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EDITOR'S NOTE

HI EVERYONE...!

I'm hoping all of you are having a wonderful year, both professionally and personally.

Dentistry is such a rewarding profession... and there are so many **TOOLS** in our **DENTAL TOOL BELT** that all of us can use to help our patients feel better, function better, and look better.

There are also a lot of **TOOLS** to help our practices run smoother from a practice management standpoint...and other **TOOLS** to help us with diagnosing and aiding in the procedures we do each day.

I have collected some articles for you relating to all these types of **TOOLS** that are available to you... and how to integrate them.

I would encourage you to learn more about the ones you read about and are interested in.

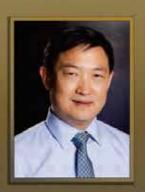
I hope you have some good takeaways from this magazine. My goal is that you are continually learning something new from **VISIONS** each and every time you flip open an issue! ENJOY....



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



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"We consistently search for knowledge and keep pace with emerging technologies. We have a mission to make every doctor's vision a reality."

-Duckee Lee CDT, LVI Master Technician

The Importance of CBCT Interpretation In The Dental Practice

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

Cone Beam technology has evolved tremendously in the past few years and in my opinion, will become the standard and as common as having a panographic machine in the office. Until then, there are centers and other offices that will take them for dentists who do not have them. EVERY dentist needs to understand the diagnostic importance of CBCT's. If you have a CBCT in your office, you need to learn how to best position the patient for optimal coverage and if you don't, you need to learn how to instruct the outsource and include a referral form for them. We also need to evaluate the head for pathology from a straight position so it's also critical that every dentist who receives a CBCT knows how to level the images. So why are CBCT's important?

- FOR TMD CONFIRMATION
- FOR POST BITE TO ENSURE DECOMPRESSION
- TO ELIMINATE OTHER REASONS FOR SYMPTOMS
- PREVENT CHASING RAINBOWS FOR MONTHS OR YEARS
- AS A SERVICE TO YOUR PATIENTS
- BUILD CREDIBILITY WITH PATIENTS

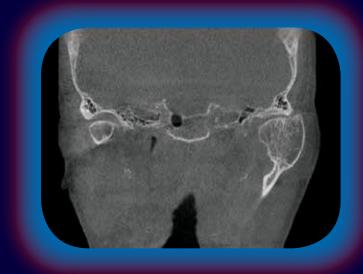
There are so many signs you can see in a CBCT that indicate the patient has TMD. Not just from the image of the joint either and that's why it's important to get close to a full head image. We use the Planmeca Mid which provides a 17 x 20 image. With this size and the ability to position the head, we can see pretty much from C6 to the middle of the cranium. In there we can determine midface deficiency, important ligament calcifications that indicate TMD and elongation of bony structures like the coronoid process and the lateral pterygoid plate, plus so much more.

From a joint standpoint we can determine compression and post treatment decompression. We can determine any joint pathology that might determine difficult of treatment and alter our treatment plan. We can also determine if there is something that might need to be taken care of before we begin treatment. Just recently on someone in our patient discussion group we discovered a condylar osteoma that needs to be addressed before we address the bite situation.

It's essential that the dentist be able to determine normal anatomical landmarks in order to recognize the abnormal. When pathology is suspected, then a proper referral is indicated. In my opinion, every dentist should send their CBCT to a radiologist for a report to protect themselves from misdiagnosis liability. At LVI we use BeamReaders as our source for that purpose.

As we know, TMD is the great imposter and there are so many symptoms that can be related to TMD, including many with ear and eye issues as well as head and neck pain. We can spend months or maybe even years trying to eliminate symptoms that might be related to TMD when if a CBCT was taken during the exam, we could find out that there is an issue that is not TMD related. This alone is a very important reason for every dentist to be taking CBCT's on every TMD patient if not every adult patient.

Just the other day one of our CBCT trained doctors treating someone in the patient discussion group discovered carotid calcification that has saved this person's life. There are so many stories like this from determining the patient has Eagles syndrome to PET to SSCD to JBD to Sinusitis to Pituitary Tumor, and so many other things that can simulate TMD issues that no orthotic will ever help. Wouldn't it be nice to know that before you spend hundreds of hours trying to resolve these issues through orthotic treatment?



OSTEOMA



Every dentist should know how to go through section by section to review scan in an organized systematic approach. They should know how to correlate Axial, Sagittal and Coronal Views. A CBCT can create a virtual ceph and panograph along with a 3D view of the image. It can be used to trim away sections to rotate and view a piece of an image from 360°. There is so much information in a CBCT that it's why I believe it will be the standard of care in the future. The only thing preventing that from happening is the cost; however the ROI on the investment, not to mention the service to your patients, makes it worth it at current prices.

To learn how to evaluate a CBCT and recognized anatomy, the CBCT interpretation course at LVI has been called the best program LVI has ever offered by the majority of those that have taken it. And since all our courses are amazing, that's saying a lot. Also I will give a lecture at the IAPA, the greatest meeting in dentistry, on CBCT findings.



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Dr. Anne-Maree Cole



Evaluating CBCT's NOVEMBER 22-24, 2019



INSTRUCTOR:

BILL DICKERSON, DDS, FAACD, LVIM, FIAPA

TUITION: DOCTOR \$2295

TEAM: \$895

PREREQUISITES: None

CE CREDITS: 19

AGD CODE: 730

LENGTH OF COURSE: 2.5 Days

COURSE TYPE: Lecture/Participation

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COURSE DESCRIPTION

Everyone treating TMD patients should be having CBCT's taken. This course is NOT just for those with a CBCT in their office. This course is designed to teach everyone to read and interpret CBCT's whether they are done in the office or by a radiology center. You will be presented with information to align the images, analyze the results and determine pathology. You will be shown normal anatomy so you can recognize abnormalities. Discover how to determine proper neck curvature, joint decompression and TMD related indicators. In this hands-on course you will work through a patient with a checklist to use on every scan you get or take in your office.

COURSE OBJECTIVES

- Interpret Cone Beams
- Recognize normal architecture
- Recognize anomalies and where and when to refer



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5 Tips to Great Dental Health for New Mothers and Infants

Jill Taylor, RDH, BS, ND

The excitement of having a new baby in the family is a joyous occasion. Eating right, getting enough sleep, and exercise are all listed as things "to do" when pregnant. Women concentrate on better health when they are pregnant, but they may miss some very important key points to insure that they and their new born have great ORAL health that ultimately for the baby gives way to a beautiful shaped face of an adult.

Routine dental care prior to pregnancy is key to make sure that the flora in the expectant mother's mouth is healthy. Having decay and any gingival infections resolved prior to pregnancy is the goal. Starting this conversation of family planning and adding dental health would be a good starter for newlyweds. However, if cavity and gum disease bacteria were already in the mom's mouth, then urgency for resolution would be prudent with the co-management of the patient's OB/GYN. This opportunistic bacteria can cause the same problems in the baby's health and teeth later on through the placental chord in the womb and then through such

things as kissing, sharing utensils, and putting baby's pacifier in their mouths. Scheduling regular dental visits by your child's first birthday with a pediatric dentist is prudent. Pediatric dentists may have 2-3 years of extra schooling, and are specifically trained to care for children's teeth. The American Academy of Pediatric Dentistry suggests parents take their children to the pediatric dentist every 6 months.

Initiation of breastfeeding, instead of bottle feeding starts from day ONE.

This is probably the most important tip! Breastfeeding reached its lowest point in 1972, when only 22% of women breastfed. (Eckhardt and Hendershot, 1984) "Between 2000 and 2009, the proportion of U.S. infants who were still being breastfed at six months increased from 34% to 47%." (Centers for Disease Control and Prevention [CDC], 2013). It is now commonplace for expectant mothers to be counseled that "breast is best" for their infant." This is an important first step in creating that beautiful smile in the infant. Babies are obligate nose breathers 100% of the time. The mother's breast is the first thing to shape jaw arch, create the proper tongue

"Bottle feeding creates the wrong tongue posture!"

posture, reduce exposure to allergens, and allow the baby to nasal breathe while nursing. Breastfeeding is superior to bottle feeding for several other reasons. It creates a lip seal since the tongue is under the nipple cradling it and pushing it against the palate creating a negative pressure that forces nasal breathing. Human milk has natural antibodies, antibacterial properties, enzymes, digestible proteins, and healthy gut bacteria, which formula does not. This helps lower the risk for allergies which in turn keeps tonsils small allowing for the tongue to have room to sit on the palate. Bottle feeding forces a baby to keep their tongue low in their mouth to let in air to breathe while they suck. This trains them to mouth breathe rather than nasal breathe. Proper tongue placement will ensure that the arch grows to its full size. Bottle feeding creates the wrong tongue posture!



Many lactation specialists miss this important key point. A lip or tongue tie will impact so many aspects of the infant or adult. A tie while breastfeeding might have symptoms such as failure to latch, gass, poor weight gain, excessive drooling, colic, or even biting while nursing. Decay and poor oral hygiene when teeth begin to erupt might be present with tongue ties or lip ties. An improper swallow habit or speech misarticulation will develop. The child may have difficulty with "th", "s", "d", "I", and "t" especially with tongue or lip ties. As time progresses without proper diagnosing this important condition will impact the overall oral development leading to anterior open bite or class 3 bite (tongue will stay low in mouth). If left untreated, a tongue tie can even affect posture! Dr. Heidi goes over proper diagnosing and treating tongue tie in our Myofunctional course! In addition, there will be a great speaker at the IAPA who will discuss the Basics of Diagnosis and Treatment of infant lip and tongue tie with Soft Tissue Lasers. Make sure you and your team are Registered!



Prevent bottle mouth.

If the baby is thirsty, then give the child only water during a nap or bedtime. Limit the amount of juice and other sugary drinks during the day. Never dip a pacifier in sugar, honey, or other sweeteners! Wipe your baby's gums with a clean, damp baby washcloth after mealtimes. Begin brushing your child's teeth, without toothpaste, when his or her first tooth comes in. If a dentifrice is to be used, choose fluoride free toothpaste before the child can adequately spit. Never use fluoride toothpaste in babies as they will swallow the paste and possible have fluorosis in their adult teeth.

Eliminate non-nutritive oral habits early! 75-85% of all children in western countries use pacifiers. Children who thumb suck, nail bite, or use a pacifier for longer than 4 years have an increase prevalence of anterior open bite, posterior crossbite and excessive overjet (> 4 millimeters). Research has found that mothers who are older will be more likely to use a pacifier to help the baby calm down. Pacifiers actually push the tongue back and down creating the wrong tongue posture! This in turn creates destructive forces driving the chin back and preventing it from growing forward. Optimally, never start using a pacifier but if the child is already doing some form of non-nutritive habit, wean them off the habit as early as possible.

Of course, being a new mom is full of

ioy! The challenges can be lessened if one is aware of what to look for and what to do to lessen those obstacles. The more the mother is aware of these key pointers, the more her life will be healthier and easier for her as well as for her baby.

- 1. Eckhardt, K. W. & Hendershot, G. E. (1984) Analysis of the reversal in breastfeeding trends in the early 1970s. Public Health Rep 99:410-415.
- 2. Centers for Disease Control and Prevention [CDC] Progress in increasing breastfeeding and reducing racial/ethnic disparities United States, 2000-2008 births. Morbidity and Mortality Weekly Report. 2013;62(5):77-80.

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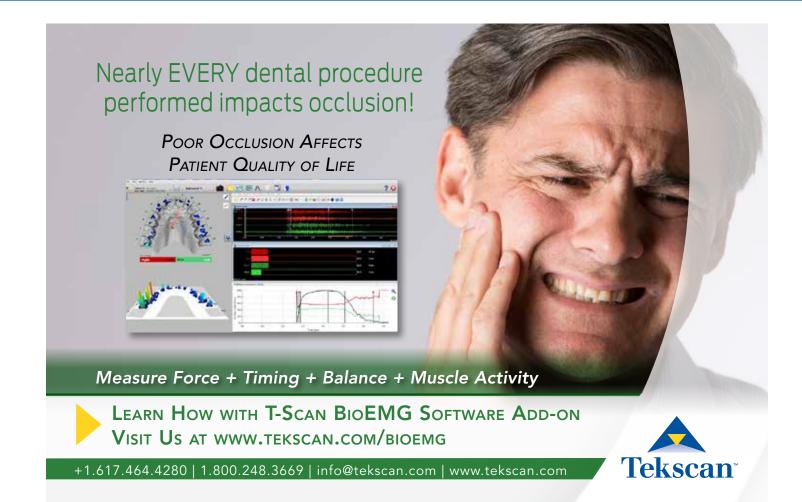




JILL TAYLOR, RDH, BS, ND

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INSTRUCTOR: Dr. Heidi Dickerson

PREREQUISITES: None

LENGTH OF COURSE: 1 Day

COURSE TYPE: Lecture/Participation

DOCTOR: \$1250

TEAM: \$595

LOCATION: Las Vegas, NV

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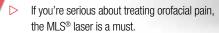
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HOW TO CREATE AND MAINTAIN A DREAM TEAM

Mary Ann Peña Henry, Director of Team Programs at LVI

"Unity is strength... when there is teamwork and collaboration, wonderful things can be achieved."

This inspirational quote applies to just about anything you undertake in life that involves a team of people. Especially when you're providing a service, including dentistry, your team can make or break you. Even the most respected, talented dentist can lose patients if they don't like the team or pick up on a dysfunctional office vibe. And we all know how negative online reviews can impact a practice.

With some upfront planning and an ongoing commitment to training, employee appreciation, and team building, you can enjoy a dream team that can bolster the success of your practice.

- Spend the time to lay a foundation for your practice that will serve as a point of alignment and clarity for you and your team. Develop a clear-cut vision statement and a unique and compelling mission statement if you don't have either of these, or revisit old ones if it has been a while. Not only do these statements illuminate your practice's current and future focus, they serve as a guidepost and common vision for your employees. Also think about the office culture and the kind of work environment you want to foster and nurture. For instance, does a professional atmosphere with room for light-hearted laughter reflect your values and what you want your patients to experience, or do you want to establish a polished, concierge, spalike atmosphere?
- 2. Develop distinct, concise job descriptions and a code of conduct for each position.

 Convey your expectations for the team members who will fill them, what they will be accountable for, and how you will measure accountability. Then communicate this clearly to interviewees, new hires, and existing staff.
- Determine the experience and knowledge requirements specific to each position, but look at the bigger picture, too. Keep in mind,

for example, that as an LVI dentist you are likely to often handle complex treatment plans and full-mouth reconstruction cases. Employees who understand the various components of sophisticated treatment plans can better interface with patients and answer questions. While some employees may come with this knowledge, they may not understand your personal approach. Also determine how you will train those who do not have this level of information and an understanding of the processes involved. Have a training plan in place, such as LVI courses, that spotlight dental services and patient support.

- 4. Consider the key traits each team member should possess from a business and from a consumer/patient perspective, such as the ability to multitask, great organizational and communication skills, a can-do attitude, flexibility, and being a team player. And remember, most people with these traits can be taught how to interface with clients in a manner that reflects your brand, but a genuine heartfelt desire to serve and help others is usually innate, not learned.
- 5. Before posting job openings online and answering cold calls ask current employees for referrals and reach out



- to past employees who left on good terms. Ask other dentists as well. And although this should go without saying, when you find a good candidate, check all references. If a past employer isn't included, ask for an explanation. It's not necessarily a red flag, but it can give you some valuable insight as you compare candidates.
- 6. Once your team is in place, foster an atmosphere of open, positive communication, team collaboration, and appreciation for a job well done. A brief, 10-minute team gathering before the day begins allows you and your team to celebrate victories—large and small, to give a shout-out to team members who went the extra mile, and to pump up team spirit. It also gives you a moment to thank the team and individuals for their contributions. The power of a simple "Thank you!" should never be underestimated. Hold weekly team meetings to highlight priorities, process improvement, and to drive team accountability. Work on solutions rather than spending the time on status updates.
- 7. Incorporate team building into your business. You know your team best, so develop activities they will enjoy and look forward to—movie nights for your employees and their families, off-site weekend retreats, mani-pedi night with a team limo ride—have fun and get creative.
- 8. Knowledge is power. Encourage personal and professional growth for your employees and support their continuing education. LVI courses focused on the dental industry and best practices are a great way to accomplish this.
- 9. Accept that nothing is perfect. People have different viewpoints which may escalate to team conflict. Address brewing conflict in a straightforward, constructive manner. Clarify what is going on, then attempt to reach a resolution through common techniques such as negotiation or compromise. Focus on a resolution plan instead of getting pulled into the disagreement and taking sides.

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Raul I. Garcia, DMD, FAGD, LVIF Conchi Sanchez-Garcia, DMD, FAGD, LVIF

Meet Jose:

Our guest, Jose came to our practice looking for a better smile. He found us online and after seeing smile transformations we had made possible for our previous guests, he wanted to know if he would be a candidate for the same. Jose had just retired from his job at a local hospital and was now traveling and pursuing his love for acting. He is a very charismatic man but he felt limited by the appearance of his teeth and his smile. Jose didn't like his dark fillings, crowded teeth, small looking chin and large appearing nose. His gums would sometimes bleed and it was hard for him to clean between his teeth.





To tie in the dental findings, he had many posterior restorations of amalgams, composites and porcelain fused to metal crowns that were cracked, stained, and had clinical and radiographic evidence of decay. Many porcelain margins were unsightly as the metal was plainly visible.

Orthodontic findings derived from a Sassouni Cephalometric Analysis and a model analysis revealed a class 2 subdivision 2 mandibular position, severe upper and lower dental crowding along with random gaps between teeth, rotated teeth and short overall facial vertical dimension. Also noted from the Ceph was the presence of a calcified ligamentum nuchae and stylohyoid ligament indicating compromised cervical head posture and evidence of forward head posture.



He has calcification of ligamentum nuchae and calcified stylohyoid ligaments.

Jose had periodontal findings that consisted in bleeding on gingival stimulation; localized gingival pocketing over 3 mm and about 25% localized bone loss. Jose had worn down teeth with cracks and evidence of wear from his bruxism. When asked about signs and symptoms he confirmed he had been suffering from facial pain, TMJ pain and noise, limited mouth opening, difficulty chewing food, difficulty swallowing, clenching, grinding, ear congestion, tinnitus, loss of sensation on his finger tips and poor body posture. Jose considered himself a nervous or anxious patient who also suffered from insomnia and snoring during sleep.



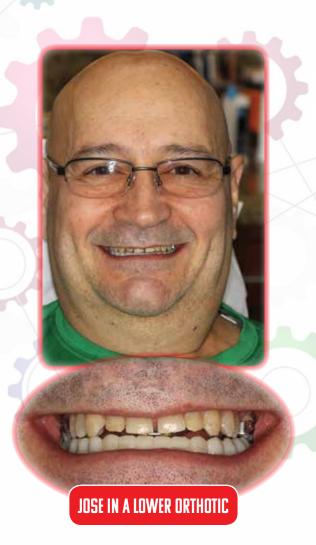
Jose's home sleep study revealed he had severe sleep apnea. Jose was surprised to learn from us how all these conditions could be a result of his bad bite and by improving it he would achieve the prettier smile he desired along with relief from the suffering he had been experiencing.

Jose wanted to experience the wide benefits of Physiologic Based Dentistry. While improving Jose's periodontal condition with a specific perio therapy designed for his condition we provided Jose with options to get him the smile he wanted that included the following used alone and or in combination. We offered veneers, orthodontics, tooth whitening, and/or a Physiologic Based Full Mouth Rehabilitation.

Jose chose a unique combination treatment which begun with orthodontics then completed with a full mouth rehab and a nighttime MicrO2 appliance to treat his sleep apnea. Jose's orthodontic treatment consisted of upper and lower fixed expanders. They created space so the straight wire ortho could round out the arches, workout rotations, consolidate spaces and improve small vertical dimension with molar pads. The orthodontic treatment also provided the benefits of better control of final aesthetics and the ability to prepare the teeth more conservatively when it came time for full mouth restoration with porcelain.

During his time in ortho he felt some relief from the signs and symptoms he had previously reported. After the orthodontics was completed, the brackets were removed and a lower orthotic was made with a bite designed with the help of tensing and a K7. This corrected the class 2 subdivision 2 mandible corrected facial proportions and delivered relief





from his physiologic signs and symptoms. After the bite stabilization phase in his orthotic, the bite was transferred and Jose had a full mouth rehabilitation done using custom shaded empress porcelain. Jose was an active participant in smile design as he shared with us the vision of the smile he had always dreamed of having. After that he received a MicrO₂ that he wears nightly to treat his sleep apnea.

We feel blessed to both have completed our LVI education. It makes it possible to treat our guests with the skills we both have learned.

One of the great things about LVI is the progressive learning. We feel fortunate to follow a philosophy that is not stagnant and is constantly evolving. We are proud to humbly share this case so we can all see that staying teachable is the secret to always providing excellent care and results for our guests.

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Jose was more than pleased with his result. He is happy to have chosen a treatment plan that combined therapies to restore youth in his face to relieve painful symptoms and to give him the smile he dreamed of. He now loves his smile and moreover loves that there is nothing to hide in it. After his smile makeover, Jose was able to realize another dream of appearing in a local off Broadway production of "In the Heights" playing the role of El Piraguero. To say Jose's charisma has returned is an understatement. It was a pleasure for me and my husband to have helped this guest realize his dream.

To say Jose's charisma has returned is an understatement.

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In Memoriam of Dr. Christian Guilleminault (1938-2019)

What a true honor it was to hear Dr. Christain Guilleminault speak at the 2016 IAPA Conference. Dr. Guilleminault's groundbreaking research in the areas of sleep apnea, pediatric sleep disorders and narcolepsy made him a leader in the field of sleep medicine and research. It was his life's mission to develop and bring awareness worldwide to the field of sleep medicine and he will forever remain a true pioneer. He has touched and enhanced the lives of his patients and colleagues. He will truly be missed and never forgotten.

FUTAR® – THE BITE REGISTRATION MATERIAL YOU CAN TRUST.







THE WHAT, WHO, WHEN AND HOW

WHAT IS M-SCAN? - An easy and fast diagnosis and education tool that uses surface Electromyography (sEMG) to record craniofacial muscle activity in both rest and in function. It will be used mostly on the Temporalis muscle and the reason the Temporalis muscle is so important when looking at the physiology of the mandible is because it is the muscle that postures the mandible. Why is this so important? First, it allows us to see if the patient has a good stable rest position. If we get high readings in rest, it is likely that the patient's muscles are very hypertonic and as we often see the patient cannot stabilize the mandible without placing it against something, which is often why patients will place their tongue between their teeth to stabilize the jaw that way. Second is in Centric Occlusion (CO). If the temporalis muscle reads high in CO it is indicative that the mandible is being pulled back and up in the joint, compressing the joint and all the surrounding tissues, causing a lot of the symptoms patients have with Temporal Mandibular Disorder (TMD).

WHO CAN USE THE M-SCAN - Literally every single member of the Dental Team should be trained and know how to run an accurate M-Scan on a patient. It's so EASY!!!

WHEN TO USE THE M-SCAN? - If you don't have the BioPAK, I recommend using it on every New Patient Examination. If you are treating a lot of patients with TMD then you should be investing in the BioPAK equipment and doing the 5-minute exam at that first visit. If you are new to treating TMD and early in your Physiologic Based Dentistry journey the M-Scan is a must. Patients want and deserve data supporting a diagnosis and M-Scan does just that.

Here is an example, if a Cardiologist hears an abnormality in your heart with a stethoscope, what is the first thing that doctor does? An EKG! They do this to get data to confirm and diagnose the issue using the M-Scan does the same thing for treating TMD patients.

It is also great to use on your existing patient base. Any patient that you have discussed wearing an orthotic but maybe the patient never followed through with getting the treatment. The M-Scan is a fast tool to give the patient more information on why the orthotic would be beneficial to them. It proves to them that they have a bad bite.

If patients come to our office with an Occlusal Guard that they already had made, I like them to bring the guard to the office and run an M-Scan with their existing appliance. Most patients are not coming in with a Physiologic Orthotic and we have found that most guards that patients bring in are not in a good position for their muscles. We show them how we can make them something better.

Another great place to use the M-Scan is during the hygiene and/or periodic exam visit when the hygienist is seeing more wear, recession, abfractions, fractures, or an increase in periodontal pocketing. These are all signs of a malocclusion problem and it is a perfect opportunity to run the M-Scan and either the doctor or hygienist can discuss further. This can help discuss restorative treatment as well as explain why the orthotic would be beneficial and increasing treatment acceptance.

HOW TO USE THE M-SCAN - This is the most important part; you want to make sure you are placing the M-Scan correctly and instructing the patient to ensure the jaw is in a proper position to get good data as well as explain everything in a way that makes sense to them.

IMPORTANT NOTE: You need to let the patient know what a normal reading looks like before ever running the M-Scan. So before we run the scan, I tell the patients we are going to test your muscles in two positions which are 1) in rest and 2) with your back teeth together. When you are in rest your readings should be very low and we should see a reading of around 1.0. Then I inform them when you place your back teeth together your temporalis muscle should not have to work very hard and the reading should look similar to rest. Before you run the scan say "anything above 1.5 is high," otherwise a patient will see a reading of three for example and think well three is a low number so I must not be that bad, but in reality the muscle is working twice as hard as it should and the patient really has a pathological bite problem.

Make sure you clean the skin well, by scrubbing with alcohol first then wiping with a dry 2x2 gauze. Ensure that the pads are placed correctly on the Temporalis Muscle. See pics below.



Now it's time to run the scan. Here is exactly what I say to each patient to get proper placement of the Rest and CO position.

FOR REST - "I want you to sit up tall and give me good posture, close your eyes, lick your lips and relax your jaw. I want lips apart and teeth apart. You should feel like you lower jaw is just sitting in a hammock of muscle and you do not have to hold it open or closed." Say this in a calm, relaxed voice and the patient will respond in a way that they know they should be relaxing. Follow the prompts on the M-Scan for recording rest.

FOR CO - "Now what I want you to do is keep your eyes closed; bring your lower jaw all the way up until all your BACK teeth touch into what feels like your normal bite position and Hold That Position. I DO NOT want you to squeeze into the teeth, only bring the jaw up until the back teeth touch and hold." Follow the prompts on the M-Scan to record, and seconds later you will have your results. Below is an example of what the M-Scan readings will look like.





M-SCAN AN EASY AND FAST DIAGNOSIS AND EDUCATION TOOL

REST

PATIENT'S CENTRIC OCCLUSION (you can see they do not have a good bite)

You can either take a picture or simply write the recordings down for the patient record, and review your findings with the patient and incorporate the M-Scan information in what you are seeing in the patient's mouth.

Whether you are new to treating TMD or have been treating it for 20 plus years, the M-Scan, in my opinion is a vital tool in any Physiologic Based Dental Practice; not only to educate the patient but for treatment planning and case acceptance.



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Effective Ways to use CareCredit

ental professionals have the unique opportunity to see how the care we provide can change people's lives and give them a reason to smile. Having experienced this, professionally and personally, I have a deep passion for systemic overall health and wellness through dentistry, similar to LVI's mission.

I was part of a dental team for over 19 years prior to joining CareCredit. When you serve in dentistry you have the opportunity to hear patients tell you that the clinical care you provided changed their lives. My experience of working in the dental practice enabled me to hear many of these stories firsthand. My doctor was committed to clinical excellence, so he took all the courses at LVI. When he had the opportunity to bring in a patient for hands-on treatment, he chose to bring me. And truly, my LVI smile has changed my life.

At CareCredit, every day we get an opportunity to partner with doctors and healthcare providers who change people's lives – in dentistry, veterinary, optometry, hearing health and across a spectrum of care. We believe patients should be given every opportunity to get the care they want and need. And every day it's rewarding to hear how important it was to be able to access care.

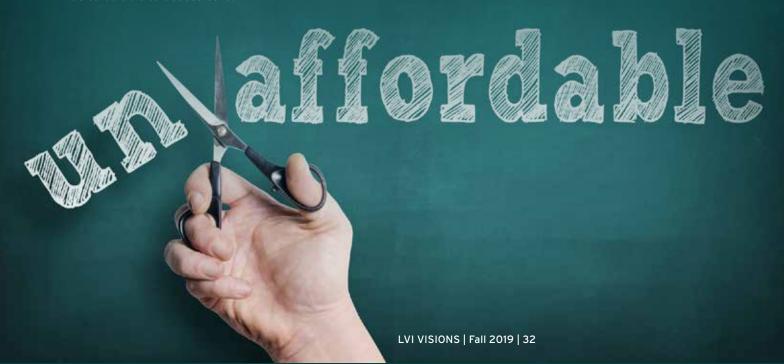
"Nobody realizes what not having a smile is like. After years of never being able to afford the dental work I needed, I'm now a smiling fool, thanks to you all! More opportunities at work, and not being ashamed of flashing that grin are worth more than you'll ever know!" Brent Hall

"Three years ago, my dental insurance was terrible, and as we all know a visit to the dentist can be quite expensive. So, I began looking for other options to finance my dental bills, and that's when I found CareCredit. They offered me such great promotional and flexible plans. Now I have a company I am happy to recommend to my friends and family. Thank you, CareCredit, for keeping a great smile on my face."

Daniel Rojas

INNOVATION DRIVEN

There have been so many new features added to the CareCredit credit card over the past years – utilizing technology such as smartphones and practice management software – that many dentists and teams are unaware of. We want everyone to have the opportunity to use these new features that make it even easier for them to help patients get the care they want and need without compromise or delay.



LVI sets the standard in clinical excellence for cosmetic dentistry.

Here are just a few of the innovations:

CareCredit is now integrated in the majority of dental practice management software. With the integration, all your patient information is transferred from your patient screen to the CareCredit application. To help patients who want to apply while they are in the practice, all the team has to do is enter a few fields of information and click "submit." It's that easy.

CareCredit Direct is a web-based software that you can download onto a patient-facing tablet or PC.
CareCredit Direct enables your patients to learn about CareCredit, calculate monthly payments based on the financing promotions you accept, apply for a CareCredit credit card and get an instant credit decision – on their own while they are still in your practice – so they can schedule care immediately.

Pay My Provider is another innovation that is useful for dental teams that have accounts receivable they would like to collect. With Pay My Provider, patients can take care of their outstanding balances online and take advantage of special financing options for transactions \$200 or more.

Of course CareCredit continues to invest in helping dental teams address key practice issues by collaborating with leading dental educators to provide insights and resources on topics such as social media strategies, preventive appointment techniques, compliance and communication skills. And they help by having Practice Development Managers available for training to ensure all teams are fully utilizing all the new features of CareCredit.

BETTER TOGETHER

CareCredit's investment in innovation and the dental team has a single focus – to make it easier for patients to enjoy a healthy and beautiful smile. That's why our partnership with LVI is so symbiotic. LVI sets the standard in clinical excellence for cosmetic dentistry. And for many patients, we enable them to invest in their smiles by helping fit the cost of cosmetic dentistry into their family budget.

When people need treatment now, they also appreciate options now.

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Darren Seigel, Director, Strategic Partnerships and Consulting, Advice Media

Years ago, you could build a website and assuming your site had great site architecture and content; you could get to the top for any term like "Houston Dental Implants" and stay there for years without doing much. Those days are gone.

Today Google is looking for the smartest and loudest kid in class. The one raising their hand screaming, "Pick me! Pick me! Pick me!" all the time. To beat the competition, you have to be better and louder than everyone else in your area.

To beat your competition, your web presence needs to do two things extremely well: attract patients and convert patients.

The words on a website are the most crucial in terms of patient attraction. The term "Search Engine Optimization" or "SEO" is outdated. Instead, we should be talking about "Content Optimization." Content is and always has been king to Google.

You may recall that Google was started by Larry Page and Sergey Brin while working on an algorithm to digitize and search the books in the Stanford library. Instead of going to the card stacks and searching by author-name or subject-matter, the project aimed to expand and speed-up library search by using computing.

During this period, the two realized that what they were doing could translate to Internet search. The reason Google was able to surpass search giants such as Netscape, Yahoo, and AOL very quickly was that those engines were only set up to give us answers, not the best answers. Google's goal has always been to provide us with the best answers. Matt Cutts, the former head of search spam at Google, and whom the Wall Street Journal described as "is to search results what Alan Greenspan was to interest rates," has many times stated that Google's favorite website is Wikipedia. Wikipedia is all content, updated continuously, expanding, and changing. Matt would tell you that the key to beating your competition in search is to be the Wikipedia of dentistry in your area. That means having great, original content and adding content regularly.

You can pay a company to write content, and I have some fabulous content writers who would be happy to write for you. However, that is not my recommendation. The absolute best content comes from you, and it is simple to create!



Instead of keywords, focus on search queries like the questions people ask on Google.

One of the smartest things you can do to improve your search results is to have lots of questions and answers on your pages. You can do this by making documents for each procedure or service you offer or each problem you treat. Then every time you or anyone in your office gets a question, that question goes on the corresponding document for that service/procedure/problem. You then answer each question precisely the way you would say it to a potential patient. Don't look in any book, don't check the web, and don't look at any pamphlet. Say what you say! There is probably not much I can ask you about dentistry that you don't have an answer for that you have already given 100 times. It is your sales pitch. It is your voice, your philosophy, and your way of saying something. These Q&A's then go on each corresponding page on your web site, which makes these pages the local Wikipedia for that service/procedure/problem. That is the perfect original, unique content that Google loves!

The more Q&A's you have on your pages, the better, even what you may consider "stupid" questions. That is because the question is not stupid to the patient that asked nor to the 100 other potential patients in your area. Even if what someone asks Google is a little different from the way you have the questions on your site, Google's algorithm will associate your website with those questions. The more queries you are found for equals the more people that find you and the more money-making opportunities your site is creating!



Once they are on your site, the look and feel of the website strongly impacts conversions. Your website is all about perception. The first impression someone gets is key to their decision to choose you as their dentist.

Choosing a dentist is an emotional decision. People will live with problems for years before getting something fixed. Once they are on your site, you need to change their body chemistry and get them to think of you as their dentist instantly, through the look, feel, and functionality of your site.

Make sure to highlight your assets. What do you have going for you that will make a potential patient differentiate in your favor when they view your site? It could be where you went to school, how long you have been in practice, awards, accolades, community service, your location, your office, your staff, or a great picture of you or your staff. Put yourself in potential patient's shoes and emphasize why they should choose you. If you have something important to show them, show it on the first screen of your site.



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Images are critical to changing a potential patient's perception of you. quality photos you they will convert patients - Fortunately, today's stock photography is terrific. Through sites like iStock or Getty Images, you have access to millions of photos. It is vital to choose photo sets that send a consistent message throughout your website.

If you do choose to take photos, instead of having your spouse, child or friend take pictures of your office, invest in a great photographer. Hire one who understands color, shading, and lighting. The quality of the images on your site will significantly impact revenue. Photography is no place to skimp!

Finally, your brand is critical. If you have not already, you should be creating a great logo and color scheme to use throughout your website, marketing materials, signage, etc. A great brand provides familiarity and instills confidence.

Finally, consistent, active, and fun social media is a fantastic way to be part of your needs to be engaging to your fan base. The clicking or sharing your posts, the more people will see your posts and have is not that difficult. When you put in the time the payoff is tremendous.

The difference is obvious

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Robert Stanbery
Practice Transition Partners
rob@practicetransitions.com



S. David Buck, DDSBalance Epigenetic Orthodontics

"I have worked with Rob Stanbery and Practice Transition Partners since 1999, and in that time he has orchestrated two critical practice sales/mergers on my behalf. He is a consummate professional gentleman with absolute integrity, timeliness, and always presents clear strategies that work. He has a very unique manner about him that makes you immediately feel at ease, and listened to. He will spend whatever time is needed to build a relationship with a client, or a potential buyer, and is accessible any time during a transition process. A buyer of a dental practice will always have significant anxiety and concerns about making a good decision. Rob understands this, and in my case he would spend hours upon hours in meetings to address each and every concern a buyer may bring to the table. He is hands on and intimately involved throughout the process. Rob understands a paramount principle in business which is always seek a win-win deal. This is one of the secrets to the stunning success and longevity of Practice Transition Partners.

In my 31 years of private practice, I have completed 5 different practice transitions including mergers/sales, and so I speak from experience. Rob has completed 2 of these 5 deals, and my experience in the other 3 was not exceptional in any way, but filled with some degree of pressure, confusion, and/or lack of support. By comparison, Rob Stanbery, and Practice Transition Partners have exceeded my expectations in every way.

Rob is so well respected by the professional financial community that he has access to the finest accountants, lawyers and bankers who truly act as his partners for his clients in formulating all legal, financial and tax related issues that are critical to a well-planned dental practice transition. Rob also has a reputation of representing very successful dental practices and he understands the high tech, state of the art dental practice. He can equally and successfully represent a multi-million-dollar practice, as well as a solo small practice. He is about the personal touch, while being totally results driven. This comes in a package with honesty, warmth and a cheerful outlook. Rob is truly like that great neighbor, or old friend who would always be available to pull up a barstool, buy you a drink and offer a receptive ear to whatever was important to you. Rob is a rare find in today's business world."

~ S. David Buck DDS, FIAPA, LVIF, LVIM





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BEING A SUCCESSFUL DENTAL CEO

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That is why so many dentists are poor business people. We have had no training in business.

Just as the clinical side of dentistry has changed dramatically over the last 20 years, the business of dentistry has changed as well. The rise of PPO's and corporate dentistry has demanded that the 21st century dentist must be a good business person.

Yes, we can outsource our accounting and marketing to professionals. We can even hire a true office manager to handle the COO and HR duties, but we cannot outsource the role of CEO. There can only be one chief executive officer and that has to be the owner and dentist. You cannot outsource that; you must put on that hat.

WHAT ARE THE QUALITIES OF A SUCCESSFUL DENTAL CEO?

FIRST AND
FOREMOST, YOU
ARE THE LEADER!

As the leader, you must develop and communicate the vision for your dental business.

What kind of dental practice will this business be?

What type of dental procedures will you be known for?

What will the culture of the office be?

These and many more are just some of the questions that must be answered in order to develop the vision for your dental business. This vision must then be written down and communicated to all members of this dental business.

As the leader, you must also develop the brand of your office. Every dental office has a brand. This is what the community thinks and says about your dental business. Fun, formal, family oriented, comprehensive, and the best. These are all words that are used to describe a dental office brand. Every office has a brand and as the CEO, it is your job to define the brand and make sure that everyone on the team knows and understands the vision and the brand. This vision and brand

must be reinforced every day.

A great CEO must recruit and develop a great team. We cannot do it alone. There are tools such as the Harrison Assessment that will give us objective data about a potential team member. Using this data, we can recruit and hire a great team based on facts, not just on gut instinct.

This "dream" team must be trained and trusted to support the

vision of the business.
This works best when an "ownership mentality" is developed within the team. As the CEO, you must encourage this ownership mentality.
You want the team to feel and operate as if this was their business and career.
Programs such as "a piece of the pie" that compensates team members for

the success of the dental business are crucial to develop this ownership mentality. A great CEO will invest in the formal training

of the team.



Great teams do not just happen. They must be recruited, trained and then trusted. A truly great team member feels empowered by their leader and will function inside and outside the office as if this business was their own. This is the definition of "ownership mentality."

SUCCESSFUL DENTAL BUSINESSES NEED TO HAVE SYSTEMS TO ENSURE THAT EVERYTHING IS DONE THE SAME WAY EVERY TIME BY EVERYONE.

It is the job of the CEO to make sure that these systems are created and implemented according to the vision of the office. There must be systems and protocols for NP calls, consults, financial arrangements, appointment scheduling, lab cases, supply ordering, comprehensive exams, just to name a few. The best systems are written down and reviewed regularly. The development of these systems can be delegated, but it is the job of the CEO to approve them and make sure they reinforce the vision of the office.

Most dentists have little or no business training. This is especially true when it comes to the accounting of the business. Even if you outsource your accounting and payroll, a great dental CEO needs to know the numbers of the business. The typical dentist just looks at the bank account to see how much money is in it and just knowing whether the account balance is going up or down is not enough. The dental CEO will look at the profit & loss statement at least once a month. Cash flow is not the same as profit & loss.

CASE PRESENTATION CASE ACCEPTANCE

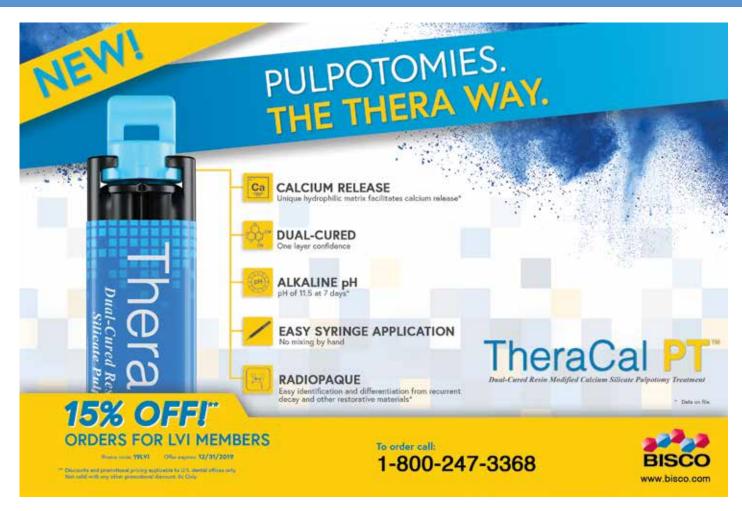
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IMPORTANT NUMBERS TO LOOK AT INCLUDE:

- 1. Profit & loss, monthly and year to date
- 2. Profit & loss, this year vs last year
- 3. Budget vs actual spending by category
- 4. % overhead by category
- Team expenses
- 6. Office expenses
- 7. Occupancy expenses
- 8. Lab & supply expenses
- 9. Promotional expenses
- 10. Office \$ overhead/hour
- 11. Office production/hour
- 12. \$ Value of a new patient
- 13. Accounts receivable
- 14. Hygiene production/hygiene expenses
- 15. Collection ratio \$ collected/\$ produced
- 16. \$ accepted/\$ presented

A great dental CEO will look at these numbers at least monthly to determine the financial health of the dental business. This way the CEO can be the leader they need to be and make leadership decisions based on trends looking forward instead of reacting to past events.

All dentists are intelligent people. You cannot get into and out of dental school without being intelligent and teachable. Unfortunately, most dentists have never received any training in running a business. All of our training has been to make us the best clinicians we can be. However, we are running a business and we are the CEO. This is not something we can outsource and as the saying goes: "The buck stops here." The important question is this:

ARE YOU A SUCCESSFUL DENTAL CEO?

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Frank Sullivan, DDS, LVIF



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



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





