Winter 2017/2018

www.lviglobal.com

LVI *Changing Dentistry. Changing Lives.*

Visions

2017 IAPA RECAP Part 1

Do You Hate To Sell Your Dentistry?

Let's Clear The Way For Air

A Successful Implant Practice

Good Times… at the IAPA

Jason Benney
MACSTUDIO MODEL SEARCH
GRAND PRIZE WINNER

DENTISTRY BY
Dr. Robert Klaich
Cranberry Twp, PA

GET THE LEADING-EDGE WITH MICRODENTAL LAS VEGAS.

Led by LVI Master, Mike Milne, MicroDental Las Vegas at the LVI Campus is focused on a collaborative and personalized approach to smile design. Our commitment to advanced training allows us to offer our clients expert case planning and a superior lab experience.

Dr. Klaich's patient, Jason, had suffered trauma to his mandible and was looking for a way to preserve his teeth and prevent tooth loss. With a full mouth reconstruction plan, Dr. Klaich worked closely with his trusted Macstudio team to first open Jason's bite, and then protect and restore both arches with e.max and an implant.

From full-mouth rejuvenations to single tooth restorations; Macveneers™ to crowns, bridges, implants and removables; Macstudio restorations can create a smile for every story.™

MACSTUDIO.COM

MICRODENTAL
LAS VEGAS · LABORATORY
at the LVI Campus

CONTENTS

Editor In Chief: Dr. Heidi Dickerson
Creative Director: Julie Grabusnik
Design Production Director: Joe Thomasula

YouTube Follow us on Twitter LIKE US ON FACEBOOK!

Scan for Complete Bios
www.lvivisions.com/contributor-bios

The Las Vegas Institute for Advanced Dental Studies (LVI) publishes LVI Visions.
Please send any comments or suggestions to 1401 Hillshire Drive, Suite 200, Las Vegas, NV 89134. Telephone: 888-584-3237 or 702-341-7978 • www.lviglobal.com.

Happy Holidays!

EDITOR'S NOTE

This time of year is full of the hustle and bustle of celebrating with friends and family. It is also the time of year for reflection. As I look back at 2017 I see so many awesome advances in Physiologic Dentistry.

The tools we use to provide such amazing care to our patients have really been taken to a new level. With the dedication and hard work of Dr. Bill Dickerson (my super smart hubby☺) and the commitment of BioResearch and TekScan, the BioPak and T-Scan have been taken to an ultimate level of diagnostic capabilities. I am amazed at the LVI Module and how we can do the 5 Minute Exam and show the patient so much about what is going on and why they present with their symptoms. It also allows us to show them how we can help them!

The evolution of the AAG/TAG Bite has also enabled our Physiologic Dentists to get to their bite taking endpoints more predictably and quicker than ever before.

The Physiologic Orthodontic programs have revolutionized the way we diagnose and treat our patients as well. LVI has progressed so much…who would have thought one of our main treatment options would be developing the midface and growing bone… orthodontically?! In adults!! It is a sight to see here at LVI with our patients, as well as our LVI Docs wearing these appliances. You know they believe in what they are doing when they are walking the walk themselves!

Then there's the OMD/MT course (taught by yours truly)…it is eye opening for the attendees to learn how we form from birth to adulthood and how form follows function. They learn how to diagnose developmental issues at any stage and how to turn these things around. They learn how to evaluate and release tongue ties, how to do tonsil and OSA screenings, when to incorporate MT, and more. But the most important things they learn is how to establish nasal breathing, proper tongue function at rest and in swallow, and lip seal. These main things help create a healthy, stable patient. Plus…they have an awful lot of fun in this course!!

It's these kind of learning opportunities at LVI that make it the PREMIERE POST GRADUATE INSTITUTE IN THE WORLD!

2018 is approaching fast…make it your year to learn about the exciting things I have shared with you. This way next year when you reflect back at 2018…you will see how much you learned and how capable you are at helping your patients even more!

Cheers!

Heidi

Heidi Dickerson, DDS, LVIM, FIAPA
hdickerson@lviglobal.com

DR. HEIDI DICKERSON NAMED ONE OF THE TOP 25 WOMEN IN DENTISTRY

LVI Global is proud to announce our very own Dr. Heidi Dickerson (President of North American/ Australian Operations, LVI Global and Editor in Chief of LVI Visions) has been named one of the Top 25 Women in Dentistry! Every year, Dental Products Report recognizes exceptional women in the dental industry. Congratulations!

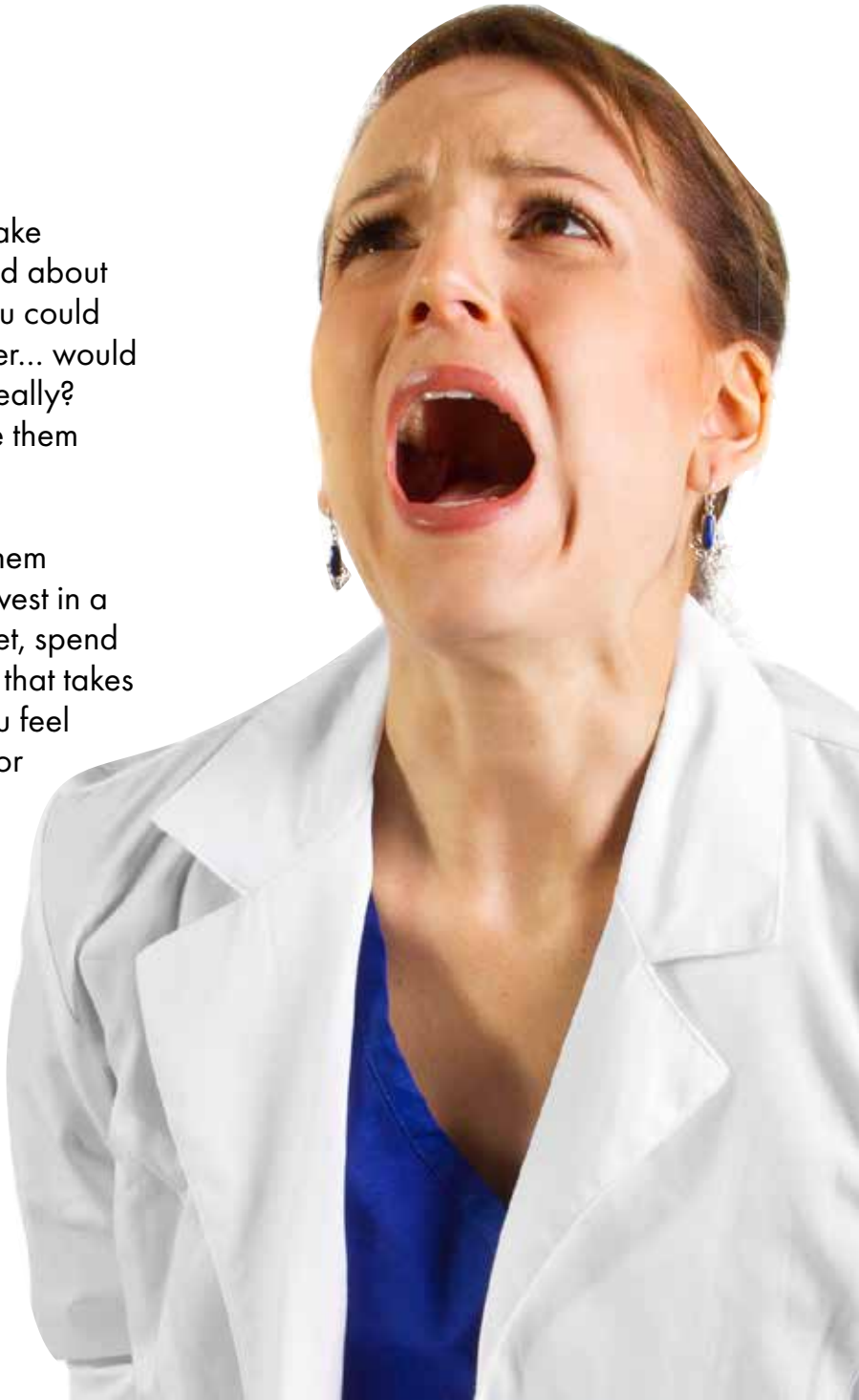
LVI GLOBAL®

William G. Dickerson, DDS, FAACD, LVIM, FIAPA

DO YOU HATE TO SELL YOUR DENTISTRY?

If you knew that you could help make someone happier and more excited about life would you? What if you felt you could really change their life for the better... would you aggressively try and do so? Really? How HARD would you try to make them understand?

BUT what if it meant that helping them would mean convincing them to invest in a product that they would need to get, spend money and actually do something that takes time, energy and effort. Would you feel uncomfortable and not help them or not passionately try and convince them to make that investment? I know many wouldn't. They feel like sales people and they don't want to do that... That's how I felt when I was a younger dentist.



MAKE PHYSIOLOGIC BASED DENTISTRY YOUR PASSION.

Or perhaps you just don't care that much about other people and only are concerned about you and your family. And that's fine, it's your choice. Or perhaps you don't want to set yourself up for rejection. I get that.

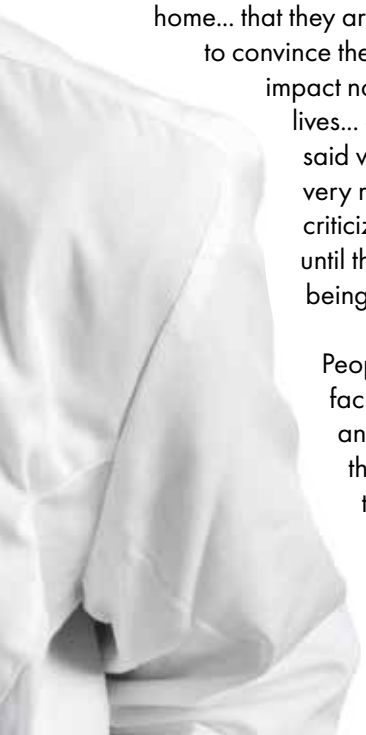
What if you really felt that helping them would change their life and the lives of thousands of people that they "touch" and that people helping people is what we all should be doing? How hard would you try and convince them to do what you feel they need to do?

That's my dilemma every day of my life.

That truly IS my passion driven purpose. I know if people would just listen to us with an open mind that all of us at LVI could make their life and the lives of their patients better. Show them a way that could dramatically change people's lives for the better.

I want to leave the world someday feeling like I made a difference. Maybe I'm naive but I see that as everyone's responsibility to make the world a better place.

As seen by the anonymous survey of people on the LVI forum, 90% of them enjoy what they do for a living more now because of LVI... what they do almost every day of their life... where they probably spend more time than in their home... that they are happier because of what we were able to convince them to do... that they have this positive impact now on so many people... they've changed lives... even saved lives. And many of those that said we made them love dentistry more were very reluctant or skeptical to get started. Yet I'm criticized for telling people to do this or that... until they actually do it, then they thank me for being so persistent.



People get mad when they ask me (or other faculty members) a question on our forum and expect me to be able to explain it to them in an email... so I try and convince them to take a course that I KNOW will help them and they will be glad they did. It's why we offer a satisfaction guarantee on all our CORE courses... and PAT and OSA. We even offer Road Shows that we travel around the country in our effort to help more people.

But dentists can be a strange bunch with fragile egos and some have an overabundance of arrogance. They don't want to admit that they might not know everything. Perhaps its dental school that creates such people, I'm not sure... but it seems the profession is loaded with them. And others that think because they have been to this class or that class... now know everything. They don't realize that ignorance is a by product of arrogance.

So when I tell someone that they REALLY SHOULD take (or audit it if it's been a couple of years) PAT 1 and 2 because it will make a dramatic difference in many of their patients' lives and in their own (particularly PAT 2) they just think I'm trying to sell another course. So many people who are eligible haven't taken it yet. I just want to grab them and shake them and yell "LISTEN TO ME" because I know it will help them help others and make them more confident, happy, passionate and excited about what they can do for people.

I get sad stories from people who have been through some of the CORE courses and stopped because they are not doing well and I know why they are not doing the things they should be doing to convince the people that they can help them. They think they are but they aren't. It was what my IAPA talk was all about. Even the experienced physiologic dentists who have taken advanced courses are reluctant to passionately try and convince the people that they can change their life or they are not doing the things necessary to make their patients own the problem and show them that dentistry can help them. They don't want to be viewed as sales people so they don't passionately try and explain how they can help them. They don't take the time in the exam or do the things they should to give them the evidence that they can make a difference in their lives.

If you are not successful with physiologic based dentistry you have no one to blame but yourself. It's not your patients, it's not your location, it's you! I would be willing to bet that if you let me or someone who "listened" that we would be able to convince them to try the treatment to eliminate their lifetime of pain. I just believe you're not implementing the things you should be doing. You may just not be doing the things correctly. I feel so strongly about this that I've even added a section in the PAT 1 explaining this.

Just think about how others are doing fantastic and it's why the average LVI dentist makes significantly more than the average practice. IF IT'S BEEN DONE IT'S PROBABLY POSSIBLE!!! There is no reason you can't be doing what others are doing. You always have to believe that, because it's true.

So, please understand and don't criticize me for what I believe to be my purpose. Trying to convince as many people as possible to make a better life for themselves and therefore a better life for their patients where they can feel they've made a difference in this crazy world as well that they are fulfilling their purpose.

As many of you know, after selling LVI years ago, Heidi and I could have retired on the beach somewhere. I could go through the rest of my life not having to be criticized by the ignorant for "selling" Physiologic Dentistry to the world. It's not about the money for me and Heidi because it's our passion filled purpose and I can't imagine our lives being quiet when we know we can help so many people. And that's why we bought it back in 2013. We can't imagine ever retiring now.

You can make Physiologic Based Dentistry YOUR passion. Why not? You can help so many people who are desperately looking for help! So passionately and caringly show your patients why and how you can help them. And if you don't know how to do that, find out at LVI in 2018. I hope to see you there.

PAT I PRACTICAL ADVANCED TMD I

Dr. Bill Dickerson • Dr. Heidi Dickerson • Dr. Sahag Mahseredjian
Dr. Anne-Maree Cole • Dr. David Buck • Bill Wade

March 18-20, 2018
September 9-11, 2018

www.lviglobal.com
concierge@lviglobal.com
888.584.3237

LVI GLOBAL®

Academy of General Dentistry PACE Program Approval for Continuing Education

Approved PACE Program Provider FAGD/MAGD credit. Approval does not imply acceptance by a state or provincial board of dentistry or AGD endorsement. 06-01-15 to 5-31-19. Provider ID# 208412

Las Vegas Institute for Advanced Dental Studies, LVI Global is an ADA Recognized Provider

ADA CERP is a service of the American Dental Association to assist dental professionals in identifying quality providers of continuing dental education. ADA CERP does not approve or endorse individual courses or instructors, nor does it imply acceptance of credit hours by boards of dentistry.

Concerns or complaints about a CE provider may be directed to the provider or to the Commission for Continuing Education Provider Recognition at ADA.org/CERP.

ADA C·E·R·P® | Continuing Education Recognition Program

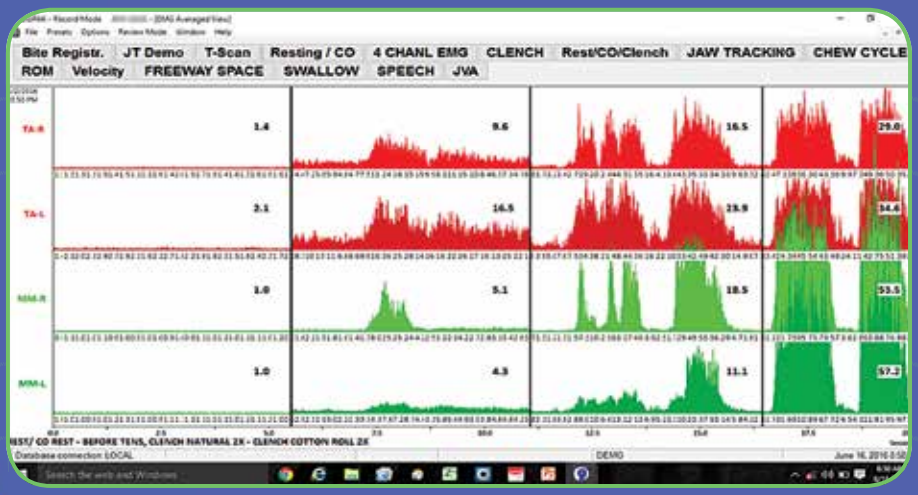
BioEMG III ™

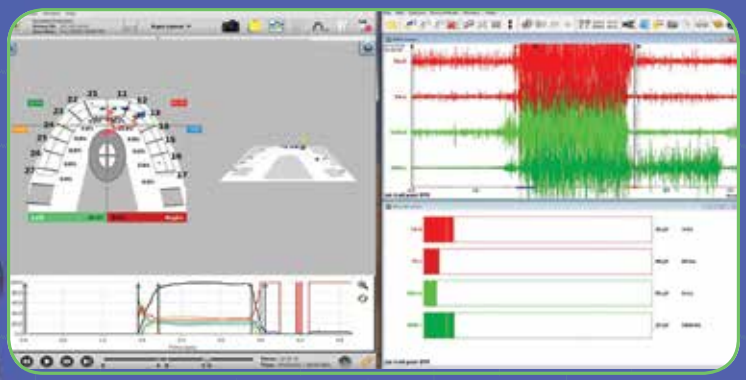
Making Sense Out of Muscle Function

"The transition to BioPAK was a lot easier than I expected due to the window based program and the ability to customize the individualized scans, sequence and nomenclature. The most amazing thing has been how receptive the team supporting BioPAK has been to make changes to fit our physiological based style of dentistry. That has been the single most important factor in utilizing this equipment for our patients."

Dr. Joe Barton

- **The only EMG to link with the T-scan NOVUS™**
- **Preset LVI Global protocols**
- **Noise Rejection > 129db guaranteed.**





BioRESEARCH

800.251.2315 • www.BioRESEARCHinc.com • info@BioRESEARCHinc.com

IS THIS AS GOOD AS IT GETS?

Elizabeth Lombardo, Ph.D.

Do you ever wonder, is this as good as it gets? I mean, you went to college and then dental school. You developed your own business, or joined a practice. You put in hours and hours of blood, sweat and tears, not to mention the financial investment. And now you are living the life of your dreams.

OR ARE YOU?

In my coaching practice, I work with professionals who have achieved life-long dreams, only to realize it might not be as favorable as they had anticipated. Something still seems to be missing. Luckily, there is much that can be done to find that inner sense of contentment and fulfillment that doesn't require another graduate degree, making more money or getting a new partner.

I help my clients cultivate what I call True Success™. True Success™ is a comprehensive understanding of what success is that goes beyond societal standards of status and financial achievement. It incorporates a wide variety of aspects, including physical well-being, psychological health, pursuing your calling and the robustness of your relationships.

When you experience True Success™, satisfaction, joy, and enthusiasm for life abound.

HERE IS MY FORMULA FOR TRUE SUCCESS™

True Success™ = Passion + Purpose + People

Imagine if you got out of bed each morning fueled by positive energy that propelled your thoughts and actions throughout the day (no caffeine required!). That is living from a place of passion.

And imagine if you stopped running on automatic pilot, doing the same thing every day and then reacting to what life presents. What if, instead, you have purpose-driven goals that inspire you to proactively take steps to live a life of meaning and fulfillment?

Finally, what would your life be like if your relationships with the people around you, in both your professional and personal life, were positive and rewarding?

That is True Success™.

Unfortunately, there are various entities that interfere with True Success™ and one of the biggest obstacles for dentists is perfectionism.

Perfectionism is an all-or-nothing mentality: something is either perfect or a failure, it is either right or wrong. With perfectionism comes high expectations of yourself and others: how people and things should be. Disappointment, frustration, anger and even destitution can result when things do not go as you anticipated.

HOW MUCH DOES PERFECTIONISM INTERFERE WITH YOUR SUCCESS?

Maybe you are like I used to be (I am a recovering perfectionist): You see your perfectionism as one of the critical ingredients to your success. It pushed you to excel throughout your schooling. It propels the high quality of service you provide. It prompts you to have a successful business.

But perfectionism comes with a price, most notably stress. And stress is common for dentists. In fact, studies show that 86% of dentists report moderate to severe stress.

STRESS CAN LEAD TO:

- *Reduced energy*
- *Decreased concentration and focus*
- *Making mistakes*
- *Forgetfulness*
- *Suicide*
- *Insomnia*
- *Physical illness, including chronic pain*
- *Irritability*
- *Strained relationships*
- *Business issues*

Regarding the last one, stress is often the underlying cause of business failures because they lead to things like tension among team members, lack of new patients, cancellations and unhappy customers.

And, a statistic that is too close to home: suicide is two times more prevalent for dentists as compared to the general population. Perfectionism can be a significant contributor to suicidal ideations: Life has to be perfect OR I am out.

Oh, you're still using fancy cameras?

With DOPS, you can use your phone to:

- Easily snap and share photos of patient's teeth
- Send images to labs via secure, HIPAA-compliant servers
- Cut down on expensive camera equipment and labor
- NEW FEATURE: Now text patients their photos at home

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

Happier patients

Happier business

Happier you

It's a Win. Win. Win.

DOPS
Diagnostic Online Photo Sharing

Visit DopsApp.com

Available on the App Store

Download Now!

How much does perfectionism interfere with your life? Go to BetterThanPerfectQuiz.com to find out.

While ostensibly perfectionism is about wanting to create excellence, deep down it is actually about the deep-seated fear of failure. Perfectionists base their self-worth on not failing, so when failure (or even just an unwanted outcome) occurs, it impacts their sense of self.

So, what can you do to overcome perfectionism?

Well, the answer is not to lower your standards or accept sub-quality performance.

No, I am not suggesting you shoot for a D+.

I say, go for the A+. And then if and when you do not get the result you hoped for, instead of beating yourself (or others) up, ask the question, "why?"

I have a saying: it is not failure, it is data. And by data, I mean information. Information you can use to make things better either now or in the future.

So, if you make an error during a dental procedure, why? Were you exhausted, distracted, stressed out? Was there a disconnect in communication with your staff?

If a relationship in your personal life is going sour, why? Sure, it may be the other person's fault, but I have found in my over two decades of working with clients that it takes two to tango. And if you change your dance steps (being more positive, sharing gratitude for the person, focusing on how to bring more joy into the other person's life), then the relationship tends to get better.

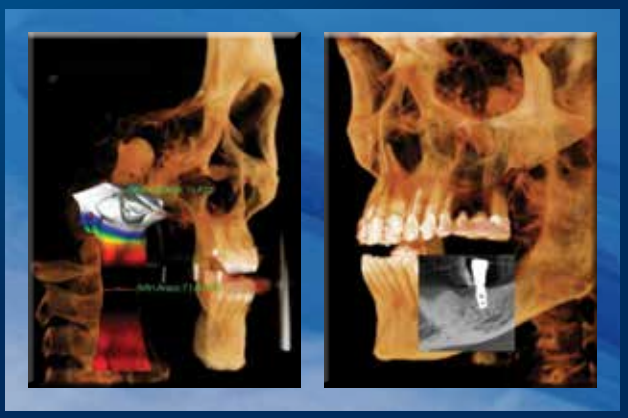
The anecdote to perfectionism is what I call Better Than Perfect.

SEE THINGS DIFFERENTLY!

NewTom 3D Imaging from BIOLASE

NewTom Cone Beam 3D Imaging **VGi Flex**

You can't diagnose and treat what you can't see! NewTom's legendary quality combines patented SafeBeam® technology which optimizes treatment planning while minimizing patient exposure to radiation.



Images courtesy of 3D Imaging, LLC

NewTom VGi Flex fits in a variety of van configurations to suit your needs, making the NewTom VGi Flex the Cone Beam 3D machine that goes where you want your practice to go.

GROWS WITH YOUR PRACTICE!

NewTom VG3

Digital Panoramic X-Ray System
Upgradable to 3D Cone Beam & Ceph

FOLLOW US!

biolase.com | Contact Dan Fields at (949) 226-8107 today!

BIOLASE®

The Systemic Theory of Dental Caries and the Role of Nutrition in Oral Health

Ken Southward, DDS

There is a growing recognition of the links between oral and systemic diseases. Periodontal disease, in particular, has links that have been identified through the common characteristic of chronic inflammation.

To better understand inflammation, it is convenient to use an equation format where one side must equal the other. The oxidation process from energy production causes reactive oxygen species. These charged particles must be neutralized by either endogenous or exogenous antioxidants to maintain balance. This is the **"Health Equation."** Too much oxidation overwhelms the antioxidants causing oxidative stress. The body copes with this inequity with inflammation. Acute inflammation is temporary and heals quickly. This level is the **"Dis-ease Equation."** Chronic inflammation due to ongoing oxidative stress begins to break down the host's body. This is the **"Disease Equation."**

Dental caries is still largely regarded as strictly an oral disease involving a susceptible tooth surface, cariogenic bacteria and a fermentable carbohydrate diet, particularly sugar. This traditional caries paradigm is woefully inadequate to explain the caries process and leads to preventive frustration when one is limited to treating the symptoms rather than the cause.

Enamel demineralization and dentin caries are two different processes. The former is described by the traditional acidogenic paradigm of a strep mutans type of plaque accumulation making a tooth surface susceptible through acid erosion of the enamel. The latter process of dentin caries, however, is similar to periodontal breakdown in that it is due to chronic, uncontrolled inflammation where the body breaks its collagen down with its own matrix metalloproteinases. (MMP's) With periodontal disease, it is the bacterial toxins that chronically stimulate the immune system while it is acid irritation that creates the irritating stressor initiating dentin caries.

Drs. Ralph Steinman and John Leonora demonstrated that a healthy tooth has a centrifugal or 'inside to outside' fluid flow to cleanse and nourish it. Figuratively, a healthy tooth sweats, which makes it very resistant to a harsh oral environment. When sugar is absorbed into the blood stream, the increase in blood glucose is quickly recognized by the hypothalamus of the brain as it increases the metabolic rate. Brain cells do not require insulin for glucose uptake which makes them very sensitive to blood sugar variations. This leads to an increased production of reactive oxygen species, (ROS) a type of free radical, which triggers an endocrine response in the hypothalamus to decrease parotid hormone which controls the fluid flow through the tooth. Their research identified the two parotid glands as having both an endocrine (parotid hormone) and exocrine (saliva) excretion function, similar to the pancreas. The reduction of parotid hormone decreases or even reverses the fluid flow through the tooth which renders it vulnerable to the oral environment. Figuratively, a susceptible tooth acts more like a sponge. This leads to plaque adherence to the tooth surface, acid accumulation, erosion of the enamel and irritation of the dentin.

The two researchers found that they could manipulate the hypothalamic signal to the parotid gland by using carbamyl phosphate. Egg shells also allowed the centrifugal fluid flow to be uninterrupted even with high sucrose levels. Leonora wrote before his retirement that they did not know how the process was controlled, but only that it was controllable. We know now that it is increased ROS that signal for more insulin and decreased parotid hormone when blood glucose levels rise.

The systemic theory of dental caries, therefore, starts with a sugar ingestion leading to increased blood sugar. This triggers more ROS production in the hypothalamus and a decrease in parotid stimulating hormone. Subsequently, less parotid hormone is produced from the endocrine portion of the parotid glands. This event decreases or reverses the centrifugal dentinal fluid flow and renders the tooth vulnerable to the oral environment. **Plaque can now adhere to the tooth surface and plaque ph rises causing enamel erosion** and irritation of the dentin. Inflammation eventually goes from an acute phase to a chronic phase and breakdown of the dentin occurs due to the body's MMP's such as collagenase.

The previous paragraph describes the systemic caries process. The bold printed line indicates the limited considerations of the traditional caries paradigm. It gives us a perspective of why dentistry has only treated symptoms rather than the cause of the caries process.

Dr. Weston Price did some valuable research on primitive cultures who were on the cusp of civilization back in the 1930's. Specific communities were chosen where part of the community was exposed to a modern, refined carbohydrate diet. These were the study group. The remainder, who were still on the primitive diet, provided the control group. The differences in caries rates were alarming. For example, the Swiss study group had six times as many caries lesions as the control group. The New Zealand Maori community went from .01% of teeth attacked in the control group to 55.3% of teeth with caries in the study group!

Dr. Price demonstrated that nutrition played a significant role in this caries rate difference. We now understand that the centrifugal dentinal fluid flow was maintained and the teeth remained resistant with the primitive diet. He identified several minerals such as calcium, phosphorus, magnesium and others as important, but his main focus was on the fat soluble vitamins A and D. Furthermore, he identified an 'Activator X' which made the whole process work. Unfortunately, it was not till 60 years after Dr. Price's death that Activator X was identified as the fat soluble vitamin K2 in 2007.

It would appear that K2 was adequately named as it would seem to be the main activator of osteocalcin and matrix GLA. These are two vitamin D generated proteins involved in calcium transfer in the body. The influence of K2 is to enhance the ability of these proteins to maintain blood glucose levels. This would decrease the blood glucose spike and allow the parotid stimulating hormone to continue. In short, K2's influence is to reduce oxidative stress by decreasing the oxidant side of the equation rather than increasing the antioxidant side.

Join the buffering revolution!

Buffering Simplified.™

Reliable | Comfortable | Efficient

www.AnutraMedical.com

ANUTRA MEDICAL

1.844.ANUTRA.1
268872

LET'S CLEAR THE WAY FOR AIR

Delwin R. Hemingway, DDS

Physiologic Dentistry has positively changed the lives of tens of thousands of people including my own. As members and participants of the IAPA we have been taught correct principles to achieve success in the treatment of TMD, Sleep Apnea, and dental aesthetics. Often, these three areas are intertwined. What would it be like if we could reduce the incidence of or possibly eliminate most TMD and sleep issues in the first place? Let's start at the beginning, how do TMD and Sleep issues develop?

In the JADA lead article of January 2016 it was stated that 34% of children with their primary dentition have signs and symptoms of TMD. We have long known that 34% of adults have signs and symptoms of TMD but children too? WHY? Physiologic dentistry has shown that the greatest cause of TMD is misalignment of the jaws. Therefore, if 34% of children have signs and symptoms of TMD, what is happening that is causing misalignment of the developing jaws?

There are three major causes:

1. Insufficient Airway
2. Ankyloglossia (tongue tie)
3. Oral Habits (thumb sucking and finger sucking)

Dental Schools teach remedies for correcting ankyloglossia and oral habits; however, dental schools do not address insufficient airways in children. Dentists are not taught to recognize it, evaluate it or even be concerned about it. Yet, knowing the signs and symptoms, getting an accurate diagnosis, and providing short term permanent treatment can totally change a child's jaw development, temperament, and their life.

The biggest problem in children that causes abnormal development of the jaw is mouth breathing. If the mouth is open during breathing the tongue is in the wrong place and the developing jaws will be misaligned. It's that simple. Most parents and most doctors are totally unaware of the ill effects of mouth breathing. Parents do not bring their children to our offices to have their mouth breathing evaluated.

WHAT CAN WE DO?

In October 2016, I sat in the congregation of the church I attend and watched children 3 to 11 years old put on their annual children's program. I noticed one little boy about 4 years old who had trouble staying with his class. He would sing with them, then he would wander. He gave his little talk, then wandered. As I watched him it was apparent he did not breathe through his nose. He had dark circles under his eyes. He yawned frequently. He definitely had difficulty focusing on where he should stand and stay with his class. It looked to me as if he were suffering from oxygen deprivation disorder.

"What should I do?" I struggled with that question for over a month. I didn't know the family, they were not my patients, and they had not come to ask my opinion about their son. Would it even be right to speak to them unsolicited?

Each Sunday I observed the little boy who I discovered was called James. He was 4 years old. He had other siblings but he was the only mouth breather. Every time I saw him I knew I had been given a gift of knowledge that would help him and I wasn't sharing that gift.

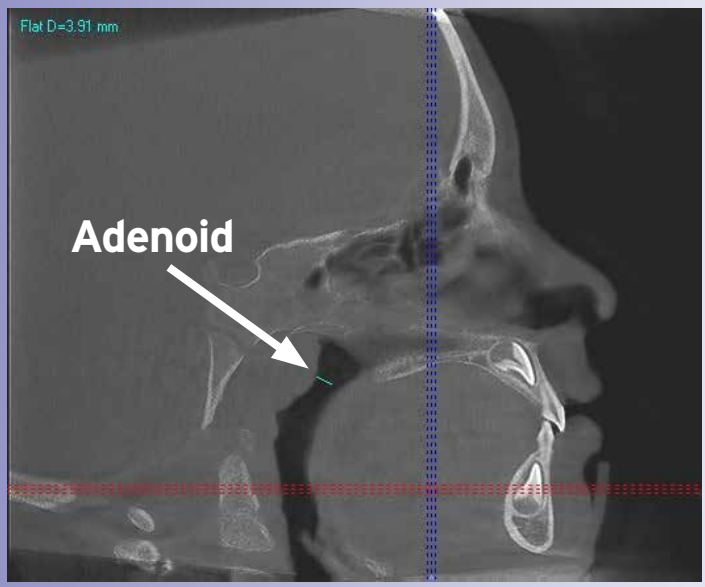
Finally the thought came, "If you don't say something, who will?" I was determined to say something.

At home, I prepared and typed up a list of symptoms of Oxygen Deprivation Disorder:

1. Snoring
2. Mouth breathing
3. Bruxing
4. Nighttime Awakenings and Restless Sleep
5. Often sleeping with several pillows to elevate the head
6. Bed Wetting
7. Daytime fatigue and lack of energy
8. Morning Headaches
9. Feeling and acting irritable
10. Inability to focus on simple tasks or learning
11. Depression

The following Sunday, I spoke to the mother after the worship service. I told her I thought her son James may be suffering from Oxygen Deprivation Disorder. "Oxygen Deprivation Disorder, what's that?" she asked. I gave her the list of symptoms and asked her to review it and if James had many of the symptoms, I could help. She agreed to read the list and to let me know. Later that day, James' mother and his father stopped me in the hallway. James' mother said, "James has all of these symptoms, what do we do?" I explained to them I thought it was probably due to a partial blockage of his airway. They would need to bring him to my office where we could take a CT scan to evaluate his airway and find the cause of the oxygen deprivation.

James came with his mother to my office. I interviewed them on video about what he was suffering. We took a CT scan and found his airway was 80% blocked by tonsils and adenoids. I referred him with a copy of the scan to the ENT for removal of tonsils and adenoids.



Six weeks after surgery, I again interviewed James and his mother on video. The outcome was astounding. James' videos and before and after photos demonstrate what a profound difference we can make in the life of a child when we facilitate opening their airway. If the airway is opened by the time a child is 5 years old they immediately begin to breathe through their nose. Early recognition and intervention is the key.

I believe we can make a huge difference in the life of a child if we will open our eyes and observe how they breathe. I believe it is our responsibility not only in our offices but outside our offices to speak up when we see a suffering child. Their parents have no idea that mouth breathing impacts a child's behavior and even their ability to learn. We have been given much. Our training at LVI has given us the knowledge we need to change lives. Will you join me in making life better for children?

BEFORE ADENOTONSILLECTOMY AFTER

Etchant with Pin Point ACCURACY

SELECT HV ETCH

SELECT HV ETCH

BISCO's SELECT HV ETCH is a 35% high viscosity phosphoric acid etchant containing Benzalkonium Chloride (BAC), designed for the "selective etch" or "hybrid" technique – etching enamel margins without etching dentin. It can also be used for everyday total-etch restorative procedures. SELECT HV ETCH is formulated for optimized handling and accurate pin-point placement preformance.

- High viscosity, ideal for enamel etching
- Available in a convenient bulk syringe with refillable syringes
- Contains Benzalkonium Chloride (BAC), an antimicrobial agent

NOTE: Inclusion of BAC has not been shown to correlate with a reduction in secondary decay in patients. In-vivo clinical studies to evaluate the effects of BAC on oral bacteria or caries have not been performed.

15% OFF YOUR NEXT PURCHASE

Offer expires: 12/31/18 Promo code: 18LVI

Discounts and promotional pricing applicable to U.S. dental offices only.

Not valid with any other promotional discount.

To Order Call:
1.800.247.3368

BISCO
www.bisco.com

MC-10121SE

Dentistry courtesy of Dr. Micheal Morgan.

Rx Only

Leo Malin, DDS

A Successful Implant Practice

Simple And Predictable Bone Preservation And Grafting Techniques For The Implant Practice.

So you want to place implants in your practice?

Your patients have money but no bone or soft tissue to work with,

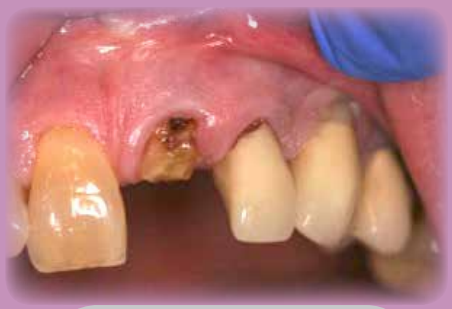
or they have bone and soft tissue but no money.

Sound familiar?

How does that happen?

What can be done about it?

As a profession we have no control over patients financial ability to pay for our services but we certainly have significant control over the services we offer, the complexity of those services, and the success and cost of those procedures. We have the responsibility of helping our patients make informed decisions. Not dictate treatment but help patients understand that their decisions have clinical impact and can certainly affect their quality of life. Ideally patients given the right information are then responsible to make choices that are right for them. It is my experience that most properly informed patients will make choices that are in their best interest. That does not mean that every patient will accept ideal treatment today, it is real that they simply may not have the resources to do so immediately. Most patients however will put a plan in place to get them there when it's possible or affordable.



Pre Extraction

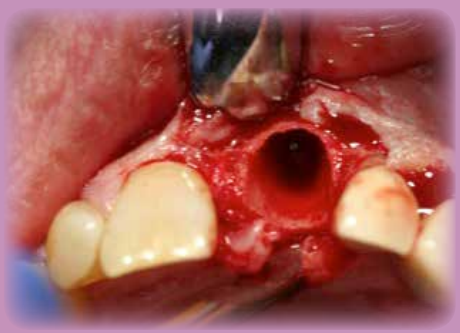
So you might be asking what if anything does that have to do with implant dentistry, bone preservation or bone grafting. My answer would be that patient choices that are made when a tooth or teeth are about to be extracted will have a dramatic impact on that patient's dental function and aesthetics for the rest of their life. The clinician's ability to extract that tooth or teeth and manage or mismanage that extraction site or sites will most certainly have a dramatic impact on that patient's dental future, not to mention the health and viability of one's implant practice.

My dental practice is limited to implant services only, approximately 70% of what I do each year consists of extracting existing teeth and replacing those teeth immediately with dental implants, while managing effectively those extraction sites. It is a needed and wanted, valuable service anywhere in the world today. I would like to spend the rest of this short article addressing that needed service.

Some basic beliefs that I hold to be true that are not necessarily universal beliefs:

1. 28 teeth are not too many teeth.
2. People are not generally born with too much bone. Bone volume is generally greater when the teeth exist than anytime after they are removed. Bone volume should be respected, the loss of vertical bone height is very difficult to recapture once lost. Removing or sacrificing vertical bone should be avoided in almost any clinical situation.
3. The best time to replace a tooth with an implant in many cases today is the day one takes the tooth out.
4. Bone volume is lost around teeth and implants for two main reasons: Excess bacteria or excess biomechanical force applied to the tooth or implant.

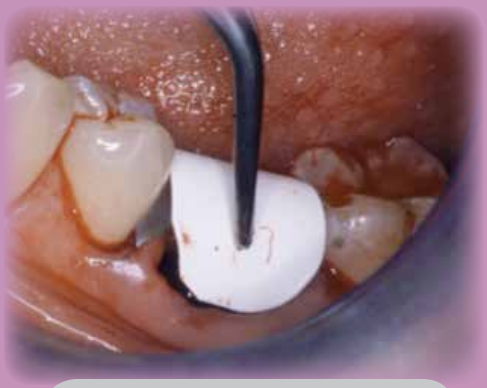
So the question is how to manage an extraction site effectively and what are the patients and clinicians viable options. It is important to understand that once the tooth is extracted it leaves a void from that extraction. The body will not tolerate a void. The extraction space has two options while healing: fill in the void or collapse the void or a combination of both. A normal extraction site will maintain its volume at the apex of the extraction site but will tend to collapse in at the cervical portion of the extraction site. It is important to understand in an extraction site, if the body will not tolerate a void, what is available in the area to compete and fill that space? What is available are the blood clot, oral fluids, bacteria and soft tissue, and possibly a dental implant.



Extraction Site to Manage

Those are basically the five choices available to fill that space. The blood clot is the most valuable component in the area and has all the regenerative potential needed to replace and fill the extracted tooth space with newly formed bone, in that site if

it can be protected long enough for that process to be completed. The blood clot could be thought of as the best, most efficient, most affordable and most natural bone graft material available to that patient. The challenge the extraction site has is that if the oral bacterium continually contaminates the healing sight it will become compromised in its healing response. Soft tissue will also multiply and populate the space at a faster rate than hard tissue can develop from the blood clot in the cervical portion of the extraction site. Not maintaining and confining the space properly can result in overgrowth of tissue into the extraction site. In summary, how does one guarantee an ideal healing response in the extraction site? The answer is keep in what you want to keep in the site and keep out what you want to keep out and let the body repair itself.



Non-resorbable Barrier

Resorbable Barrier

Cyanoacrylate

A barrier is what is normally used to confine the space and keep in what you want to keep in and keep out what you wanted to keep out. Barriers are of two general forms which are resorbable (usually collagen) and non-resorbable (usually Teflon). Teflon is the most cell occlusive, most economical barrier used over an extraction site. It will confine the space perfectly keep the blood clot and the potential implant completely protected in an extraction site, keep out the oral bacteria, saliva and soft tissue which cannot invade the space if the barrier remains in place. The patients healing response will then do all the rest. The Teflon barrier is generally removed 3 to 4 weeks after extraction and immediate implant placement protocol. The disadvantage of a Teflon barrier, if there is one, is that it has to be removed, does slow down the soft tissue response and can be an irritant to the soft tissue repair for some patients. An alternative method to Teflon is to use a collagen barrier and medical grade cyanoacrylate (superglue) over the sutures and barrier to seal up the site. Collagen is a porous material and exposed to the oral cavity without additional protection will allow bacteria into the extraction site and potentially compromise the healing response. Medical grade cyanoacrylate is used to minimize that affect and seal up the site more appropriately.

If the implants are placed immediately or the extraction site defects are significant, my grafting material of choice to help fill those voids and support space maintenance would be a grafting product called Osteogen Plugs. Osteogen Plugs are a combination of collagen and bone graft material incorporated into one product. Osteogen is a very easy grafting material to modify to any size and shape that easily fills the defect.

Extracting a tooth and placing an implant immediately has some significant advantage for the patient and the practice over every other protocol. Success is really determined by the following:

1. Effectively removing the tooth and maintaining as much of the extraction site as possible.
2. Being able to obtain primary stabilization of the implant in an acceptable orientation.
3. Using an implant system that can be placed sub-crestal so that implant platform height is not so critical.
4. Isolating the extraction and implant site from the oral environment so that the body elicits an appropriate healing response and quite frankly performs its own miracle.

NEW!

waterpik®

Cordless Advanced

- 4 Water Flosser Tips
- Three Pressure Settings
- LED Pressure & Battery Charge Indicator
- Waterproof
- Extra Quiet Design
- 4 Hour Rapid Charge System
- Two-Year Warranty
- Global Voltage and Travel Bag

The Next Generation of Cordless Water Flossing

The world's most advanced Cordless Water Flosser makes it more convenient than ever to get all the clinically proven benefits of water flossing. It's compact, portable, and loaded with advanced new features — perfect for home and travel. Learn More at Waterpik.com.

4 designer colors

Clinically Proven Efficacy

- Plaque Removal Up To **99.9%** From Treated Areas
- Gingivitis Reduction Up To **50%** More Effective vs. String Floss
- Gingivitis Reduction Up To **80%** More Effective vs. Sonicare® Air Floss

Go to www.waterpik.com for details.

waterpik®

WATER FLOSSER — The Easy and More Effective Way to Floss™

Try it Yourself **$44.99** · Retail Price $99.99 · **Call 1.800.525.2020**

Osteogen Bone Graft

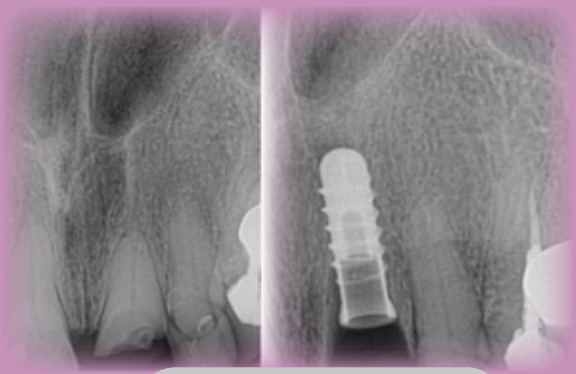
Suture and cyanoacrylate to close

Our job as clinicians is really to remove the affected or damaged tooth, help the body to isolate, maintain and hold the appropriate space so that the body can effectively repair itself.

Obviously there are many other grafting procedures and protocols that are available but all of those procedures are more complex, less predictable and more expensive for the patient than the procedure described above. All additional procedures are designed to replace what was lost because the first opportunity to maintain the bone volume or hard and soft tissue space was not accomplished following the extraction procedure.

In my opinion, any patient losing a tooth that is an appropriate implant candidate should be given an implant option. Delaying that opportunity generally makes the procedure more difficult and more costly for the patient. Any clinician extracting teeth could easily incorporate these procedures into their practice and provide a very valuable service for their guests. Socket preservation and implant placement is a service that is needed and wanted across the globe and certainly has a positive impact on the economics of a clinical practice. The procedures described above account for the vast majority of the implant related growth in the implant industry today.

Implant Placed



Pre extraction and post immediate placement x-rays.

Thinking ahead. Focused on life.

MORITA

Compact, Comfortable & Powerful

TwinPower Turbine® Ultra Series

Purchase 2, get 1 FREE*

What makes the TwinPower Turbine Ultra Series unique? Simply put, excellent access and visibility with up to twice the cutting power** of other mini handpieces. Even under high load conditions, TwinPower's exclusive double-impeller rotor outperforms the competition.

- Unique double-impellers produce high power & torque
- Compact head designs offer exceptional access
- Zero drawback in the air line improves contamination control
- 2-year warranty
- 30-day money back guarantee

(Limited time, call for details.)

*Offer valid 12/18/17 to 3/31/18. Free handpiece must be of equal or lesser value. To redeem, submit a copy of your invoice to J. Morita USA by 4/16/18. Fax: (949) 465-1009 or Email: promotions@jmoritausa.com, ATTN: LVI-1375. J. Morita USA reserves the right to change or cancel this promotion at any time.

**TwinPower Turbine UltraM measured at 18 watts, up to twice the power of other mini handpieces.

1-888-JMORITA (566-7482)
www.morita.com/usa

L-1375 12/17

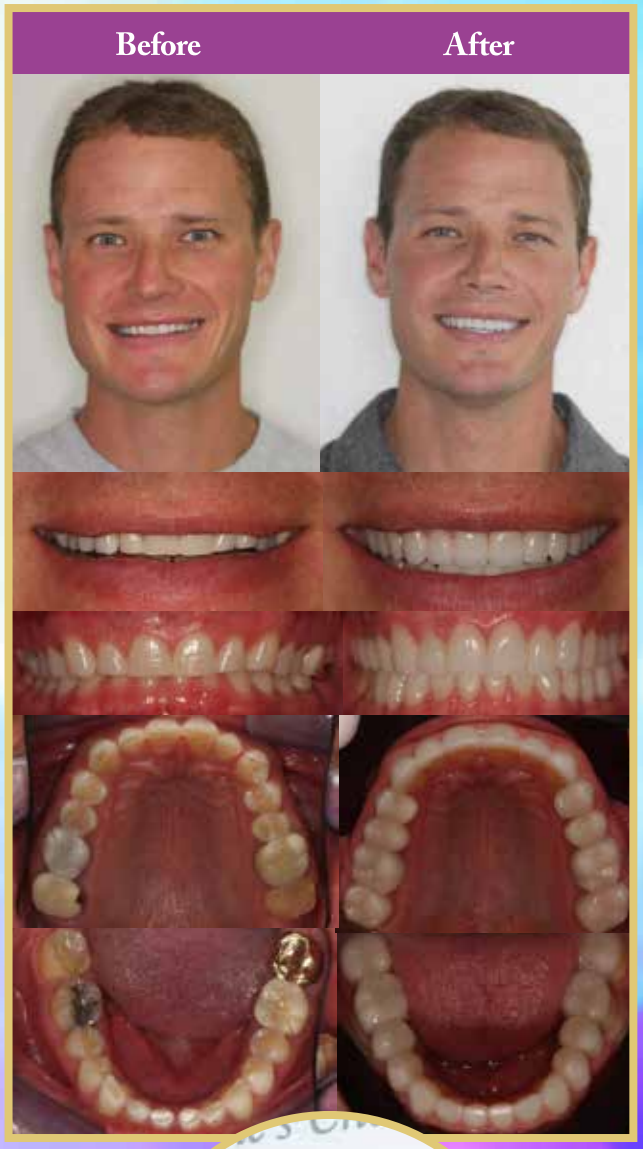
2017 Aesthetic Eye Winners

Sponsored by KETTENBACH Simply intelligent

Anterior Aesthetics

Dr. Jerry Hu

Full Mouth Aesthetics/Full Arch and People's Choice Award



Dr. Paul Peterson

Glamour Portrait Shots

Dr. Michael Reece

Single Tooth Shade Match

Dr. Frank Sullivan

2017 Team Best in Practice Award

Dr. Randy Gilewich's Team

Let's Hear It For The Team!

This year's IAPA had lectures and hands-on training for the Team Track. There was so much to learn for both the newest team member and the more advanced team member. The team tracks were such a hit that we are proud to announce we will be doing another round at the 2018 IAPA on October 25-27. Plan ahead now!
One track will be A Team (for the newer team members) and one track will be Extreme Team (for the advanced team members).

IAPA Team Track

2017 LVI MASTER

Dr. Jon Feist

BEFORE AFTER

BEFORE AFTER

BEFORE AFTER

BEFORE AFTER

2018 IAPA CONFERENCE

OCTOBER 25-27, 2018

LVI • LAS VEGAS

TIMES ARE CHANGING AND PHYSIOLOGIC DENTISTRY IS GAINING TRACTION

For More Information, Complete Bios and a Full List of LVI Sponsors Please Visit
www.lviglobal.com • concierge@lviglobal.com • 888.584.3237

IAPA
The International Association of Physiologic Aesthetics
The Voice of Physiologic Based Dentistry

SPONSORED BY THE AURUM GROUP® MICRODENTAL LABORATORIES WILLIAMS DENTAL LABORATORY a world of difference...

Approved PACE Program Provider FAGD/MAGD credit. Approval does not imply acceptance by a state or provincial board of dentistry or AGD endorsement. 10-01-17 to 9-30-21. Provider ID# 208412

IAPA AFTER DARK WHITE

THE IAPA AFTER DARK NEVER DISAPPOINTS AND THE ATTENDEES ALWAYS BRING IT. THIS YEAR'S THEME WAS WHITE NIGHT AND THE ATTIRE OR COSTUME REQUIRED WAS EVERYTHING AND ANYTHING WHITE. EVERYONE BROUGHT THEIR A-GAME.

THANK YOU TO OUR SPONSOR

NuCalm®

NIGHT

ROCKS LOUNGE
AT THE
RED ROCK
HOTEL & CASINO












Hamada Makarita, DDS, MAGD, MICCI

Photography

An Essential Tool for Patient Education, Smile Design and Lab Communication

Producing aesthetically pleasing and predictable restorations is a creative process requiring collaboration and input from a team that includes the patient, doctor and ceramist. This article will focus on how photography is used to aid in the workflow from consultation to creation and cementation. In order to produce excellent results and give the patient the restorations they desire, there must be clear communication between the dentist and patient during the initial consultation. The patient's desires must then be clearly relayed to the lab, along with any other pertinent clinical information in order to receive the best results possible. A successful case is one where clinically the results are excellent and where both the doctor and patient are happy with the results. The dentist is the leader and the responsible party in the team to make sure the patient receives exactly what they desire.

Photography can be used in three phases of the creative process: education, design and creation.

PATIENT EDUCATION

During the initial consultation, we need to listen to the patient to find out their desires. Once we have a clear understanding, we must educate the patient on the procedures and materials available and the pros and cons of each. With a pre-op series of photos **(Figs. 1-11)**, the dentist can point out specific challenges and discuss all potential issues that may arise. These images can be shown to the patient on a computer screen, an ipad, the camera screen and even a smartphone. When the dentist and patient view these photos together, issues such as smile design, tissue health and symmetry, width and length proportions, shade selection and any other topics can be discussed. This patient education is very important so there are no misunderstandings or false expectations. During this visit, the patient will have the opportunity to address any questions or concerns.


Fig. 1


Fig. 7


Fig. 2


Fig. 8


Fig. 3


Fig. 9


Fig. 4

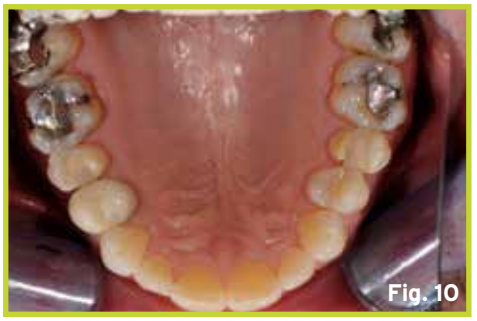


Fig. 10

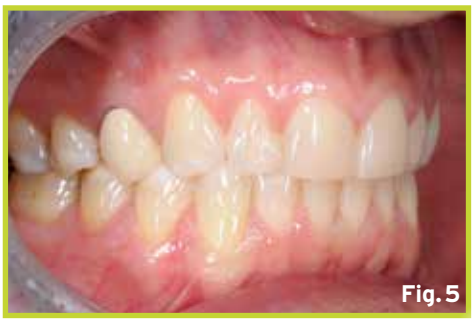


Fig. 5

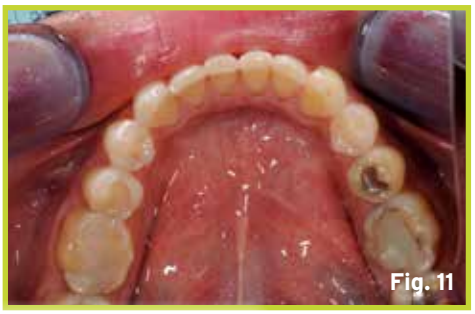


Fig. 11


Fig. 6

Figs. 1-11 show a pre-op series

Other photographs that can be shown to help educate patients are examples of previous work the dentist has done, showing before, and after images, what a veneer or a crown looks like and photos showing showing lab techniques. **(Figs. 12-15)**. Patient personalities vary; therefore, some of them want more detailed explanations and ask more questions than others. An informed patient can make an educated decision based on what treatment is best for him or her, and they can begin their treatment with confidence. In addition to making an informed decision, the patient will undoubtedly be impressed and appreciate the time the dentist took to explain and show photos of certain procedures. As as a result, it is an indirect form of marketing the dental practice.


Fig. 12


Fig. 13


Fig. 14


Fig. 15

Figs. 12-15 are examples of photos used to educate the patient on lab techniques and materials

DESIGN

Once the patient has had the opportunity to express their desires and has had their questions answered, the smile design should be discussed. Having this conversation ahead of time will allow the dentist to tell the lab to wax up a specific smile style. The patient should see different tooth shapes and before and after images to be able to express their likes and dislikes. Participation in the design by the patient reduces the potential for disappointment on the delivery appointment. For example the patient can see the difference between square, square oval and oval shaped teeth **(Figs. 16-18)**. In addition, they can see the difference it makes if nothing in the smile design changes except the length of the lateral incisor **(Figs. 19-21)**. Besides the smile design, it is important to discuss the final shade, length, translucency, cervical warmth and texture in the restorations **(Fig. 22)**. The patient will appreciate the artistry involved and understand that it is truly a custom design that they participated in creating.


Fig. 16


Fig. 19


Fig. 17


Fig. 20


Fig. 18


Fig. 21

Figs. 16-18 show different smile designs from square to more rounded shapes

Figs. 19-21 are identical to figs 16-18 except the lateral incisors are shorter, creating a very different look


Fig. 22

Fig. 22 shows an example of the artistry involved in creating a natural restoration including shade variance, translucency, surface texture and cervical warmth

PHOTO

DENTAL PHOTOGRAPHY

BRAND NEW COURSE

INSTRUCTOR:
DR. HAMADA MAKARITA
PREREQUISITES: None
CE CREDITS: 7.5
AGD CODES: 130
TUITION: $995
TEAM: $595
LENGTH OF COURSE: 1 DAY

MAY 19, 2018

OCTOBER 24, 2018

COURSE DESCRIPTION

Case presentations and marketing are essential to your success and in this course; we will present simplified and straightforward dental photography techniques to market your work and communicate with the lab. We will also outline which views to photograph in order to present your cases and which views are essential for lab communication. We will show you how to easily use your photos in PowerPoint and some aspects of Photoshop to create a presentation that will look professional and properly showcase your work. The proper views will be shown to use for case presentations and lab communication.

COURSE OBJECTIVES

- Discuss the basics of dental photography
- Utilize your camera settings for the different views
- Utilize basic portrait photography
- Utilize the proper views for lab communication
- Utilize basic Photoshop techniques to crop and make universal edits
- Create a simple but effective PowerPoint presentation to showcase your work
- Create a smile gallery to use on your iPad or computer
- Customize the settings on your own equipment

FOR MORE INFORMATION, COMPLETE BIOS AND A FULL LIST OF LVI SPONSORS PLEASE VISIT

www.lviglobal.com • concierge@lviglobal.com • 888.584.3237

LVI GLOBAL®

Approved PACE Program Provider FAGD/MAGD credit. Approval does not imply acceptance by a state or provincial board of dentistry or AGD endorsement. 06-01-15 to 5-31-19. Provider ID# 208412

Las Vegas Institute for Advanced Dental Studies, LVI Global is an ADA Recognized Provider

ADA CERP is a service of the American Dental Association to assist dental professionals in identifying quality providers of continuing dental education. ADA CERP does not approve or endorse individual courses or instructors, nor does it imply acceptance of credit hours by boards of dentistry.

Concerns or complaints about a CE provider may be directed to the provider or to the Commission for Continuing Education Provider Recognition at ADA.org/CERP.

ADA C·E·R·P® | Continuing Education Recognition Program

Registration fees are to cover the team at LVI's cost for employees time from sales to reserve your spot in the course, order supplies for the hands on portion, start the paperwork in the programs department as well as the accounting departing and are non-refundable and must be exercised within two years. LVI Global, LLC ("LVI") reserves the right to cancel courses 30 days prior to the scheduled date of a course or activity, although that would be rare. Should LVI cancel a course or activity, LVI will apply the full value of any deposits and fees related to said course or activity to future LVI course or activities. LVI will not be responsible for any other fees, costs or consequential damages associated with canceling this LVI course or activity.

Photography can be used in three phases of the creative process: education, design and creation.

CREATION

Once we have established our smile design with the patient, it is essential to communicate this information to the lab who relies on information provided in order to create the restorations. The ceramist has not met or spoken to the patient, therefore the dentist bears the responsibility of relaying all smile design information from the design as well as to the clinical information gathered during the prep appointment. In addition to the smile design, the dentist should provide the width and length of central incisors, prep shades **(Figs. 23-24)** and any other details such as characterization or custom shading. The best way to relay information to the lab is to provide them with photos, which should include the pre-op images of the patient and the prepared teeth in occlusion from the frontal and lateral views. This is a verification photo in case the lab has mounted the models and has a question about the accuracy of the mounted casts. **(Figs. 25-26)**.

MARKETING AND DOCUMENTATION

Once a case is successfully delivered, it is a good idea to take a post op series of photos similar to the pre op series. It is important to use the same settings and magnification so if one were to put them side by side, the before and after view would be similar in size, magnification and exposure **(Fig. 27-28)**. These images can then be used for building a smile gallery for marketing and for use in consultation appointments. They can be printed in an album or even better, stored and categorized on an ipad. Another important use of the images is legal documentation, where you will always have an image before the teeth were treated, in addition to a record of the preparations. Keep in mind that if you intend on using full face images, you must obtain a signed photographic release form as some patients don't want an image of their face used in external marketing. Patients like seeing smile pictures and face pictures, but they generally do not like viewing retracted photos. The best views for a smile library are before and after full face and natural smiles. It is a good idea to train the dental team to take good photos, where the best cases can be used on the website, newsletters, print ads and more. It is very powerful during a consultation to show a patient images of actual patients that were treated in the office, as opposed to showing pictures of cases that were done by others.

Fig. 23

Fig. 24

Figs. 23-24 show prep shade images which help the lab during fabrication of the restorations


Fig. 25


Fig. 26

Figs. 25-26 are views used to verify the mounting of the casts in the lab


Fig. 27


Fig. 28

Figs. 27-28 show before and after images with similar composition, magnificationand and exposure

Joseph Dewees, Dental Team Member

A Tale of Two Airways: A Twin Study

My M.A.P talk at the IAPA was a study on myself (Joseph) and my identical twin brother (Jacob) and how our restricted airways affected our lives and changed our facial structures. Over the last few years, I started to learn more about airways and the effect a restricted airway has on children through growth and development through my continued learning at LVI. I started to look back at the story of my airway and also my twin brother's airway. I put the pieces together and realized that everything I was learning started to explain a lot about us, so I gathered up photos and models and put together this twin study to show and prove that restricted airways cause facial changes.

So why is there so much research on twins and specifically identical twins? Identical twins come from one fertilized egg that then separates into two different people. The reason this is so important is because it means that these two people are made of 100% the same genetic code. So any differences that you see in identical twins are due to outside forces and not their genes.

The story of our airways started at birth. I was the first born and my birthing process was a piece of cake. My brother, Jacob's however was not, but to make a long story short, there were complications and he was born face up which deviated his septum and caused very poor nasal breathing and turned him into a mouth breather. As he got older his constant mouth breathing also started to cause a severe inflammation response in his tonsils and adenoids which caused a problem for his airway and his sleep.

The pictures below are us at 9 years old; that is me on the left with a good airway and Jacob with the bad airway on the right. This is really when you can start to see the elongation in his face, the less prominent cheeks because of the start of the malformation of his maxillary arch, but what you can also see is the darkness around the eyes from lack of quality sleep but also likely the lack of proper oxygen levels during sleep.

9 YEARS OLD

JOSEPH (ME)

JACOB

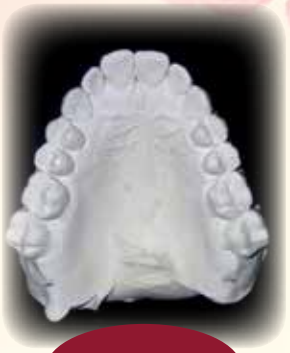
Now let's fast forward through the growth and development stage and look at us in our early 20's. So Jacob has now had a deviated septum and enlarged tonsils wreaking havoc for most of his life, Joseph on the other hand made it through most of his growth without this issue; however, he didn't come through with any issues. Toward my late teen years my tonsils and adenoids started to present a problem which caused my restricted airway problem to begin. This led to weight gain, poor sleep, and Obstructive Sleep Apnea. You can see in the picture above with me on the left and Jacob on the right, just how different the

EARLY 20'S

JOSEPH (ME) AND JACOB

structures of our faces ended up. What is also more prevalent in the picture above is the difference in our maxillary arch. You can see a much narrower crowded upper arch on Jacob on the right and a wider straighter arch on me on the left. This was caused because he could not breathe through his nose, forcing him to breathe through his mouth; the tongue then sits in the floor of the mouth instead of the palate during sleep, making the maxillary arch become malformed. The pictures below are the models showing the difference in the shape of the arches.

But the story isn't over, at the height of our airway issues we both had a multitude of problems that when it comes down to it affected our quality of life, and the worst part was we didn't even look like twins anymore. But all was not lost, we both went through Tonsillectomies. Jacob went through comprehensive orthodontics and I went through some minor cosmetic orthodontics and not only do our airway and breathing get better, but we started to look like twins again. Below is a picture of us in our early 30's with better airways and a better quality of life.



JOSEPH (ME)

JACOB

TODAY

It is a team effort treating patients, and the dental team has a role in helping get these patients the help they need and deserve starting with recognizing the symptoms of restricted airways in patients and also starting the discussions with them. Letting the patients know that the dentist will be evaluating the airway and asking them if they are having any issues either with nasal breathing or with sleep. I have found that a lot of patients don't even realize they have an airway issue, and a great tool to get the patient data they need is a take home sleep study. The dental team really can be a big help here if they can read, understand, and discuss this information with the patients. Then also understanding and discussing the different treatment options that the patient has to get them better, which could be a Myofunctional Therapy, F2O, MicrO_2, or a referral to an E.N.T. to evaluate tonsils and nasal breathing. Our story is just one of many and there are patients in your dental office with these same issues and the great thing is you have the key that gets them better and improves their quality of life.

If you do not have the diagnostic treatment skills to handle these types of cases I'd suggest taking the OMD/ Myofuntional Therapy course at LVI. It is a virtual cookbook on how to help these patients. Because of the profound impact correcting my airway has had on me personally, I try to help every patient that comes into our practice with the same issues. I encourage all of you to do the same. It is very rewarding.

OMD

Orofacial Myofunctional Disorders and Myofunctional Therapy

COURSE DIRECTOR:
Heidi Dickerson, DDS, LVIM, FIAPA

FEATURED LECTURER:
Jill Taylor, RDH, BS

PREREQUISITE: None

TUITION:
Doctor: $1995
Team/Hygienist: $995

CE CREDITS: 15

AGD CODE: 180

LENGTH OF COURSE: 2 DAYS

COURSE TYPE:
LECTURE/PARTICIPATION

April 16-17, 2018

July 23-24, 2018

December 3-4, 2018

For More Information, Complete Bios and a Full List of LVI Sponsors Please Visit

www.lviglobal.com

concierge@lviglobal.com

888.584.3237

LVI GLOBAL®

COURSE DESCRIPTION

When the tongue is not acting properly during speech, swallow, or at rest, it can cause all sorts of problems from newborns to adults.

From issues with OSA, TMD, pain, restorative/ortho relapses, speech, sucking, posture, and swallowing to name a few, the tongue plays a huge role.

The muscles of the face, mouth, and throat must be in balance to work together in harmony.

This course is designed to enhance your Physiologic Based Practice by uncovering the secrets of the most powerful muscle we work with...THE TONGUE!

COURSE OBJECTIVES

- Identify, diagnose and treat the most common OMD's in your practice.
- Utilize knowledge of how faces develop to create beautiful faces.
- Stop patients from practicing Oral Habits.
- Classify Tongue tie and Lip ties and identify when and how to surgically remove them.
- Discuss Posture as it relates to OSA, TMD and OMD.
- Treat a patient starting Monday morning utilizing Hands on Myofunctional Therapy Exercises.
- Review of Tongue anatomy and what you need to remember.
- Tongue health: What can your tongue tell you about the state of your health?
- Identify warning signs from birth to puberty and learn how to direct the growth of your children.
- Discuss how OSA and TMD relate to OMD.
- Discuss what screening tools to use the very next day back in your practice.

Myo kit, thumb drive of exercises and list of exercises included in tuition.

Academy of General Dentistry PACE Program Approval for Continuing Education

Approved PACE Program Provider FAGD/MAGD credit. Approval does not imply acceptance by a state or provincial board of dentistry or AGD endorsement. 10-01-17 to 9-30-21. Provider ID# 208412

Las Vegas Institute for Advanced Dental Studies, LVI Global is an ADA Recognized Provider

ADA CERP is a service of the American Dental Association to assist dental professionals in identifying quality providers of continuing dental education. ADA CERP does not approve or endorse individual courses or instructors, nor does it imply acceptance of credit hours by boards of dentistry.

Concerns or complaints about a CE provider may be directed to the provider or to the Commission for Continuing Education Provider Recognition at ADA.org/CERP.

ADA C·E·R·P® | Continuing Education Recognition Program

Registration fees are to cover the team at LVI's cost for employees time from sales to reserve your spot in the course, order supplies for the hands on portion, start the paperwork in the programs department as well as the accounting departing and are non-refundable and must be exercised within two years. LVI Global, LLC ("LVI") reserves the right to cancel courses 30 days prior to the scheduled date of a course or activity, although that would be rare. Should LVI cancel a course or activity, LVI will apply the full value of any deposits and fees related to said course or activity to future LVI course or activities. LVI will not be responsible for any other fees, costs or consequential damages associated with canceling this LVI course or activity.

ARE YOU LAST?

Ashley Johnson, JD and Dr. Michael Reece

Are you the dentist and the last one to get paid? Everyone else gets paid before you do and sometimes there isn't enough. Does that sound familiar? That could be because your expenses are too high or you are producing too little or both. Both of these areas need to be understood and addressed to become a successful dental practice. You must be both a leader and a manager to accomplish this.

To quote Dr. Bill Dickerson: "Dentists are business idiots!" None of us were trained in the world of business. Running a small business requires a different skill set than getting into and out of dental school. As a result, most dentists are not very good business people. But we are smart and can learn! LVI is introducing a new course to help dentists become better business people called Actioneerring Strategic Tools for Effective Leadership.

Leaders must have a crystal clear vision for their business (dental practice). We can't be everyone's dentist. Do you have a written vision for your practice? This is the 1st step. What kind of practice do you want to have? Who do you want to treat? Does your team know what your vision is? Does your community know what your vision is? What does your practice stand for? What is your brand? These are just some of the questions that must be answered in order to form and spread your vision.

Great businesses do not happen without great teams! To become a great dental practice, we must have a great team to support us. How do you recruit and retain a great team? Is it great interviewing skills or is it just luck? What if I told you, there is a tool that could tell you with uncanny accuracy whether a potential employee would be a good fit for your dental business? This tool will also tell you how to manage and retain this team member. This tool is call the Harrison Assessment. It will do all these things and much more. The Harrison Assessment is essential to assembling, training and retaining a great team.

After your team is in place, you (and your team) must decide what makes your dental business distinctive. What makes your dental practice different from all the other practices in your area? Why would a potential new patient pick your office over someone else's? This could be a series of team meetings, where everyone brainstorms and comes up with 4-5 things that make your dental business distinctive. These distinctive things or ideas must support and reinforce your vision and brand.

We feel that in order to become a great dental practice in the 21st century, you must be marketing your dental business. This marketing can take many different forms: Internal, external, word of mouth, etc. Are you marketing the things that make you distinctive? What media are you using? Do you know your target market? You should, if you have a well-defined vision and brand. You need to make sure that your marketing efforts are reaching your target market. Marketing your dental business will involve spending some money. How much money are you allocating to your marketing? Some dentists tell us that they cannot afford to do very much marketing. Yet, these are the same dental businesses that have entered into PPO contracts with insurance companies. Dentists don't often realize that this is marketing. You have spent some money (reduced fee schedules) to have someone send you patients (insurance company). If these dental offices would look at the money they have spent on marketing (insurance write-offs) and spend it on external marketing that reaches their target market and supports their vision, they would be better off.

All of these ideas are covered in the Leadership class. Workshops will be held so that the doctors can develop and write the vision for their office. The Harrison Assessment will be introduced, so that dental offices will begin to develop great teams. There will also be workshops for the entire team to help determine what makes their dental practice distinctive.

ACTIONEERING: Strategic Tools for Effective Leadership will also cover many other areas:

- Systems
- Consults
- New patient exams
- Existing patient exams
- Budgets
- Overhead
- Net profit

These topics will be covered in future articles.

Jim Poole, MBA

BUILDING A HIGH PERFORMANCE DENTAL PRACTICE

The world is changing, and changing rapidly. The days of building an office, establishing your dental practice, and enjoying success without effective marketing are over. The accelerated pace of technology advancements, increased competition, corporate dentistry that streamlines operations, an American culture plagued by increased stress and anxiety where time and money are the most precious commodities, and an empowered, knowledgeable patient base, are creating enormous pressure on every dental practice to perform better, differentiate, and provide an exceptional level of targeted customer service. As CEO of your business it's imperative that you lead your team strategically and tactically, position your practice for growth, form strategic partnerships that advance your business, and create greater business value that leads to a meaningful exit.

BUILDING YOUR BRAND

Building a strong brand is pivotal to your business success in today's fast paced, hyper competitive market place. Branding is the dialogue you have with your constituents (patients, team members, community leaders, other healthcare providers, labs, manufacturers, and suppliers). The stronger your dialogue, the stronger your brand. Your brand is the personality, attitude, and the face by which you distinguish yourself from the other dentists in your community and beyond. Your brand is not just your practice name, logo, tag line, website, social media presence, brochures, reception area, or your marketing collateral; your brand is the consistent world-class service you provide to your community. It is the tangible and intangible value perceived by your community and reinforced by all the personalities who represent your practice. Every single interaction with someone associated with your practice creates your brand. YOU impact your brand every day!

You must deliver on your services to reinforce your differentiated customer value proposition. A well-defined, well-positioned, well-managed brand creates the desired effect of favorable awareness that leads to preference. You need preference so patients feel compelled to visit you, become loyal patients, and refer you to their trusted friends and family. Word-of-mouth viral marketing is pivotal to your successful market penetration and sustained growth. Your brand is an integral part of your strategic growth. Awareness of your practice is not the only desired outcome... awareness of what makes you distinct, credible, and world-class is your determined outcome. People within your community must know your passion, commitment, skills, and desire to exceed their expectations and take exceptional care of their oral health.

Brand recognition and other reactions are created by the accumulation of experiences with you, your team, and your practice, both directly and indirectly through the influence of advertising, design, and your message. Your brand is the symbolic embodiment of all the information connected to your practice. Your brand serves to create associations and expectations of your world-class service.

BUILDING AN A-TEAM

Your business success begins with you and your leadership skills, but it's not all about you. Your team will have a profound impact on your success, predicated on their understanding and agreement with your stated goals and business objectives. Don't overlook the power of your team or your team could overlook the power of your goals. Who you hire is critical to your success. Hire people based on character and alignment with your vision and don't be persuaded by an experience-rich resume when cultural fit and personality are paramount. There are two key hiring factors – are they willing and are they able? If they are willing but not able, you will spend a lot time trying to help them become able. If they are able but not willing, you will waste precious time and never win.

A dental practice is a busy work place with lots of moving parts. You won't have time to micromanage your practice, so you will need to trust and rely on your team. Clear expectations and communication of accountabilities with your team members will drive your success. You must be able to articulate the needs of your business and your expectations regarding job performance. Communicating with clarity, compassion, and candor wins. Your team deserves to know what is expected of them.

KNOW WHO YOU WANT TO SERVE

You must understand who you are as a clinician, what you do best, and what services you love to provide in order to understand who you want to serve. The companies that try to serve everything to everyone suffer the fate of mediocrity. Here are some key market factors you must pay attention to:

- Conservative estimates indicate that over 85% of all household healthcare decisions are made by females
- Baby boomer women control a net worth of over $19 Trillion
- **66%** of women feel misunderstood by healthcare marketers
- **22%** of women shop online at least one time per day
- **92%** of women pass along information about deals and "finds" to others

If you are interested in performing more elective cosmetic dentistry, you must target your marketing efforts to the following demographic:

- 40-68 year-old females
- College educated
- Home median value = $246k
- Own 2 cars
- Have 2 children in college or are college educated

EFFECTIVE MARKETING

You must ensure that people within your community know who you are, what you are all about, and why you are a great dentist for them. Developing a marketing message includes listening to and understanding your patient base; leveraging market information into a valued service focused on meeting defined needs. When you know your vision, your goals, what you are good at doing, and whom you want to serve, you must then execute a cogent, well-defined marketing plan to inform as many people as you can about what you do! First things, first...

- Who are you going to tell?
- What are you going to tell them?
- How are you going to tell them?
- When and how frequent are you going to tell them?
- What will be the measurable outcomes?

The tactics and opportunities to express yourself and your marketing message include the following:

- Website development and maintenance
- Social media
- Creative development – brochures, logos, business cards, posters, etc.
- Phone scripts – on hold message and voicemail
- In-office advertising/promotions
- Direct mail campaigns
- Newspaper/periodical advertising/radio
- Patient testimonials
- Survey current patients for satisfaction/loyalty
- Presence at community events

To develop effective, emotive, and compelling marketing campaigns you must put yourself in the shoes of your target patient and identify behavioral profile elements:

- What are the behaviors of the patient segments you want to serve?
- What are their oral health and cosmetic goals?
- What are their interests and hobbies?
- What are their shopping habits?
- What local media outlets do they pay attention to?
- What clubs and social associations do they belong to?
- What are their social media habits?

The market research tells a compelling storyline:

- **92%** of Americans believe an attractive smile is an important social asset
- **74%** of Americans believe an unattractive smile can hurt their career success
- **52%** of Americans are currently dissatisfied with their smile
- **55%** of Americans state that fear is the #1 obstacle to getting dentistry they want or need done
- **82%** of Americans state they have some level of fear and anxiety about dentistry

There is an abundance of opportunity in your community and within your current patient base. A good plan takes time to develop, but is key to execution and results. It's up to you to identify who you want to target and build the team and strategy to help you win in business.

PCIHIPAA™

LVI GLOBAL
PARTNER
IN EXCELLENCE

HIPAA PROTECTS *PATIENTS.* WE PROTECT *YOU.*

Take your 2018 HIPAA RISK ASSESSMENT Today at: pcihipaa.com/lvi

As an LVI Member you are entitled to:

- Free 2018 HIPAA Risk Assessment
- HIPAA Risk Score and 23 Page Report
- 1 Hour Consultation; and
- **NEW:** 1 Year of FREE Identity Restoration Protection (for you and your family)

To get started, call (800) 588-0254 or visit

pcihipaa.com/lvi

PRACTICE TRANSITION PARTNERS

realizing the possibilities

DENTAL PRACTICE OPPORTUNITIES
AROUND THE COUNTRY

Robert Stanbery, Owner

SONOMA COUNTY, CALIFORNIA NEW LISTING

High-tech family, cosmetic and neuromuscular practice in a charming and beautiful location just an hour from San Francisco. This four-operatory practice enjoys an established and loyal patient base and strong net income.

NORTHWEST HOUSTON, TEXAS

Long-established, advanced dental practice in a very prestigious location, with state-of-the-art equipment and consistently strong collections. The practice includes four very well-equipped operatories in a stylish and modern setting, and specializes in surgery and implants.

UPTOWN HOUSTON, TEXAS SOLD!

Stunning, seven-operatory practice completely updated with a contemporary buildout and state-of-the-art equipment in 2011. In addition to general dentistry, this highly-successful practice offers cosmetic, neuromuscular and TMJ dentistry.

TEXAS PANHANDLE

Very well-established, advanced dental practice in a fantastic location with top-of-the-line technology. This profitable practice is recognized for its high level of service, excellent reputation and includes four well-equipped operatories in an elegant and inviting setting.

LAS VEGAS, NEVADA SOLD!

Lucrative, popular practice in a highly-visible location with easy access. Extremely well-maintained and contemporary office, newly built out in 2011. Stellar team and growing continuously.

CAPITOL HILL, SEATTLE SOLD!

Fantastic opportunity to purchase busy general dental practice in an urban village setting. Affluent, high-density neighborhood, five well-equipped operatories and strong net income.

UPCOMING LISTING - SEATTLE, WASHINGTON

Long-established, highly-reviewed practice with a loyal patient base and long-term, dedicated team offers a wide array of advanced dental services.

An LVI Global Partner in Excellence, Practice Transition Partners has been assisting LVI dentists with acquisitions, mergers and valuations for 20 years!

Call or email Robert Stanbery today to learn more!

888.789.1085

contact@practicetransitions.com

LVI GLOBAL PARTNER IN EXCELLENCE

advicemedia

voted
BEST PRACTICE MARKETING COMPANY for 2017

Is **This** Your
Digital Marketing?

It Could Be **This**.

WEBSITES ◦ SEO ◦ PAY PER CLICK ◦ SOCIAL MEDIA

Call Today for a **Free Consultation**
435.200.1018

advicemedia.com

AMERICA'S FASTEST-GROWING Inc. 5000 PRIVATE COMPANIES

FULL COLOR SCANNING NOW AVAILABLE!

Exclusively distributed by
HENRY SCHEIN®
DENTAL

GET FIT FASTER

Unleash the power of **SUPER-FAST** scanning in color with the touch of a button and a change of a tip. Process your 3D scans faster than ever before. Powerful optics, rapid data processing, portability and network capability optimize the restoration process with speed, ease and accuracy.

Made in the USA

To schedule a demonstration, contact your Henry Schein representative or call 800.645.6594 + press 1.

www.planmecacadcam.com

PLANMECAFIT™
Open CAD/CAM System

Crestview Dental Care

"We began using Williams Dental Lab because we realized they had undergone the same education as our team. It then became apparent that Bob, Frank and the entire team at Williams Dental Lab truly cared, not only about doing a great job for our office, but also genuinely wanted nothing but the best for our patients. Williams Dental Lab is truly a part of our team"

-Dr. Jake Goza and Dr. Tommy Spears

Williams Dental Lab is a small team of dedicated LVI trained master technicians, providing personalized service and achieving exceptional results... Everyday.

WILLIAMS
DENTAL LABORATORY

a world of difference...

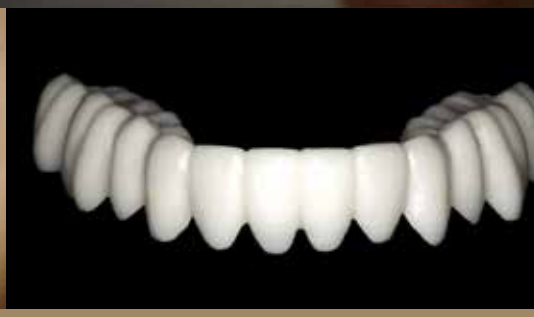
7510 Arroyo Circle
Gilroy, California 95020
800.713.5390
bob@williamsdentallab.com
williamsdentallab.com

NaturalFit™
Removable Hypoallergenic Anatomical Orthotic

The perfect solution for the long-term treatment of your patients' TMJ disorder symptoms and/or to restore an optimal bite, the Aurum Group's exclusive new NaturalFit™ Anatomical Orthotic can be worn effectively for up to twelve months. Even better, it is fabricated from hypoallergenic acetyl resin for outstanding biocompatibility. That also makes it a great treatment alternative for patients with monomer allergies.

- Take your patients for a "BITE TEST DRIVE". Utilizes anatomical occlusal design to maintain patient's optimal mandibular position.
- Light weight. Computer designed and milled for incredible accuracy.
- High tensile and flexural strength, fatigue resistance, hardness and very low moisture absorption.
- High colour stability. Polishes to smooth finish.

See the NaturalFit Technique for yourself!
Watch the video at www.youtube.com/watch?v=Kn3KX1-pXjs



Contact your closest Aurum Group laboratory today TOLL FREE for complete details and laboratory requirements for the **NaturalFit™ Anatomical Orthotic**

THE AURUM GROUP® DSD CERTIFIED LAB

● **Visit us at www.aurumgroup.com**

● Go digital with us