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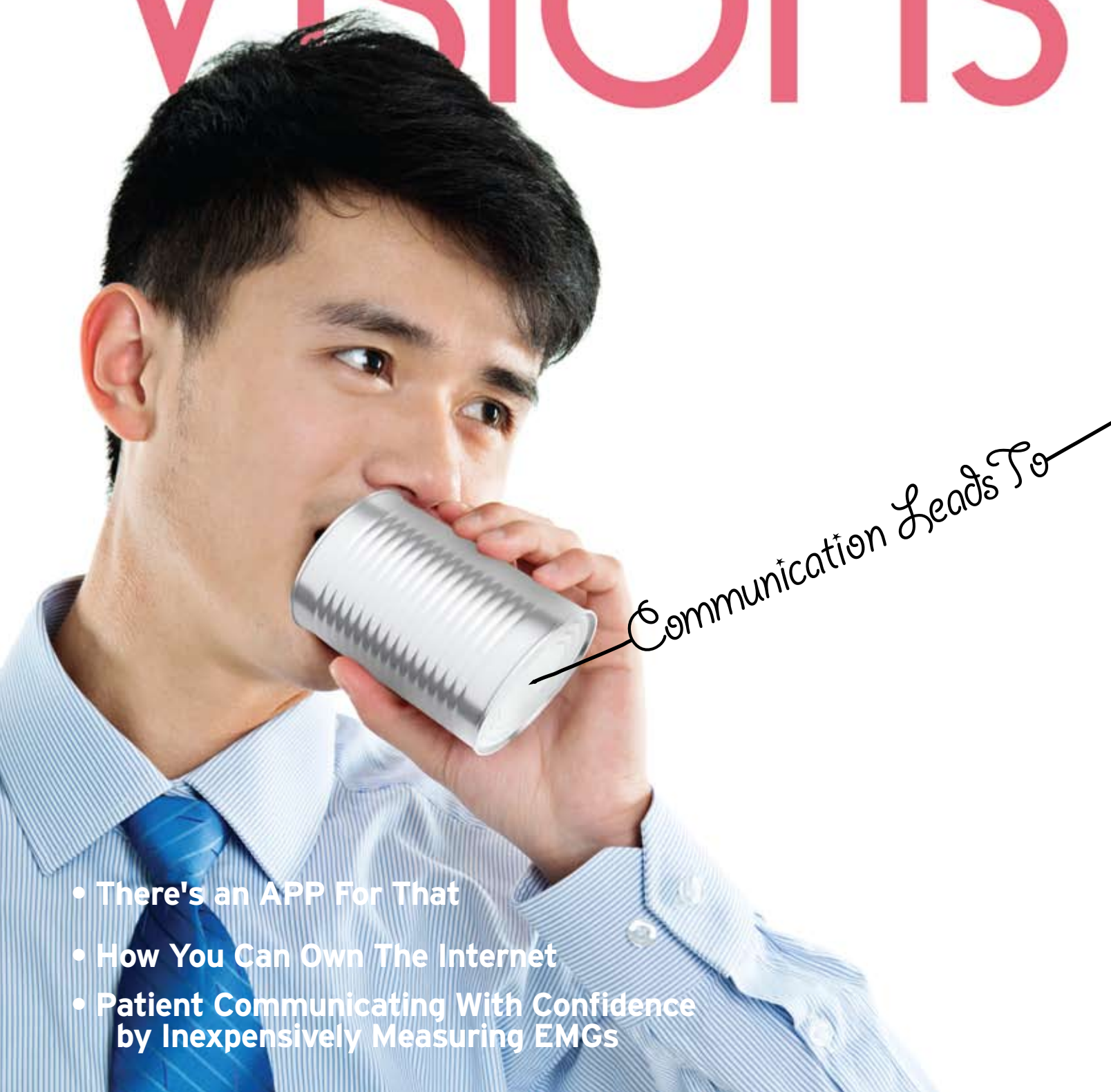

- There's an APP For That
- How You Can Own The Internet
- Patient Communicating With Confidence by Inexpensively Measuring EMGs

Laura Garcia
MACSTUDIO MODEL SEARCH
GRAND PRIZE WINNER

DENTISTRY BY
Dr. Jerry Hu, Soldotna, AK
LVI FELLOW

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Editor's Note

Dear Readers,

This issue is called Communication Leads to Education. Some of you may have thought, 'what does that mean?'... lol, so let me COMMUNICATE my thoughts 😄

You see if we take the time to understand the learning style of our patients, then we can effectively communicate with them and educate them on what is best for their ultimate health. Some patients like to read; others like to watch videos, others like to be shown an example or a demonstration of a procedure. One thing is for sure... IF they have a full understanding of what is wrong, why it happened, and how things can be turned around and/or prevented... they will be all ears! It is easy to make a decision once you understand something!

If we use updated technologies that our patients can relate to: websites, social media, videos, interactive phone systems, intraoral scanners/cameras, iPad tutorials and diagrams, before and after photos... to name a few, we can share what is personally going on with their dental health. Together, we can move forward and establish a plan.

Of course communication goes both ways. We can learn an awful lot by observing, listening to, and conversing with our patients. I often find by just sitting and having a casual conversation with a patient that I find out more than by reading a boring medical history form! Patients tend to share many things when they have your undivided attention.

I hope the articles in here help you to change the ways you communicate with your clients. I hope by proper education you are able to help them move forward into dental treatment decisions that they understand and look forward to their healthy outcomes.

Enjoy...and let me know if you learned anything!

Heidi

Heidi Dickerson, DDS, LVIM, FIAPA
hdickerson@lviglobal.com
Editor in Chief

Imitation is the sincerest form of flattery that mediocrity can pay to greatness.

OSCAR WILDE

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Dr. William Dickerson, CEO and Founder, LVI Global

Featured in Forbes Magazine

William Dickerson, DDS, FAACD, LVIM, FIAPA

Patient COMMUNICATING With Confidence by Inexpensively Measuring EMGs

Getting patients to understand the importance of the situation that exists in their mouth is often very difficult. We usually try and explain things assuming that because we are the doctors, they will trust us. However, we live in a society where the media has exposed times when professionals have taken advantage of that trust. Many times unfairly, yet the damage to the trust in our profession has been harmed none the less. Being able to "prove" that what we are diagnosing is correct would help alleviate that fear of the patients. Especially if we can tell them how we will determine the diagnosis before we actually perform the exam and then show them measurable results of that exam.

As physiologic based dentists, we know that the muscles are the cause of 90% of the pain that our patients experience. Telling them that their muscles are not comfortable without being able to show them something that proves it will leave a lot of patients really questioning if it's true. Remember the quote from the late Barney Jankelson, "If it can be measured, it's a fact... if it can't... it's an opinion." Dentists who can't "measure" are put at a disadvantage. There may be patients that actually question the legitimacy of what the dentist is telling them. Hearing that their muscles are in a pathologic position without "proof," particularly if in their mind they have come up with other reasons they are experiencing the pain, like stress, leaves them questioning the validity of that diagnosis.

The problem with being able to "measure" has been the cost. The cost of the equipment to accurately measure the muscle activity has been prohibitive for many dentists. The Myotronics K7 is $32,000 and the LVI version of the BioPAK from BioResearch is $19,950. First let me say that I believe in order to do the best job possible you need the computerized equipment and if you don't have either, I would personally get the BioPAK as it's 60% the cost of the K7 and does everything you need to diagnose, treat and finish your cases. I know this because I designed and created the scans in the LVI version to do just that!

However, until someone feels comfortable with such a large purchase, they have had to depend on the TENS unit getting them to the correct position. Experienced physiologic dentists understand that in a lot of cases, the TENS won't get to that position by itself. Being able to measure the EMGs to make sure you are there and to determine the direction of bite correction is absolutely necessary. LVI trained physiologic dentists also understand that the anterior temporalis are the reins of the mandible and dictate the "position" of the mandible. Being able to measure that muscle is very important.

There is now an inexpensive way to measure selected muscle groups that makes it easy for EVERY physiologic dentist to help explain to the patients the pathological position their bite is in and where their physiologic position is. This will actually prove to the patient that the new physiologic position makes so much sense. It only measures one group of muscles as it only has two leads, but you can measure any set of muscles. **It's called the M-SCAN from BioResearch.** A cell phone sized device that can take two measurements then compares them showing the difference between the two. And the good news is that it only costs $995.

The first measurement of the anterior temporalis is the resting EMGs and it runs for five seconds. The second measurement is the CO resting position (teeth in light maximum Intercuspation). We all know that the CO rest should be close to the resting EMGs. The M-SCAN then mathematically calculates the difference between the two. It gives the doctor an easy way to effectively communicate with the patient by showing them a "measurable" diagnosis of their bite condition.

The patient explanation would go something like this:

"Mrs. Jones, the reason for your headaches might be your bite. We can determine if your bite is the cause by measuring the muscles in the temple area as that is the muscle group that mostly controls the position of your jaw and these muscles are responsible for a good portion of peoples headaches. I will put these electrodes on your temple and measure them in two different jaw positions. One is when you are relaxing and we will help get you to the relaxed position by TENSing you with an ultra-low frequency TENS unit for about an hour. It works like an electronic massage on these muscles. After that we will run a resting or relaxed scan of the muscles. I will then ask you to put your teeth lightly together, making sure that your back teeth are together but not clenching. I will then run another scan in that position. If your bite is in the physiologic position it should be, then the two numbers will be close. If your bite is in a pathologic position, then the bottom number, the one with the teeth together, will be higher. Depending on the difference of the two will tell us HOW pathologic your bite is. The measuring device will compare the difference and give us a number of that difference. For example, if your resting EMGs are 1.5 and your bite EMGs are 4.5, then the difference is 3.0. That would indicate that your bite is pathologic or not in its correct position and could very well be responsible for your headaches. Your resting EMGs should be below two, so if that's not happening, then we need to try and relax you some more. Do you understand?"

So for those of you who don't have the computerized equipment, this is your answer until you can afford or justify the BioPAK, where you can measure all the muscles, or evaluate range of motion to determine pathology and its cause, or velocity of closure which determines pathology in the joint, and jaw tracking to determine where in space the bite should be, etc. But for now you can measure and display to your patients the diagnostic condition of their bite position, good or bad. Case acceptance will be easier and more frequent since the patient's

education includes a measurable diagnosis. Giving the patient a visual reference of the condition of their bite will dramatically enhance case acceptance and allow you to help them get rid of a lifetime of pain. This will give your practice the respect and confidence in your patients and drive more patient referrals.

We are now using the M-Scan in our **CORE I** program **(Advanced Functional Physiologic Dentistry)** along with the TAG Bite and the students can now see how good the bites are that they take on each other. It's helpful to show them the power of what LVI style dentistry can do and gets them onboard my passion filled purpose and our mission at LVI to change dentistry for the better.

For more information visit www.bioresearchinc.com

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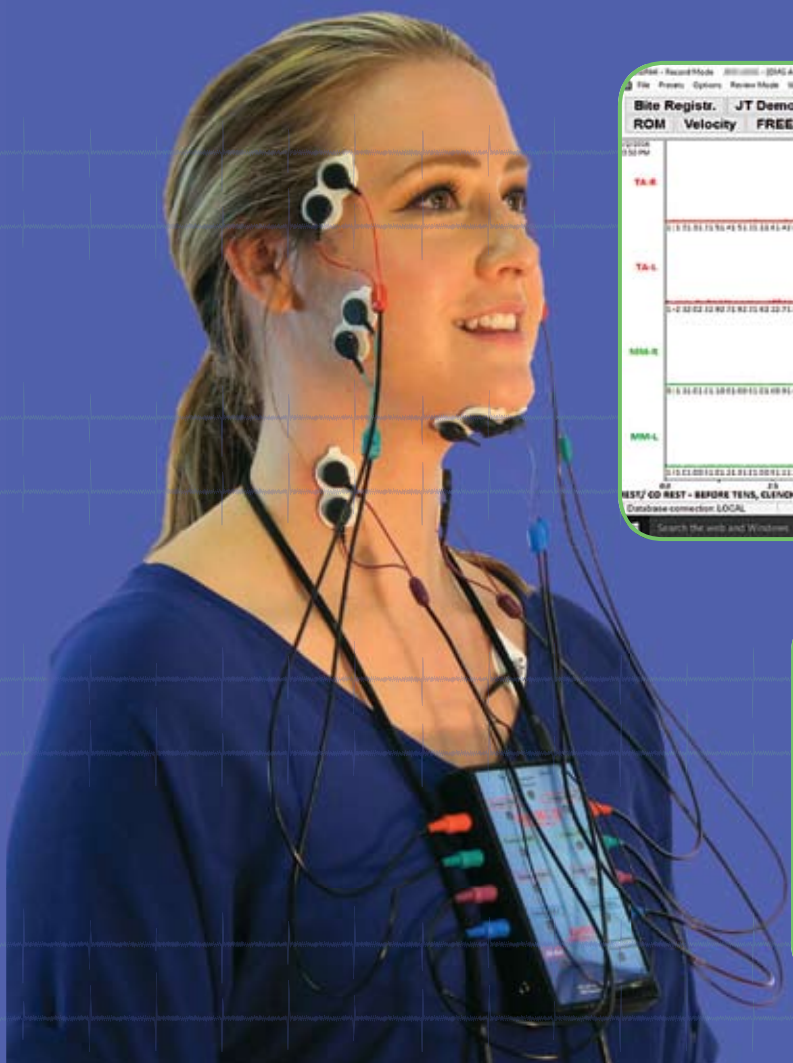

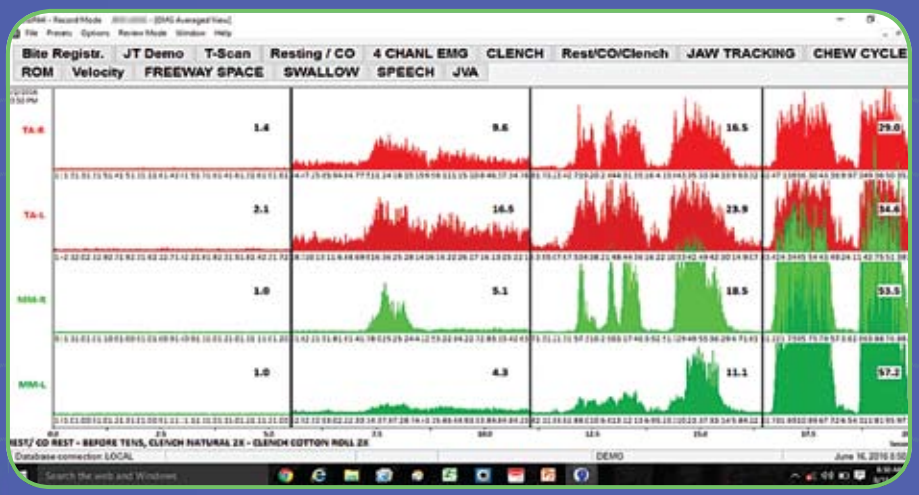

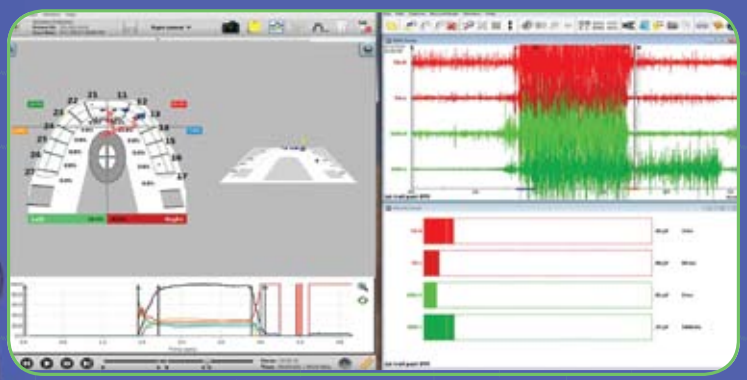

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How You Can Own The Internet

There is one, and only one reason you have a website. MONEY.

If you are not making money from your website, something is very wrong.

In order to make money you must do two things extremely well:

1. Attract Patients
2. Convert Patients

Darren Seigel of Advice Media

Generating traffic to your website is done through your on-line visibility and search engine optimization ("SEO"). SEO includes sound site architecture, robust content, proper local and procedural coding, powerful in-bound links and a good site-map. As little as five years ago, you could implement "good" SEO on your page and get great results. I hate to be the bearer of bad news, but those days are gone. Today, you need GREAT SEO strategies. Now you need to be the loudest kid in class, constantly raising your hand and screaming "Pick me! Pick me! Pick me!" to get Google's attention.

Google is looking for publishers of relevant content. That content includes: your blog, social media, reviews, videos, testimonials, photos... everything about you and your practice on the Internet. The more content you are creating and distributing in intelligent places, the more Google will love you.

The best place to start is with your website. Your content needs to be better than your competitors' content. Many doctors tell me they do not want to write content and would rather pay someone to do it for them. However, that would not be as effective as you writing it yourself, and it's easier than you think!

Start with the top 5-10 questions you get asked about every procedure or problem from patients when they call, email, or come to your office. Write the questions down along with your answers. Be sure to write them like you are talking to a patient, not another LVI dentist. This is the best kind of content you can create. Why? Because before potential patients ask you those questions, they ask Google those questions. And Google is looking for the best local resource. So, if you have that content on your website, Google is going to put your site in front of that Google user.

Continue to add content as much as possible by having everyone in your office write down every question they get from patients over the next month. Organize these questions by procedure or problem, type out your answers, and get them on your site.

Google likes robust websites. The former head of search at Google once said that Google's favorite site is Wikipedia because it is all original content, and changes constantly. If you want to own the Internet, you need to be the Wikipedia of dentistry in your area.

Google will look at your site more often, the more changes that it sees. If your site stays stagnant, Google will not think it has the latest and greatest information. However, if Google sees new content whenever it looks at your site, it will think that you are a great content-provider and show your site for more searches. Again, that content can be Q&As on procedure pages, blog articles, videos, and testimonials. Keep your site ever-changing.

What you do off-site is also critical. Google gives a lot of weight in its algorithm to your reviews, in-bound links, social media and content dissemination.

Your goal is to make sure that when someone gets to your website by whatever means, they say Wow!

One of the first places to focus your off-site efforts is your Google+ page. Every business should have a Google+ page, because Google likes it when you use their other properties. Be sure to publish engaging photos and complete the profile with as much information and detail as possible. The more robust your business description is, the better.

Patient ratings on Google+ are also extremely important to your online visibility. The more good ratings you have on Google+, the greater chance you have of showing up in the local search results. If you do not have a solid review-generation system in place, you need to set one up now. Your competition is very likely already requesting reviews, or they will be soon. Don't let them beat you to the punch.

All of these strategies will encourage potential patients very early in the sales-cycle to see you, often when they are just doing research and not even looking for a doctor. This is where patient conversion is critical.

Your goal is to make sure that when someone gets to your website by whatever means, they say "Wow! This dentist looks awesome." Your site needs to change their body chemistry and it has to do it instantly! Patients will make a decision within two seconds of visiting your site. Do I stay or do I leave? You have to convince them to stay.

The first thing a potential patient sees has to be something that makes them love you. Your job is to figure out what a patient in your area needs to see to make them think of you as their dentist. What assets will make people call? For every dentist, those assets are different.

Perhaps it's a great picture of you or better yet, you and your staff, a beautiful office, your schooling, the street you are on, or the number of cases you have handled. Most importantly, the assets need to be presented in a beautiful way.

All photos on your site are important but the ones on the home page need to be great. Words get people to your page but the imagery and vibe of your site get them to call your office to make an appointment. The photos on your site should be high quality, professional images that will make patients think highly of you. No one wants to see you doing surgery, or your fancy new dental chair. They are not coming for surgery or a comfortable seat... they are coming to feel better. You need to sell the dream on your website.

Last, but certainly not least, your social media channels need to be engaging. Your posts need to get your fans to like, comment, click or share them. The key is treating your fans like friends and not like customers. When you treat them like friends they will be customers.

Owning the internet is easier than you think. Implementing a few of these digital strategies can help boost your online visibility, attract and convert more patients, and ultimately, make you more money!

"To effectively communicate, we must realize that we are all different in the way we perceive the world and use this understanding as a guide to our communication with others."

Tony Robbins

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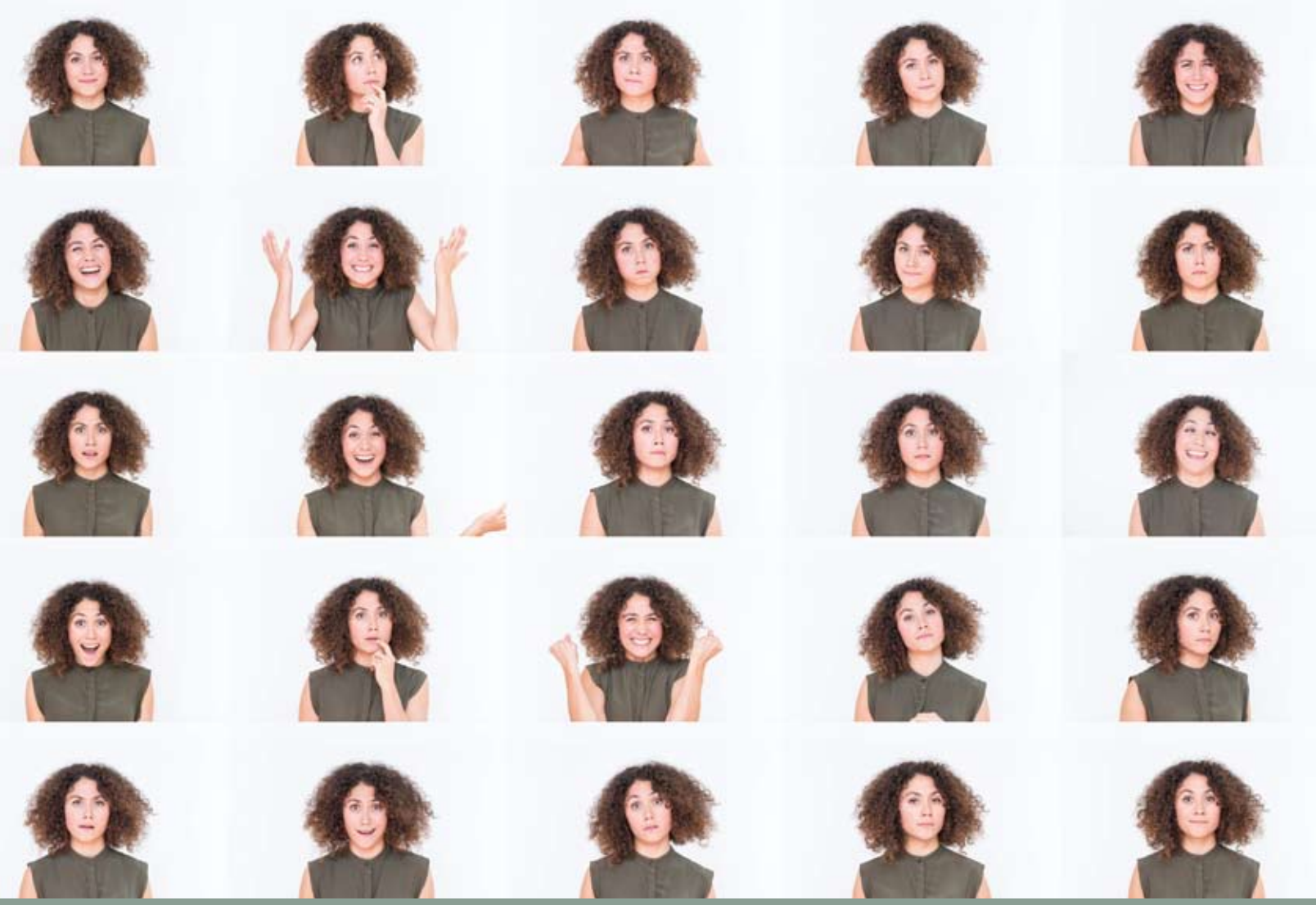

The Body is the Message

Non-verbal Communication and the Dental Patient

Jill Taylor, RDH, BS

Most people are aware of the famous quote: "93% of communication is non verbal" carried out by studies done by Albert Mehrabian in the 1960s. This number arrived at combining a couple of studies that found communication was 53% face, 38% voice, and 7% words. Therefore the nonverbal component was made up of body language (55%) and tone of voice (38%). However, keep in mind it is not often that we only use one word as Mehrabian did in his studies. The participants in his study had to judge whether a word was positive, negative, or neutral and each word was read in either a positive, negative, or neutral tone. His conclusions were never intended to apply to normal conversations since it is a misinterpretation of a scientific experiment. The fact of the matter is the exact percentage number is really irrelevant because it holds no practical applications. The important take away is that most communication is nonverbal and that is a crucial aspect.

In a more recent study in 2012, researchers found that you can't judge someone's facial expressions unless he just won a lottery or if he lost everything in a stock market crash. Body language provided a better clue if someone has positive or negative emotions. In the study, there were three groups of people each shown a full picture of a face, a body with the face removed,

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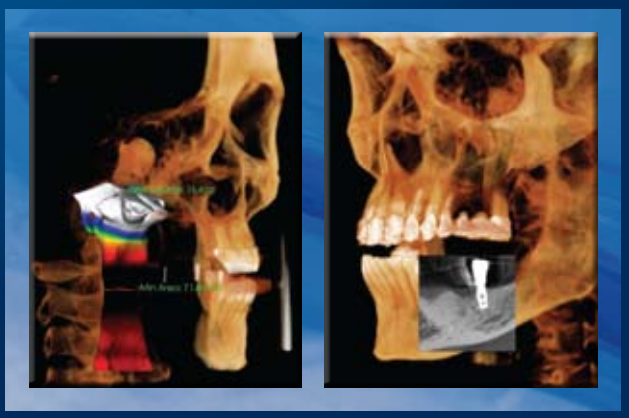

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and the face with the body removed. The pictures had tennis players losing a point or winning a point in a game. Amazingly, the subjects could easily identify the full body or body alone, but they were at a chance level when rating the face alone! They were convinced, however, when viewing the full body, that it was the face that revealed the emotional tone not the body. For practical clinical purposes, we need to understand how body/face expressions interact- just as much as the mouth/body interaction!

There are many different types of non-verbal communication. They include body movements (also termed kinesics). This might be a hand gesture or nodding or shaking the head. I sometimes say something and nod my head without knowing it to get agreeance with whomever I am speaking with. Posture plays a role whether a patient sits, stands, grips the sides of the chair, or whether their arms are open or crossed. Eye contact can determine the level of trust or trustworthiness. We should always position ourselves whenever communicating to be eye-to-eye and knee-to-knee for comfortable dialogue to take place. In my consults, I am constantly moving the clinician's chair so that the clinician can have that eye-to-eye contact. Far too often, I see the clinician sit side by side with the patient. Sometimes the operatory tray has to be moved to accomplish this communication setting. The intensity of eye-to-eye contact is different in other countries. Gazing too long can make an American uncomfortable when visiting an Arab or Indian nation, as they tend to hold a much longer gaze. Yet in Asian countries a person's lack of eye contact toward an authority figure signifies respect and humility.

Paralanguage is aspects of the voice part of speech such as pitch, tone, and speed of speaking. Most people don't realize how important this is when communicating! We should match a patient's tone when they are speaking as well as cadence. It is important that we morph to those in front of us. If you have a fast speaking patient, one should match that speed as well as tone. Facial expressions and physiological changes would include smiling, frowning, sweating, and even blinking when nervous. All these need to be interpreted within non-verbal communication but take the body position into consideration as well. If someone is frowning it could mean that they are concentrating on what is said or perhaps not liking what is said. It is our job to ask for clarity and if we are both on the same page.

Personal space (termed Proxemics) is another non-verbal characteristic. Proxemics is the study of the human use of space and the effects it has on behavior and communication. In dentistry we work in an intimate distance, less than 6 inches. Personal distance is anywhere from 1.5-4 feet when we are interacting with family or friends. Social distance is 4-12 feet and applies to interactions amongst acquaintances and public speaking is 12-25 feet or more. Have you ever had someone speak to you and you take a step back? In Europe, the personal space is much smaller than in America. We are always saying "excuse me," if we bump into someone as a result of a violation of personal space. Different cultures have different personal space and even hand gestures. For example, in the Philippines, Korea, and parts of Latin America beckoning someone with the palm up is considered rude, but in America it is a common gesture. The "O.K." gesture in the American culture is a symbol for money in Japan. This same gesture is offensive and immoral in some Latin American countries! When our non-verbal language matches that of another that puts the other at ease. In different cultures, non-verbal communication has similarities and differences. When we are aware of these differences, the level of trust increases.

Non-verbal communication is an extremely intricate yet fundamental part of overall communication skills. However, people are often totally unaware of their own non-verbal behavior and how to interpret others. We should have a basic understanding of the different forms of non-verbal communication to help us improve our relationships with others. This knowledge can lead to a greater understanding between clinician and patient, which is, after all, the objective of great communication.

"People may hear your words, but they feel your attitude."

John C. Maxwell

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Hamada Makarita, DDS, MAGD, MICOI, LVIM, FAACD

PATIENT EDUCATION & TREATMENT PRESENTATION USING

DENTAL PHOTOGRAPHY

One of the many uses of digital dental photography is patient education, communication and case presentation. While there are numerous uses and advantages of using photography in the dental practice, one of the key advantages is educating our patients so they may understand various treatment options and be involved in treatment planning of their own dentition. A verbal explanation may be overwhelming or confusing; therefore, providing a pictorial explanation can ease the patient and have a more profound impact.

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While explaining the various options, it is essential to have good quality photos and/or videos of examples of the proposed treatment scenarios. The old cliché, "a picture is worth a thousand words" cannot be more true in our treatment presentation efforts, as an educated and involved patient will feel well cared for and therefore more likely to accept treatment and will be an invaluable potential referral source.

WHERE CAN WE USE OUR PHOTOS?

CONSULTATIONS

The best images to use for treatment presentation are those that will show the patient similar situations to what they are presenting with. For example, if a patient is concerned with a solution to correct slight crowding, it is a good idea to present examples of porcelain veneers, invisalign or traditional orthodontics. While viewing images on an ipad or a computer screen, it is the perfect opportunity to discuss the pros and cons of each treatment modality and provides the patient the opportunity to address any questions or concerns.

It is advantageous to have a library of cases to show different types of cases, such as tetracycline staining, whitening, diastemas, gingivectomies, ceramic crowns and bridges, etc. When the patient is able to see examples of work that the dentist has personally done, patient confidence and acceptance of treatment increases. This is because they are able to see the quality of your cases, as well as have a greater understanding of your proposed treatment options. In addition to using photos of cases, it is beneficial to show illustrations to educate the patient in various procedures such as root canal therapy, TMD and periodontal disease progression.

DURING CLINICAL EXAM

The quickest and easiest way to show any issues during the clinical exam is to use an intraoral camera. This is especially useful if you have a doubtful patient, where a clear image of the issue will become immediately apparent on a computer screen and treatment options can be discussed. If there are multiple issues and you prefer to have the patient return for a comprehensive consultation to present a large treatment plan, it is a good idea to take quality pictures with a regular camera.

WHAT KIND OF PHOTOS SHOULD WE PRESENT?

It is imperative to present quality before and after images that are similar in size, exposure and composition. When your photos look professional, the perception is that your work will also be of high quality. For example, it is not a good idea to have a before picture and an after picture that is dissimilar in magnification, exposure or composition, as it can distract the viewer.

Retracted or close up photos should not be used for case presentations unless absolutely necessary to show something in particular that would require that view. Generally it is only necessary to show frontal 1:2 full smile images as well as a before and after portraits. (see fig. 1-4) These views are most useful in presenting aesthetic cases.

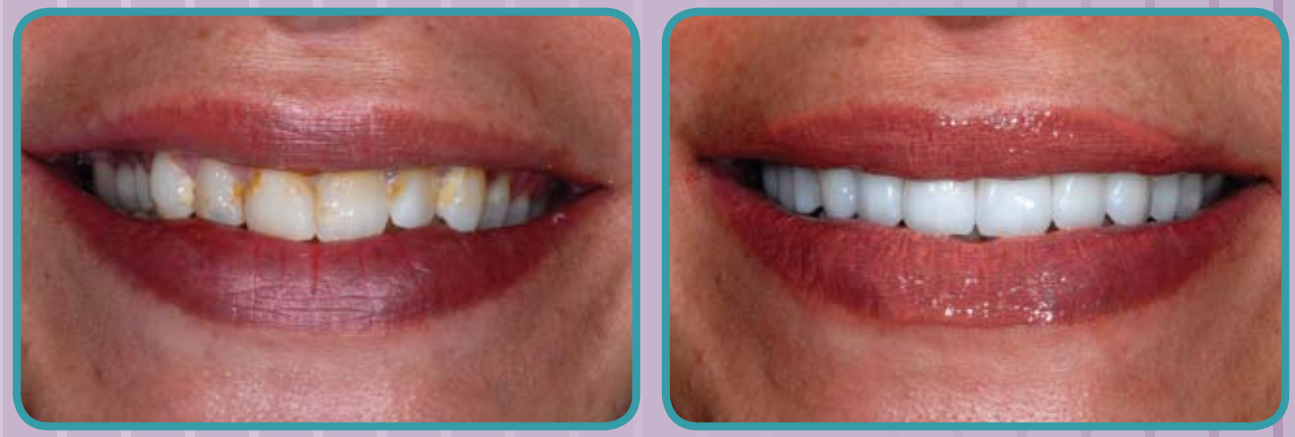

fig. 1-2 similar magnification and composition (frontal 1:2)

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Dr. Christian Guilleminault

The discovery and history of UARS: A physician and researcher at the prestigious Stanford University Sleep Medicine Program, Dr. Christian Guilleminault, who is also a French citizen, is credited with bringing UARS to light within the medical community. Dr. Guilleminault has been a researcher in the field of sleep medicine from the 1970's until the present day. He was the first to recognize the 'sleep-disordered breathing' condition which he termed 'UARS', in a series of medical journal articles that he wrote and published with his co-authors in the early 1990's. The phrase sleep-disordered breathing refers to a group of related conditions that includes snoring, UARS, and sleep apnea, among others.

A seminal article on UARS is "A cause of excessive daytime sleepiness: The upper airway resistance syndrome", which Dr. Guilleminault co-published in the journal Chest. This is the official journal of the American College of Chest Physicians, and the article may be found in the 1993; 104 volume of Chest, on pages 781-787.

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fig. 3-4 before and after portraits (requires patient consent)

When you wish to discuss treatment options while explaining the benefits of newer materials, such as ceramic crowns and onlays, it is helpful to have images that would show these materials in use in the mouth. Below are images of a PFM vs a ceramic crown (fig. 5-8) and an onlay in a patient's mouth. (fig. 9-10) These types of images immediately show the advantages of one material or procedure compared to another.

fig. 5-6 shows close up of PFM and ceramic crown

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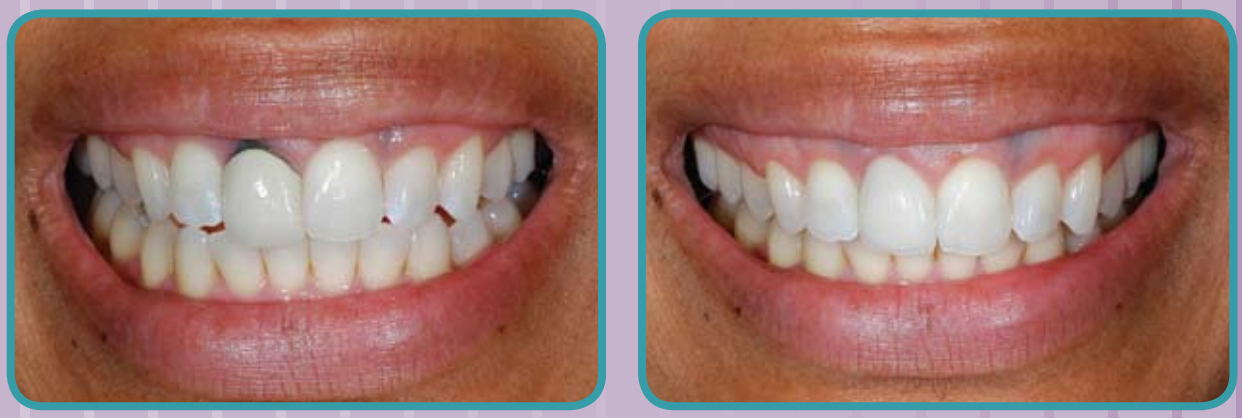


fig. 7-8 shows advantage of a ceramic vs a PFM crown

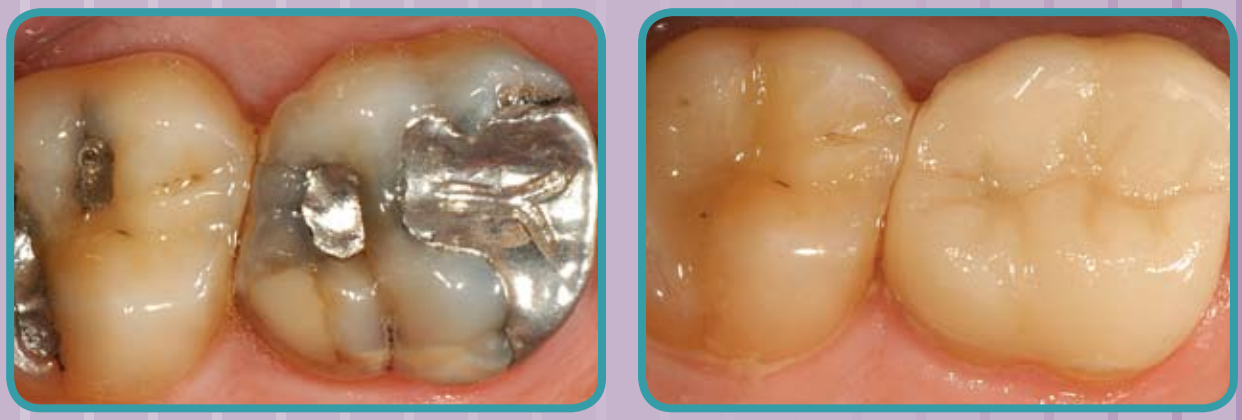


fig. 9-10 advantage of a ceramic onlay vs amalgam

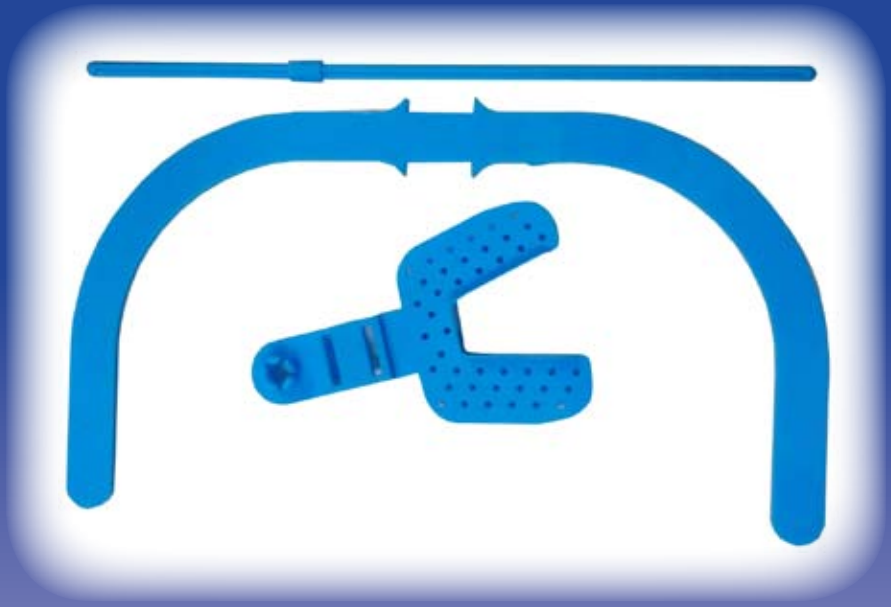
PATIENT CONSENT TO USE PHOTOGRAPHS

It is essential to obtain written consent from the patient and maintain confidentiality. Generally, this is only required for full-face images, however it is a good idea to obtain consent for all photography and create a release form, which should state the intended use. This must be signed by the patient, and kept permanently in their record. Most patients are not reluctant to have their photographs taken during the course of treatment and for documentation, however might object if the images will be used in marketing such as websites, brochures or newsletters. You may have the patient check off on the consent form if they grant permission to use all images or only those that do not show their face. In any case, their desires should always be respected. It is also recommended if you email any patient images, that you use an encrypted email service.

Besides patient education, there are many other uses for dental photography in the practice.
Below is a list of other uses:

- Laboratory Communication
- Legal Documentation
- Marketing (internal & external)
- Websites
- Social Media
- Newsletters
- Brochures
- Communication with Specialists
- Documentation of Progression of Treatment such as orthodontics and periodontal issues
- Pathology Monitoring
- Lecturing
- Team Training

IT'S HERE!



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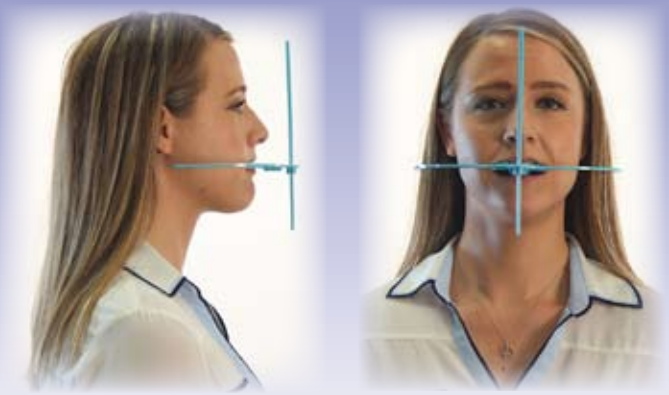

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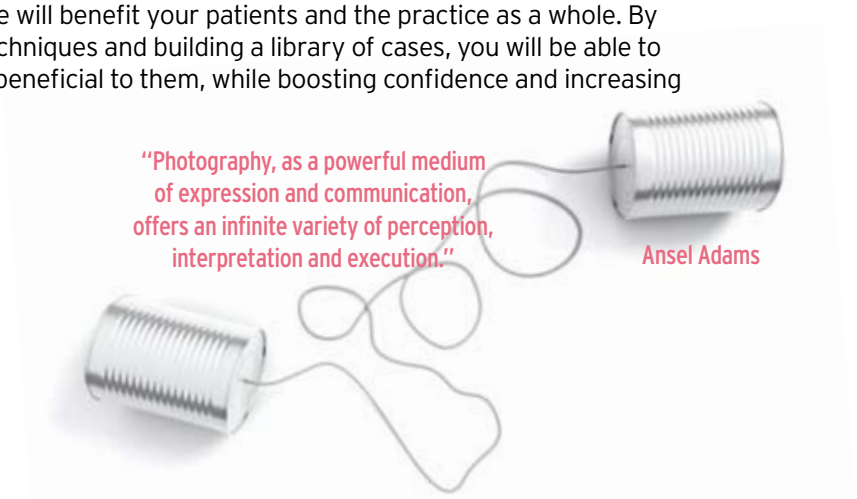
TREATMENT EXPECTATIONS

Communication is very important when providing treatment such as aesthetic dentistry, where the results are highly subjective in nature. This field can produce ambivalent results and for this reason, photography should be used, from the time of treatment discussion and presentation, through the course of treatment. It is important that the patient understands the limitations of treatment and expects a realistic outcome; otherwise, it can lead to an unpleasant experience for the patient and clinician, and possibly litigation. For this reason, photographic documentation is important and should always be a part of the record.

Good dental photography is reflected when there is consistency in composition, exposure, and magnification. While it can be overwhelming with all the settings the camera is capable of, we only need to remember two or three settings. The only time you will alter them is for close-ups and portraits. All of your smile and retracted photos should be the same setting. It is important to routinely take the same views for cosmetic cases. For example, if you take a full smile 1:2 image and a portrait at a certain distance and angle, you should make sure you take similar images for the after images, this way they will look similar and professional. (see fig. 3-4 and fig. 7-8).

The information in this article is simple and seems obvious to the majority of clinicians, however, it should be stressed that mastering photography in your practice will benefit your patients and the practice as a whole. By investing some time to learn proper photographic techniques and building a library of cases, you will be able to educate your patients as to the procedures that are beneficial to them, while boosting confidence and increasing patient acceptance of your treatment plans.



"Photography, as a powerful medium of expression and communication, offers an infinite variety of perception, interpretation and execution."

Ansel Adams

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Self-Communication: Am I Talking To Myself?

Sherry Blair

There is only one person with whom we communicate with 24 hours a day, 7 days a week, 52 weeks a year, every year of our life. Ourselves.

Mastering communication with ourselves determines our quality of life as it determines our ability to experience life as we would like.

What is your internal dialogue like?

Is it positive? Do you always focus on your strengths?

When your self-talk is based on your strengths you will gain confidence, become motivated, and continuously improve.

Your strengths can be broken down into three categories: Attitude, Skills and Knowledge. Each of these will overlap in putting together a number of related strengths and abilities. Use the guide below to help you keep track of your strengths and possibly pinpoint where you need to do more work.

ATTITUDES

Dependability: showing that you are a reliable worker who does good work.

You know you are dependable when you...

- ✔ Show you have a desire to work
- ✔ Show you have a positive attitude
- ✔ Come to work on time
- ✔ Are organized and pay attention to quality
- ✔ Complete tasks that you said you would
- ✔ Are rarely absent from work

Concern for quality: striving for constant improvement.

You know you have a concern for quality when you...

- ✔ Do things to the best of your ability
- ✔ Know the things you do well
- ✔ Know the areas where you need to improve
- ✔ Check the quality of your own work

Independence and initiative: seeing what needs to be done, doing it, and being responsible for the results.

You know you display independence and initiative when you...

- ✔ Look for things that need to be done
- ✔ Ask yourself whether this is something you can do
- ✔ Fill the need if you are able
- ✔ Take responsibility for your results

Risk-taking: attempting new methods and approaches that you think you can handle, even though you are not sure.

You know you can take reasonable risks when you...

- ✔ Know how risk-taking is accepted in the work that you do
- ✔ Know the boundaries of the decisions you can make within your workplace
- ✔ Identify needs for improvement in your situation or work
- ✔ Figure out new ways of meeting the needs or getting the work done
- ✔ Estimate your ability to meet the needs or get the work done in new ways
- ✔ Find ways to back yourself up if the new way of doing things does not work
- ✔ Assess the results of your attempts to do things differently

Courtesy: showing a basic level of caring, concern and respect for those around you.

You know you have courtesy skills when you...

- ✔ Pay attention to the needs and feelings of those around you
- ✔ Listen to others when they speak with you
- ✔ Offer to help others before you are asked
- ✔ Follow the rules of politeness (i.e. "please" and "thank you")
- ✔ Treat others as worthy individuals

SKILLS

Adaptability skills: skills you use to make changes in your life in order to reach your goals.

You know you are adaptable when you...

- ✔ Have a realistic view of the situation you are in
- ✔ Know that life changes will cause stress
- ✔ Know how to manage stress
- ✔ Are prepared to make changes in your life
- ✔ Can compromise
- ✔ Are aware that you cannot control everything
- ✔ Are prepared for the unexpected

Problem-solving/decision-making skills; skills you use to identify a problem or issue, know you can respond to it, and then decide what response is best for you.

You know you have problem-solving and decision-making skills when you...

- ✔ Identify problems that you need to solve
- ✔ Are able to collect information about a problem
- ✔ See both the pros and cons of a situation
- ✔ Are able to identify possible solutions
- ✔ Make decisions

Communication skills; verbal, written and body language skills that let other people know what you are thinking, want to do, or want others to do.

You know you have communication skills when you...

- ✔ Have basic listening skills
- ✔ Have basic message-sending skills
- ✔ Pay attention to body language
- ✔ Have basic writing skills
- ✔ Resolve conflicts with others

Time management skills: using time in a satisfying and productive way.

You know you have time management skills when you...

- ✔ Have a balance in all the things you do in your life
- ✔ Plan how you will use your time
- ✔ Predict how much time things will take
- ✔ Check how you use your time and make changes for the better

Appearance and dress skills: presenting yourself in the workplace in a way that makes sense for the type of job and for safety.

You know you have appearance and dress skills when you...

- ✔ Bathe regularly
- ✔ Use deodorant
- ✔ Wash your clothes regularly
- ✔ Dress neatly
- ✔ Dress in a similar manner to others at work
- ✔ Wear hair, make-up and/or jewelry in a fashion that meets standards set for your workplace

Work and lifestyle balance: sorting and managing your personal and work responsibilities in a manner that is right for you.

You know you have work and lifestyle balance when you...

- ✔ Recognize the impact of work on your family
- ✔ Trust your family to support you in your work
- ✔ Find child care that you are comfortable with, if needed
- ✔ Fulfill your work, family and personal commitments
- ✔ Have time for yourself and activities you enjoy

Skills for overcoming unfairness: (dealing with the fact that sometimes people may treat you unfairly based on who they think you are, not who you really are.)

You know you have skills for overcoming unfairness when you...

- ✔ Know unfairness exists
- ✔ Believe that even if you are treated unfairly this will not prevent you from reaching your goals

Building relationships: developing and participating in relationships with family, friends, acquaintances and others that will help you and whom you are willing to help.

You know you can build relationships when you...

- ✔ Know you need help, ask for help, and use the help
- ✔ Are specific about the help you need
- ✔ Show a genuine interest in the interests of others
- ✔ Make the effort to identify the needs of others
- ✔ Find people who can connect you with other people who may be helpful

KNOWLEDGE

Ability to use learning opportunities: the skills to improve your skills.

You know you have the ability to use learning opportunities when you...

- ✔ Know the skills that you wish to develop
- ✔ Know the full range of learning opportunities that are available to you
- ✔ Take initiative when it comes to your own learning
- ✔ Keep track of what you learn

Understanding organizational operations: knowing how organizations work and why they function the way they do.

You know you understand organizational operations when you...

- ✔ Know what an organizational vision is
- ✔ Know how money enters the organization
- ✔ Know how money is spent within an organization
- ✔ Know how profit is made
- ✔ Know how workers add value to an organization

Unlike external things, your signature strengths are key to helping you effectively communicate with others and can help you in any situation and you have the ability and control to focus on them at any time. Focusing on and exercising your signature strengths is the path to true fulfillment, gratification, satisfaction and happiness. Continue to find ways to employ those strengths in your everyday experiences.

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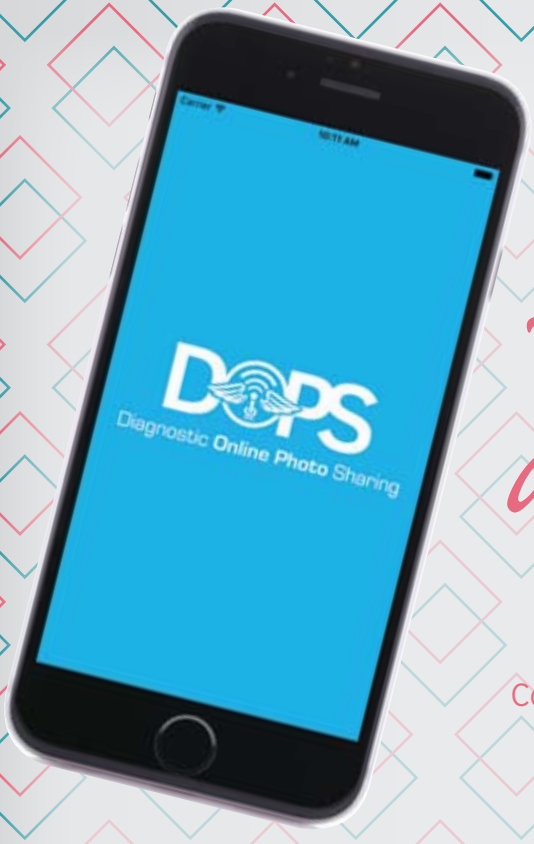
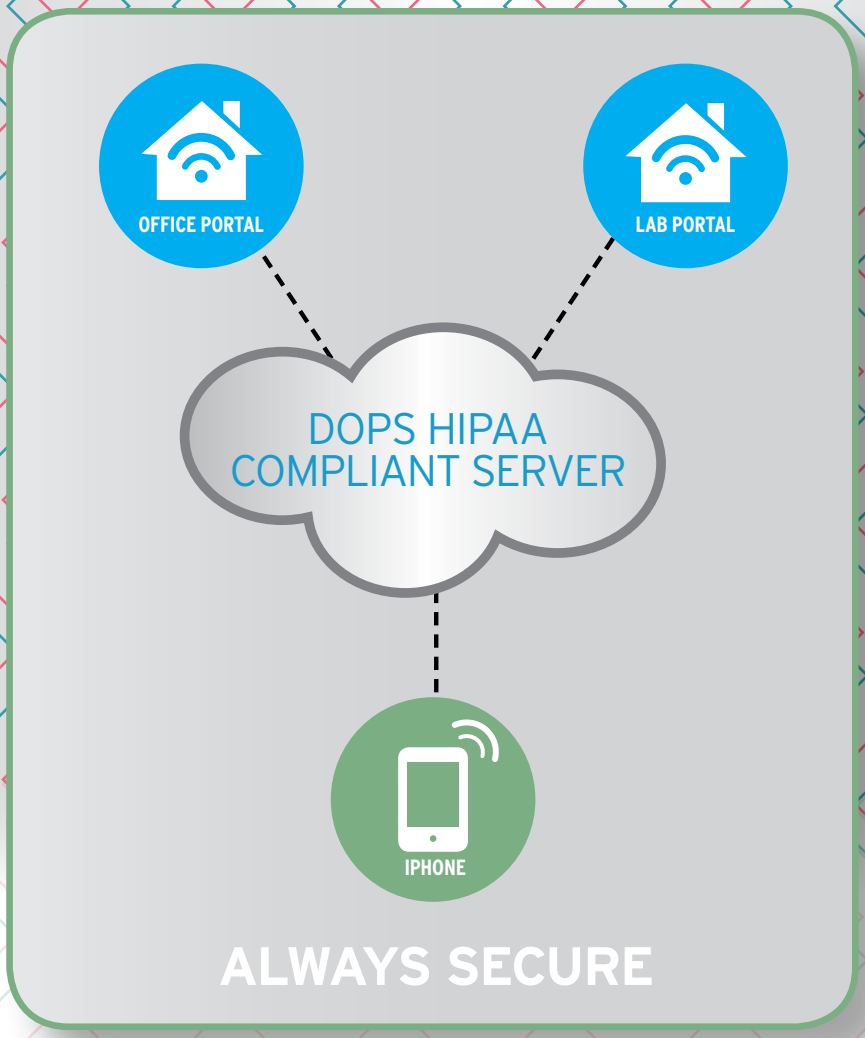
"Complaints about a problem without posing a solution is called whining."
Teddy Roosevelt



There's an app for that.

Cody Friddle, DDS, LVIF

A picture is worth a thousand words. Sorry for the cliché, but when we are talking about communication between dentists and patients, it is absolutely essential to have good quality photographs. Good communication builds trust and leads to acceptance of treatment plans, which leads to increased production. With photos, we are able to more fully explain and justify the need for treatment. In an increasingly skeptical world, full arch occlusal photos have become a necessity in building the trust needed for patients to accept large and even relatively small treatment plans. Diagnostic Online Photo Sharing (DOPS) modernizes dentists' ability to use photos to communicate with patients.



I graduated from Baylor College of Dentistry in Dallas ten years ago. I began practice with my dad who had already completed the LVI curriculum and had a vibrant Neuro-muscular and high-end cosmetic practice. Photos were a vital part of our office protocol from day one for me. I completed the LVI Core Curriculum and became an LVI Fellow, and through that process, my commitment to investing in patient photos solidified.

Despite my long standing commitment to patient photos, before DOPS, I'll be the first to admit our office consistently failed to get the images we wanted and needed. In a fast-paced office, when things get pumping, the photos get sacrificed first. I'm committed to taking pictures. I want to take pictures. But, at the end of the day, if I'm totally honest, many times we have dropped the ball in either taking patient photos or in cataloguing and storing them properly.

It's no wonder that patient photos have always posed a challenge. Expensive cameras are required. It takes time and precious team resources to secure excellent images, download them, catalogue them, and securely store them. Patient photos are a powerful tool, but can be a hassle and a major slow-down for a fast-paced office.

DOPS was born out of necessity. It was one of those days at the office. One of my DSLR cameras was on the fritz and our other one was being used in another operatory. Out of expediency, I ended up using my iPhone to take a patient photo. I sent it to my iPad and handed it to my patient. She immediately zoomed in on her unsightly amalgam restorations that were breaking down. She recognized the issue on her own and demanded treatment.

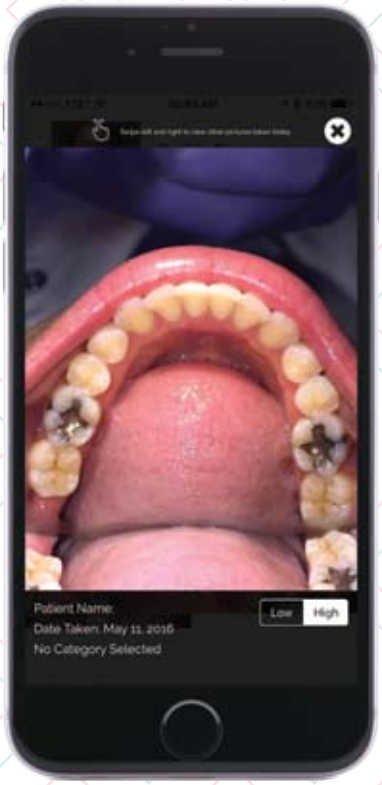
I was hooked and determined that using phones and tablets like this would become part of our practice. Patients understand phone and tablet technology. They know how to use it. They trust it. It's comfortable for them. DOPS makes this possible.

DOPS turns the iPhone into a HIPAA-compliant camera and storage system. Go to the App Store, download the DOPS App on your iPhone, sign up your office, and create a password. Add additional users from our website, dopsapp.com, so everyone in your office with an iPhone can begin using DOPS with their own unique password. A DOPS account includes an unlimited number of devices, so every team member who happens to have their own personal iPhone now has a high resolution camera literally in their pocket. What an opportunity for dental offices to tap into!

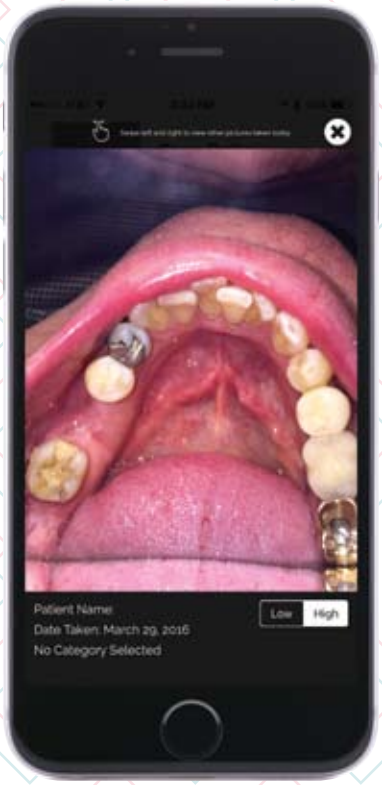
DOPS has a fingerprint log-in for users to securely and quickly access the account from an iPhone. Open DOPS, add the patient's name, and the camera will pull up. DOPS Photos are never collected by the phone's camera or picture storage. They bypass that and are immediately transferred to the DOPS HIPPA-secure storage. The photos are then available from not only the iPhone that took them, but any device accessing that office's DOPS account.

Patient photos are Personal Health Information (PHI) under HIPAA, so we all have a duty to provide the necessary security for them. DOPS is HIPAA-compliant, and securely transfers and stores patient photos. The photos are stored by patient name, automatically tagged with the date, and, if selected by the user, the type of picture. This eliminates any administrative work associated with the photos.

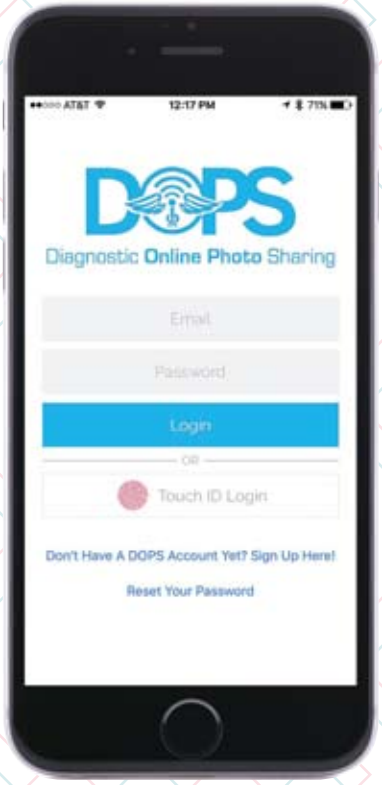
All you need is an intra-oral occlusal mirror and an iPhone to get an excellent full arch photo of each patient using DOPS. Show the patient the image on an iPad or even just the phone. It's amazing how much more trust the patients have in these photos than in a single tooth photo taken by an intra-oral camera.



DOPS Photo of full arch taken using iPhone 6 and occlusal mirror. DOPS catalogues and stores images by patient name and date, and if selected by user, category.



Through DOPS, the high resolution camera on an iPhone captures excellent images that maintain their clarity even when enlarged.



DOPS' fingerprint log-in makes it secure and simple to access the account.

Oh, you're still using fancy cameras?

With DOPS, you can use your iPhone to:

- Easily snap, share and store photos of patient's teeth
- Send images to labs via secure, HIPAA-compliant servers
- Cut down on expensive camera equipment and labor

So, what does this mean exactly? Well, it means...

Happier patients

Happier business

Happier you

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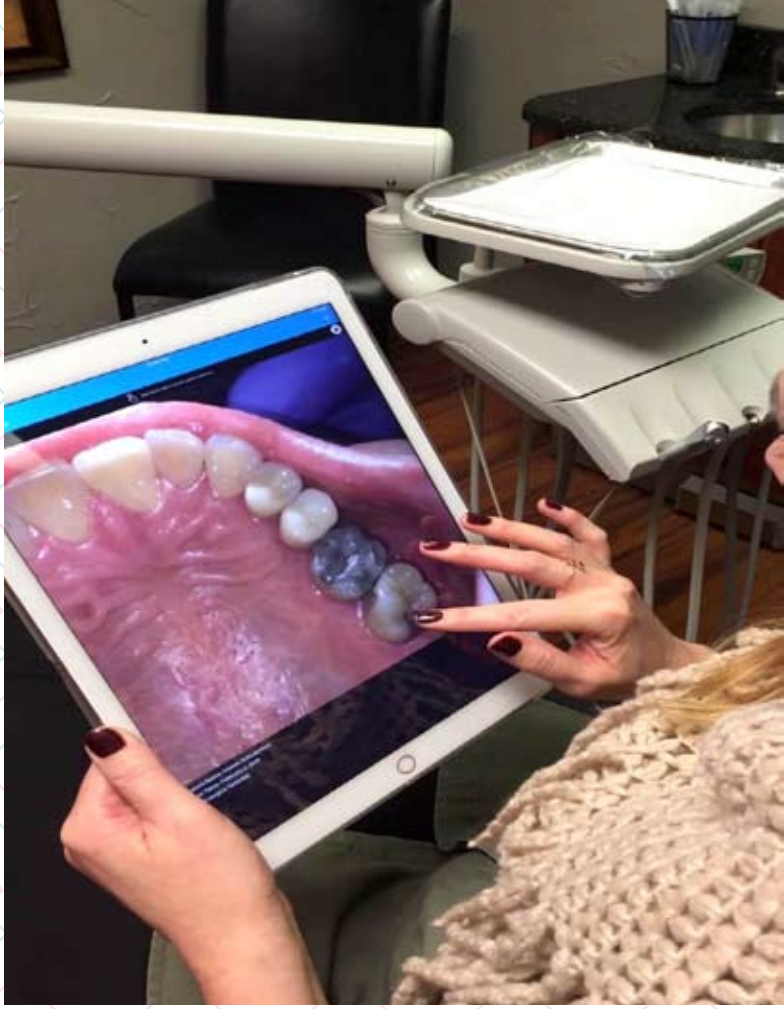
First, they are much more comfortable taking a photo with a phone because it's familiar to them. They understand how it works; they trust it. Intraoral cameras are more out of the patient's comfort zone, and you have to explain to them which tooth they are looking at. With a full arch photo on an iPad, they know what looks bad and needs treatment without you having to say a word or explain a thing. They can orient the picture to their mouth and know exactly what tooth they are seeing. Not only that, but they immediately zoom and enlarge problematic or unsightly areas. It allows them to see their own problems and ask for treatment.

Communication with patients is perhaps the heart of a dental office, but successful cases result from clear communication with labs. DOPS has a Lab Portal for dentists to easily communicate with labs on cases in a HIPAA-compliant way. Dentists simply select their lab from the Lab Portal drop-down menu and share photos. No more overnight mailing of printed photos. No more expensive HIPAA-compliant email accounts. No more sending pictures over regular email, making dentists vulnerable to the consequences of violating HIPAA.

All in all, DOPS increases an office's capacity to capture, store, and share excellent patient photos that are vital to a successful practice. The image quality is excellent, and it is much easier for the patient to relate and interact with photos on a tablet or phone than on a computer screen. DOPS simplifies patient photos and transforms items you already have in your office into vehicles that drive office production and increase patient satisfaction.

With DOPS, our office is finally getting the patient photos we need no matter how busy the day becomes. Best of all, it has allowed us to increase our bread and butter crown and bridge cases because patients see and understand what's going on in their mouth.



DOPS is a powerful chairside tool because it allows patients to interact with photos in a way that is instinctive to them.

"The single biggest problem in communication is the illusion it has taken place."

George Bernard Shaw

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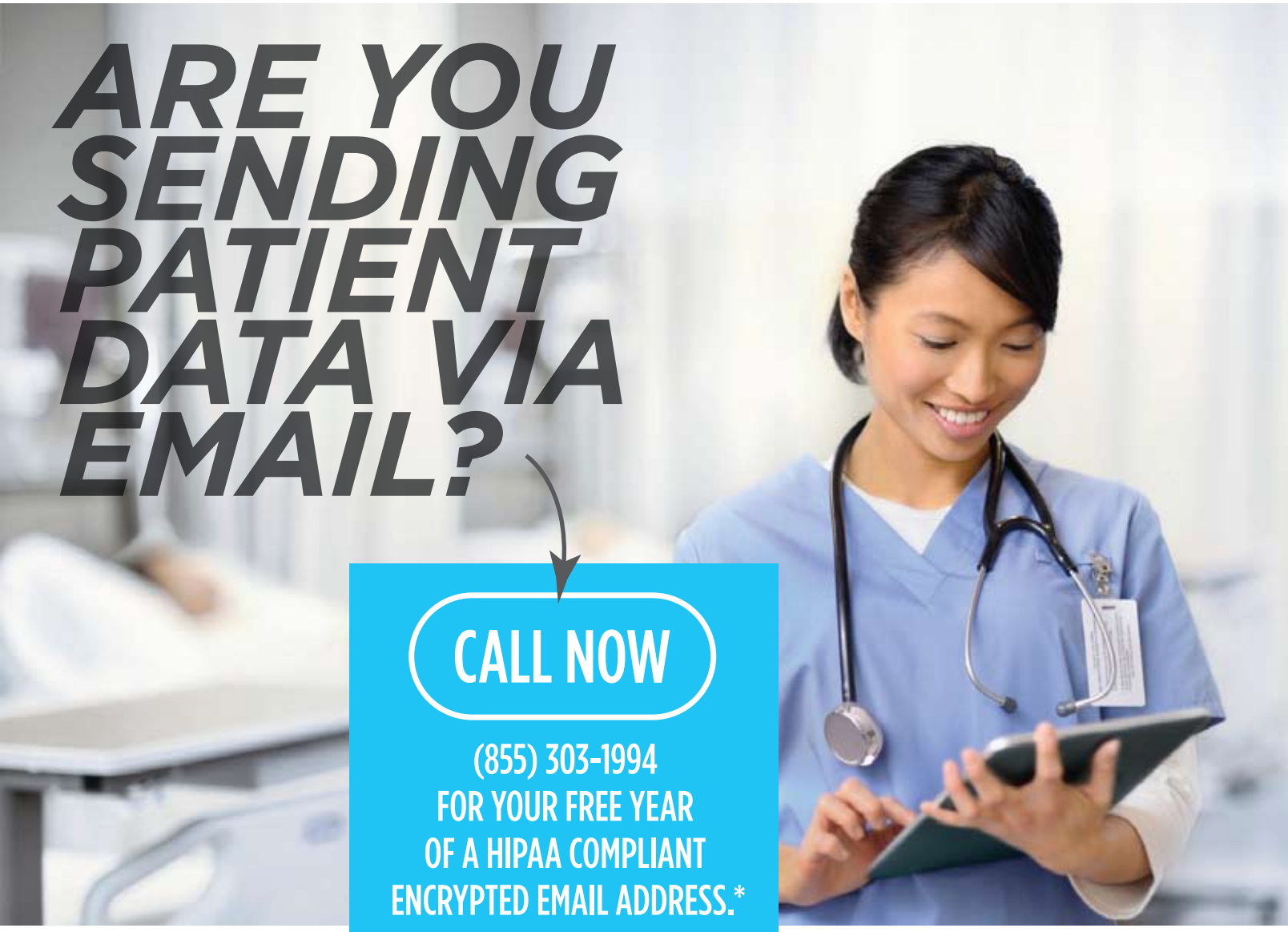

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The Physiologic Sleep Bite and the MicrO$_2$ Sleep Device

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There is no doubt that using the best bite technique available will improve overall treatment success, but how important is selecting the appropriate sleep device for your patients and your practice? To seek an answer to this question, I gathered patient data to take a retrospective look at the performance of two sleep-breathing appliances I was using to treat patients to see if the data showed significant differences in success. My suspicion was that one sleep appliance was out performing the other in overall practice efficiency and in patient outcomes.

David "Trey" Carlton III, DDS

Data was analyzed on patients whom I treated with two popular sleep devices over about a three year time period. The first group of patients was treated for a sleep breathing disorder with a dorsal fin appliance titrated with a jackscrew mechanism, called Population 1. The second group of patients, Population 2, was treated with a twin fin CAD/CAM sleep appliance, titrated using combinations of splints. Population 1 included 17 cases that were diagnosed between the dates of April 2013 and April 2014 and consecutively completed treatment. Population 2 consisted of 20 cases that had been diagnosed between the dates of October 2014 and November 2015 and consecutively completed treatment.

"Consecutively completed treatment" was defined as patients who had an initial Polysomnogram (PSG), followed the treatment protocol with the delivered sleep appliance, followed up with a final home sleep test (HST) and had reported significant improvement in symptoms and quality of sleep. The patients who fell within these populations but did not follow up with a final HST or have not reached a conclusion in their treatment were not included in the data for this report. Additionally, patients who started treatment with one sleep device and then chose to switch to a different sleep appliance were not part of this analysis.

The technique for capturing the bite for all of the patients in both Populations 1 and 2 was consistent over the 3 year span. The Neuromuscular or Physiologic approach utilizing TENS (Transcutaneous Electrical Neural Stimulation) to prepare the patient for the bite and determining the bite position as taught at the Las Vegas Institute (LVI, Las Vegas NV) was used for all the patients treated with sleep devices. Any variation to patient treatment was subject to patient compliance and their schedule, but the plan typically was as follows in **Table 1:**

Step	Activity
1.	Symptom Discovery and OSA Screening in office
2.	PSG consult referral and MD OAT Prescription, Insurance Coordination and Documentation
3.	Appliance Selection and Patient Records
4.	Appliance Delivery and Education
5.	2-4 week Follow Up for Symptom Review and Initial Calibration/Titration
6.	Final HST and additional Follow Up as needed

Table 1: Patient Path

For steps 1 and 2, patients presented with symptoms which ultimately lead to Obstructive Sleep Apnea (OSA) screening, diagnosis and treatment. The Epworth Sleepiness Scale, as well as, an OSA assessment worksheet was used in these populations to help understand patient symptoms in terms of pain and overall well being. I worked closely with physicians in my area to treat CPAP intolerant patients and patients whom the physicians believe were good candidates for oral appliance therapy (OAT). Specifics of Steps 1 and 2 were not included in this report as this was widely variable due to insurance plan's required documentation for acceptance and sleep physician appointment availability. Details of Step 3, capturing the patient's physical records for appliance fabrication and ordering, was also not included. For this analysis, data regarding the patients in the two populations begins with Step 4, the appliance delivery appointments and continued through Step 6, once the final HST report showed that the patients sleep breathing disorders were "treated."

Technically, a "treated" patient is described as having a 50% reduction in AHI or achieving an AHI of less than 10, with the goal of complete treatment at an AHI of less than 5. Oftentimes, patients will complete their own treatment, vis-a-vis by feeling significantly better and/or they stopped seeing the need for further appointments. Of course, our goal as doctors is to achieve the best possible outcome by encouraging patient follow through and completion.

In Population 1, there were 17 patients overall, with an average age of 57.0 +/- 10.4 years, an average BMI of 31.4 +/- 7.1, an average starting PSG AHI score of 33.5 +/- 22.7. In Population 1, there were 11 Females and 6 Males. All patients in Population 1 were treated with the **SomnoDent® Lingual-less Sleep Device (Aurum Labs, Las Vegas, NV)** shown in **Figure 1A and 1C**. Population 2 consisted of 20 patients with an average age of 54.1 +/- 12.0 years, an average BMI of 32.4 +/- 5.9, starting with an average PSG AHI score of 35.6 +/- 23.1. This group had 14 Females and 6 Males. All patients in Population 2 were treated with the **MicrO2™ Sleep Device (MicroDental Labs, Dublin, CA)** shown in **Figure 1B and 1D.**

Figure 1 A **Figure 1 B**

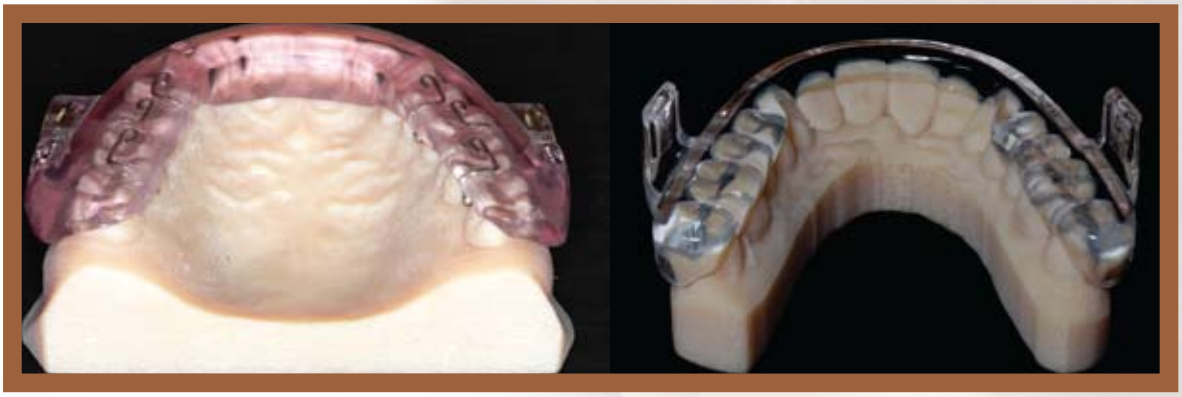

Figure 1 C **Figure 1 D**

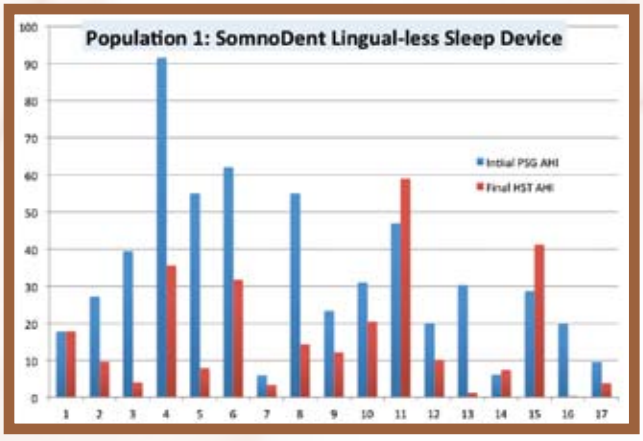

Figure 2: Pop. 1 PSG-HST data

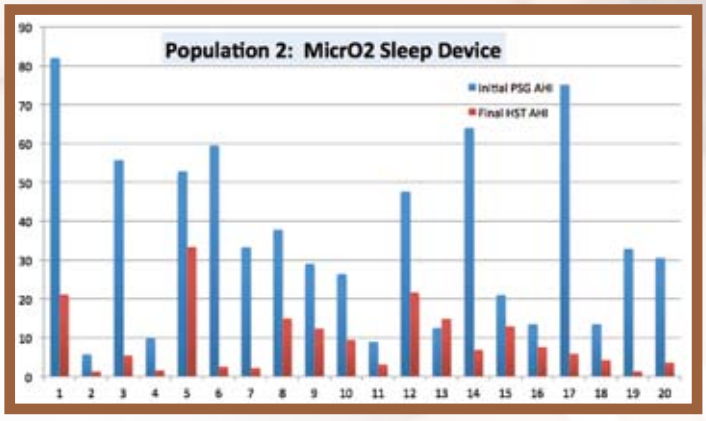

Figure 3: Pop. 2 PSG-HST data

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Figures 2 and 3 show the initial diagnostic PSG AHI data in blue for each patient and the final HST AHI data for each patient in red. **Table 2** shows a summary of the difference between the average outcomes based on AHI results between the two populations, with Population 2 having a greater than 27% improved AHI average of 9.0 compared to that of 11.9 for Population 1. The table also shows that the change (delta) from initial AHI to final AHI for Population 2 compared to Population 1 is about 11% greater for all patients with a reduction in AHI, except for 4 patients in Population 1 who had an increase in AHI vs. 1 patient in Population 2. **Table 3** further compares the success in treating each population. Using the standard guidelines previously discussed, 85.0% of Population 2 were successfully "Treated" compared to 58.8% of Population 1. Those who did not meet the guidelines, but still had a significant change in AHI outcome were classified as "Patient Responded." Those patients who revealed no change or a negative change (AHI actually increased with OAT) were classified as "Not Treated."

Patient Population	AVG Initial PSG	AVG Final HST	AVG Delta AHI
1	33.5 +/- 22.7	11.9 +/- 8.9	24.9 +/- 16.3
2	35.6 +/- 23.1	9.0 +/- 8.6	27.8 +/- 21.1

Table 2: Comparison of average PSG outcomes for Populations 1 & 2

Patient Population	AHI < 5	AHI < 10	AHI Reduced 50%	Patient Responded	Not Treated	% Treated
1	5	3	2	3	4	58.8%
2	8	5	4	2	1	85.0%

Table 3: AHI Comparison of successfully treated patients in populations 1 & 2

Patient Population	Treatment Appointments	Treatment Duration (Months)
1	7.8 +/- 3.6	10.3 +/- 7.0
2	6.0 +/- 3.0	3.8 +/- 2.9

Table 4: Comparison of Appointment Efficiency for Populations 1 & 2

Table 4 reveals data regarding practice efficiency. The data here includes all patient appointments during treatment steps 4, 5 and 6 in which clinical notes in the patient charts described fitting/ delivering the appliance, titrating the appliance, adjusting the acrylic to the appliance, and/or responding to a patient concern about appliance comfort or pain possibly due to oral appliance therapy.

Understanding the differences in titration modalities of the two appliances is important to help analyze practice efficiency. The **SomnoDent** oral appliance utilizes a jackscrew with a 0.1mm titration per turn which is a standard adjustment type in some sleep devices. Titrations for this appliance were as few as 1 to 3 turns as commonly taught in the sleep appliance arena. The **Micr0$_2$** sleep device Series A used offered 1mm adjustments, therefore patients were titrated at those increments. Not only did my patients tolerate those adjustments well, they moved to a successful treatment position more quickly. This is easily seen in the number of appointments and treatment duration. Typically for either appliance I would make the initial titration and educate the patients to do their own subsequent titrations. Patients responded well and easily titrated the **Micr0$_2$** Sleep Devices. However, for the jackscrew adjustments, some patients could not easily manage the adjustment process due to age, dexterity or simply making adjustment mistakes. This added to the number of clinical appointments for Population 1.

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One sleep appliance was out performing the other in overall practice efficiency and in patient outcomes.

The patients in Population 2 showed 30% fewer overall patient appointments from 7.8 to 6.0 and even more significant reduction in overall treatment duration, from an average of 10.3 months for Population 1 to 3.8 months for Population 2.

The analysis of these two patient Populations revealed very acceptable outcomes with both groups having over 58% treatment success. I do believe treating patients with the Neuromuscular Physiologic approach was paramount in the overall success seen in the above data. However, it is important to understand the whole picture and discuss why there are outcome differences between two statically similar patient populations and to what the success and efficiency in treating OSA with specific Oral Devices can be attributed? Specifically, a device that is fabricated into a sleek profile, low volume design and allows as much space for the tongue as possible. Both the lingual-less **SomnoDent** and the CAD-CAM **Micr0$_2$** oral appliances provide significantly more space for the tongue than most appliances on the market, with the **Micr0$_2$** Sleep Device providing slightly more room. You can see in comparing **Figure 1C to 1D** that the **Micr0$_2$** Sleep Device has significantly less material behind the anterior teeth and overall less bulk. In my opinion, this specific feature may be the reason for the high treatment success of 85.0% for this group. It also contributes to what may be the most important aspect of treatment success, patient comfort and compliance.

Another specific feature that differentiates these two appliances is the angle degree of the dorsal fins. The **SomnoDent** oral appliance features a 70-degree fin vs. the 90-degree fin on the **MicrO2** Sleep Device. It is hard to identify specific reasons for treatment success, but I believe the design of the 90-degree fin does in fact maintain better protrusion during the full range of mouth positions during sleep. In my observation, there have been no negatives to this feature and could be one more explanation to the impressive results of Population 2 when compared with Population 1.

The difference in the titration modalities definitely contributed to the "ease of use" of the appliances in Population 2. More patients struggled with the jackscrew mechanism than they did placing the **MicrO2** Sleep Device splints. The extra appointments needed by some patients in Population 1 prolonged treatment time contributing to delayed health outcomes and potentially to decreased patient follow through. Additionally, it would make sense that the smaller increments of titration used for the first population also contributed to prolonged treatment. Both the simplicity of the **MicrO2** system and the increased titration increments has lead to quicker resolutions of patient symptoms and faster patient treatment completions. I suspect that more positive patient experiences and increased patient referrals also resulted with this appliance therapy.

In summary, proper oral appliance selection delivered impressive results showing lowered AHI scores matched with patient reports of better sleep quality, increased daytime energy and an overall better sense of wellbeing. Additionally, patients required fewer appointments and less treatment duration resulting in greatly enhanced practice efficiency. These are important factors when it comes to patient satisfaction and the success of a dental sleep practice. We now know that we have the ability to achieve very high success rates in all AHI ranges by utilizing the Neuromuscular bite technique and the **MicrO2** Sleep Device. Together they are certainly a winning combination.

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Ashley Johnson, JD

COMMUNICATION
IS THE FOUNDATION OF SUCCESS

The most successful dental practices thrive on great communication. Trying to understand why people do what they do is one of our biggest challenges. Understanding behavior is a constant challenge, but it also offers us huge rewards – if we could only crack the code of human behavior.

TEAM: Finding out what motivates them, what doesn't motivate them and communicating in ways to maximize impact. Are they interested in higher pay or simply getting better recognition for a job well done? Are you talking to someone who constantly analyzes everything or someone who is so optimistic about things they never see pitfalls? Are you speaking very bluntly to someone who has a low tolerance for bluntness? Are you expecting someone to be a collaborative team member when they really want autonomy? These are some of the small behaviors that make up the "culture" of the practice.

Many people assume that culture is what it is and can never be changed. Culture is a pattern of behaviors which is encouraged or punished by the management systems over time. In reality, to change culture, all we have to do is change behavior. Attitudes change as behaviors change.

It doesn't matter whether you are the doctor or a team member, what you often want from the people around you is the same thing, behavior change. You want more production, higher quality of work, better customer service, more attention to detail. To get more from people, we need behavior change. The first step in changing behavior is to become fully aware of current behaviors that are not working and make a list of very specific things that need to change for team and practice success. Then create a culture and action plan to initiate the desired behaviors and how success as a result of these changes will be measured.

Learn to say "YES" to yourself, to new opportunities, and to new ways of being. By learning to express your needs, your expectations, and your vision you become a better YOU. A better you is a much better leader of the team, so self-awareness is the first step in connecting better with your team. Your team

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Attitudes change as behaviors change.

wants a capable leader and when you communicate effectively; your leadership skills are elevated. This involves communication of your expectations verbally and in writing.

Always be planning ways to improve your patient service, improving or maintaining your quality and your standards, keeping your systems working properly and changing the ones that need to be changed. Morning meetings along with regularly scheduled team meetings should improve job descriptions as well as generate task lists explaining ultimate responsibilities.

Communication with patients: The 1st phone call, the new patient experience, consultation, treatment presentation, recare exam, introducing new technology, new procedures, changing policies, insurance. These are the many opportunities where communication will make or break the interaction. Having a team that communicates effectively, with confidence, and with consistency will take you to the next level of success. Learn how to be an active listener. Talking is good but listening is better. The best thing you can do in any conversation is to actually be in the conversation. Don't be thinking of what you are going to say next. You end up talking over the other person when you do this and nothing gets accomplished. It takes patience to listen but when you do, you get results. Listen and hear what others are actually saying.

Communicating to Your Team in ways that create growth will help them be better in their roles.

While performance evaluations and raise reviews are critical for effective communication, it has been my experience that most dentists are not so good at this. The practices that empower members to go further than they imagined, and create a well-functioning team working towards a common set of goals, help with team morale and for long retention of key team members. Finding out what is important to individual team members is a key component in retention and a high level of engagement in personal and practice goals.

Learn behavior 'flips." We all know ways to push someone's buttons; especially the closer we are to them. They may respond by shutting down, getting angry, or creating a diversion. When we learn our own and our team's behavioral traits, we can avoid the "flips" in our behavior that are an indication we are under stress and behaving the opposite of how we normally act. How often do you go home from a day at the office and you feel zapped of energy from managing everyone's personalities? How would it feel to go home energized after a day of working with a team that understands each other's motivators and needs?

While technology is advancing at a gallop, it still won't let you see inside my mind and I can't see inside yours either. This "black hole" of human logic means that if we believe attitude must change before behavior, then we will be waiting a very, very long time to see any measurable difference in human performance. However we can use a tool that has existed for more than 70 years. It's a science called "behavioral analysis". Using some specific tools, we can crack the code that reveals why people do what they do. And we can empower ourselves and others to achieve performance we never thought possible.

Results are achieved by a myriad of behaviors. Think of your favorite dessert. The dessert is the result. But the sugar, flour, cream, butter, chocolate and other items that make up the dessert are behaviors. When we get the behaviors right, we can cook up some amazing results. Culture, like a dessert can be toxic or nurturing. There's nothing like a molten chocolate lava cake to add warmth and flavor to the end of a meal.

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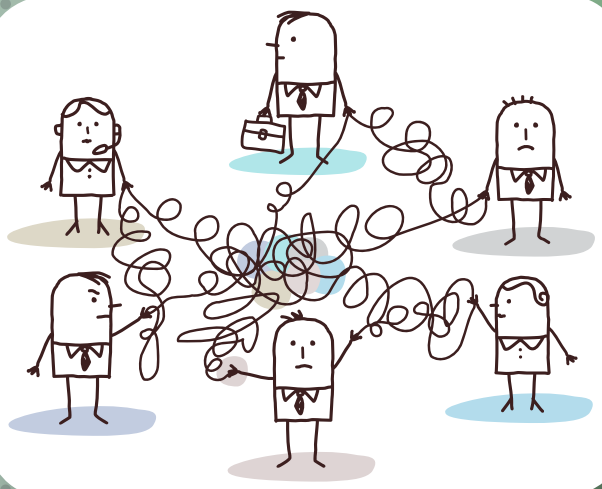

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Easily the most powerful and productive tools in growing a practice are the tools used to foster communication, and none is more productive than your website. Twenty-four hours a day, seven days a week... the message is there to be seen by any who happen to look. Of course there are two VERY critical steps in making that happen in a way that is positive for your practice – how it is promoted and the quality and content of the website itself. Things like search engine listings are an ever evolving process and there is no way to effectively manage it anymore without help. Similarly, content that draws and engages is different than even just a few years ago. The key is to find a company that can evolve as the practice and field evolves, and Advice Media is a perfect solution for that! Check out how engaging the LVI website is – www.LVIGlobal.com.

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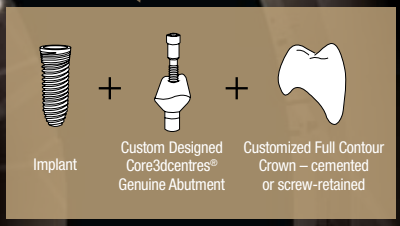

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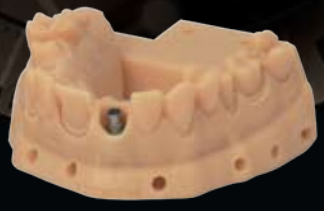

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