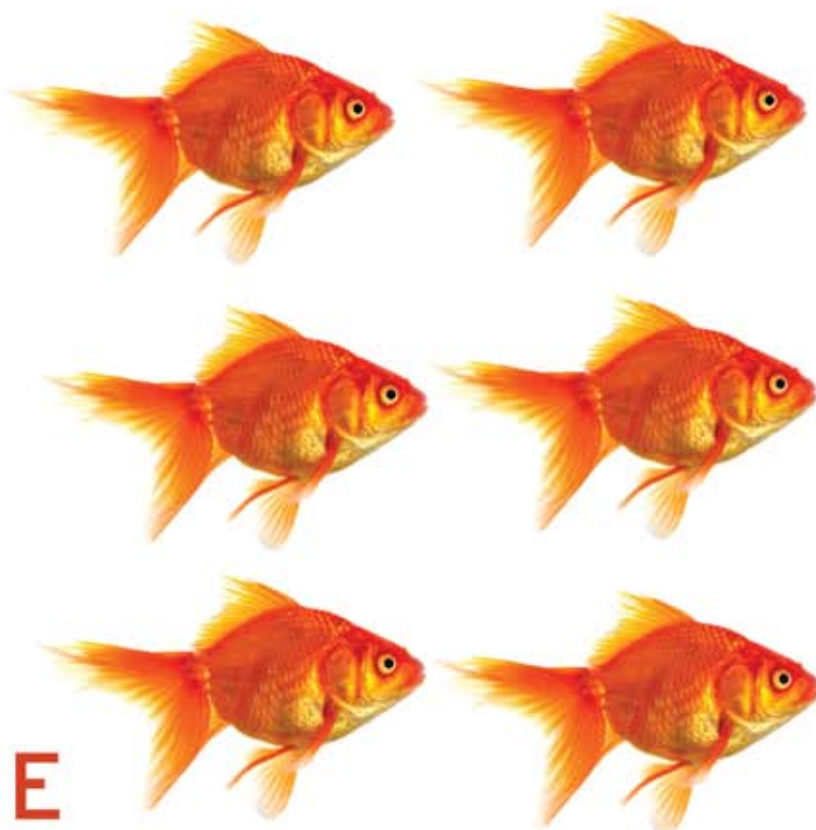


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Make a
DIFFERENCE

Not just a
LIVING

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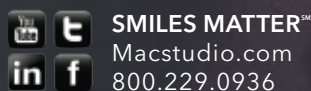
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TRAITS OF PEOPLE WHO *Make A Difference*

To make a positive difference in the lives of others...one must have a few traits to get there. Consider the following six traits and see if you have what it takes to be a DIFFERENCE MAKER...

CHANGE MAKERS Those that want to make a difference decide to 'make a change'... they do not sit around complaining about how things should be; instead they get busy taking steps to make it happen. Gandhi said "You must be the change you wish to see in the world." CHANGE MAKERS do just that!

HARD WORKERS Change takes effort and effort takes hard work. People who make a difference are not scared of working hard to get the results they desire. They have a 'no job is too small' attitude when trying to reach their goal.

VISION In order to make their dream a reality... difference-makers have a true VISION. VISION is the "why" of what they are doing. VISION gives the motivation needed to get to the final endpoint. GOALS are the steps along the way leading to that VISION.

LIKE MINDED PARTNERS Those making a difference often times surround themselves with like-minded partners. Rallying people around you who have the same beliefs, motivation, and vision will help you get to the end point way faster. Just think about the power of TEAM...Together Everyone Accomplishes More!

WON'T TAKE NO FOR AN ANSWER Sure, difference-makers will have obstacles; however, they won't give up. When they run into problems they come up with solutions to solve them. They see the issues as opportunities to grow and develop. Difference-makers have a 'never say die' attitude.

LIFE LONG LEARNERS People who make a difference are not afraid to ask questions, ask for help, and to keep learning along the way. They see the process as a way to better themselves as well as the world they are impacting. They are also never afraid to say they don't know the answer to something, and to find out what the answer is!

If you truly desire to make a difference, focus on the traits you already have to get you there...and develop those traits you are lacking. With VISION, HARD WORK, and PERSERVERANCE...you will definitely succeed!

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

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A Charity Without Acknowledgement

TZEDAKAH

Making a Difference... Not Just a Living

Omer K. Reed, DDS... proud grad of LVI!



Omer in Africa in 1963.

Having married a wealthy woman and being inherently lazy we decided to capitalize on the situation and open a dental clinic in Africa. At that time our youngest of five children was ten months (that daughter is now my hygienist and is fifty three... time sure does fly), and all five of our children were eighteen months apart.

We secured an RN friend to live in with the kids, borrowed \$8,000 from our friendly banker and after a lengthy trip including UK, France, Spain, Italy, Jordan, Sudan... we arrived in what was then Tanganyika on the equator, then south to the twenty thousand plus foot Mount Kilimanjaro. In the Usambara mountain, just south of Kilimanjaro, our invitation by Dr. Verce Fugglestad included the fact that nine out of ten of those arriving at the hospital with a dental infection DIED.

We spent two months training two natives with some dental experience in Mombasa on the coast, and in catching up with the preventive and operative procedures of the team that staffed Bumbuli and also the two natives. They would be the dentists when we left! These boys were sharp, fast learners and unconditionally committed to the task. If the offending tooth refused to be removed, our objective was to break it off or cut it to establish drainage; only then would the efficacy of the antibiotic in the circulation be lifesaving! Amazing what one can do with an upper and lower cowhorn forceps, a universal bicuspid/anterior forceps and a few well selected elevators!

One day, an eighteen year old Masai warrior was sitting in my chair with a fractured lower molar... quite easy to repair but best to have a good mandibular block... so with my greatest care, skill and judgement I managed not to let him see the syringe and to not feel any discomfort.

*"If you think you're too small to make a difference,
you haven't spent a night with a mosquito."*

African Proverb

He slowly rubbed his mandible lower right and clearly said "Kilimanjaro!" Well, that puzzled me so I asked my assistant for a translation. I was told this young buck had been to the top of Mount Kilimanjaro where the cold snow is, and that is what his mandible felt like and he was smiling! So, I asked him "how he liked that?" My assistant translated and my new young friend "clouded over" and the translation came back... "what is it you have that you think I want?" Now even in English we misunderstand each other and I am reminded of my father's wisdom... he used to say when such a situation arose...

"I know you understand what you think I said but what you heard is not what I meant... I am responsible for what I say to you, not what you understand."

Oh, yes!!! That good old Midwestern philosophy is solid stuff!! And friend, Victor Frankl "you can choose what attitude you bring to any given situation"... in review... any value in getting upset here? Obviously not so I smiled and told my translator...

"I considered him my brother!" Apparently that was a clean easy message as he relaxed and a big smile enhanced his countenance. I find that same message terrifically powerful, even without the translator right here in Phoenix. My father came to mind as he once told me that "the older he got the fussier he was with what upset him." In this instance, I realized my Masai friend was not stupid, but rather he was very present and "in-charge."

We cared for fifty to seventy people a day. By week three, the death toll was ZERO. We have repeated this dental gig, over the years

(with sixty years at the chair there has been time and opportunity) in Mexico, Truk Lagoon, New Guinea, Kibbutz in Israel, Hadassah Hospital, General Hospital & South Phoenix for eighteen years.

John McCain broke our Tzedakah chain by listing our team in the congressional record for the three Catholic schools on the inner islands of Truk Lagoon. The kids had never seen a dentist and the Nuns took to the preventive part with a passion... and the scuba was terrific!

In this life, one discovers the measure you give is the measure you get back... packed down and running over!... being listed in the congressional record is, for us, a smashing reward... recognition!

So... time to return to phoenix... a long ride from the other side of the world!... on our way home we enjoyed stops in Bomba, Bangkok, Tokyo, Hawaii, for a week of rest with friends and relatives... now listen very carefully... This is the first year of many for us in dentistry where we netted more than we grossed!

Marci and I returned to Tanzania a couple of years ago and one of the two "students" was yet on the job, enjoying it with a passion, his helping relationship with his people ...glad to see us and thankful for the fifty five gallon barrels of supplies that do occasionally make it through to Tanzania... OUR LEGACY REMAINS STRONG & THE TRUTH IS WE GAINED SO MUCH MORE THAN WE GAVE.

There is nothing like the reward of helping others...

Marci & Omer

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

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- Find out about everyday things you might be doing that are causing serious problems with your patients.
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CONNOR'S STORY

Teresa Isbell, DDS



With all the education and courses I have taken over the years, how did I ignore one of my most important cases, my own son?

Connor is a busy five year old boy. He had been waking up several times in the night, usually with a wet bed. His quality of sleep was poor, requiring an hour and a half nap daily. Is this normal? Connor's pediatrician said "yes."

It took a phone call from school to wake me up! Connor was no longer focusing in school and was playing with blocks in the corner instead of participating in his learning group. His teachers did not know how to help and if they encouraged him to join he would shut down. Two weeks after the schools' call, Connor began complaining of headaches over his left eye. He described them as "his head getting hot" and his neck would hurt when that happened.

Then I decided to put on my physiologic dentist hat. We started with an exam, photos, food sensitivity testing and a sleep study. YIKES! My son had a deep bite, a tongue tie that had reattached after a release, facial asymmetry on the left, a mild apnea and his food sensitivity list was full! An ENT visit showed enlarged adenoids and tonsils. Connor's left neck was so sensitive, you could barely touch it and his left ear was full of fluid, hence the frequent ear infections. I will be honest, I cried. How did I not see this earlier?

I got right to work. We started an elimination diet (sugar detox!!) natural remedies, Rocobado head and neck adjustments and craniosacral therapy were my first steps. Within two weeks, I get another call from school. Connor is back in learning group and "he is like a different child." His focus, attention span and verbal communication has improved. In turn he has started the first stages of reading.

Step 2 was to start Myofunctional therapy to get ready for another lingual tongue release and place build ups on his posterior teeth. Three weeks after the Myofunctional therapy starts, the weekly headaches stop. Connor gets only one headache in a matter of three months and this is the day we missed our exercises. After three months, we saw expansion of the upper and lower arches and improved lip tone and tongue posture. We added the occlusal blocks to his posterior teeth and did the lingual release with lots of stretching of the tongue to prevent reattachment. After this, his neck pain went away and his posture improved. His neck is so loose and easy to adjust, it is amazing! He is now sleeping through the night on his back with his mouth closed. He is waking up with a dry bed. The naps are gone and he is getting perfect reports from school. His ENT exam shows his tonsils and adenoids are half the size.

Our journey is not over. We still have follow up sleep studies that will continue; myofunctional therapy, Buteyko breathing training, and tonsil/adnoid removal.

As a dentist I am thrilled with Connor's progress and eternally grateful to LVI for the education that has changed his life. Connor is a sweet, happy little boy with his whole life to live pain free. As his mom, this means the world to me.

OMD

Orofacial Myofunctional Disorders (OMD) and Myofunctional Therapy

OCTOBER 11-12, 2016



COURSE DIRECTOR:
Dr. Heidi Dickerson, DDS, LVIM, FIAPA



FEATURED LECTURER:
Jill Taylor, RDH, BS

PREREQUISITE: None

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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 Neuromuscular Practice by uncovering the secrets of the most powerful muscle we work with...THE TONGUE!

LEARNING 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 our children.
- Discuss how OSA and TMD relate to OMD.
- Discuss what screening tools to use the very next day back in your practice.



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*I will be honest, I cried.
How did I not see this earlier?*



BEFORE OCCLUSAL BLOCKS



AFTER OCCLUSAL BLOCKS



AFTER TONGUE TIE RELEASE



POSTURE
BEFORE



POSTURE
AFTER

*“What you do makes a difference,
and you have to decide what kind of
difference you want to make.”*

JANE GOODALL



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Take



And Breathe

Patrick McKeown, MA

When working with clients, I often ask them how their breathing changes when they are stressed. The response is almost always the same: breathing becomes faster and more noticeable. I then ask the client to take a deep breath, to which they respond with a quick breath, often through the mouth, and with obvious movement from the upper chest. Finally, I ask them how they would feel if they continued to breathe that way. Invariably, the response is that they would begin to feel light headed or dizzy. Stress causes us to breathe more, so taking a deep breath to calm yourself down just doesn't make any sense, and only serves to keep you in a continued state of stress. Instead, the opposite is needed - slow, quiet, calm breathing that allows blood gases and operating systems to restore to normal.

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The following five responses will give you an idea of the correct way to deal with symptoms of stress:

Stress Activation	Relaxation Activation
Breathing becomes faster	Slow down breathing
More frequent sighing.....	Suppress sighs if possible
Breathing from the upper chest.....	Breathe from the tummy
Breathing through the mouth	Breathe through the nose
Breathing becomes more noticeable.....	Quieten and silence breathing

Breathe Light to Breathe Right

You are activating the body's relaxation state when you slow down and reduce your breathing sufficiently to create a tolerable need for air. Try to maintain the need for air for the duration of the 4 to 5 minutes. During the exercise, check if you feel warmer or have increased watery saliva, the former indicating improved blood circulation, the latter indicating activation of the relaxation state.

- Sit up straight.
- Place one hand on your chest and one hand just above your navel.
- As you breathe, exert gentle pressure with your hands against your abdomen and chest. This should create resistance to your breathing.
- With each breath, take in less air than you would like to. Make the in-breath smaller or shorter.
- Breathe out with a relaxed exhalation.
- When the in-breath becomes smaller and the out-breath is relaxed, visible breathing movements will be reduced. You may be able to notice this in a mirror.

Many vital functions of the human body operate on an unconscious level; you don't need to tell your heart to beat or your lungs to take in air, your body takes care of it for you. These basic functions are the responsibility of the autonomic nervous system (ANS) which controls heart rate, digestion, respiratory rate, salivation, perspiration, pupillary dilation, urination, and sexual arousal. Most autonomous functions are involuntary, but some are also under some degree of conscious control, such as breathing, swallowing and sexual arousal.

The ANS is classically divided into two subsystems, known as the parasympathetic nervous system (PSNS), which is responsible for rest and relaxation, and the sympathetic nervous system (SNS), which is responsible for stress responses.

Throughout human evolution, we have relied on our immediate bodily responses whenever we are confronted with danger - whether it's fleeing from a charging elephant, panicking about an interview, or being dragged up by your friends to sing karaoke in public. Known as the fight or flight response, this automatic reaction of the sympathetic nervous system was first described by American doctor Walter Bradford Cannon, who lived from 1871 to 1945. Cannon noted that a perceived threat aroused the SNS and resulted in certain physical reactions, including an increase in blood pressure and rate of breathing, and a release of adrenaline to help us run faster or fight harder.

*Taking
a few
minutes
out of your
day to focus
on your
breath
is time
well spent.*

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Breathing through the nose and practicing breathing exercises to slow down and reduce the volume of air inhaled is an efficacious way to counteract stress.

In prehistoric times, when confronted by a predator, immediate and intense physical exercise would have been required to fight it or run from it. In this situation, the stress was short term, lasting just a few minutes. Once out of danger, breathing and heart rate would quickly normalize, allowing operating systems to revert to regular function.

Today's stresses are different in a number of ways. Firstly, they are not usually accompanied by physical exercise, which is required to help the body's operating systems revert to normal. Secondly, and more importantly, modern stresses often last longer, or are spread over a prolonged period of time. Modern life includes a myriad of worries and anxieties - finances, relationships, work, sometimes all three combined - and this constant state of stress can have serious implications on a person's health.

Humans are well-adapted to cope with short term stresses, but long term stress, in my opinion, exerts more harm on the body than anything else. You can probably get away with eating a relatively poor diet or doing very little physical exercise for as long as twenty years, but twenty years of stress will almost certainly make you ill.

A symptom of long term stress is habitual over-breathing. Increased breathing is a perfectly normal response to temporary stress as a rise in heart rate and breathing rate are necessary to prepare the body for a potentially sudden burst of action. But this natural response becomes abnormal when stress is sustained over the long term and breathing volume does not have an opportunity to normalize. As a result, the habit of breathing a volume of air greater than the body requires is developed, causing levels of carbon dioxide in the blood to lower. Too little carbon dioxide in the blood limits blood flow, reducing oxygenation of the heart and brain. It's somewhat ironic that the brain receives less oxygen during the very time when alertness and mental concentration are acutely required, but this is exactly why it's so difficult to think clearly under stress - how can a brain that is deprived of oxygen be expected to work properly?

From time to time, everyone encounters high perceived stress. Taking a few minutes out of your day to focus on your breath is time well spent. Breathing through the nose and practicing breathing exercises to slow down and reduce the volume of air inhaled is an efficacious way to counteract stress.

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DR. MARTIN LUTHER KING JR

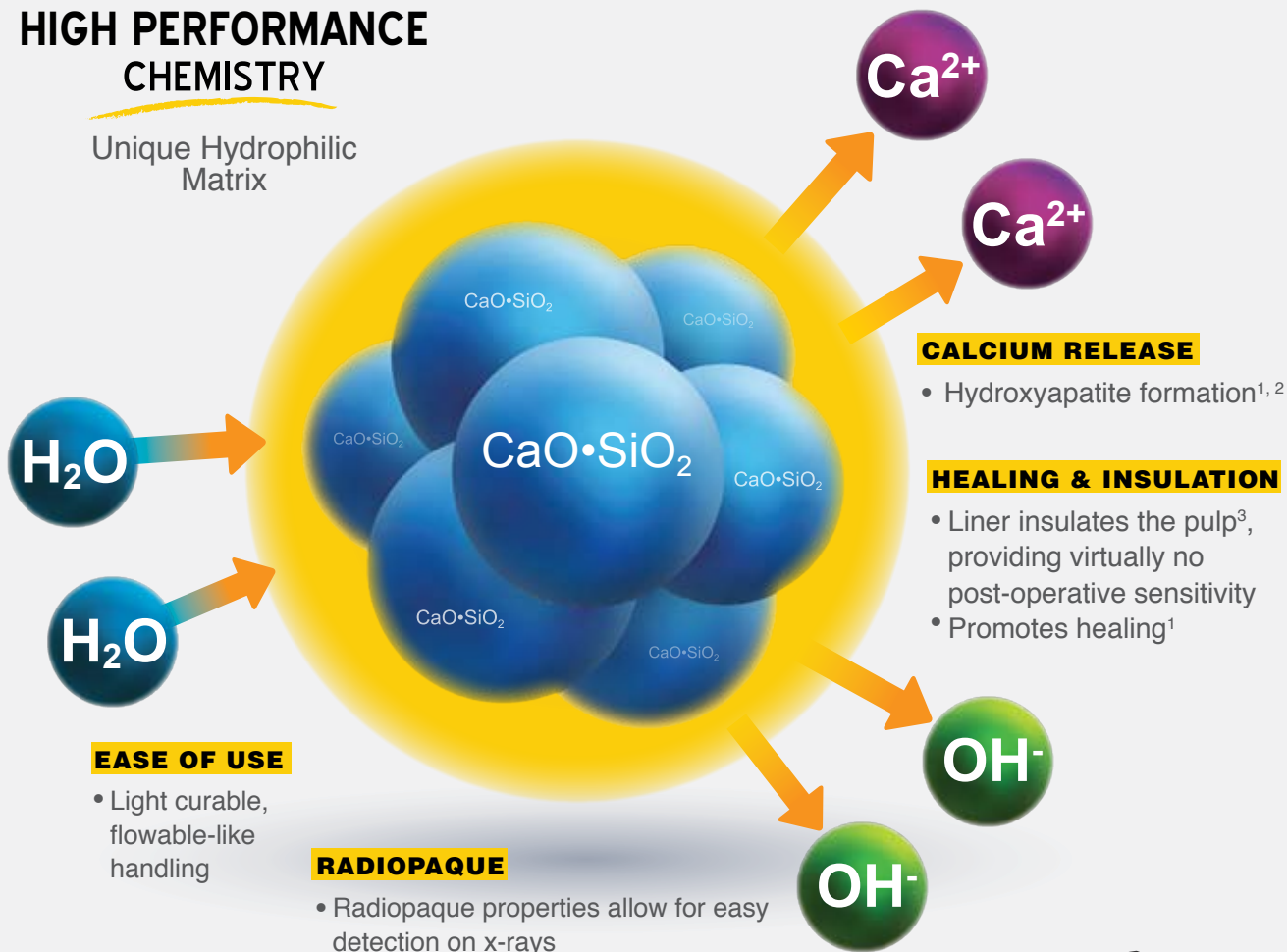


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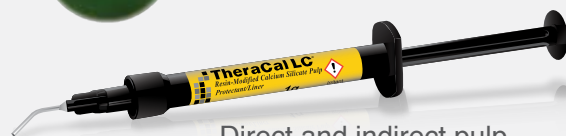
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¹ ADA definitions for direct and indirect pulp capping at <http://www.ada.org/en/publications/cdt/glossary-of-dental-clinical-and-administrative-terms>

² Apatite-forming Ability of TheraCal Pulp-Capping Material, M.G. GANDOLFI, F. SIBONI, P. TADDEI, E. MODENA, and C. PRATI J Dent Res 90 (Spec Iss A):abstract number 2520, 2011 (www.dentalresearch.org)

³ Selcuk SAVAS, Murat S. BOTSALI, Ebru KUCUKYILMAZ, Tugrul SARI. Evaluation of temperature changes in the pulp chamber during polymerization of light-cured pulp-capping materials by using a VALO LED light curing unit at different curing distances. Dent Mater J. 2014;33(6):764-9.

Restoring

More Than Just a Smile



What a feeling it is to wake up every morning as you head off to the office knowing the difference you can make in a patient's life. Not just a physical difference but helping heal the inside as well. How many other professions can say that?

I want to share one of my most memorable experiences with one of our patients. We had a patient who was referred to me from a local organization that helps battered women. As the photos reveal, she had been hit in the mouth, resulting in

the fracture of several of her front teeth. In many cases, self-esteem and domestic violence go hand in hand. Women with low self-esteem feel that they cannot do better than the situation they are in, which makes them far less likely to leave an abuser. Abusers are very good at controlling and manipulating their victims leaving them feeling depressed, drained, scared, ashamed and confused. The bruises and damage done on the outside is not nearly as bad as the damage done on the inside. So with this patient we knew we were not just fixing her smile but also her self-esteem and self-worth.



When this woman first came into our office she was very quiet and embarrassed by her smile and her situation in general. We agreed to restore her smile at no cost. Using Empress Crowns and Veneers, we were able to give her a beautiful, healthy smile. You can see a difference in her smile in the after photo but look into her eyes and you can see the real difference!



Right away you could tell her self-esteem was restored. That scared, fragile, abused woman from the before picture was gone and before us stood a woman filled with confidence. For once she could see herself as beautiful!

She could not stop smiling after we restored her smile; she was tearful and so happy. She hugged us all and kept saying how grateful she was for her new smile and how it will allow her to find a better job and how much better her life would be. Her gratitude brought smiles and tears to our practice as well. The rewards of our profession go way beyond the financial rewards. It is what we do for others that really adds value to our lives. How amazing is it to be able to change someone's life?

Life will give us all kinds of reasons to cry but how amazing is it as LVI Dentists that we can give our patients a reason to smile!



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Is it Time to Make a Move?

Kent Johnson, DDS

I have sold two practices in my career, both times using Rob Stanbery at Practice Transition Partners. One of the great things about being a dentist is that we have a remarkable amount of control over our professional lives. We can practice how, when, with whom, and wherever we want.

I loved the freedom to start out on a new adventure when I sold each practice. I did have some worries, probably just like everyone else, and these are some of the things I was concerned about.

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Robert Stanbery, Owner



"Rob helped me sell my practice last year and it has worked out beautifully. I sold to a young dentist that came in and has been able to pick up my neuromuscular cases and continue to build on what I started. He has recently completed Core VII and is excited about his LVI journey. Rob was instrumental in making all of that happen and he truly understands what we are trying to accomplish at LVI and how valuable these practices are for the right buyer."

Kent Johnson, DDS

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MY PATIENTS WILL FEEL ABANDONED

It is a little different with each transition but typically the vast majority of patients stay with the practice and are willing to give the new dentist a chance. They are comfortable with the office, the team members and do not want to change.

You might be surprised just how easily you are replaced!

When I sold my California practice, I had one patient in particular that seemed to complain about everything. Nothing we could do seemed to make her happy and of course everything was too expensive. When she found out I was leaving she grabbed me by the hand and said,

“How can you leave? I will never find another dentist I like as much as you!”

I couldn't believe it. I really thought she didn't like me. In fact I couldn't believe she kept coming back, as much as she complained. I felt like saying, “Lady, you are one of reasons I'm leaving!” It turned out that she embraced the new dentist and continued to stay and torment him with the same enthusiasm that she did me.

MY TEAM WILL BE UPSET AND LEAVE

It is often upsetting for the team when they find out the doctor is leaving and someone new is coming in. One of the key elements to a smooth and successful transition is getting the team on board. Once they are, it can be an invigorating and exciting time for them also.

This was particularly difficult when I sold my California practice years ago. We had really built something great as a team. They were (and still are) very special to me and I didn't want to let them down. Initially it was a shock but as it turned out, some of them were able to pursue other dreams they had, and some of them are still with the new doctor.

I WON'T BE ABLE TO FIND A PRACTICE WHERE I WANT TO GO

Practices sell everywhere. It just might take some time to find exactly what you want. In the 15 years I lived in Park City almost every practice in town was sold to someone new. The key is to be patient and prepared to do something when the opportunity comes.

When I sold in California, I built up a practice from scratch in Park City. It was possible because I didn't have the same financial pressures I had earlier in my career. I was able to take my time and build my dream practice.

IT IS TOO MUCH WORK TO SELL A PRACTICE

That is what Practice Transition Partners is there for... to take the work out of selling a practice so you can concentrate on keeping the production up and planning the next phase of your life. You definitely want to take some time and get the practice looking as good as possible. You want to de-clutter the office and increase its appeal to a buyer.

Sometimes the buyer and seller are matched up before even seeing the practice. In my case, both times, the practice was only shown once, and the deal was completed.

I NEED TO WAIT UNTIL I HAVE A BETTER YEAR TO SELL MY PRACTICE

In truth, it isn't going to make that much difference. Most sales are based on a few year's net profit and a great year is nice but it isn't going to change much. It is possible your enthusiasm is going to be less next year and the practice numbers will be worse. If it was easy to significantly increase your net in the practice you would have already done so.

I'M TOO OLD TO CHANGE

Making a change can bring new excitement and enthusiasm to your career. You tend to reach a plateau and begin to burn out in the same practice you have been in for many years. Sometimes what you need is a new adventure, a change of scenery and maybe new people to work with.

There is always going to be some work involved in transitioning out of or into a new practice. But most of the dentists I have met are not afraid of some work, as long as it is something they can get excited about.

MY ONLY OPTION IS TO SELL MY PRACTICE AND LEAVE

There are multiple ways to transition into or out of a practice. Most of the time the old doctor leaves and the new one takes over. Sometimes the practice is sold but the doctor stays on as an associate. Or there is a transition period of anywhere from a few months to a few years.

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If you can dream it up, somebody out there has probably done it.

I DON'T HAVE ANY MONEY TO BUY A PRACTICE

Fortunately, at this time money is plentiful and inexpensive. You can finance the entire cost of the practice plus working capital to tide you over for a few months. Interest rates are low and you can still lock in a great interest rate that can save you thousands of dollars over the life of the loan.

I WILL NEVER FIND A DENTIST TO TAKE OVER MY LVI PRACTICE/ I CAN'T FIND AN INSURANCE INDEPENDENT PRACTICE

There are a lot of dentists out there that would love to have the type of practices that we have. Practice Transition Partners is developing a network of like-minded practice buyers and sellers. LVI is also willing to help get a buyer started (or continue) on their LVI journey. An LVI trained dentist that buys an LVI style practice is going to be able to maximize the practice and continue to give patients the same

level of care. They are going to understand what was done and why, and be less likely to criticize the work because they understand it.

ONE WORD OF CAUTION: YOU CAN'T BUY YOUR WAY INTO BEING A GREAT LVI DENTIST

When you buy a well built, highly functioning practice, it is important that you continue to do the things the previous dentist did to make it successful. It doesn't seem to matter if the new dentist is a male or female, different ages, different backgrounds, different personalities. As long as the commitment to excellence, to education, to building the team, and to building the business is there, the practice tends to flourish. It's nice to think you can just buy a practice and then magically have all the skills, knowledge and experience, but the reality is that it is not that easy. There are no shortcuts on the LVI journey.

There are many dentists who are practicing exactly where they want to work and live forever. But there are many who would love to try something new. What are you waiting for?

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MONEY IS THE ROOT OF ALL

Charity

Mike Bufo, DMD

Doing Well Enough To Do Some Good

Many dentists, myself included, have some hang-ups about money. We might feel that we would have to sacrifice too much of our time or energy to make a lot of money. We might feel that we would have to step on people and treat them unfairly in order to become wealthy. And, of course, there is that time-honored saying that “money is the root of all evil,” so maybe we feel like we would have to become the kind of people that we don’t like in order to gain wealth. HOWEVER, IN REALITY, THE TRUTH IS THAT MONEY IS THE ROOT OF ALL CHARITY. Before we can feel like we can take care of the needs of others, we as individuals need to feel that all of the needs of our families and loved ones have been taken care of first. Once you feel that you have abundance in your own life, only then can you feel free to give away your time, money and service to other people. I see so many dentists who lack in this feeling of abundance. They scrimp on spending money on their facilities, their equipment, their teams and their education. And as a result they are stuck in a pattern of lack that not only affects their financial success, but affects the quality of care that their patients receive and the satisfaction and enjoyment they get out of the dental profession.

My LVI education has enabled me to be financially successful and to feel abundant enough to be able to give away my time and care to those patients who I feel really need and deserve a helping hand. The training I have received over the years makes me fully able to deal with complex cases that I would otherwise not be able to treat. Believe me, I’m no Donald Trump, but I do feel like I make enough money to take care of my family’s needs and to spend the money on education and equipment that I need to be able to provide excellent care. I can freely give away my dentistry to those patients who I know can’t afford it, but whose lives would be forever changed by having the dentistry done. One example is Ray and his son Timmy.



I first met Ray many years ago at the local Ford dealership where I was buying a new truck. Ray was one of the business managers at the dealership and as I sat across a desk from him working out the financing, I could tell that he was hiding his teeth. Knowing that I was a dentist, he mentioned to me that he and his son both suffered from a disease that caused the enamel on his teeth to be malformed, Amelogenesis Imperfecta. He was not concerned about himself, but his son, Timmy, who would soon be in middle school and he was concerned that the condition would begin to negatively impact his self-esteem. He had seen dentists before who tried some inexpensive bonding, but that had failed, and he knew that really treating the problem for both himself and his son would be unaffordable for them. He was basically at a loss for what to do. I could see the concern that a father had for his son, knowing that there was really nothing he could do to help him.



Without hesitation I offered to take a look at both of them in my office to see what I could do. To make a long story short, I eventually restored both Ray and Timmy. I did not charge them for my care and the only thing Ray did end up paying for was some of the laboratory cost, which was heavily reduced by Bob Clark at Williams Laboratory. Placing porcelain on teeth that are so compromised from Amelogenesis Imperfecta is challenging at best. But from an emotional standpoint, this is some of the best work that I could have done! Timmy has been a fixture on the dean's list at Maine Maritime Academy and is becoming an engineer with amazing prospects for his own abundant future. I still see Ray at the Ford dealership, smiling widely and I know that the way he feels about himself with his new smile makes his everyday interaction with other people a pleasure for everyone. The satisfaction I feel knowing I helped a father take care of his son is immeasurable in monetary terms. The added bonus... I get great deals on trucks now!

GO OUT THERE AND BECOME FINANCIALLY SUCCESSFUL ENOUGH TO BE ABLE TO SPREAD THE WEALTH. Spend the money you need to invest in yourself and your team and you will see it pay dividends in both your wallet and your heart!

"As you grow older, you will discover that you have two hands: One for helping yourself, the other for helping others."

AUDREY HEPBURN



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Dr. Bill Dickerson
Dr. Heidi Dickerson
Dr. Anne-Maree Cole
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COURSE OBJECTIVES

- Implement treatment plans for TMD cases
- Utilize the GPS Navigation System and the GTO Bite
- Evaluate head and neck radiographs
- Utilize predictable TMD evaluation techniques
- Solve advanced problem cases
- Defend your NM TX
- Treat the difficult cases when you get home

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ARE YOU FALLING VICTIM TO DISCOUNT DEPRIVATION?

Sherry Blair

As a whole, dentists are very kind and caring human beings. Caring human beings generally like to be generous. So many dentists decide to give back by implementing a 10% senior discount, a 5% discount to this group, and 7% to that group. While this is all very noble, is it the best way to give back? There are two important questions to consider;

1. Are you assessing the practices ability to give these discounts? Is the practice at a reasonable 50-55% overhead so it can sustain these discounts? Or are we giving away money we don't have?

2. With small petty blanket discounts, are we truly in control of assessing the need for the discount?

If you have answered yes to both of those questions and these are the areas that you are passionate about, give and then you can be proud of your decision to help others.

If you answered no to these questions, you might feel frustration with the discount-type of generosity. It might be time to change your

perspective to charitable giving. Maybe even consider a future where you can help others even more. Of course, this would happen after you have helped yourself establish a healthy overhead. Maybe it's time we listen to the flight attendant as he/she tells you to place your mask on before helping others place theirs.

No one believes more in giving back than I do. "For it is in giving that we receive." –St. Francis of Assisi. But, if we had more control and assessed the situations better, could we give back in a bigger way? Quality and generosity instead of quantity and generosity.

If that is your goal, take action; first get your overhead under control. This may take two months or two years. There are numerous reasons for high overhead and in 14 years of practice management consulting I have never seen two identical practices. You have to research your numbers. You may be spending too much on unnecessary equipment, too many team members, or too large of facility for the type of dentistry you are doing. There are certain areas in this arena that you cannot

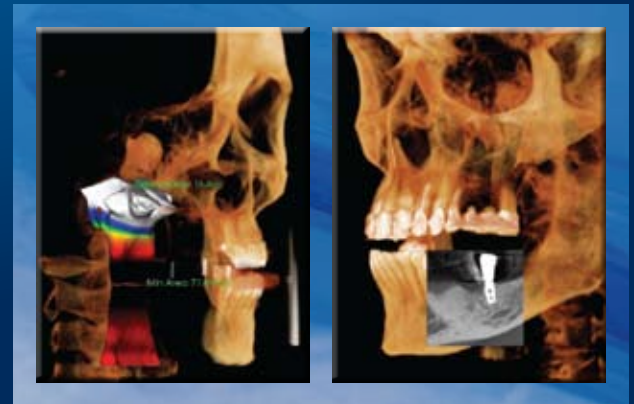
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"For it is in giving that we receive."

St. Francis of Assisi

cut costs. You ethically have to provide your patients with the best dentistry you know how to provide and therefore will have a higher cost with your materials, lab and technology. The biggest problem I see with high overhead is that your fees do not reflect the high quality of dentistry that the practice is creating. This means, if you are contracted with insurance companies, it is a guarantee that they are paying you for the cheapest materials possible.

Another reason for high overhead is low treatment acceptance. The practice does not have the correct systems in place to properly educate patients about the type of dentistry that is available for that patient.

Maybe you are not getting enough new patients in the door and therefore should research a new marketing strategy. This contributes to high overhead also.

Once your overhead is under control, it is time to research to whom, and how you want to give back. This could and probably should be an entire team meeting topic. Each team member should come with their own choice of category of giving and the research pertaining to their cause. It may be someone from a women's shelter, or a veteran that may not have benefits for a procedure they need. There are so many children from numerous organizations that could benefit from your generosity. Maybe you are able to help multiple organizations.

Once we know to whom we are giving and what we would like to accomplish, we must determine the amount it will take to succeed with our goal. Don't forget to consider who might be able to join you; in your project. Maybe your lab

would be willing to work with you, or your supply company. Set your timeline. If we add X number of dollars to our daily production goal we could meet our financial giving goal by X date. Contact the organization you might want to use for your screening process. (Women's shelter, VA, etc). Now you are on your way to quality generosity!

The end-result to giving big can be so beneficial in so many ways. The act of helping others can create an improved sense of well-being. Knowing that you sacrificed something such as time, and/or finances in order to help others in need can give you a sense of purpose in life or work and inner satisfaction. Not to mention how it can strengthen your teamwork as the entire team comes together to provide this service!

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Solace Lifesciences is a strategic partner of LVI Global focused on advancing the dental profession through neuroscience.

STOP STRESSING AND START LIVING! Your sleep, diet, mood and energy level are all affected by the amount of stress in your life. In fact, stress, more than anything else, has the greatest potential to sabotage every aspect of your life, including your health, your relationships, your work, your productivity, your brain function and your cognitive abilities. Yet, despite all that we know about the importance of managing stress, as a society we are more stressed than ever before. Alarming, we are more stressed today than we were during the Great Depression.

Where we fall short in our efforts to live well and be healthy is our stress management strategies.



One of the biggest threats posed by chronic stress is a decline in your health and longevity. According to the Centers for Disease Control and Prevention (CDC), stress is the primary cause of 85% of all disease. Research by health experts in the field of mind/body medicine, also known as psychoneuroimmunology, indicates that the CDC's figure may be too conservative. Former Stanford University biologist Bruce Lipton, PhD, states that stress is a major factor in over 95% of all cases of disease. How stress is perceived provides a clue as to what is really involved when stress causes disease. In the majority of cases, it is not physical stress that is the main cause of disease, but mental and emotional stress. According to Dr. Lipton, although we may be born with genetic predispositions towards certain types of illnesses, Dr. Lipton states that it is actually our habitual thoughts and beliefs (along with what we are exposed to in our environment), not our genes, that have the most influence over whether we get sick or not.

Each of us copes with stress in different ways, but the impact of stress on cells and internal systems is universally damaging. It is critical to your health to effectively manage stress, maintain balance, and increase stress resilience. With NuCalm®, stress management is as simple as flipping a switch. NuCalm is the world's first and only patented neuroscience technology clinically proven to lower stress and improve sleep quality without drugs.

This technology gives you the power and control to slow down and recharge when you need to. "NuCalm has proven to be a remarkably reliable tool for helping to modulate cortisol levels and inflammation. NuCalm quickly takes people out of their catabolic breakdown mode and shifts them into a healthy build-up mode so they can heal and recover as quickly as possible. When people are in a balanced nervous system state, they respond instinctively instead of reacting impulsively, and thereby can perform at their highest level." - Julie Burns, MS, RD, CCN, Nutritionist for the Chicago Blackhawks and CEO of SportFuel, Inc.

Consider the experience of being told you have a terminal illness, such as cancer. The stress,

anticipatory anxiety, confusion, fear, anger, sense of helplessness, and fight-or-flight response consumes you immediately. Your emotional, physical, psychological, and spiritual being is overwhelmed as you fight cancer and try to cope with chemotherapy and radiation. Solace Lifesciences, the neuroscience company that makes NuCalm, works in partnership with the Comprehensive Cancer Wellness Program led by Dr. Janet Hranicky, world-renowned Psychoneuroimmunologist, to help cancer patients cope with stress. Effective stress management through repeated NuCalm use can alter the psychoneuroendocrine regulation of the immune system to improve the immunosuppressive status of patients.

Since October 2014, NuCalm has been a core therapy at the Comprehensive Cancer Wellness Program in West Palm Beach, Florida. Dr. Janet Hranicky shares her observations of NuCalm - "I have been incorporating NuCalm in the Comprehensive Cancer Wellness Program because of its proven ability to remediate stress at the mid-brain level without drugs or psychotherapeutic intervention. This technology reduces vagus nerve overstimulation, thus remediating nausea, "chemo fog," and improving sleep quality. There is extensive research in the literature that shows a strong correlation between stress, psychological factors, and cancer. Evidence exists linking an individual's stress response to not only the development and course of cancer, but also to their response to treatment as well.

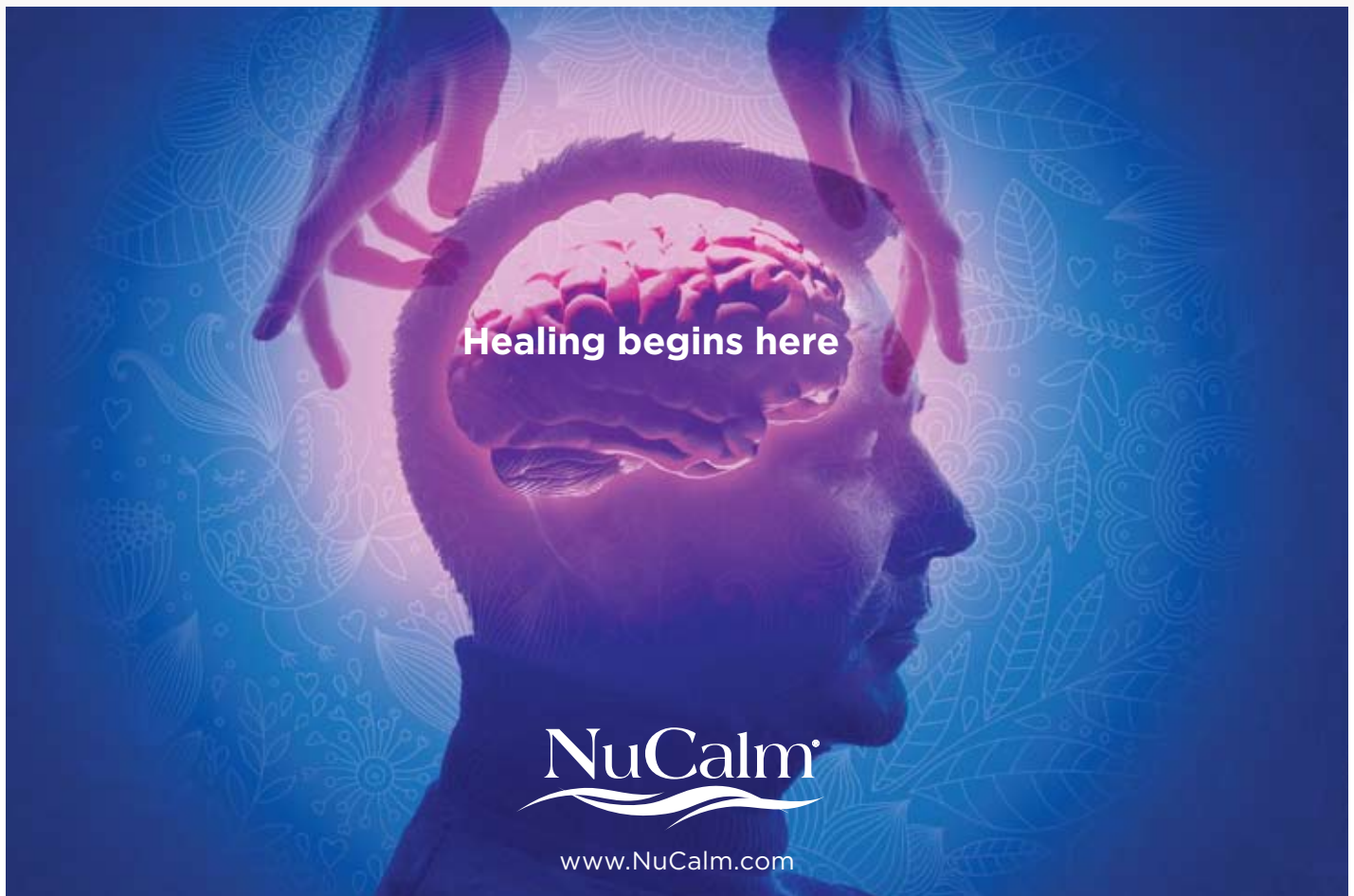
The preliminary results of our NuCalm research study are indicating a definite impact on strengthening the parasympathetic nervous system and down regulating stress physiology as evidenced by pre and post testing of patient Heart Rate Variability. NuCalm naturally relaxes the body within minutes, which allows the old limbic area of the brain to experience a state of perceived safety and comfort, which triggers a parasympathetic response and the chemical changes physiologically connected with it. Our cognitive behavioral responses are important in the learned relaxation response. However, it is virtually impossible for the frontal cortex to convince the old limbic brain that it is safe to relax if there is a long-standing learned stress response that has been programmed with a negative neuro-association. NuCalm provides the experience of deep relaxation coupled with emotional safety that allows the learned stress response that I have seen clinically with cancer patients to be interrupted so that a new and healthier response can be habituated.

Neuronal coherence requires for the circuitry between the old brain and the frontal cortex to be aligned. NuCalm works on the neuronal pathways which link the circuitry between thoughts and primitive emotions that have been wired for survival responses. NuCalm can create regular states of deep relaxation and comfort to attain the coherency in the brain necessary for regulating balance and homeostasis for health."

NuCalm predictably and quickly "flips the switch" from high cortisol and adrenaline to deep relaxation. This allows the body to activate the brain-heart-lung connection to optimize diaphragmatic breathing, oxygen rich red-blood cell flow, optimal healing, and muscle recovery. NuCalm provides deep relaxation throughout the body, minimizing the negative consequences of lactic acid build up and most importantly, reduces inflammation and cytokine storms, which compromises the rate of healing. NuCalm provides the neurophysiology and biochemistry

necessary for improving sleep and managing circadian rhythm dysfunction. By restoring autonomic nervous system balance, NuCalm rapidly and predictably restores the body's natural rhythms, allowing people to heal and perform at their best.

The bottom line is stress is an inevitable consequence of living in 2016. To achieve optimal health it is imperative that you develop healthy sleeping patterns, eat a healthy diet, exercise regularly, and manage stress. We all understand the value of a good night's sleep. We all know the difference between healthy food and junk food. Exercise strategies are ubiquitous. Where we fall short in our efforts to live well and be healthy is our stress management strategies. The interesting thing about developing a healthy, regular stress management activity is that when you can effectively manage stress - sleep, diet, and exercise activities get easier. Removing stress is addition by subtraction. Make 2016 the year you learn how to manage stress.



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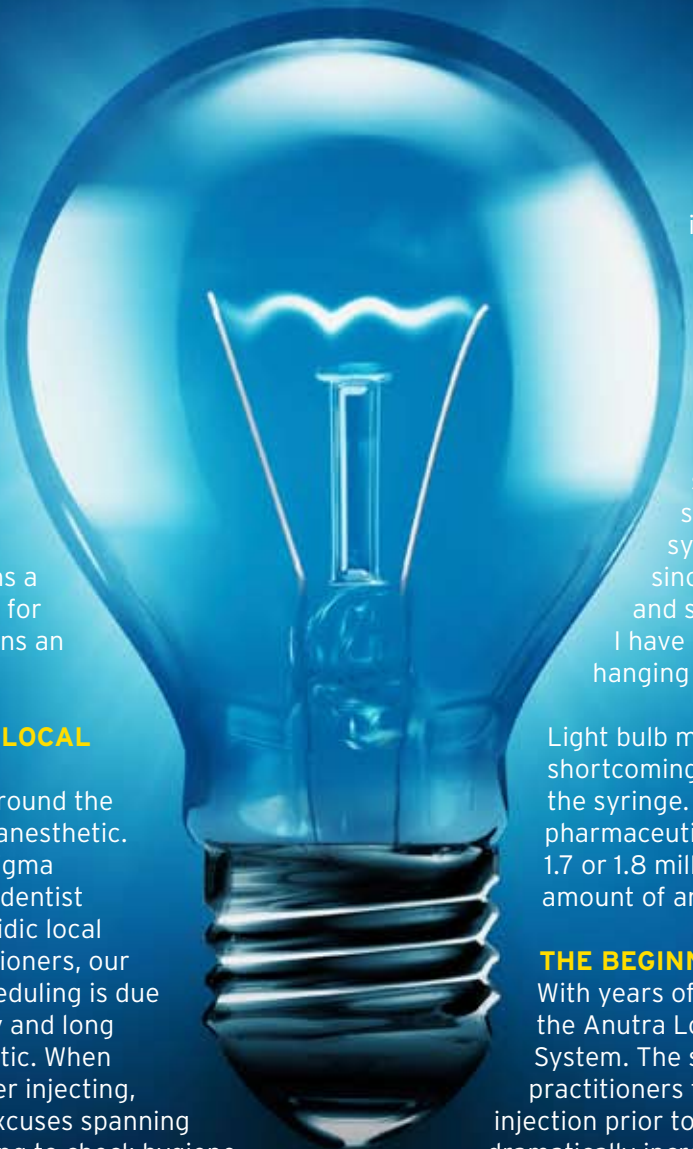
THE Light Bulb *moment*

Daniel Davidian, DDS

It was not uncommon for our family dinner time conversations to revolve around best practices in healthcare. You see, my father was a medical anesthesiologist and my brother is a dental anesthesiologist. I myself am a sedation dentist. In each of our specialties, reducing patient pain is critical.

Thinking back, I can vividly remember my father asking why dentists did not buffer. Frustrated, I would explain, "It's complicated. You have this little carpule and you have to expel a bit of anesthetic and then push the precise amount of sodium bicarbonate into the carpule. The bicarbonate can't be exposed to air and...." It was virtually impossible to buffer accurately and efficiently let alone safely and precisely.





Buffering is a chemical process that neutralizes acids and bases. When you buffer lidocaine by adding sodium bicarbonate, you're bringing the lidocaine up to physiologic pH thus neutralizing the acid. For patients this means a comfortable injection, for practitioners this means an efficient schedule.

INEFFICIENCIES OF LOCAL ANESTHETIC

Our industry is built around the inadequacies of local anesthetic. For the patient, the stigma surrounding pain of a dentist is attributed to our acidic local anesthetic. As practitioners, our entire convoluted scheduling is due to the unpredictability and long onset of local anesthetic. When we leave a patient after injecting, we have a library of excuses spanning the gamut from needing to check hygiene, catch up on charting or just checking our phones. It dawned on me, "Why do we leave the patient in the first place?"

According to a study published in Entrepreneur,¹ uninterrupted time is 40% more efficient. It explained that the average person saves at least 90 minutes each day if they focus on the task at hand. So, how could our industry have a streamlined workflow?

Realizing the extreme inefficiencies at the cornerstone of our daily practice, I took my father's challenge to heart. I set out to discover a way in which dentists could buffer. The power of buffering

in the hand of a dentist could absolutely transform practice efficiency and radically enhance a patient's experience.

LIGHT BULB MOMENT

A physician friend of mine strolled into my office. He saw the metal syringe—the syringe I have used everyday since dental school. He laughed and said, "Is that an antique? I have a picture of one of those hanging in my office."

Light bulb moment! The other major shortcoming in our anesthetic delivery is the syringe. Why have we let some major pharmaceutical company tell us that a 1.7 or 1.8 milliliter cartridge was the right amount of anesthetic? That's ludicrous.

THE BEGINNINGS OF ANUTRA

With years of engineering, I developed the Anutra Local Anesthetic Delivery System. The system makes it easy for practitioners to simply buffer every injection prior to administration. This dramatically increases patient comfort and transforms the workflow in your practice. Additionally, a key component of the system is the multi-dose, disposable Anutra Syringe. This syringe eliminates the need for the antiquated metal syringe and confining 1.8 milliliter carpules.

Being a sedation dentist, I constantly receive referrals of patients that struggle with anesthetic. Some are high-fear; others simply do not get numb. There is nothing worse than watching your patient wince when you inject or having to constantly stick them if they are difficult-to-numb. With a more predictable

¹ www.entrepreneur.com/article/226991

and comfortable anesthetic, my patients were almost always profoundly numb, the first time, in about 2 minutes. Not to mention, I consistently use less than one milliliter on many injections—even hard to numb patients because of the profundity of buffered anesthetic.

Very quickly I realized that I loved buffering for more than pain reduction, my schedule was more streamlined than it had ever been. It was difficult for me to get in the habit of staying with my patient after injecting. When I forced myself to stay chair-side and go to work immediately, I had an epiphany—I was walking the patient out of the room having completed their procedure at the same time I would normally be returning to their room to begin. It changed my scheduling forever.

A DAY WITH ANUTRA

One of my favorite days as a practitioner was dealing with multiple emergency cases back-to-back while having to catch a flight in the evening. Normally, I would have said it was a disaster, but with Anutra I felt so fulfilled.

It was 2:30pm. Two hours and thirty minutes until departure. A patient was in the hygiene chair. I went in to do my check and found cavities on 28 and 29. We all know that if we ask a patient to reschedule, there is a probability they might not return. Plus, same-day treatment is best for the patient and it helps our bottom line.

Without hesitation, my assistant set up the room. Meanwhile, a longtime patient and close friend walked in. He had knocked off a good portion of number nine. With only two hours left before I took off, I confidently told my staff to seat him.

On patient one, I went in for a lower block with Anutra. By the time I had put down the syringe and prepared to drill, it had been two minutes and the patient was profoundly numb. I went to work immediately.

Racing against the clock, I went to the next operatory where my friend anxiously awaited treatment. I infiltrated number nine. He did not flinch. After evaluating the remaining prep, adjustments were made to replace the previous crown. Using the Omni-cam, the prep was scanned for the design of the crown.

By 3:20pm the crown had finished milling and went through the Ivoclar Custom Staining Oven for a perfect finish. By 3:45pm I had comfortably seated the crown, checked occlusion and ensured all was aesthetically pleasing.

The clock was running out. Battling the start of rush-hour traffic, I had 10 minutes to get to the airport. Without Anutra, there is no way I would have been able to provide the high level of service and unparalleled comfort to these unscheduled cases. Not only did I make it to the airport, my staff was able to leave on time without the added stress emergency cases previously brought.

This is just one example where I have provided unprecedented patient experience without sacrificing the schedule and the precious time of my staff.

Originally, I created Anutra to honor my father and to reduce the pain of my patients. Little did I know the transformative power of utilizing buffered anesthetic in my practice daily for me, for my staff and for my patients.

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NEWLIFE

New Smile

Randi Green, DMD, LVIF

By helping this one patient, my team and I were also able to indirectly help thousands across the globe.

New Life, New Smile can mean something different, depending to whom you are speaking. Those of us in the world of Physiologic Neuromuscular Dentistry are fortunate to have the tools available to help our patients achieve a new life along with a new smile. I would like to share one of my patient's journeys and how my team and I were able to bring about change in this man's life. I would also like to share how this change goes beyond helping just this one patient.

I first met Dave in August of 2014. He was a broken man. He presented with jaw popping, debilitating headaches, and extreme dizziness that was keeping him from completing simple daily tasks. Dave kept working, despite these symptoms. He was also taking medications prescribed to help relax his muscles, but these did not touch his symptoms. In fact, the medications were making him feel more dizzy, foggy, and unable to concentrate.

Dave searched far and wide for answers. He sought care from a nationally renowned expert on TMJ disorders that had a satellite office in our town. After several months of treatment with this expert with no resolution of symptoms, Dave knew there had to be a better answer. He knew someone had to provide more than just a splint, which is all this expert had done for him. He and his wife spent hours of research on the internet, which led them to discover Neuromuscular Dentistry and our office.

Upon my initial examination, I knew I could help Dave get out of pain as he displayed all the classic signs and symptoms of TMJ disorder. He had multiple posterior restorations, ground down and cracking teeth, multiple muscle trigger points- the list goes on. I talked about what our office could provide through a physiologic approach and he signed up for phase I therapy immediately. He was especially intrigued by the fact that our fixed orthotic would be worn 24 hours a day. This really made sense to Dave since treatment with other providers started with splint therapy, then dictated that splint usage be tapered off. While these splints only provided some resolution of symptoms, every time he

tapered down his use of them, his symptoms would return. It made sense to Dave that we would work to find a balanced, physiologic relationship of his lower jaw to his upper jaw. Utilizing orthotic therapy, we would find out if I could solve his symptoms before anything permanent would be done. Dave and I set the following goals for phase I: eliminate the jaw popping, minimize the headaches and dizziness, and most importantly for him- get off the medication!

During the phase I process, I was able to spend a lot of time getting to know my patient better. Dave, along with his brothers, is a co-founder and spokesperson of Convoy of Hope. Convoy of Hope is a faith-based, non-profit organization that has helped more than 70 million people throughout the world by



DAVE BEFORE



DAVE AFTER

sharing food, water, emergency supplies, agricultural know-how, and opportunities that empower people to live independent lives, free from poverty, disease and hunger. This organization is often the first on the scene in major disasters such as Hurricane Katrina. They also provide ongoing support to impoverished communities across the globe. How Amazing!

As co-founder, Dave's role includes speaking, fundraising and managing strategic partnerships around the globe. He is the trumpeter of Convoy's mission. Without funds and volunteers, the amazing outreach this organization provides cannot happen. When Dave came to our office seeking care, he was limited in his ability to work. He could not complete his speaking engagements due to his dizziness and facial pain. He was limited in his ability to fundraise. **Helping Dave not only meant getting him better, it meant getting him back to his calling and work that helps so many individuals and communities in crisis across the globe.** I had a HUGE task ahead of me as a fairly new dentist and even newer practitioner of Neuromuscular Dentistry... I wanted to get him healthy and helping others again!

I think it is important to note that throughout the phase I fixed orthotic process, during the transition to a phase II solution, and throughout the full mouth reconstruction

process we followed all the protocols taught by LVI. Paying attention to each step and detail was paramount in the success we were able to achieve. Dave also worked with a specialist during his phase I therapy to help him taper off of the prescription medications. He was medication free prior to the start of his reconstruction.

We inserted a beautiful full mouth of porcelain on Dave this January. The porcelain work was completed by Aurum Ceramic and they did an excellent job of creating a very natural smile design and maintaining the bite that we worked so hard to achieve during phase I therapy. Dave remains pain free and completely free of the ineffective medications. **By helping this one patient, my team and I were also able to indirectly help thousands across the globe.**

Dave has returned back to his calling and work of fundraising. He jokes that my team and I were his top fundraisers in 2015! He travels across the globe to rally the masses for his humanitarian efforts to end suffering. He even speaks to crowds and congregations about his own journey of suffering and the power that Neuromuscular Dentistry had in helping him gain his new life and new smile. **Thank you LVI...you are changing dentistry...changing lives by what you teach!**



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Dr. Christian Guilleminault

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

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



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Timothy Gross, DMD

Get Grounded: How to **BREEZE** *Through Ortho Cases*

Your practice is loaded with malocclusion and crooked teeth. In an earlier edition of Visions, I defined malocclusion as a misalignment of the maxilla and mandible, regardless of the position of the teeth. To emphasize, a patient can have a gross malocclusion even with perfectly straight, Angle Class I tooth relationships. On the converse, crooked teeth do not necessarily mean that the jaws are misaligned. So in the former situation, orthodontic treatment is necessary to functionally correct the malocclusion to a physiologic position. In the latter, orthodontic treatment is sought to cosmetically straighten the teeth, but care must be taken so as not to introduce a misalignment of the jaws. In other words, to not straighten the teeth and inadvertently create a malocclusion.

It goes against conventional wisdom with regard to what most of us have been taught since dental school, which is that straight teeth are equivalent to a good occlusion.

At LVI we teach that phase 1 treatment is complete when we have stabilized the occlusion with an orthotic and symptoms are reduced as much as possible. Depending on the extent of occlusal correction needed, phase 2 treatment can be completed with something as conservative as coronoplasty to something as involved as a full mouth prosthodontic reconstruction. But for everything in between, orthodontic treatment is the treatment of choice. Additionally, many cases can benefit from combination therapy whereby orthodontic treatment is followed by limited prosthetic procedures such as crowns and onlays for worn teeth. This results in a very stable occlusal scheme that is finished as conservatively as possible.

Preparing teeth for crowns and onlays is second nature to dentists. We unholster the hand-piece and use it every day. Orthodontically moving teeth, however, is a much different discipline, unrelated technically to what we are comfortable with in a general dental practice. For that reason, the thought of providing orthodontic treatment can be unnecessarily intimidating. If you asked me when I finished dental school if I thought that I would be doing ortho in my office, my answer would have been a resounding "No!" Remarkably, that is the same answer I would give today if I were asked if there are any offices that should not offer orthodontic treatment in their practice. I will go so far as to say that delivering orthodontic care is an absolute necessity if you perform any amount of reconstructive treatment in your practice and if you have a successful basic restorative practice, you owe it to your patients to take orthodontic courses so that you recognize the need for orthodontics and refer appropriately. Every dentist needs to know what correct orthodontic treatment looks like just as they need to recognize when a good root canal has been done or a good implant placement has been done even if they don't perform the procedures. But why not add orthodontic treatment as an option in your practice?

There are many great reasons to offer comprehensive orthodontic treatment in the general dental practice:

- Many adult patients prefer staying in your office rather than going to an orthodontist's office where the waiting room is filled with children and teenagers.
- When the economy is down parents may forgo their own dental treatment but they still make sure their children receive orthodontic care.
- When the economy is up, parents pursue orthodontic treatment themselves.
- For half the cost of a full mouth reconstruction, case acceptance is higher for patients who are offered a combination of orthodontics and prosthodontics to correct their occlusion.
- With proper training and just one operator dedicated to orthodontics, practice production can dramatically increase with possibly as little as a total of two hours of doctor time per case for the entire duration of the treatment
- There are so many patients in need of

orthodontic care that most dentists can get started inexpensively with marketing that is exclusively internal. Over the course of just one week, count the number of patients you see in your hygiene practice that can benefit from orthodontic treatment. If you can convert just one of those patients a week, you are looking at an increase in production of well over one hundred thousand dollars.



FIGURE 1

This 11 year old male who presented for orthodontic consultation displayed open mouth habitus at rest as well as multiple other facial features indicating a chronically obstructed airway.



FIGURE 2

High palatal vault, collapsed arch, and dental impaction in the same patient as figure 1 are more signs of a significant airway obstruction. In addition to tonsillectomy, adenoidectomy and growth directed physiologic orthodontics, myofunctional therapy is imperative to prevent orthodontic relapse.

"The eye cannot see what the mind does not know."

The Beginners Orthodontics class at LVI is a great way to get started in Physiologic Orthodontics. It is designed for those dentists that have little to no experience with comprehensive orthodontics. The course covers all of the basics needed to get orthodontics up and running in your practice: diagnostics, instrumentation, mechanics and case finishing.

Diagnostics: It is important to not only evaluate the current clinical condition, but also determine the historical root cause of the malocclusion and teeth misalignment. Diagnostic information is gathered from cephalometric tracings and model analysis which measure vertical, transverse and sagittal space deficiency and availability. Models properly mounted to the hamular notch-incisive papilla plane (HIP) allow evaluation of maxillary cant. A basic photographic series helps determine postural discrepancies that not only contribute to malocclusion but also can compromise the stability of finished orthodontic cases. But there is no bigger risk for instability than airway

and Myofunctional compromise. They are, in my opinion, THE ROOT CAUSE of malocclusion. A bad airway leads to a bad swallow which results in malocclusion. See Figures 1 and 2. Specifically, there are three conditions that must be evaluated before, during and after orthodontic treatment:

1. Nasal patency with nasal breathing.
2. Proper lip seal
3. No tongue habits

These are "The Big Three" that must be addressed with Myofunctional therapy to ensure orthodontic success and to prevent orthodontic relapse. Dr. Heidi Dickerson's course, Orofacial Myofunctional Disorders and Myofunctional Therapy is an absolute necessity for anyone who has patients that breathe, and certainly for dentists that provide orthodontic care.

LOVE WHAT YOU DO. DO WHAT YOU LOVE. LVI CAN SHOW YOU HOW.

*"My personal journey at LVI taught me the most cutting edge techniques in dentistry. It taught me how important it is to work on my business and most of all to **love what I do** and provide my patients with life changing dentistry."*

Dr. Conchi M. Sanchez-Garcia, Miami, FL

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Instrumentation, Mechanics and Case

Finishing: The days of two-year treatment plans with extractions, headgear, multiple removable appliances, and utilization of dozens of wires and changing and bending wires monthly are long gone. Innovations in bracket design, wire metallurgy and a better understanding of controlled tooth movement and skeletal growth have streamlined treatment. Predictable case finishing is better than ever when basic protocols are understood and followed.

The best summary is the anonymous quote: "The eye cannot see what the mind does not know." Properly diagnosing a patient before any treatment is initiated is more critical to orthodontics than the appliances, brackets and wires. Too many finished cases have malocclusions camouflaged by very straight teeth with a midface that is still deficient, the maxillary arch still canted and the airway still corrupted. Getting started in orthodontics is easy. Look at every patient in your own practice and evaluate them with regard to "The Big Three." Those with dysfunction are your potential orthodontic patients. Look in your own practice and you will see hundreds of cases just waiting for treatment.

Beginner Orthodontics: Physiologic Orthodontics Level 1

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www.lviglobal.com/beginners-orthodontics-physiologic-orthodontics-level-1

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Physiologic Orthodontics Level I

INSTRUCTORS

Dr. Timothy Gross
Dr. David Buck
Mr. Andrew Loch

TUITION

Doctor \$3595
Team \$795

COURSE CAPACITY

Doctor: 25
Team: 15

CE CREDITS: 22

AGD CODE: 370

PREREQUISITE: None

COURSE DESCRIPTION

This is an introductory course for dentists and their teams who have performed minimal to no orthodontic treatment in their office. Through both didactic and hands-on instruction, this course is designed to teach participants how to introduce and implement comprehensive physiologic orthodontic treatment in their practice.

COURSE OBJECTIVES

- Recognize and diagnose patients that can benefit from occlusal rehabilitation through comprehensive orthodontic treatment.
- Recommend and administer basic comprehensive orthodontic treatment in their office.
- Utilize T.E.N.S. to stabilize occlusion before, during and after orthodontic treatment to achieve an optimal physiologic occlusion.
- Complete a hands-on bracket placement exercise.

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VETERANS DAY


Blessings



Jess Legg, DDS

It all started about 6:45 AM on a Saturday morning following Veterans Day in Dr. Tim Gardner's beautiful new office which is located in Montgomery, Texas. This was the fourth year for Dr. Gardner to offer his services to help the Veterans. It was the first year for me and the others to participate with Dr. Gardner.

Left to right: Dr. Ronald Konig, Dr. Timothy Gardner, Dr. Seth Harris, Amber Wright, Dr. Michael Reece and Dr. Jess Legg working on a Veteran.



Dr. Tim Gardner and his team did a lot to prepare for this day. Every little detail was skillfully taken care of from arranging breakfast and lunch for all the volunteers, scheduling the Veterans appointments, to a great barbeque dinner. The highlight for the evening was for Dr. Tim Gardner's eleven year old daughter, Sarah, singing the National Anthem and a beautiful flag raising ceremony.

The last three years, he had problems getting enough dentists to take care of these Veterans. This year we had decided to call on the LVI alum in our area to ask for their help. So this year was an LVI event with the help of doctors Ron Konig, Mike Reece, Seth Harris, Tim Gardner and myself. We had a lot of fun working together and it was a unanimous decision to make this an LVI event every year from now on.

We had Veterans from, Vietnam, Iraq, and Afghanistan representing the Army, Navy, Marines, Air Force and Coast Guard. These ladies and gentlemen were so very appreciative of the care they were receiving. They each thanked us and there were a few giving us "Bear Hugs," One particular Air Force Veteran had been trying to get in at the V.A. to remove his abscessed teeth for five years, and he shed a tear as he was hugging me. He told me the V.A. considered removing abscessed teeth cosmetic treatment and would not take them out!

Dr. Gardener asked us to do Comprehensive Dentistry on all patients. We completed inlays, onlays, crowns, composite fillings, extractions, alveoplasties, bridges, cleanings and two dentures. Dr. Gardener estimated we completed \$70,000 worth of dentistry that day! WOW!

Dr. Gardner & Staff,

Thanks so much for honoring the veterans. We do appreciate what you have done for our dental well-being. You and your staff went above and beyond any of my expectations. Thanks for the evening social, I truly enjoyed myself. Also, thanks to the sponsors who supported you and your free dental care.

*Thanks,
Jim Fraus*

Dear Mr. Clark,

I just wanted to take a minute to thank you for the generous gift of your time and resources, (i.e. the lab work on my teeth).

The vets returning from Southeast Asia in the late 60's-Early 70's were met at the airports too- But by anti-war activists and welcomed home with derision and name calling. None of that bothered me and I just went on about my life. Until 35 years later, in 2005, someone I didn't even know took time to thank me for my service. I realized then for the first time that deep inside were scars.

But what men like you, Dr. Gardner, Dr. Legg and everyone involved in the program are doing is simply overwhelming. You heal much more than the teeth in our mouths. Thank you from the bottom of my heart.

Sincerely,

David P. Musglove
SSGT, USAF
1967-1977

For our Air Force Veteran with the abscessed teeth, we decided to go all out. We removed all of his teeth; performed alveolectomies, made him a New You Denture. (Ala Mike Reece's great course.) The lab work was donated by LVI Sponsor labs and Dr. Leo Malin had even graciously provided three implants.

There is no doubt these very appreciative vets were blessed by all the dental work they received. Even with that being said, the real blessing fell on all of us. We are all so blessed to have been trained at LVI to be able to provide this type of service to our Veterans. After all, they sacrifice so much to protect us and our country. Through us, LVI truly changed lives that day! Next year the "Dentistry for Vets" will be on November 12th and any LVI alum is welcomed to participate.

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Making a difference, not just a living! It's finally possible to help, heal and make the patients experience better!



Anutra

This brilliant little idea is nothing new. Medicine has been buffering anesthetic to make it easier for patients for what seems like forever, but traditional dentistry has the moniker to live up to - the 'sadomasochistic dentist.' Like everything, times are changing! Anutra has provided a solution to the age-old problem of 'you might feel a little prick' and as they have been so effective in revolutionizing dentistry, they are now looking to improve medical protocols as well!

If you don't already have Anutra in your practice, it's time to get it! Caring about your patients is one thing; taking the time to make their experience better is something totally different!

www.anutramedical.com

NuCalm

As airway is increasingly recognized as an issue, TMD problems recognized along with the far-reaching systemic implications, and the significant chronic nature of periodontal disease is more and more documented, we are no longer simply a carpenter who fixes holes in teeth. Today's dentist should be focused on whole health and the ability to undo as much damage as possible.

NuCalm is the only device of its kind that can unload the damage of a sympathetic dominant state and allow your body to heal itself. Often ignored by dentistry, parasympathetic dominance is one of the most powerful tools we have to help our patients. Whether it's simply poor sleep hygiene, damage from travel, cancer, PTSD or it is a function of the clinical dental experience, NuCalm is helping everyone from the stressed out patient to achievement superstars like Tony Robbins and our own Bill Dickerson!

www.nucalm.com



MediByte Lite

The importance of sleep is the new huge awakening in dentistry and medicine at large. It turns out that under the radar we have been dealing with massive issues and losing some of our brightest minds to things that we just simply didn't see. The latest is the Honorable Justice Scalia. And it is a tragic and unnecessary loss, and one that we could and should, have prevented!

LVI has been at the front of the emerging understanding and, as always, searching for the deeper issues and the root cause rather than being content treating the symptoms and consequences. One of the very powerful advantages of the MediByte Lite is that it can assess flow limitations and alert you to issues much earlier in the progression of the disease. Just like addressing and healing gingivitis is much better than managing advanced periodontitis, early sleep issues are more effectively addressed and the MediByte Lite is unique in its ability to highlight flow limited breathing and sound the alarm!

www.braebon.com



MicroO₂

As we have discovered more about the airway and how critical the bite is, more and more people are looking at an airway-driven bite position during the night even while they are forcing people into a CR based bite during the day. The good news is times are changing, and our understanding is growing. We aren't forced to lock the jaws together all night in some new arbitrary pathologic bite and we are no longer forced to use appliances that are clunky and rely on moving parts adapted from the world of Ortho.

With the MicroO₂, the elegant appliance will be more durable and more comfortable and much less likely to break, meaning patients will get a better night's rest and be better people during the day. Managing airway and airflow is among the most powerful things we can do as health care providers, and the MicroO₂ makes that easier and quicker and, quite frankly, better!

www.microdental.com



T-Scan

For more than a decade TekScan has been pioneering the world of real time micro-occlusion measurement and verification. The critical timing of the tooth contacts can make a huge difference in the stability of the case. For years the frustration has been the thickness of the wafer as it was not close enough to the final occlusal relationship to be predictive in the hands of a Neuromuscular Dentist. However, that has changed, and Tekscan has recently updated the equipment as well as the wafer.

Muscles and airway will always be essential for arriving at a bite relationship, but today there is nothing better than being able to see bite-timing and a T-Scan video when you are looking at the final micro-occlusion. Put this technology in your practice and it will not only help you refine your cases faster, but also allow more people to see the connection between their bite and their body. This alone will help you to help more people and do more good!

www.tekscan.com



FOREVER YOUNG

85 year old

GETS A LIFE CHANGING *smile makeover!*

When I was a regular general dentist it was very rare to feel that I had made an impact in a patient's life. Since beginning my education at LVI, I am addicted to the feeling that I get when I can make a profound impact, and in the case of OSA (Obstructive Sleep Apnea), one that is lifesaving! There are so many great parts to being a Neuromuscular dentist. I enjoy educating patients on Neuromuscular Dentistry and how it ties into their overall health; whether it is bad bites, NM pain, or OSA and then getting to see them connect the dots and understand how it's all interconnected. It feels pretty good to be able to help my patients and receive their appreciation. Nothing beats that feeling of seeing your patients AHI's and EMG's, and dental function improve. **Their resulting smiles say it all!**

***It feels AMAZING to be a
Neuromuscular Dentist
because we truly
make a difference in
the lives of our patients!***

Here is one of my favorite cases.

Mr. Springer came to us as a referral by his sleep MD for a CPAP alternative. At that time he was "happy" with his dentist that was under his Medicare supplement plan. Mr. Springer was a lovable, elderly guy from the beginning. He is a retired firefighter, widower, and an active member of his church community and he has a "lady friend" several years his junior. He was soft spoken and had modest requests. Since he was looking for a CPAP alternative he would just say "doc if you could just help me about that machine." At that time we made him a custom Somnodent that improved his moderate OSA and over the next couple of years we developed a relationship with him.

Mr. Springer already had a dentist and wanted to be respectful of that but eventually he asked for options to improve his smile and for my opinion about his dental health. He had a well-fitting upper denture with extremely worn down teeth. He had loss of bone, especially in the pre-maxilla. His lower arch had only 22-27 and a distal extension lower partial. His dentist had treated some of his lower teeth without regard for the effects it would have on his sleep appliance. Mr. Springer was a very typical 'combination syndrome' situation where the lower teeth were destroying the upper anterior bone and he was collapsing vertical and dentistry simply hadn't recognized the impact this has on his airway.

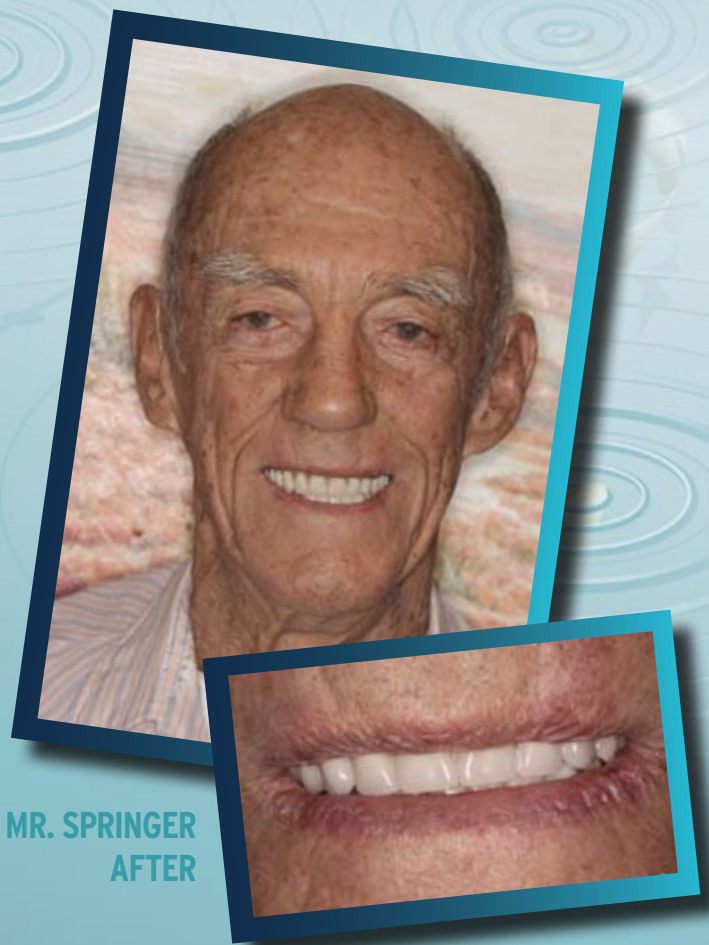
After examination I asked him what his goals were and what he was hoping to improve, and what he truly was looking for was a young and healthy looking smile. We have several pictures on the office walls that serve as smile inspiration for other patients and he pointed to a picture of my wife's Core V patient who is a patient in his 30's with a full mouth rehab. We presented options and a treatment plan was developed for a Neuromuscular upper denture, eMax on the 22-27 teeth splinted in 2 sections, and 2 implants in the 21/28 position to place locators so as to not over burden the remaining lower anteriors. A MicroO₂ sleep appliance would be the other component. Tensing was used to take the final impression and for the bite registration. Williams Dental Lab was an excellent partner in helping achieve the beautiful esthetics and function.



MR. SPRINGER BEFORE

I tried to see the patient's vision. He saw himself as a youthful man with a younger partner. He wanted to look and feel younger. After his treatment I think there was shock and disbelief that he had achieved such a powerful transformation! He was much more verbal and sociable and his confidence seemed to be higher as well. I think he had regained some youth and it matched his active mindset. He loved his new smile and here is the pic on day of insertion.

As we age we are accepting of little things that change slowly over time, and it's not often that we get to regain a youthful aspect of ourselves that we thought was long gone. How amazing is it to help someone achieve a more youthful appearance as well as help him with his overall health and Obstructive Sleep Apnea? **It feels AMAZING to be a Neuromuscular Dentist because we truly make a difference in the lives of our patients!**



MR. SPRINGER
AFTER



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OSA I

The Physiologic Approach to Treating OSA-Level I

SEPTEMBER 11-13, 2016



INSTRUCTORS:

Dr. Bill Dickerson
Dr. Anne Maree Cole
Dr. Sahag Mahseredjian
Dr. John Pawlowicz
Dr. Keith Blankenship

PREREQUISITE: None

TUITION:

Doctor: \$3,695
Team: \$795

CE CREDITS: 14

LENGTH OF COURSE:
3 Days

COURSE DESCRIPTION

Hundreds of millions of people of all ages around the world suffer from deadly obstructive sleep apnea. Obstructive Sleep Apnea (OSA) has been linked to Cardiovascular Disease, Cerebrovascular Insult, Endocrine Disorders and Obesity. Our medical colleagues are asking for our help, NOW! OSA is considered a disease of craniofacial anatomy so the ONUS is on dentists to identify and help manage OSA sufferers.

ARE YOU PREPARED TO START SAVING LIVES?

This program presents an excellent introduction to evidence-based Dental Sleep Medicine and is designed to prepare dentists and their teams to confidently identify, refer and help comanage patients with snoring and deadly obstructive sleep apnea. Participants will have the opportunity to learn about the relationships between sleep breathing disorders, neuromuscular dentistry and health. They can discover how to get started, immediately expanding their diagnostic acumen and scope of practice.

The goal of this course is designed for all participating dentists to become the Dental Sleep Physicians. The possibility of knowing what to do about OSA when you return to your office on Monday morning should encourage you to experience this course!

COURSE OBJECTIVES

- How to take a physiologic sleep bite
- Discuss sleep and breathing physiology; normal and pathologic
- Discuss the anatomy and physiology of airway and its relationship to OSA & TMD
- Integrate OSA signs and symptoms into routine dental diagnostics
- Identify and differentiate OSA sufferers versus snorers with 99% accuracy
- Discuss why The Physiologic approach is important
- Perform OSA Consultation examination/palpation
- Select what is needed in snoring and OSA appliances
- Utilize Combination Therapy - Jointly treating both TMD & OSA at the same time
- Develop the skills to make OSA more practical, efficient and profitable

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