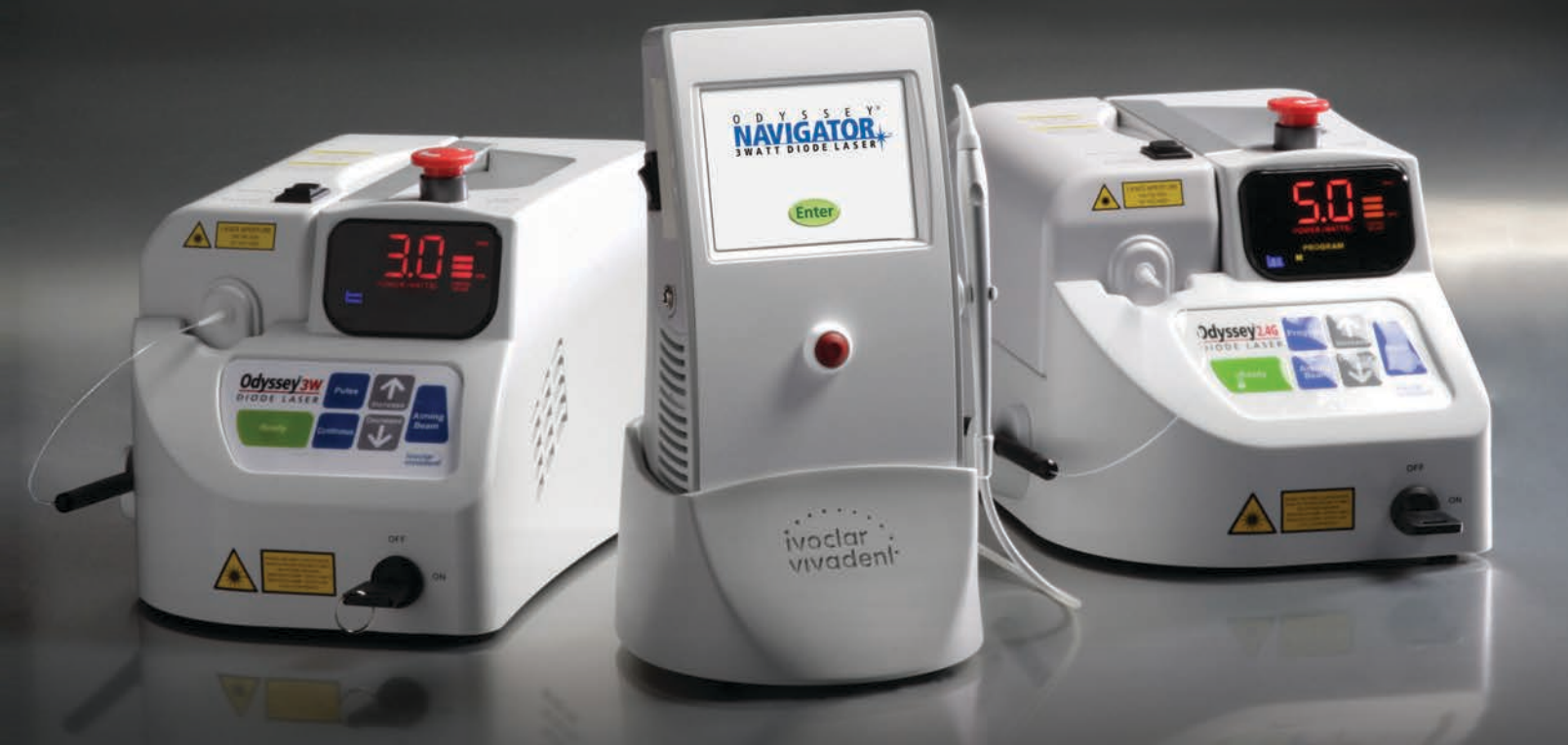

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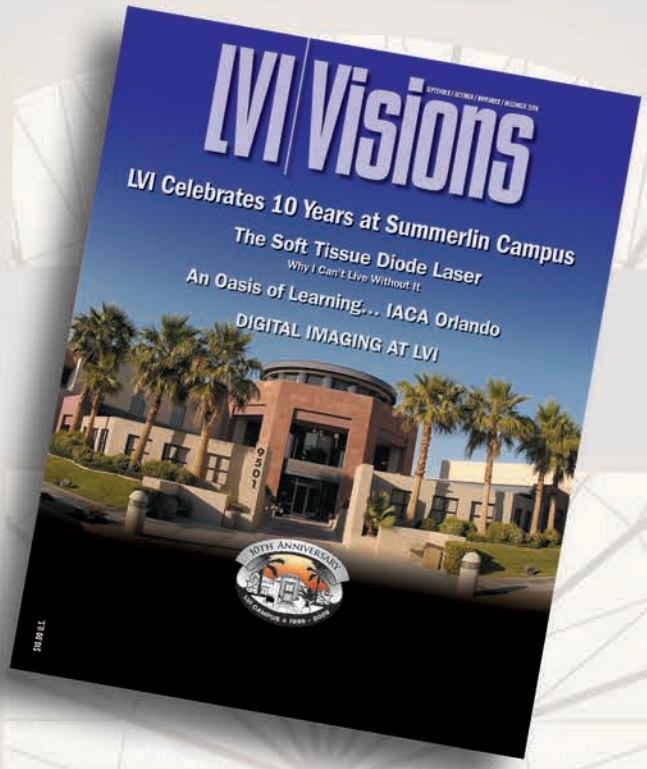

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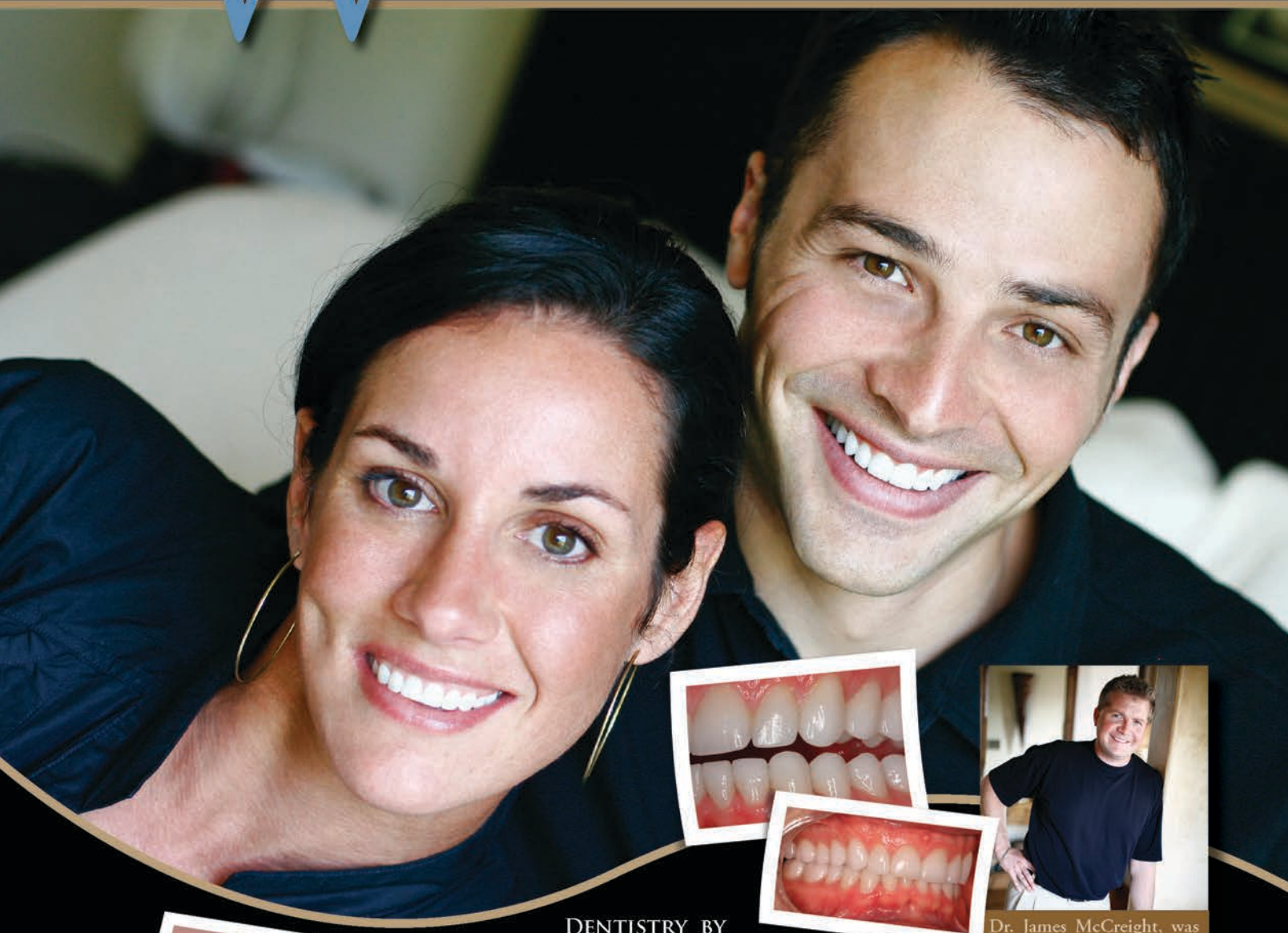

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CHANGING DENTISTRY. CHANGING LIVES.

EDITORIAL

SHAMSHUDIN "SAM" KHERANI, DDS, FAGD, LVIM

Custodians Of Our Noble Profession

Last month I watched the HBO John Adams DVD series which was an attempt to chronicle the life of John Adams (second President of the United States) and in particular his role in the politics of the American Revolution. I could not help but notice that the director included events that portrayed the pain and discomfort from the dentition that both John Adams and George Washington suffered and how that had debilitating effects on their day-to-day work. Also shown was the deterioration of the teeth among this "royal" group including Abigail Adams (John's wife).

We have all heard of the days when people used to die of abscesses that were the result of decaying and infected teeth. My point is that today we may be taking it for granted how far our profession has come to help humanity vis-à-vis productivity and comfort. Even in third-world countries where modern dental care may not be readily available, emergency care via anesthetics and extractions makes sure that the life of the individual is out of danger.

The dental profession is a self-governing profession which places a certain responsibility on us all. This responsibility needs to be taken seriously so that our profession continues along a path that serves humankind. If patients are in pain or their teeth are wearing down prematurely or they are not happy with the aesthetics, it is our job to make sure that those needs are met. And met predictably! So, given the present situation of the dental profession, what needs to happen?

First, dentists need to question what they learn since that is why they are given a doctorate degree. If dentists were to just follow a certain recipe without thinking things

"We must be mindful of the fact that young people entering our profession deserve the best from us and so does humanity for their well-being and comfort."

through, they would just be given a technology certificate. Hence the notion, "practice of dentistry". In my opinion, having been involved in educating dentists and having practiced dentistry for 27 years, far too many dentists are complacent about what they learn and are happy to work with a treatment recipe and follow a pied piper. One needs to question and dialogue and to not agree with status quo if it does not make sense and to continue to be a "thinking" dentist.

Second, dentists need to embrace continuing education and give back to the profession by teaching what they learn. One learns more while one teaches and at the same time we set an example to the young dentists that are joining our profession. This young group, I find, is also a group that is the least biased and very open to new ideas should they make sense of them. The next time you are at a course, ask yourself "Am I being open-minded and receptive to this dynamically changing profession?" If you see clinical cases being shown, ask yourself why your cases have not been photographed and placed on display.

Third, always balance the two aspects of the profession – profession serving the dentist and the dentist serving the profession. After many years in private practice, I sold both of my offices and moved from Canada to begin instructing at the Las Vegas Institute. I felt that I had to give back to my profession and take advantage of the opportunity to exercise my first passion; teaching and mentoring my colleagues. Research and learning at LVI involves questioning status quo and focusing on best practices based on objective data. The interesting part is that there is a huge following because it is grounded in science and not status quo. The one thing that I have learned in life is that one should never negate, denounce or pronounce an idea wrong if one does not fully understand it. Every week I meet dentists that are seeing the sensibility of thinking outside the box (status quo) and are changing to serve their patient population better than before.

Fourth, remember that success (monetary or otherwise) is fine. There is nothing wrong with it as long as it provides a win-win between yourself and the receiver. I always ask myself the question: "Is this what I would do if it were my mouth?" With success one should enjoy what one is given and be generous with the extra.

We must be mindful of the fact that young people entering our profession deserve the best from us and so does humanity for their well-being and comfort. From my vantage point, we are witnessing the best years of our profession with advancements in technology, continuing education, influx of open-minded young dentists and most of all the culture of embracing modern ways of treating our patients with long-lasting, predictable and aesthetic modalities that ensure tooth banking for the longevity of the dentition.

I learn something new everyday and every once in a while I realize that there is a better way of doing a certain aspect in dentistry or the way in which I relate to people. I embrace that fully. The day one feels that one knows everything is the first day of one's demise. This leads to complacency and lack of meaning which interferes with "fulfillment" – the final goal of life that leads to transcendence (Maslow's hierarchy of needs). If we all strive for fulfillment and giving back to our great profession, we will have done our part as the custodians of our noble profession.

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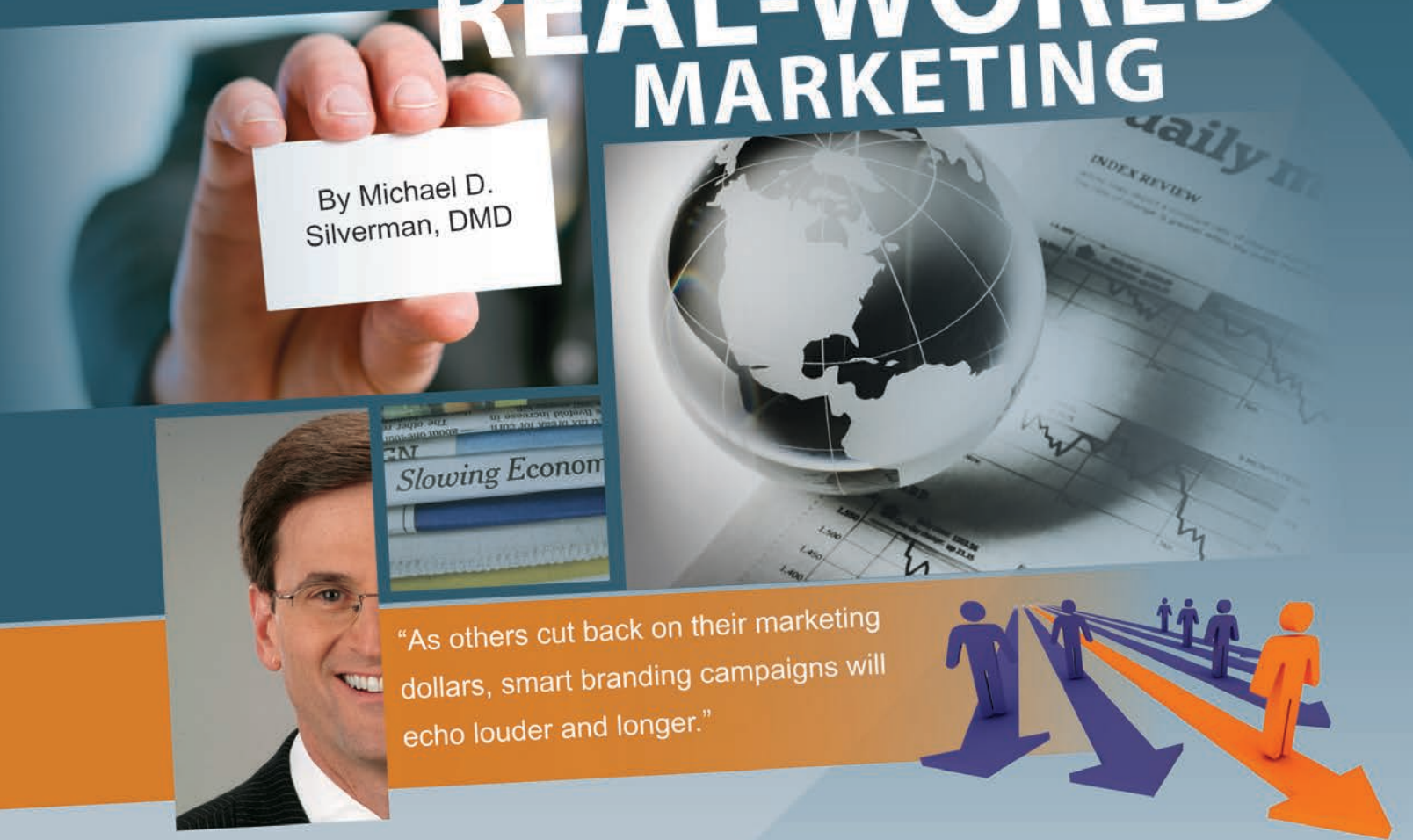

"As others cut back on their marketing dollars, smart branding campaigns will echo louder and longer."

THE POWER OF BRAND:

Not Everyone Loses Out In a Recession

When economic times are good few dentists plan ahead for the rough road of a recession.

Now that the road has become bumpy, many dentists may be looking for help in navigating their practices safely past these economic obstacles.

For dentists, it is not so much competitive zeal that drives the most successful of us to increase our marketing efforts during slow times as it is pragmatic reality. People will still seek out quality cosmetic dentistry during tough economic times, they'll just be more choosy about who they see and what procedures they elect.

As others cut back on their marketing dollars, smart branding campaigns will echo louder and longer.

"Recessions can be a reminder to small business people and professionals like dentists that economic slowdowns present enormous opportunities for those savvy enough to seize them."

David Ogilvy, often referred to as the "father of advertising," recognized the staying power of enduring brands as far back as 1949. Since then, through mild and deep recessions alike, the experts have all noted that the companies, products, and services that fare the best—often even gaining in profitability—are those that offer consumers a strong, reliable brand.

One such brand is LVI Smile—a membership campaign designed exclusively for dentists who have completed LVI's Advanced Functional Aesthetics training. LVI dentists are recognized worldwide as leaders in cosmetic dentistry. Together, as part of the LVI Smile brand, they gain and establish both visibility and credibility through multi-tiered advertising efforts including print, television, media, and the web.

While other dentists withdraw and retrench during tough economic times and try to ride out the storm, dentists who are members of powerful branding campaigns like LVI Smile have wonderful opportunities to reinforce their competitive edge and actually grow—yes, grow—their income during hard times. By banding together in a shared campaign, LVI Smile dentists are able to make their marketing dollars stretch further.

Brands with deep pockets, operating as a collective, can often negotiate favorable rates during economic storms. And, indeed, the power of a campaign's synergistic budget permits dentist to acquire prime advertising slots at rates that no individual dentist could hope to negotiate.

"Consumers demand more these days—they are looking for trusted brands with real provenance, heritage and authenticity," says Steven Sturgeon, global marketing director for William Grant & Sons. "When money is tighter, they want the brand they buy to stand for something," he recently told *Brand Strategy magazine.*

In dentistry, a key component to building and maintaining patient loyalty begins with distinguishing your practice as a leading, enduring, high-quality provider of care. Maintaining a steady flow of new patients requires making yourself visible—recognizable—as other practices cut advertising and marketing dollars.

Recessions can be a reminder to small business people and professionals like dentists that economic slowdowns present enormous opportunities for those savvy enough to seize them.

"Athletes often choose times of stress to mount attacks: strong runners and bicycle racers may increase their pace on hills or under other challenging conditions," write three respected professors who authored a 2005 published paper titled, *"Turning Adversity Into Advantage: Does Proactive Marketing During a Recession Pay Off?"*

The same professors went on to say, "Proactive marketing includes both the sensing of the existence of the opportunity (a tough hill and fatigued opponents) and an aggressive response (possessing the necessary strength or nerve) to the opportunity," said Gary Lilien and Arvind Rangaswamy, both professors at Penn State's Smeal College of Business and Raji Srinivasan, a former student of theirs who is now a professor at the University of Texas.

So as other dental offices, practices, and groups store up and retreat for the recession, enduring brands—the

THE POWER OF BRAND:
Not Everyone Loses Out In a Recession

wisest practitioners—kick their campaigns into high-gear. They ramp up their advertising by airing commercials in prime time slots, publish ads in magazines, maintain or increase their direct mailing, and enhance their search engine optimization (SEO) on the web.

This not only aides in bringing in new patients, it reinforces the power, strength, and recognition of their "brand."

When customers become especially mindful of their budgets and seek to spend their available funds wisely, their basic instinct is to turn to strong brands that resonate with them.

"This is not the time to cut advertising," advises John A. Quelch, Senior Associate Dean at Harvard Business School in a recent blog post. "It is well documented that brands that increase advertising during a recession, when competitors are cutting back, can improve market share and return on investment at lower cost than during good economic times."

"New patient flow is the lifeblood of any dental practice," observes Gary Takacs, who has helped dentists optimize their profitability for more than two decades. "A declining economy offers you an excellent opportunity to increase your marketing budget and become even more visible at a time when other dental offices are becoming less visible," Takacs wrote in an article aimed at helping dentists cope with the 2002 recession.

Even dental patients who postpone treatments when the economy lags don't close their minds or eyes to advertising and marketing messages. Demand for dentists will only build—if they remain visible through strong, consistent branding—until the recession has passed and the backlog of pent up need sends patients once again flowing their way.

If your brand is weak, you won't receive enough new patients to sustain your practice. If your brand is strong, you can create recognition among more affluent groups who may still be able to afford your services during tough times. Furthermore, loyal referrals from those very people will help bolster your success.

Why, you might ask, would someone trying to make ends meet nonetheless opt for a high-ticket cosmetic dental makeover during a slow economy?

The truth is, some patients will

"When times are good and money is abundant, it's easy to coast on yesterday's reputation. You've seen it happen. But when there's not enough business to go around, the rules revert to survival of the fittest."

defer elective dentistry.

But veteran dentists who have weathered several recessions remind me that other patients, perhaps those who have set aside funds for even larger ticket items—such as a second home or a boat—may seize the opportunity to invest some of those funds now on their personal appearance and health instead, waiting for better times to take the truly deep plunge.

Even if the overall size of the elective dentistry pool shrinks in tough times, your share of the smaller pie could actually be larger in absolute dollars than your pre-recession share. That's because you've made the wise choice to remain visible when other dentists have retreated.

When patients do swarm back, they'll think first of you and your practice, because when others were silent, you maintained that all-essential top-of-mind awareness.

"Not everyone automatically loses out in a recession," writes Mark Ritson, a contributor to the Branding Strategy Insider and a former faculty member at the London Business School, where he taught the core MBA in Marketing. Strong brands and quality brands, he adds, "will survive remarkably well."

In addition to maintaining (or even increasing) your advertising and marketing programs, consider the insight offered by Ivan Meisner, author and founder of Business Networks International:

While you cannot control the economy or your competition, you can control your response to the economy. Referrals can keep your business alive and well during an economic downturn. During the last recession,

THE POWER OF BRAND: Not Everyone Loses Out In a Recession

I watched thousands of businesspeople grow and prosper. They were successful because they consciously made the decision to refuse to participate in a recession. They did so by developing their networking skills and learning how to build their business through word of mouth.

Think back to your own practice. Your ability to provide outstanding treatment and care only means as much as the patients who utilize your skills. An enormous perk to being a part of a reputable brand is enhanced staying power—the ability to make yourself seen and recognized while others fade to the backdrop.

When times are good and money is abundant, it's easy to coast on yesterday's reputation. You've seen it happen. But when there's not enough business to go around, the rules revert to survival of the fittest. This is when courageous little companies leapfrog their traditional masters and leave them on the trail behind.

It's true. Not everyone loses out in a recession.

Dr. Michael D. Silverman is widely regarded as an expert in dental and medical marketing. He is the president of b2d Marketing, which facilitates the LVI Branding Campaign. He is also the president of DOCS Education and RAMP, a full-spectrum dental advertising agency. To learn more about the LVI Branding Campaign and LVI Smile, visit LVIbranding.com or call (877) 766-7374. Dr. Silverman can be reached at Dr.Silverman@b2dMarketing.com.




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INTERVIEW

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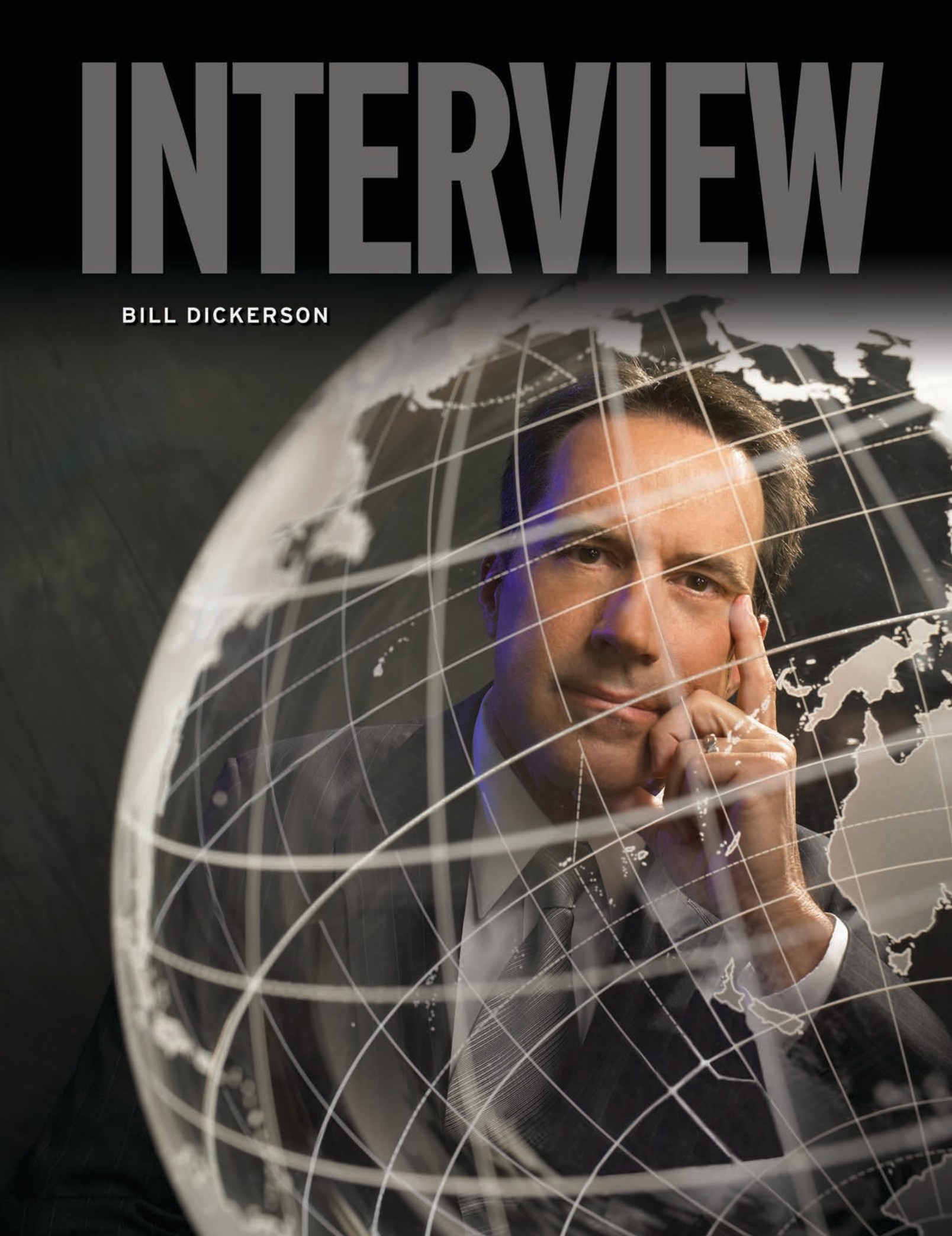

"We have always been open to new ideas, teachable, and willing to change."

LVI is celebrating 10 years of the opening of the Summerlin campus. In retrospect, did you ever imagine the Institute would be where it is today?

I would love to tell you that I visualized the amazing success we have had, but that would be a bit dishonest. The ride has been amazing. The paradigms of possibilities that I originally had have been so stretched that the current view of LVI's potential is far beyond the original. Our phenomenal success has been BECAUSE we have been not only willing to change, but willing to expand the goals we hope to achieve. I started LVI with one team member who is still my executive secretary today and now have a full-time team of 30 employees, 6 full-time faculty, 27 visiting faculty and 80 clinical instructors. Who would have ever thought that? But today, the sky's the limit.

What do you believe is the key to the success you have had with LVI?

We have always been open to new ideas, teachable, and willing to change. The adoption of NM Dentistry was a huge gamble as we knew we would be attacked by the status quo, but we also knew it was the right thing to do. Neuromuscular Dentistry made so much sense to all of us involved that I personally felt it would be unethical for us NOT to teach it. We owe it to the profession to be the leaders in a better way to practice dentistry, and to elevate the profession to the next level. Our alumni are helping so many people out there who could find no help for their lifelong pain and suffering. I am so proud of them. It was our ability to suffer the slings and arrows of the misinformed critics and do the right thing that also made us successful in the end. Ultimately, courage is essential to achieving success.

Another reason LVI had been so successful is that we are never satisfied with what we are doing. We are constantly trying to improve and make the programs better. We know we will never reach perfection however we are in constant search for excellence. We listen to our alumni's constructive suggestions, in fact, we encourage them. LVI is not just an educational center... it is a family. We look at our alumni as extended family that we try to always support as much as we can. We are always available for calls or emails to offer our support or advice. The LVI forum has helped many doctors who have joined the LVI family even helping them in situations while at their chairs. I think our

support and ongoing efforts for our alumni is a huge reason we are so successful. The LVI alumni are fanatics about LVI, so much so that others who cannot understand that enthusiasm call LVI a cult.

Lastly, LVI is successful because of the quality of people we employ. We have six full-time faculty members who are here teaching for the right reason, giving up lucrative practices to do so. I am in awe of the dentists who have joined me at LVI to help spread our message. We also have 97 featured instructors and clinical instructors from all over the world, who fly to Vegas to help the profession by sharing what they know with others. Our clinical instructors are the core of LVI and such great people. It is this "sharing" attitude that becomes infectious and is seen by most every LVI alumnus out there.

Many doubted that LVI would last 1 year, let alone 10. What would you say today to those that doubted your success?

As strange as it may seem, I can only feel gratitude. For those that hoped LVI would fail and made efforts to try and make it fail, I would say thank you. It was their negative talk and efforts to destroy LVI that only made me work harder to ensure that LVI would succeed. LVI is what it is today because of these people. I probably would have been more complacent if not forced to work so hard to defend our efforts and to prove the naysayers wrong. Much of what was said and done against LVI was jealous and competitive in nature. They spent energy trying to destroy what we were building instead of concentrating on what they were doing. Because of that, they failed while we succeeded. Let that be a lesson for all dentists in building their practices. Ignore what the so called “competition” is doing and concentrate on building the best practice possible.

What do you believe to be the biggest success of LVI over the last ten years?

Probably the evolutionary changes we have made in neuromuscular dentistry and the fact that LVI has been at the forefront in that revolution. We have given it the platform to move forward and reach the entire profession. Before, a NM Dentist would have to hide the way they practiced due to the slanderous ignorance of many who would attack them. Today we are not only on the same playing field as the old way of doing things- we are winning over hundreds towards the NM philosophy. And it is a one way street. You do not see NM Dentists converting to CR, only CR Dentists converting to NM.

LVI was also at the forefront of the Aesthetic Revolution and made significant advances and contributions to that aspect of the profession. However good the Aesthetic Revolution was for the profession, and I think it was, it will pale in comparison to the positive affect that the NM Revolution will have on the profession.

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Has the LVI philosophy evolved since its inception?

The overall philosophy has not changed. From inception, LVI has taught dentists how to do the best quality and insurance independent, dentistry for their patients. It has been about high-quality, not high volume to achieve the win/win success most dentists desire. What has changed is everything else. The thing I am most proud about regarding LVI is that it is a dynamic educational organization. We are ever-evolving, discovering new and better ways to create desired results. LVI Alumni return to LVI to audit courses regularly because the LVI Curriculum is constantly being updated with the most current technology and practices. Truthfully, this is what I think dramatically separates LVI from the rest.

How do you respond to those that perceive LVI as a fraternity/sorority that turns out a cookie-cutter education?

Boy, there are times I wish we could make it a cookie cutter education. Obviously there are practice variables, however regardless of where one lives, the underlying philosophy of doing what is best for the patient and treating every mouth as if it were your own, is a universal philosophy that we try and encourage our alumni to practice. But there is no such thing as a set LVI practice. What we do is provide the tools to become the best dentist possible and offer the finest dentistry for patients.

The fraternity/sorority attitude is probably true in that LVI Alumni love coming to LVI to get reinvigorated about their profession. Some call it the "LVI fix." It is that family environment where we use this humanistic and fun approach to education. We do look at them as an extended family.

Please share some of your fondest memories of the past 10 years.

I started LVI in 1994, so the opening of the campus in 1998 was obviously one of my fondest memories. The 2003 opening of the 40,000 square foot addition to the campus is another great memory. That addition made the entire campus over 65,000 square feet.

There are many fond memories; the LVI cruises, all our instructor retreats, the IACA meetings, the galas, etc. Having my daughter come to work for us in the marketing department was a fond memory, but then having her decide to go into dentistry because she saw how enthusiastic all the dentists were about what they were doing professionally was a great memory. Now it is only topped off by her going through the curriculum at LVI as a recent graduate from dental school.
It has been a wonderful ride. I am sure this year's 10th Anniversary Celebration will also be a great memory for years to come.

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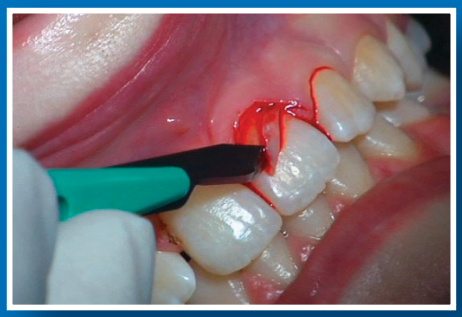

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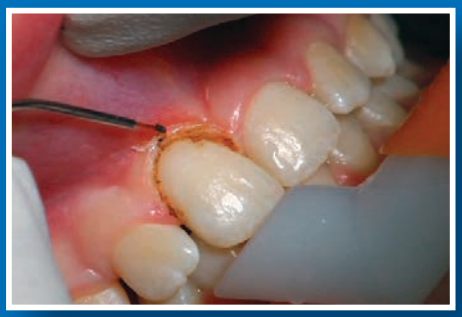

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Peter Pang, D.D.S, F.A.G.D.
Academy of Laser Dentistry Educator
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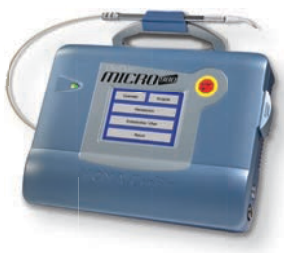
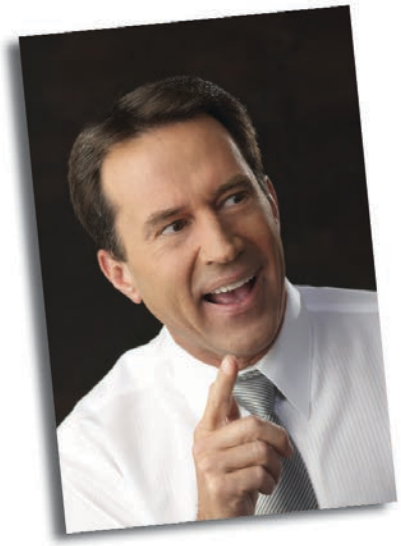


Look for more HOYA ConBio laser benefits in future LVI Global webcasts and at your next LVI Global course.

What are some of your biggest frustrations?



One of my frustrations is the "labeling" that occurs by malicious critics of LVI when alumni attempt procedures before completing the LVI Curriculum. For example, if a LVI dentist goes out after one or two courses and then attempts a full mouth restoration case even though we tell them they are not ready to do one, the critics blame LVI. We cannot regulate morality and ethics. I have seen cases where a less than professional dentist has open margins, improperly fitted crowns or inadequate adjustment of the cases, or loss of the bites because they attempted it before obtaining the proper training. I have seen microleakage on cases where they did not use the materials we recommend. What is frustrating is that the character flaw of these individuals hurts every LVI dentist out there, and they all should be outraged by this type of behavior. We do not own these dentists and cannot make them do the right thing. We have a disclaimer in every manual telling the doctors what they are being trained to do in a particular course and what they should not attempt, yet some will ignore that disclaimer. This unfair practice of blaming LVI for the deficiencies of the very small minority of LVI attendees that do not practice the way we teach, ignoring the wonderful service to the public the vast majority of LVI alumni are providing, is just unfair and very frustrating.

The fact that we have gone global, introducing LVI Australia and LVI Canada is a big success. I am very proud of these efforts and the faculty that we have running these programs. But our success has caused another frustration. Our instructors in Montreal are LVI trained and are constantly updating their LVI education, making them far superior to "LVI Wannabes" that are popping up in Montreal. Trust me, they are not LVI. There is no comparison. The sad fact is that they are hurting the cause by inadequately training their doctors causing them to have problems in their practices and hurting everyone involved in NM Dentistry and other LVI doctors who ARE adequately trained. I understand that we cannot stop competition, but it is frustrating having inadequate educators hurting the cause of NM Dentistry that we are working so hard to promote. We see this with programs popping up in the states as well. Although I think it is good that more dentists are being introduced to this wonderful world of dentistry, these dentists are not learning enough to be able to properly treat their patients. And therefore they are hurting the future of this great profession.

What do you believe to be the biggest misconception of LVI?

That we are all about dentists making more money. Do not get me wrong, I do not think making money is a bad thing, in fact, it is a good thing, but only if it is done in a win/win situation. Many dentists think that they can make more money by lowering fees and doing volume dentistry, but they cannot

provide excellence unless they charge for it. High volume dentistry does not allow the use the good labs, equipment, or supplies. Instead it forces the dentist to rely on single treatment procedures, skating from operatory to operatory. Most of all, they will not enjoy what they do, and as the saying goes, it is hard to be good at something you do not like doing.

Another misconception created by some who are in competition with LVI, or for their own personal reasons wants LVI to fail, is that LVI just wants to sell expensive equipment for profit. This is just not true. We make no money on materials, supplies or equipment you would buy after attending our programs except for LVI products, such as the LVI articulator. We do not make any money on any of the neuromuscular equipment that they might purchase. I know that if people cannot attack the science, they attack character, and this is a misconception that is being spread by malicious, jealous and unprofessional people. It is more a sad indication of their character than ours.

What type of dentist comes to LVI?

All types and ages. LVI Dentists want to be better than the average dentist out there. They have a thirst for knowledge and they tend to be more driven than the average dentist. Because of that, when they learn the principles we teach at LVI, they are more successful.

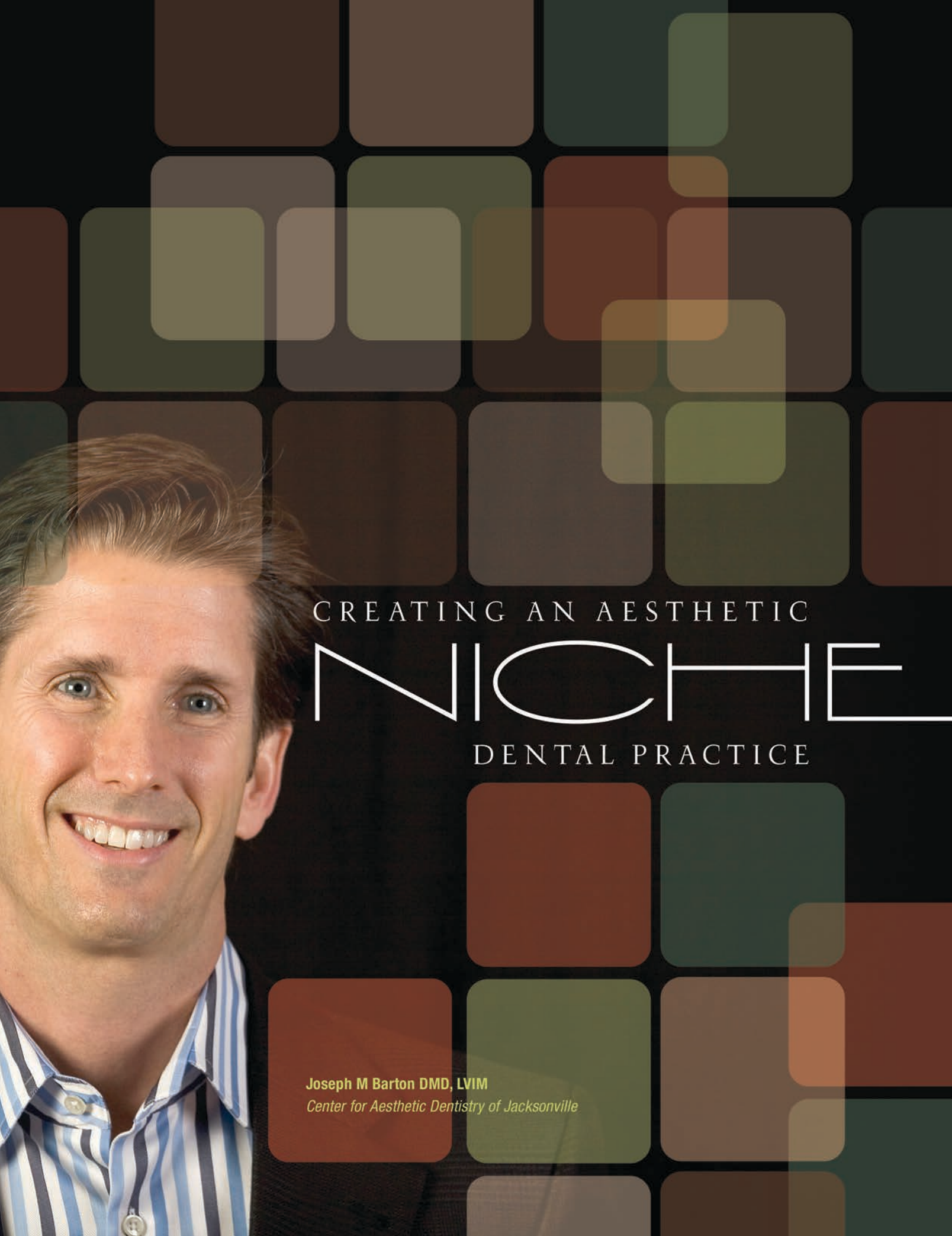
Why have you made the decision to no longer lecture outside of LVI?

Quite frankly, because I can. I have surrounded myself with the best and brightest in the profession. We have so many qualified and talented individuals who can spread our message to the masses. With Sam Kherani and Mark Duncan joining my wife Heidi and I to help run LVI, you could not ask for a better team to lead the way. We also have dozens of Regional Directors who host introduction seminars all across North America and share their personal LVI journey with non-LVI dentists. Our LVI Family is a phenomenal group of "lamplighters" for the cause.

By not going out on the road, I can concentrate more on being creative and innovative, improving LVI even more. It is a full time job both running LVI, and teaching during courses. I will continue to teach at LVI for a long time and be increasingly more involved in the daily decisions to focus more on our own evolution. It is a good thing for the entire LVI family.

"I am blessed with a great wife and kids, and many fantastic friends that have made the many years of hard work worthwhile."

I am in a wonderful position in my life. I am blessed with a great wife and kids, and many fantastic friends that have made the many years of hard work worthwhile. I have other passions that I am taking the time to pursue and enjoy and my wife and I are involved in other exciting business ventures. Life is very good. I have much love and gratitude for so many people in my life. I would like to thank everyone who has positively touched my life in any way.



CREATING AN AESTHETIC NICHE DENTAL PRACTICE

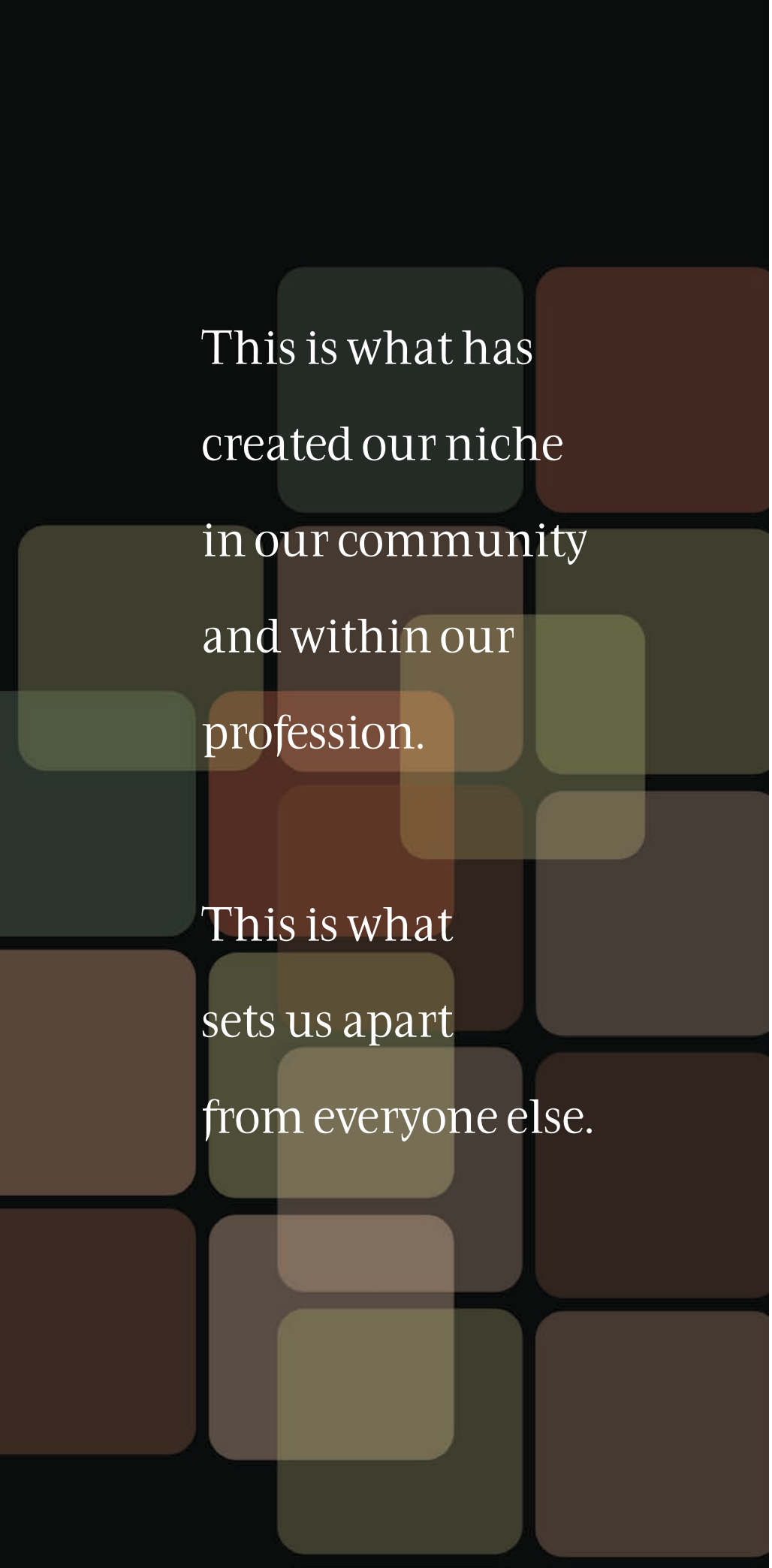
Joseph M Barton DMD, LVIM
Center for Aesthetic Dentistry of Jacksonville

WITH A FOCUS ON TOTAL HEALTH

In our fast-paced society, instant gratification is no longer an occasional occurrence, but rather an expected way of life. It wasn't that long ago we actually WALKED over to the television to change the channel. Imagine that! With today's technology of Picture in Picture, Tivo, and On Demand our televisions have become processors of instant information and entertainment.

iTunes, Email, Blogs, and Bluetooth have quickly replaced HiFi, letters, conference calls, and cord phones. The fact that I am writing this article on paper prior to typing it in the computer is archaic.

However, in dentistry, the challenge of providing individualized personal care with attention to detail makes for an interesting dilemma.



Because of our advances in dentistry, admittedly there is instant satisfaction when I can immediately see the changes we provide and deliver to our guests. But are we being forced to speed up the time line--while desperately holding on to the Art of the Process? In creating a practice dedicated to the Art of the Smile with a neuromuscular approach to occlusal harmony, I have transitioned from a high volume patient practice to one that is smaller in volume of comprehensively--restored guests.

In order to create this "niche", and still satisfy the consumer's desire for instant gratification, is where the challenge begins. Having a sense of genuine interest in a person and their well-being will quickly relieve the haste to get to the end result. By conveying the necessity of attention to detail through continued communication is the key to instilling the importance of time and how it translates to quality. How to get to this level can depend on a number of factors:

• Do you yourself have the patience (quality of guests vs. quantity of guests) to allow the process to proceed?

• Do you and your team have the communication skills to listen to your guests and identify their wants and desires?

• Do you have the skills to translate those wants and desires into incredible results?

Having these skills is where my team shines! This is what has created our niche in our community and within our profession. This is what sets us apart from everyone else.

So how did we begin to create our

niche? I began with empowering my team to help me in the transformation. To do that involved educating and training to get the team up to my level of knowledge and expertise. I wanted my team to know as much about the procedures and services as I do. At our team meetings, this involves putting on practical demonstrations to teach everyone the technical and theoretical information concerning our practice. While some of team members are not directly involved in providing certain services, they can still answer questions and move our guests forward on recommended care. Rewards serve as a great motivator for my team--catered dinners, spa days, cruises, and of course ownership in the practice.

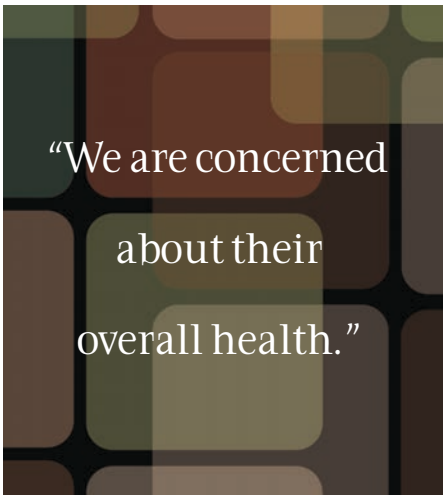
Since the philosophy of care for the practice was changing, the necessary skills were mandatory. Because I had completed the advanced anterior and posterior courses, I knew that my team would need additional education and instruction. Initially, we began by fine-tuning our skills in the area of restorative aesthetics, hygiene diagnosis and therapy. We enrolled in several technical courses one especially for my hygienists. I empowered my hygiene department to become health care providers and not just teeth cleaners. Personality profiling and communication skills were paramount. These skills would then validate the changes we wanted to make. This elevated and empowered the entire team's attitude to a new level of quality care. We began educating our guests on the new techniques and knowledge we had acquired, and how we were implanting this into our practice. At this point we informed our guest one at a time at each hygiene visit that we were no longer receiving their benefit from their insurance company, but would gladly file it for their reimbursement. Educating them as to why this was such a benefit for them was a critical component. In essence, our personality profiling and communication skills developed our patients into guests.

Once the concept of the fee for service was fully implemented, I focused again on furthering my education. The LVI core curriculum was completed over the next few years. After each course I would return and hold a team meeting to discuss how we were going to implement our new skills into the practice. Our next task was to establish a framework of systems to stay current on the new material and information applicable to the entire office. An important additional fact to remember is that our society wants "instant gratification"--"give me what you've got now"--we had to work on our efficiency in being able to deliver excellent quality care a timely method and technique. Our marketing shifted from internal to external, and we started with our specialists. Our goal was to inform the specialists of our areas of expertise and also as to the type of guest we wanted from them. Having our specialists referring to us is an interesting concept. I had narrowed our focus and practice by eliminating endodontics, pediatrics', oral and periodontal surgery from our offered services. We now needed to let our referring specialists know this as we shifted from being a family dental practice to becoming a total health neuromuscular aesthetic practice. We were able to accomplish this through our educational lunch-and-learns. A complete change in image from a new logo to new office confirmed our commitment and soon of Jacksonville was a reality.

Our most recent marketing methods have been in the external target arena. The LVI branding campaign has been a great success with our office as well as the neuromuscular campaign. From here we have utilized the Internet, print ads, and TV to target and reach our target market.

Our biggest success by far has been our Makeover Jacksonville – a show

produced on a local health and beauty channel. This show gives people a chance to see instant results and hear actual testimonials as to how their lives have been changed. The niche we have created is patterned after my own motivator – health. For our guests, we want to provide the same--therefore we have a strong emphasis on total health in our approach to dental care. While the primary focus is on aesthetics and neuromuscular occlusion, we discuss their overall health with our guest. Some of the adjunctive services we provide are nutritional counseling, vitamin therapy, designing wellness programs, blood pressure screenings, and referrals to alternative healthcare providers. To name a few, some of these alternative providers include



Neuromuscular Massage Therapist, Chiropractors, Naturopaths, and Women's Physicians with alternative medicines.

It is important for our guest to know in addition to providing them with exceptional aesthetics; we are concerned about their overall health. This is the single most important thing that sets our niche apart from the other aesthetic practices. I can't tell you the number of times a new guest has said how surprised they are that someone (and that includes myself) sat down with them in a non-clinical environment and actually listened to them. And I don't mean just a nod of the head in agreement. I mean they were asked questions and interpreted their concerns, health, past experiences, and present desires. Can you provide individualized personal care with attention to detail in today's fast paced society? Is it realistic? You have to make that call. Based on your level of expertise, your team's level of efficiency, training, and your technicians' artistry - that question will be answered. Got to go now--my Treo is summoning me.

Joseph M. Barton, DMD, LVIM

Dr. Barton received his Bachelor of Science and Doctor of Medical Dentistry degrees from the University of Florida in 1986. He has been in private practice since graduation in Jacksonville Florida creating Powerful Smiles ™ of Jacksonville.

In 1995, Dr Barton began course study at Las Vegas Institute for Advanced Dental Studies (LVI Global). Dr. Barton transitioned his general dentistry practice into one that focused on comprehensive neuromuscular aesthetic dentistry.

He has achieved fellow status at the Las Vegas Institute for Advanced Dental Studies (LVI Global) as well as earned the LVI Global Mastership award for excellence in Neuromuscular Aesthetic Dentistry. He teaches dentists from all over the world the latest treatments for aesthetic dentistry, full mouth reconstruction, and neuromuscular occlusion. Dr. Barton is affiliated with many dental organizations; IACA, AGD, ICCMO, AACD, FDA, NANSC, as well many local and state affiliations. He is past president of International Association for Comprehensive Aesthetics (IACA). He is a frequent speaker to many local study groups and associations.

Dr. Barton teaches TMD Diagnosis – Restorative Continuum at LVI

2009

Session 1: February 2-4
Session 2: March 6
Session 3: April 20-22
Session 4: May 22
Session 5: June 17-19
Session 6: July 24
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THE SOFT TISSUE DIODE LASER

WHY I CAN'T LIVE WITHOUT IT

Shamshudin (Sam) Kherani, DDS, FAGD, LVIM

Introduction

After having performed thousands of laser procedures using a diode laser since 1997, I feel that this is one component of the dental instrumentation that you just cannot do without. Especially in this day and age where dentists perform not just esthetic procedures but treatments that rely on adhesion and non-metal, natural-looking restorative materials, the whole notion of the end result must translate into seamless and invisible esthetics. You can treatment plan and place a beautiful restoration, but if other aspects of the patient's smile are beyond your control and less-than-perfect, then the whole outcome of what you're trying to accomplish falls outside of the realm of what you and your patients expect.

Since I have had this technology available to me, I've performed thousands of soft tissue procedures. What impressed me initially about using a soft tissue diode laser as opposed to conventional methods (ie, soft tissue lasers compared to incisions made using a knife, electrosurge units) was how different the treatments were. For example, a patient's acceptance is greater because laser treatment is more efficient and sometimes faster. There is less postoperative discomfort for the patient, and there is virtually no collateral damage to healthy tissue. Specifically, because soft tissue lasers cut and coagulate at the same time, they facilitate immediate hemostasis, and there is less tissue charring.

Clinical benefits of using a soft tissue diode laser include fewer postoperative complications, such as:

- reduced incidence of bacteria and viral secondary infections,
- nerves are depolarized so there is less postsurgical discomfort,
- improved hemostasis at surgical site, so there is less postoperative swelling, and
- lymphatics are activated by the laser, so there is a reduced need for postsurgical dressings.

Fortunately for clinicians today, soft tissue laser dentistry has evolved considerably from more than a decade ago. When I bought my first diode laser about 11years ago, the cost was an estimated $28,000 US. It was very heavy—about 50 pounds, if not more. The footprint was quite large. It was not as convenient to change modes and settings. The fiber was hard to handle. There were limited education opportunities for learning more about its use.

Things have evolved since then. Today's models are under $15,000 and offer features and benefits that make them easy, predictable, and profitable to use.

How it Works

It is my experience that if you can use a handpiece, you can use the lightweight and portable Odyssey® Diode Laser to enhance your esthetic dentistry

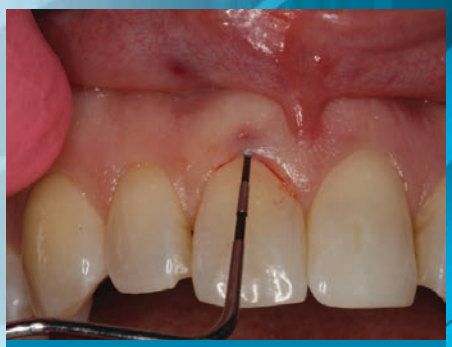

Figure 1
Verify that sufficient biologic width is available.

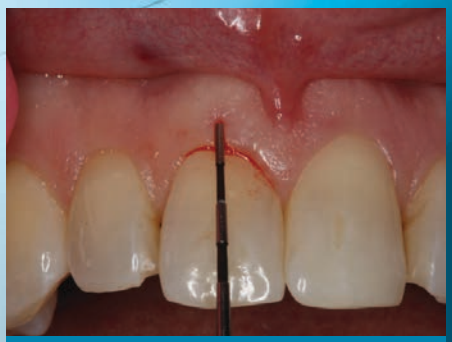

Figure 2
Identify the amount by which the gingival margin needs to be raised.

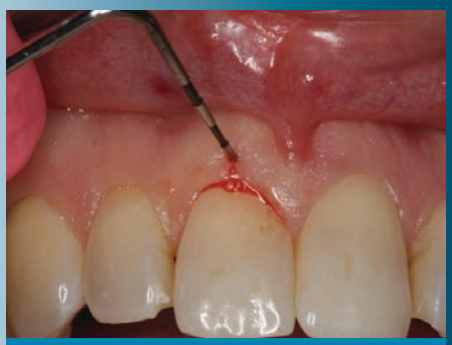

Figure 3
Mark the location of the zenith.

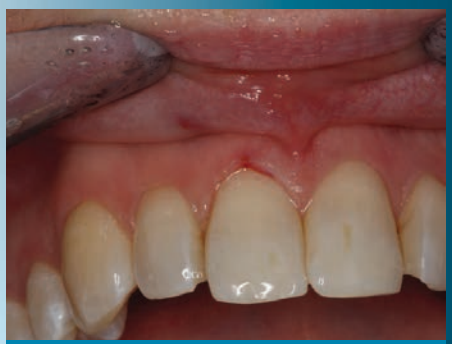

Figure 4
Use the soft tissue diode laser to perform the gingival recontouring.

Figure 5
Ensure that you have maintained sufficient biologic width.

Figure 6
Identify and mark the teeth that need to have the gingival margin raised.

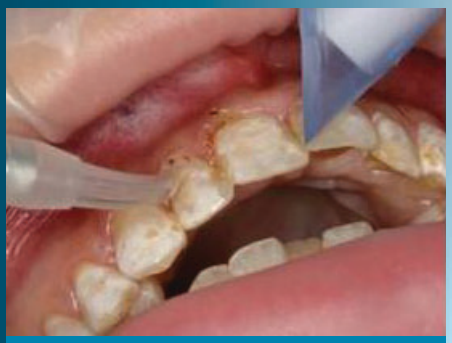

Figure 7
Alter the gingival margin using the soft tissue diode laser.

Figure 8
Use dental floss to verify that you have achieved the end result originally contemplated.

procedures. Ease-of-use features include:

• a clear and concise push-button control panel

• LED screen display that indicates Continuous or Pulse output mode, as well as the power (Watt) setting

• consistent wavelength output that ensures smooth and clean cutting with the laser's retractable optical fiber cord

Laser is an acronym for Light Amplification by Stimulated Emission of Radiation. The major component of a soft tissue diode laser is the semiconductor chip or crystal. The diode in the Odyssey® family of soft tissue lasers is made from Aluminum, Gallium and Arsenide, commonly referred to as AIGaAs. The Odyssey® Diode Laser operates at a wavelength of 810+/-20 nanometers, which is ideal for soft tissue applications.

Today's innovative Odyssey Navigator soft tissue diode laser is even easier, more convenient, and more flexible to use. Its built-in features include:

• a touch screen monitor with an intuitive design and navigation ability for simple and easy program selection and activation

• an ergonomic handpiece design that fits comfortably in your hand

• Unit-dose fiber tips, so there's no cleaving or stripping of fiber prior to use

Collectively this simple and easy to use family of soft tissue diode lasers ensures a shortened learning curve for you and your staff (in states where the Dental Practice act does not prohibit hygienists from using lasers). I highly recommend that clinicians engage their dental hygienists in the use of the soft tissue diode laser for periodontal debridement procedures. From my own experiences I have found that the laser can be used to treat deep gum pockets that harbor bacteria and cause gum disease.

Learning is quick and easy, and training can be provided by a variety of reputable organizations, including the Academy of laser Dentistry and The Las Vegas Institute, which provides laser certification programs. These are designed to address both the scientific and practical/clinical aspects of the soft tissue diode laser. Although laser certification is recommended, it is not required for clinical use. Proper training, however, will help ensure that you understand the way a laser works and know how to operate it safely.

Clinical Applications

More than 90% of the time I am using the soft tissue diode laser for recontouring, gingivoplasty, or frenectomy procedures, in addition to troughing for impressions. You can use a soft tissue diode laser to trough the tissue around a subgingival preparation, eliminating the need to place a cord. Troughing for impressions is a simple and easy procedure that stops bleeding and lets you take an impression without the adverse effects of blood—thereby ensuring clean, accurate and nicely fitting restorations. The laser wavelength is attracted to the heme components of the blood, and this helps to slow and coagulate the blood inside the affects area.

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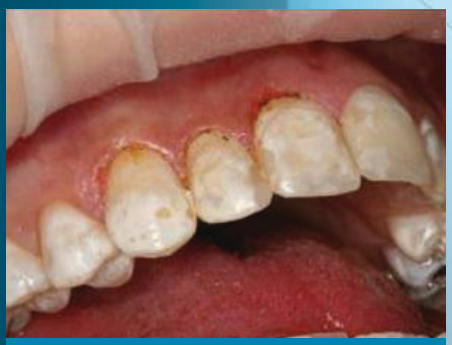

Figure 9
Note that an exceptional result was achieved using the soft tissue diode laser.

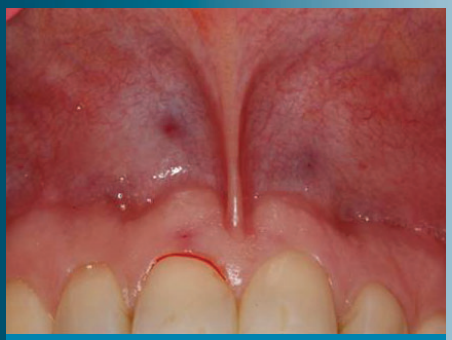

Figure 10
The large frenum is preventing the full display of the anterior teeth.

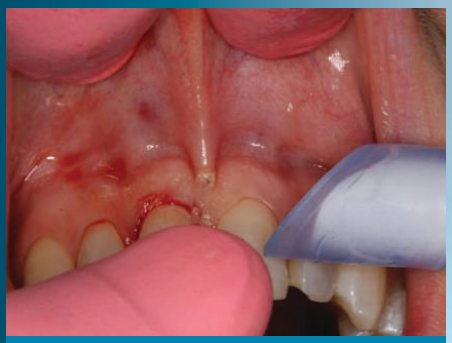

Figure 11
To make the frenum taut, pull on the upper lip.

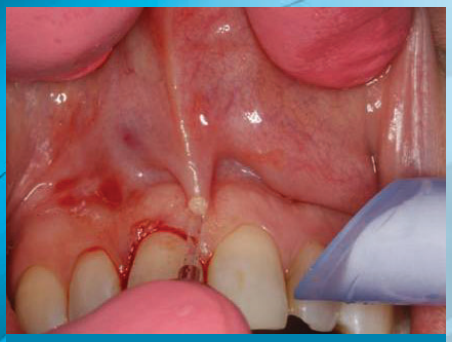

Figure 12
Initiate the laser excision of the tissue at the attached portion between the incisors.

Gingival Recontouring

Because of the lack of collateral damage when doing these procedures using a soft tissue laser, we have full control over the esthetic outcomes of our cases because the height, symmetry, contour, and zenith of the soft tissues can be adjusted right then and there.

Specifically, these procedures can be achieved as just one of the steps in my overall esthetic procedure and not as a separate appointment. Whereas in the past when the use of an electrosurge or knife required a procedure of its own (ie, you bring a patient in, do that procedure, send the patient back home for healing) before scheduling and performing the main procedure, the soft tissue diode laser enables you to perform certain procedures (ie, gingival recontouring) as a step, not its own procedure.

When we talk about gingival recontouring, it is important to note that it's not just the gingival height or the height of the gingival tissues that's significant. When we are doing highly esthetic cases, we pay attention to all aspects, regardless of how small, in order to create a beautifully natural appearance (Figures 1 through 5). The soft tissue diode laser can be used during the preparation appointment to correct soft tissue defects and enhance the overall appearance of restorations.

Gingivoplasty

I have used the soft tissue diode laser to perform simple gingivoplasty procedures at the time the teeth are prepared. This saves patients from having to be referred elsewhere for the procedure, or from having to return to have the procedure completed using the previously mentioned conventional methods. In particular, the soft tissue diode laser can be used to create greater gingival symmetry, move gingival zeniths and improve a gummy smile (Figures 6 through 9).

Frenectomy

The soft tissue diode laser can help you when performing a frenectomy (Figures 10 through 15). This technology can help you perform this procedure while the patient's upper lip is taut, enabling you to reveal the teeth as the patient smiles. As a result, the beautiful dentistry that you have provided to your patient can be seen.

Other applications for the Odyssey Diode soft tissue laser include the following:

- Vestibuloplasty (eg, increase depth of the vestibule for denture wearers)
- Soft tissue crown lengthening
- Troughing for impressions or cementation
- Creating emergence profiles for ovate pontics
- Recontouring interproximal tissue
- Implant exposure
- Treating inflammation around implants

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October 17-18	Montreal, Quebec	December 5-6	New York, NY
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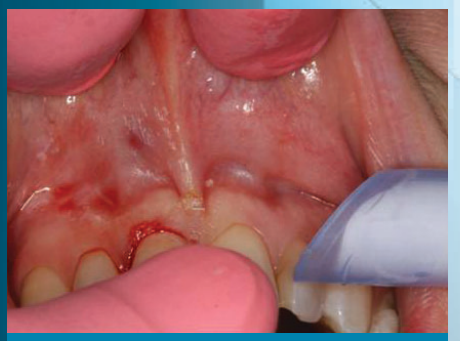

Figure 13
Keep the frenum taut and move the upper lip as the frenum is released.

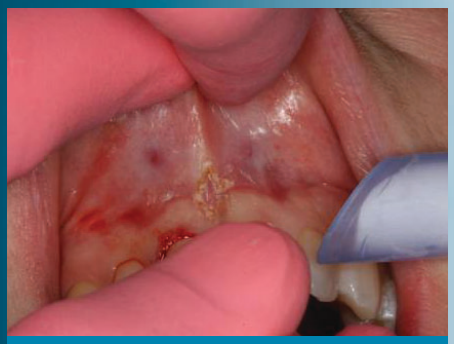

Figure 14
Keep lifting the upper lip and continue with the laser excision of tissue.

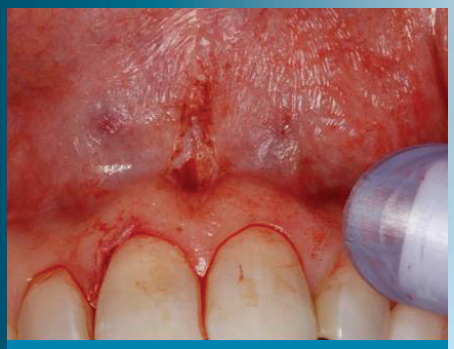

Figure 15
The frenum has been excised and the upper lip released so that the upper incisors can be displayed.

- Troughing for impressions
- Treating aphthous ulcers
- Biopsy and fibroma removal
- Abcess care—incision and drainage
- Sealing lymphatics in the surgical area
- Reducing sulcular oral bacteria and other flora
- Soft tissue curettage for periodontal treatment
- Treating gingival hyperplasia
- Operculectomy

Soft vs. Hard Tissue Lasers

Granted, there are some clinicians who have hard tissue lasers that also can be used for soft tissue procedures, including soft tissue recontouring. I am one of those individuals. However, it has been my experience that hard tissue lasers are comparatively more expensive than soft tissue lasers, and they are also bigger, taking up more room in the operatory. In my personal clinical experience, I have found the separate soft tissue laser to be easier to use for soft tissue cutting and achieving beautiful tissue recontouring based on the wavelength of light that this type of laser emits. So, although some hard tissue lasers may be capable of both types of applications, I would still have an exclusive soft tissue laser.

Conclusion

The Odyssey® family of soft tissue diode lasers (Ivoclar Vivadent, Amherst, NY) represents user-friendly, compact, portable, and affordable soft-tissue lasers for dentistry. Priced at around $10,000 and featuring a small footprint to conserve valuable operatory counter space, it has been my experience that the Odyssey® Diode Laser enables clinicians to expand their skills and enhance the care they provide their patients. It features easy and convenient settings for crown lengthening, gingivoplasty, frenectomy, tissue retraction, and treatment of soft tissue conditions, among other applications. Of paramount importance to patient acceptance and comfort—as well as to ensuring exceptionally esthetic and natural-looking results for today's high-end cosmetic cases—the Odyssey allows you to perform these procedures with minimal to no bleeding, sutures, or postoperative complications.

Shamshudin (Sam) Kherani DDS, FAGD, LVIM

Sam Kherani, DDS, FAGD, LVIM is a graduate of University of Western Ontario and has been in general practice since 1981 with a special interest in adhesive dentistry. Prior to joining LVI full-time as a Clinical Director, he served as a clinical instructor at the institute as well as a Regional Director. Awarded Fellowship from the Academy of General Dentistry, and appointed Trustee of Public Colleges Foundation by the Government of Alberta, Dr. Kherani is also one of 14 recipients of the coveted Mastership designation from the LVI.

Additionally, he currently serves as President of the International Association of Comprehensive Aesthetics (IACA). As a life long student, he has been exposed to many different philosophies in dental occlusion throughout his 25 year dental career. Most recently, Dr. Kherani has participated, upon invitation, as a panelist to discuss Dental Occlusion at the Yankee, AACD, Greater New York, IACA and other meetings. He teaches dentists from all over the world in the latest treatments for cosmetic dentistry, full mouth reconstruction, and neuromuscular occlusion.

The new Interactive Odyssey® Diode Laser CD provides a short overview of diode laser technology and explains applications supported by cases. Most importantly it contains several short video clips of experienced diode laser practitioners talking about various aspects of soft tissue laser dentistry. Supporting literature included. Please go to *www.GetOdysseyLaser.com* to order your free copy.

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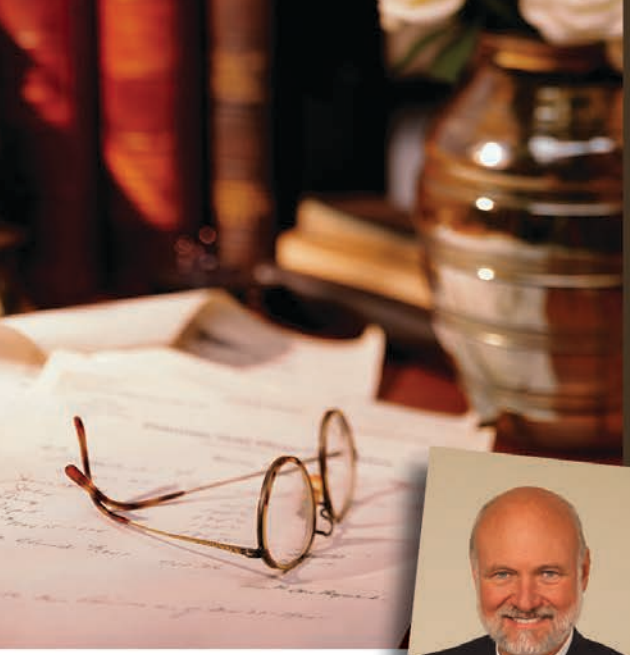

THE WEATHERS' REPORT

Arthur "Kit" Weathers, Jr. DDS

Everything You've Always Wanted to Know About Apex Locators, But Didn't Know Who to Ask!

Successful endodontic therapy requires proper working length determination and accurate location of the apical foramen. Historically, dentists have relied on X-rays of an endodontic file placed near the apical foramen to establish working length. Unfortunately, a two-dimensional radiographic image is frequently inaccurate.

A study in the July 1992 edition of the Journal of Endodontics found the following: The apical foramen is not at the apex in 84% of maxillary centrals, 93% of maxillary laterals, and 84% of maxillary canines. Similar discrepancies occur in posterior teeth, and if you are depending solely on X-rays, making an error is almost guaranteed. To make matters worse, most dentists measure the working length prior to preparing the coronal portion of the root canal, and continue to use that same measurement throughout the entire procedure.

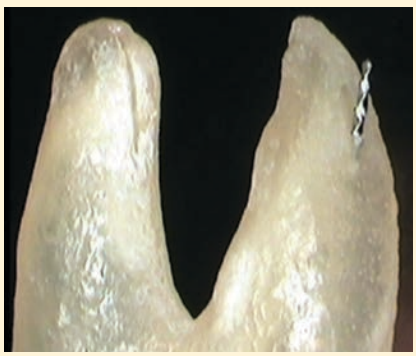

Fig. 1 – In this example, the measurement file exits significantly short of the tip of the root and not only will the file appear short on the radiograph, this situation will result in frequent over-instrumentation, over-filling, possible bleeding into the canal and post-op pain. Most of these problems can be avoided by trusting your electronic apex locator. Incidentally, this situation occurs more often than not, and you can prove this to yourself by examining the morphology of extracted teeth.

Most canals are curved and all preparation techniques straighten the canal to a certain extent. The shortest distance between two points is a straight line, so why establish a working length only to have it get shorter during preparation. In my Endodontic "Root Camp" seminars, I teach students to prepare the coronal two-thirds of the canal, and then use an electronic apex locator (EAL) to establish accurate working length.

I consider the EAL absolutely indispensable for the simple reason that the apical foramen does not

"In spite of all these advantages, many dentists still do not use apex locators to determine working length."

coincide with the anatomical apex in most teeth. The EAL can also save time in determining working length, reduce the number of radiographs taken, help diagnose cracks and perforations, and can be especially helpful when the periapex is unclear on radiographs.

In spite of all these advantages, many dentists still do not use apex locators to determine working length. One reason is that first generation apex locators didn't work very well. It wasn't until the late 1980s that reliable EAL units were introduced that did not cause patient discomfort. The first EAL was introduced nearly forty years ago, but it was technique sensitive and unpredictable. Because of early negative publicity, many dentists still do not trust electronic apex locators.

Early versions used a direct current which was rather unreliable. The next generation was improved by use of alternating currents, and the most recent EALs use multiple alternating currents of different frequencies. Each of these changes has made the EAL more accurate, more reliable and easier to use.

Finally, in the late 1990's, electronic apex locators became extremely reliable and gained popularity. Now, most endodontists consider the EAL standard of care. Why then are many general practioners still shying away from utilizing this wonderful technology? The answer is simple. Most dentists were not taught the proper way to use an electronic apex locator.

EALs function by using the body to complete an electrical circuit. They measure the difference in electrical impedance (resistance to a current, in ohms) between the lip clip and the file in the tooth. The impedance between the lip and the periodontal ligament (PDL) is a known value, so as the file tip is advanced toward the PDL, the EAL detects the changing impedance values and indicates the approach to the apex on a screen or a series of light emitting diodes (LEDs). Since hard tooth structure is a poor electrical conductor the circuit cannot be completed until the file tip reaches the patient's PDL at the apical foramen, at which point, an audio signal sounds and the EAL reads "apex."

Confusion occurs because the measurement file is slightly past the apical constriction when it contacts the PDL and the EAL reads "apex." This trait is common to all apex locators, and once you understand that readings short of the apex are not accurate, and you must subtract 1 mm to stop at the apical constriction when the EAL reads "apex," the process becomes quick, easy and predictable. The following Six Simple Steps will help you understand and achieve predictable and positive results with the EAL.

Six Simple Steps for Success

Step 1 - Do not short circuit the measurement file. Any metal that contacts the file, such as old amalgams or metal crowns with tiny access openings will ground out the unit resulting in false readings.

Fig. 2 - Here's a trick I use to avoid touching the side of a metal crown. Snip off about 7mm of a small plastic coffee stirrer and slide it over the measurement file to keep it from contacting the metal access opening. Better yet, remove all metal crowns prior to endodontic treatment. Incidentally, you obviously cannot autoclave a plastic straw, but you can dip it in alcohol and blow it dry.

Step 2 - Make certain there is fluid in the canal, but not in the pulp chamber. The pulp chamber does not have to be bone dry; just use the air syringe to quickly blow out excess fluid. Technically, you should fill the canal with a non-conducting fluid such as alcohol or RC Prep, but in my experience, the latest generations of apex locators will work fine with virtually any fluid. Remember that the only measurement

"The single most important thing to remember when using the EAL is that no apex locator is completely accurate until the file actually touches the PDL."

that matters is when the file touches the PDL and reads APEX. Some fluids may slightly affect the "in-canal" readings, but I ignore those discrepancies and go straight for the "apex" reading, and then I subtract 1mm.

Step 3 - Use a 30mm Stainless Steel hand file (or reamer) for your measurements. If the file is too short there might not be room for the clip to attach to the file. Also the stainless steel files are better conductors and the tip can be bent to negotiate apical curves.

Step 4 - Make certain the lip clip is grounded to the patient's lower lip (remember the EAL has to complete the circuit to work). I like to place the lip clip on the side I'm working on, especially on the lower where the patient won't feel it. Placing the clip on the patient's numb lip makes it much less likely to be dislodged by the tongue.

Step 5 - Use the largest diameter file that will go to working length. A file that is too small might not make good contact with the periodontal ligament, and in a tooth with a large apical opening, a small file might peek through the apex without making contact with the PDL.

Step 6 - Finally, the single most important thing to remember when using the EAL is that no apex locator is completely accurate until the file actually touches the PDL. This means you must have a patent apex and the file must peek through the apical opening and contact the PDL to obtain accurate readings. At this point, the apex locator will create an audible sound and/or provide a visual indicator that you have penetrated the apical opening. At that point, I subtract 1mm to obtain an accurate working length.

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As Designed by Dr. Kit Weathers

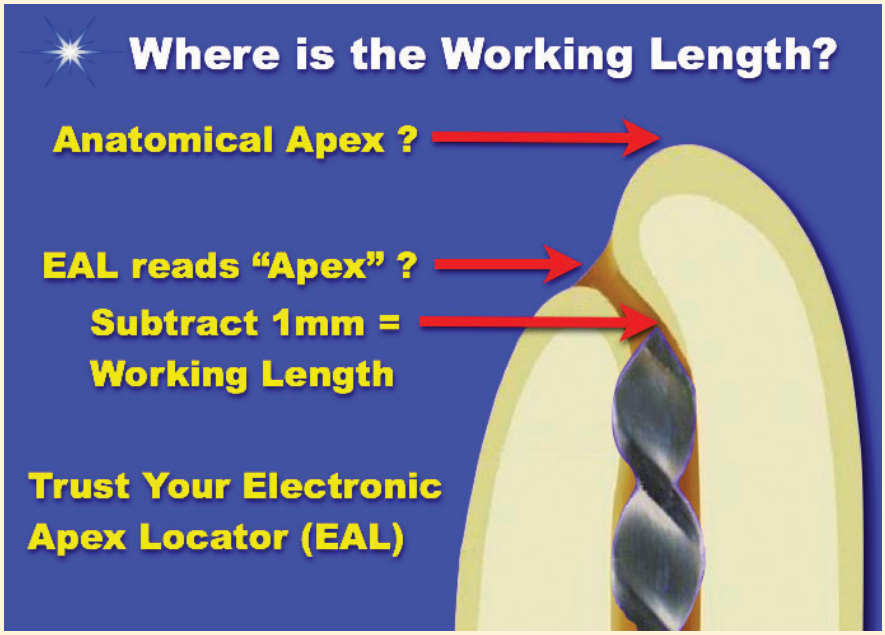

Fig. 3 – Radiographs show the anatomical apex, but using that measurement will often result in over-instrumentation and over-filling of the canal. Electronic apex locators read "apex" when they touch the PDL, but that is still too long. Subtract 1 millimeter from where the EAL reads "apex" and the working length will be at the narrowest part of the canal. This measurement allows the operator to create a nice apical stop and the last millimeter will be filled with sealer.

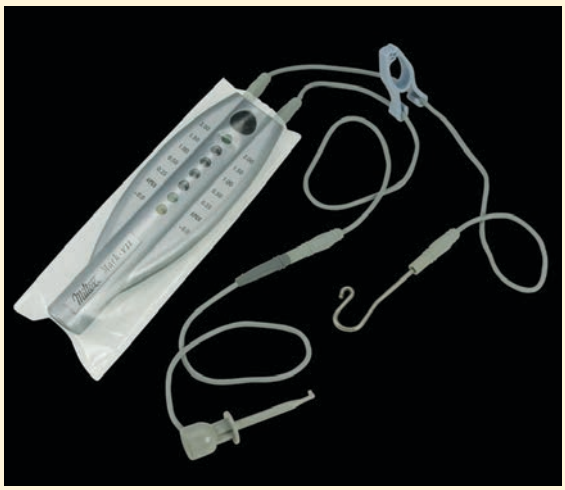

Fig. 4 and 5 - One of the least expensive units on the market, the light-weight Mark VII from Miltex, attaches to the patient's bib, making it easy to monitor apical progress during treatment. This unit has a series of LEDs to indicate when you are getting close to the apex and a different colored LED to indicate the apex has been reached. Having the unit on the bib is especially helpful because the noise of the high-vacuum suction can drown out audible signals, especially when larger unit sits on a counter away from the patient.

Other Points to Consider

These days, many clinicians are so confident using their apex locator that they take only preoperative and post-operative radiographs. However, I still recommend confirming working length with a radiograph, especially if you have digital radiography in your practice. Radiographs can reveal curves, cracks and calcifications, and I recommend taking two X-rays of every tooth prior to starting a root canal. I take one picture perpendicular to the tooth and another at a mesial angle, which provides valuable diagnostic information. The exception is the upper first or second molar, and for those teeth I take my standard perpendicular exposure and a distal angulation to help find the elusive MB2 canal in the mesial root.

So, what happens if you cannot obtain patency? In such cases, I recommend referring the case to an endodontist. A patent canal is important for successful treatment and a blocked canal is difficult to measure and treat. Life is short and you should leave the more difficult cases to the specialist.

The earlier single-frequency electronic apex locators were often unreliable when the canal contained fluid, since this allowed generation of a weak electrical current before the apical foramen was reached. The newest generation of apex locators uses technology that is much less affected by the presence of fluid. A simplified explanation of this technology is that it uses two frequencies and monitors the changes in both as the apex is approached, allowing calculation of the

location of the apical foramen. Today's dual frequency electronic apex locators are no longer being affected by the presence of tissue, blood, electrolytes, etc.

Each new generation of apex locator seems to be getting better at estimating how close the file is to the apex, but again, the only measurement that really matters is when the file physically contacts the PDL. Manufacturers of apex locators often say their unit is accurate within a fraction of a millimeter inside the canal, but the only accurate measurement is obtained when the file is allowed to contact the PDL. At that point, you are into the PDL, so subtract 1mm from that reading to obtain the working length. Some educators suggest subtracting 1/2 mm to get back to the narrowest portion of

"The electronic apex locator is finally becoming the standard of care."

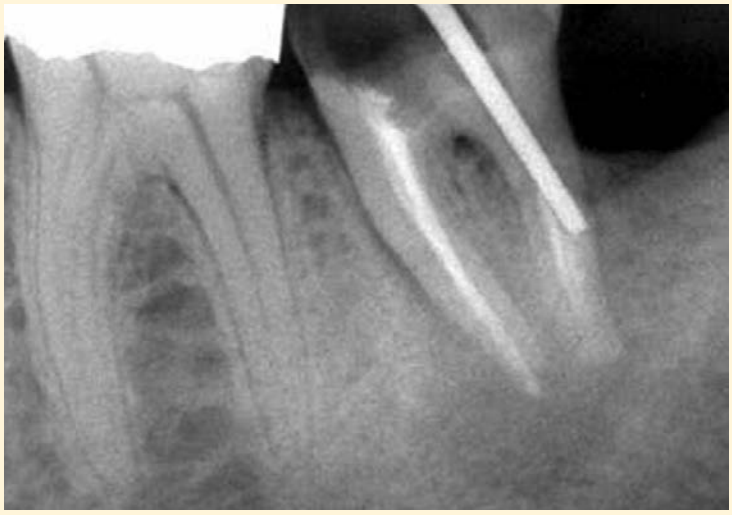

Fig. 6 – You cannot always tell from an X-ray if a tooth root has been perforated. This second molar appears to have a post in the distal canal that is contacting the PDL. If you connect the electrode to the metal post, and the EAL reads apex, a perforation has occurred.

the root canal, but I prefer to subtract 1mm and stop just prior to the constriction as seen in Figure 3 to the left. The extra half millimeter provides a better margin of error and makes it easier to create a nice apical stop.

Use the EAL to help locate perforations, cracks and large lateral canals

The only way I know to absolutely avoid perforations 100% of the time is by not treating any root canals. Techniques that utilize transillumination, magnification, dyes and ultrasonics can be useful, however, sometimes the anatomical landmarks disappear and all we see is a small red or white dot. How do we determine if these dots are canals or perforations? What about cracks or large auxillary canals? The EAL can come to our rescue is these situations.

When clinical inspection and radiographic evidence are inconclusive in determining whether the root or pulpal floor is perforated, the apex locator should be used in the following manner. A #10 file is connected to the device and inserted into the suspected perforation. If the EAL immediately reads "apex," there is a perforation (direct connection to the PDL). If you get normal, "in-canal" readings, you do not have a perforation.

Apex locators can be used to determine if a perforation communicates with the periodontal membrane. Connect one of the electrodes of the apex locator to the post in order to check for a communication with the periodontal membrane. If the apex locator registers a typical "in canal" reading, the post is not contacting the PDL. If the EAL reads “APEX” when you contact the post, the post becomes an extension of the electrode, and you have a perforation.

If we verify that a perforation has occurred we can repair it immediately and increase the probability of obtaining a successful prognosis. Materials such as MTA can be used quite predictably in situations like this one. However, the success of a perforation repair depends on the size of the defect and how quickly the defect is sealed. Prompt diagnosis and treatment is the key. The use of an apex locator in these situations can make the difference between success and failure. The electronic apex locator is finally becoming the standard of care, and I hope this article will help you maximize its potential.

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

2008

November 21-22 (LVI)

December 5-6 (Griffin, GA)

2009

January 30-31 (LVI)

February 20-21 (Griffin, GA)

March 20-21 (LVI)

April 24-25 (LVI)

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

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

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

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PRODUCT REVIEWS

Mark Duncan, DDS

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

Recently I attended an incredible meeting with Ivoclar Vivadent and once again, they impressed everyone with their commitment to dental success. During the annual meeting for the IACA (which, by the way, was fantastic!) there were several workshops conducted by Ivoclar Vivadent to highlight the strengths of some of their products. Some were familiar, some were improved editions and some new here in the United States.

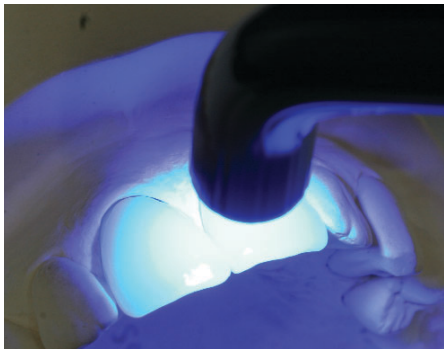
Proxyt

As the Science of Dentistry has advanced to support the Art, we have been left with an additional challenge. There are several choices when it comes to polishing natural teeth, but what do we use for porcelain restorations? In private practice there are a number of options and advice from a variety of sources. In a workshop at the IACA, we were able to take the number one selling prophy paste and evaluate it side-by-side with Proxyt from Ivoclar Vivadent. There was an immediate, dramatic difference between the two products and the end result! The Proxyt paste is available in three abrasive values to accommodate specific needs and is formulated to have great adhesion to the teeth and instruments so splatter is no longer an issue. These are great qualities and much appreciated, but the best feature is that it does not scratch the glaze in porcelain. The

conclusion would be that in the side-by-side comparison, there simply was no comparison. Make sure you are protecting all of your patients and dentistry by using Proxyt at the maintenance recare visits.

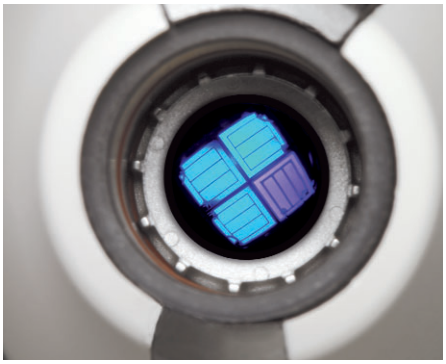
bluephase G2

Also, in the Ivoclar Vivadent arsenal, a much improved product. Ivoclar Vivadent has long been a leader in curing technology and the most recent light, the bluephase G2, accomodates virtually every preference in a light. In a blue-sky session of the things you want from a curing light, the list can get quite long. A few items would include curing all dental materials, cordless, lightweight, minimal heat buildup, ergonomic controls, great run-time, programmable curing settings, quiet, measurable, and powerful. There are certainly others, but this illustrates the depth of thinking in the design. Given the challenge of meeting all these issues, they have done an incredible job of delivering on all



fronts! The wide 10mm tip will deliver 1,200 mW/cm2 and create a focused light energy distribution. This allows confidence in the delivery of an adequate cure without using inefficient turbo tips and decreasing the reliability of the light. The bluephase G2 uses a lithium polymer battery

supply – a memory free battery that can recharge in a few minutes (i.e. while an operatory is turned over between patients) or completely charged in about two hours. If the battery ever does go down, there is a 'Click & Cure' function that allows you to plug directly into the wall. It has preset programs for a variety of needs and is simple to use and comfortable to hold. Additionally there is

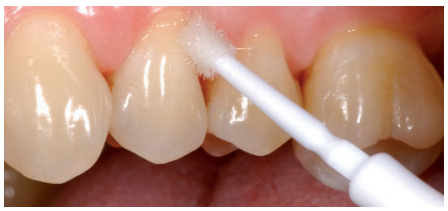


no concern as to which materials are being cured because it emits a broad enough spectrum that it will cure all available dental materials. We are always looking for 'the light' and the bluephase G2 is it!

Cervitec Plus

How about something totally new? We are all familiar with the multiple antibacterial and soft tissue benefits of Chlorhexidine. Now it is available in a novel delivery vehicle and formulation that not only eliminates the drawbacks of conventional Chlorhexidine, but actually adds some impressive benefits. Used at a 0.12% strength and rinsed with daily, patients have to suffer through the delicious 'poison' flavor only to have their pearly whites stained with

streaks of brown. There is no staying power to the benefits because the solution needs to be reapplied at least daily. Ivoclar Vivadent was able to bring over from Europe, Cervitec Plus. Cervitec Plus creates a shield that protects sensitive and vulnerable tooth surfaces. The product is 1% Chlorhexidine (10 times the strength of the rinse) and uses a 1% thymol additive. This paint-on varnish adheres to the tooth surface and creates a clear barrier that protects the tooth for up to three months! It is significantly less expensive for the patient and is incredibly effective at sealing and protecting the tooth from cariogenic bacteria. This can be used in conjunction with fluoride rinses for more at-risk patients



and should be a front-line control against breakdown in the tooth, gingiva, and cavosurface margins. A simple and inexpensive insurance against disease, Cervitec Plus will help guarantee health at the restorative margins, peri-implant tissue collar, and on bonded orthodontic brackets. The net effect is that the tooth becomes more plaque resistant, more decay resistant, and allows both patient and practitioner to be more secure in long-term health of the teeth and gums. This is an awesome preventive adjunct that has a 10+ year track record in Europe and is now available in the United States! I look for this to actually supplant fluoride treatment as it is easier, more aesthetic, and does not have the potential toxic drawbacks of fluoride.

Once again, Ivoclar Vivadent has brought value and substance to the table. There is a full range of products that will ensure an aesthetic practice is predictable and rewarding. From curing cement through IPS Empress porcelain with the bluephase G2 to protecting the margins with Cervitec Plus to long-term maintenance with Proxyt, Ivoclar Vivadent is an indispensable part of my practice! Try these products and I am sure you will agree!

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IACA Orlando

With talk of gloom and doom, the bad economy and difficult times ahead, it was refreshing to see a group of dentists who are prepared to step out from the rhetoric and make their own decisions about their future, and the future of dentistry. With the majority of dental conferences experiencing a downturn in their registrations, the recent IACA meeting in Orlando, welcomed a 30% increase in attendees over the previous year.

Dentistry can be a lonely profession. We do necessary work but it often goes unappreciated. Many dentists would actually not choose dentistry as their profession if they had their time over. How sad is that when in reality, we arguably belong to the best profession there is? The opportunities are endless from a clinical, business, humanitarian, research, human relations, physiological and being able to make a difference, perspective.

The IACA was born from this ideology. It endeavors to create an inclusive environment where members have a sense of belonging to a group who want to further their education for the betterment of their patients, the profession, their team, their family and themselves.

The meeting in Orlando was the fourth Annual Meeting, each successively exceeding its goals. Each morning started with a keynote lecturer or panel bringing the whole group together as one. Mr Tom Flick, former NFL Quarterback, and current motivational lecturer kicked off the program with an inspiring reflection on what is important as we make our choices in life. He encouraged us to build for others… to go first and lead the way by inspiring others with love and respect. He said "Treat your spouse better than anyone else on the face of the planet … in thought and in deed." How is that for a concept that could change the world?

Day two started with an Occlusion Panel featuring Dr. Henry Gremillion, D.r Gary DeWood, Dr. Sam Kherani and Dr. Norm Thomas. The premise of this gathering was to have a professional discussion that acts as a catalyst to acknowledge that the differing Occlusal Philosophies have more in common than they have differences… that we should be able to respect each other's opinions pro-

fessionally and to begin to heal the rift which serves no purpose in our wonderful profession of dentistry.

It was acknowledged that Occlusion and TMD are poorly understood by the majority of dentists and that our efforts should be focused on educating and inspiring and challenging the vast majority of dentists and dental schools out there who place no real importance on occlusal principles and who often, through their ignorance, tip patients unknowingly into the realms of TMD.

We can no longer ignore occlusion in our profession. We need to focus on:

- Prevention of malocclusion
- Counteracting the change in modern diet, its effect on airway and educate our ENTs and medicos
- "Stop building garages too small for the car"
- Prevention of the removal of the back teeth through disease and neglect
- Not cause iatrogenic TMD
- Open our minds to new methods and technology that allow us to measure and objectively treat to the physiology of that individual patient

We have to get the message out there. That is the role of this generation of dentists … it will be the legacy of what we leave behind. The fight has got to end. What was in the past was neither bad or wrong… it got us to where we are today but as technology and new knowledge propel us forward, it is time to embrace this new learning and move forward together as a profession, for the betterment of human kind.

Day three saw the Legends of Aesthetic Dentistry gather together for a conversation that took us back to a time when what we take for granted today was not so readily embraced. Each of the participants; Dr. Larry Rosenthal, Dr. Ross Nash, Dr. Ron Jackson and Dr. Bill Dickerson has endured more than their fair share of arrows in the back (except for Dr. Ron Jackson who acknowledged that his deftness of foot allowed him to avoid some of those arrows). If it was not for these men, and men and women like them, our profession would not advance. They saw a void in continuing post-graduate education and chose to fill it. They truly believe that no one has the right to do anything but the very best for their patients, and created teaching programs and environments that have advanced modern

aesthetic adhesive dentistry to the possibilities that exist today. Even more importantly, through education in neuromuscular dentistry, a window to reach the possibilities of our profession into the future.

Following each day's opening session, the real difficulties started … choosing what to attend next. Each session had something for everyone and sometimes too much… you could not be in two or three places at once. Sessions dealt with clinical and laboratory concepts, practice management, physiological, personal actualization, as well as workshops and a tremendous trade display which incorporated the very popular IACAopoly which saw great prizes being won by lots of attendees including one person winning registration at the 2009 IACA meeting in San Francisco and an IPOD with all the lectures from the 2008 Meeting… over $2500 in value. These IPODs are available for purchase from the IACA website www.theIACA.com along with registering for 2009 San Francisco (at early bird prices).

The grand finale of the program was the opening morning of day four. Dr. Bill Dickerson delivered his final lecture outside of LVI. This brand new lecture which took more than 1,000 hours of preparation time was delivered to an audience in –excess of one thousand people, including dentists, spouses, teams and families of participants who knew that this message would be worth hearing and they were not disappointed. For more than four hours, Bill spoke of success and its achievement from the core of our being. For those of us who truly know him, he spoke from his heart and revealed the true man that is Dr. Bill Dickerson, a man who has forever changed our profession and lifted it into the realms of possibility. A man who believes in us before we sometimes believe in ourselves and a man who wants us all to be the best we can be because only then can we be the best for others.

Thank you Bill, thank you IACA and thank you to everyone who attended the fabulous meeting in Orlando because it is people like you who believe in taking control of your future who make organizations like the IACA worthwhile and fun.

Dr. Anne-Maree Cole
Vice President IACA
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DIGITAL IMAGING

AT LVI:

A Conversation with Dr. Bill Dickerson and Dr. Kit Weathers

LVI takes pride in sharing state-of-the-art techniques and technology with dentists globally. Digital radiography has changed the face of imaging—providing doctors and patients with a clearer view of the dentition for better diagnosis and treatment. Dr. Bill Dickerson and Dr. Kit Weathers shared their thoughts on the ways that digital has changed life at LVI and how private practice dentists can benefit from the Institute's experience.

How has digital imaging benefited the Institute?

Dr. Weathers: First, digital X-ray saves us time waiting for film to be processed. I have timed people in different offices, and even a high-speed, 90-second processor averages somewhere around five to seven minutes before you get the film back—that's assuming a hygienist is not ahead of you processing a full mouth series of X-rays. We have found that the diagnostic ability of digital imaging is better than film. If a traditional film X-ray is too light, you cannot make it darker, but you can easily apply contrast and additional enhancements with digital.

Dr. Dickerson: With digital panoramic X-ray the same attributes apply—digital allows the dentist to zoom in on certain areas, highlight, and even draw on the image so patients understand and accept treatment more readily.

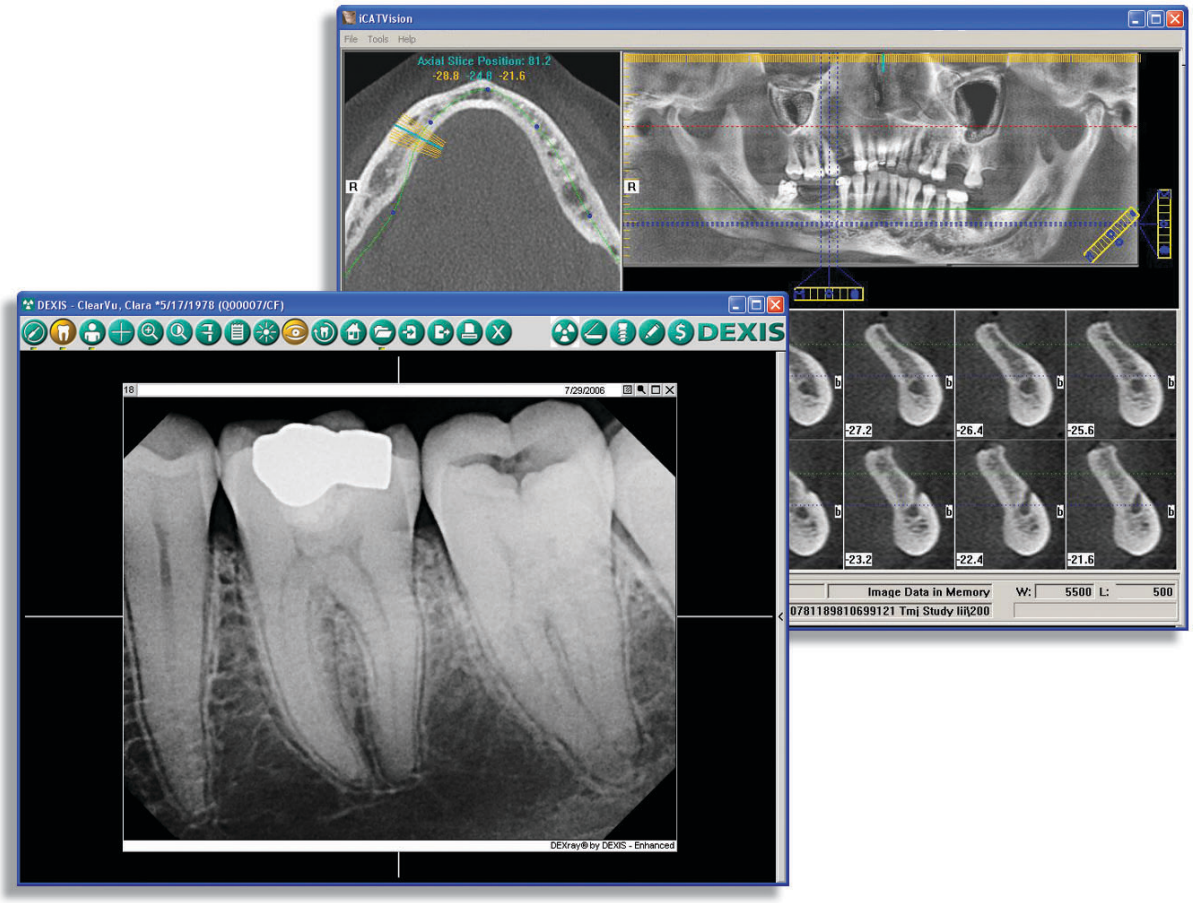
Is it difficult to implement the new imaging technology?

Dr. Weathers: I was one of the earlier dentists to adopt digital radiography. For me, it was an easy switch. In my private endodontic practice in Georgia, I was taking all of the X-rays myself. My learning curve was a couple of days, and I gained better diagnostic ability very quickly.

How do patients react?

Dr. Weathers: The rounded corners on my DEXIS sensor are more comfortable. Although the sensor is a little thicker than film, patients often complained about the thin, sharp edges of traditional film that could cut into their delicate mouth tissues. They don't with the sensor.

Dr. Dickerson: With digital technology, dentists experience "the wow factor." When patients see their image in seconds on the monitor, they will be impressed that your techniques are advanced and high tech. They will tell their friends about it, and that's a good practice builder.



How do you know what system to choose?

Dr. Dickerson: We advise dentists to choose their new system from a company that has a strong reputation for quality and service. In my private practice, I went through two other companies before discovering one that gave me the right support. If a problem arises with the sensor, you want to make sure that you can get one overnight. At the Institute, we find that our sensors continue to be durable leaving us with no down-time. They just continue to work.

What about technology for specialty procedures?

Dr. Weathers: Probably the hottest imaging technology is Cone Beam. It's really exciting because you can have a 3-D digital scan in about 8 seconds. For my interests, the 3-D aspect is important for endodontics since the image shows if and where the nerve splits, and the exact number and shape of the canals.

Dr. Dickerson: Anyone placing implants should have access to Cone Beam imaging because it allows for accurate and precise treatment planning. With 3-D, you can place the implant in the software and virtually fly all around it, seeing every angle, and how close it is to adjacent teeth and vital structures. Studies show that the radiation from a hospital CT scan is much higher than from the dental Cone Beam units. The system we use at LVI, i-CAT®, emits 10 times less radiation, plus patients can be seated, unlike in the hospital where they must lie down, putting the jaw in an unnatural position. It's significantly changing the way we approach implant planning.

In closing…

Dr. Weathers: At LVI, we have gone digital, all the way. We actually made our darkroom into a storage closet. In my classes, I always ask dentists who have switched to digital imaging to raise their hands. Seven years ago, just a handful responded. Now well over a third to a half of the people in the room has digital imaging. Then, when I ask how many who have switched would switch back to traditional radiography, no one ever does.

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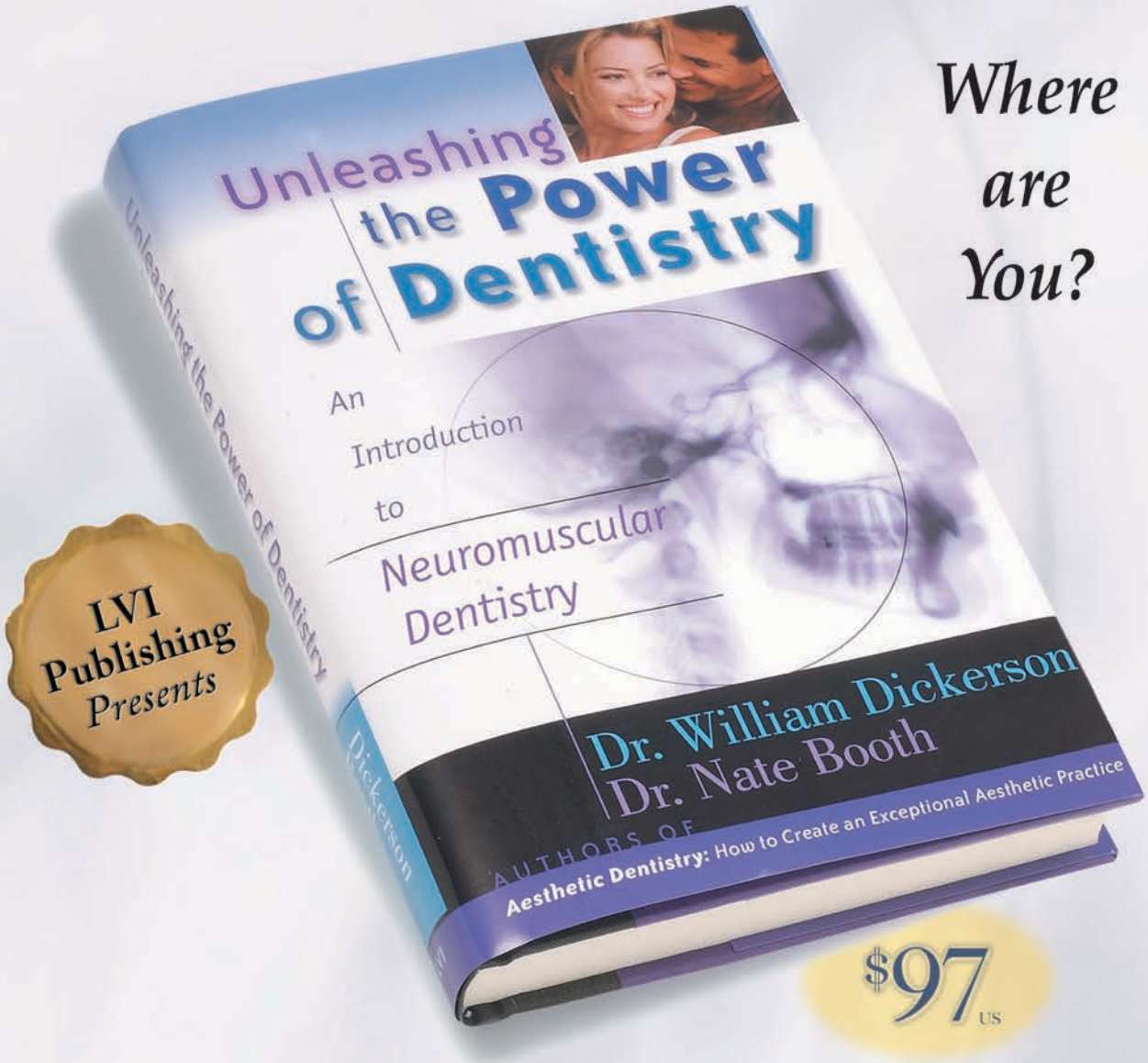

Where are You?

- *Why are so many dentists adopting the neuromuscular approach to dentistry?*
- *Why are those that are skeptical being convinced of its value?*
- *Why are many so successful in implementing these concepts into their practice?*
- *Why is case acceptance higher with neuromuscular dentists?*

It's all here in this comprehensive book on this fascinating subject. ***Unleashing the Power of Dentistry: An Introduction to Neuromuscular Dentistry*** by Drs. Bill Dickerson and Nate Booth can show you how to enhance patient care as well as increase your practice success and professional fulfillment through the practice of neuromuscular dentistry.

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- introduces the basics of neuromuscular dentistry
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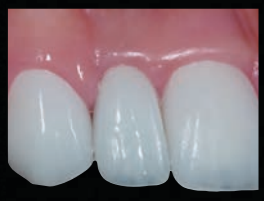

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