Spring 2018

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DENTISTRY BY
Joseph Barton, DMD, LVIF, LVIM
Jacksonville, FL

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EDITOR'S NOTE

Hello Everyone!

This edition of VISIONS is dedicated to TEAM!
I mean... where would we be without them? NOWHERE!
Our dental team can play a huge role in how successful our practice has the potential to be and with the right team in place... the options are limitless.

The flip side is the wrong team can bring us down. We spend more waking hours of our day at our office then we do at home with friends and family. Our office should be a place we all look forward to going to every single day. Make your practice an environment that you love... with people you trust, care about, and work well with.

Surround yourself with others who share common goals.
Make the VISION of your office known to each team member.
Work together to create the office of your dreams!

Remember...
Together Everyone Accomplishes More!

I hope you all plan to attend the 2018 IAPA with your team.
The TEAM TRACKS range from beginning to advanced...
and there is a ton of valuable information for everyone.

For now... enjoy these articles gathered to help all of you in your practice.

Heidi Dickerson, DDS, LVIM, FIAPA
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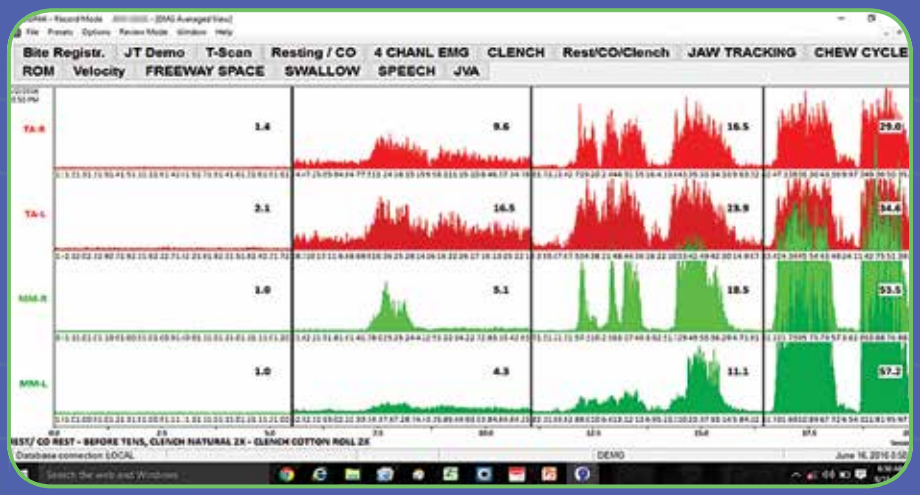

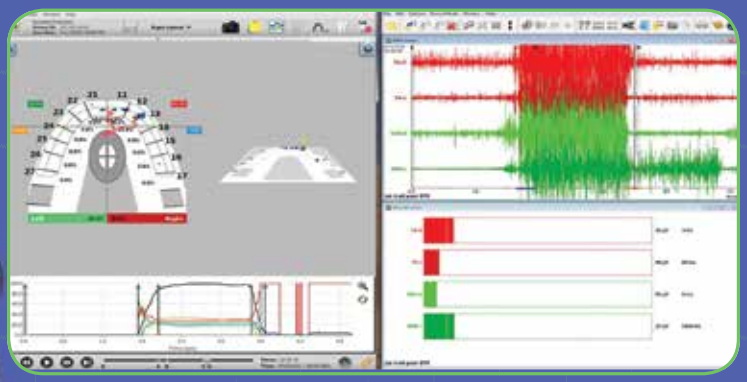

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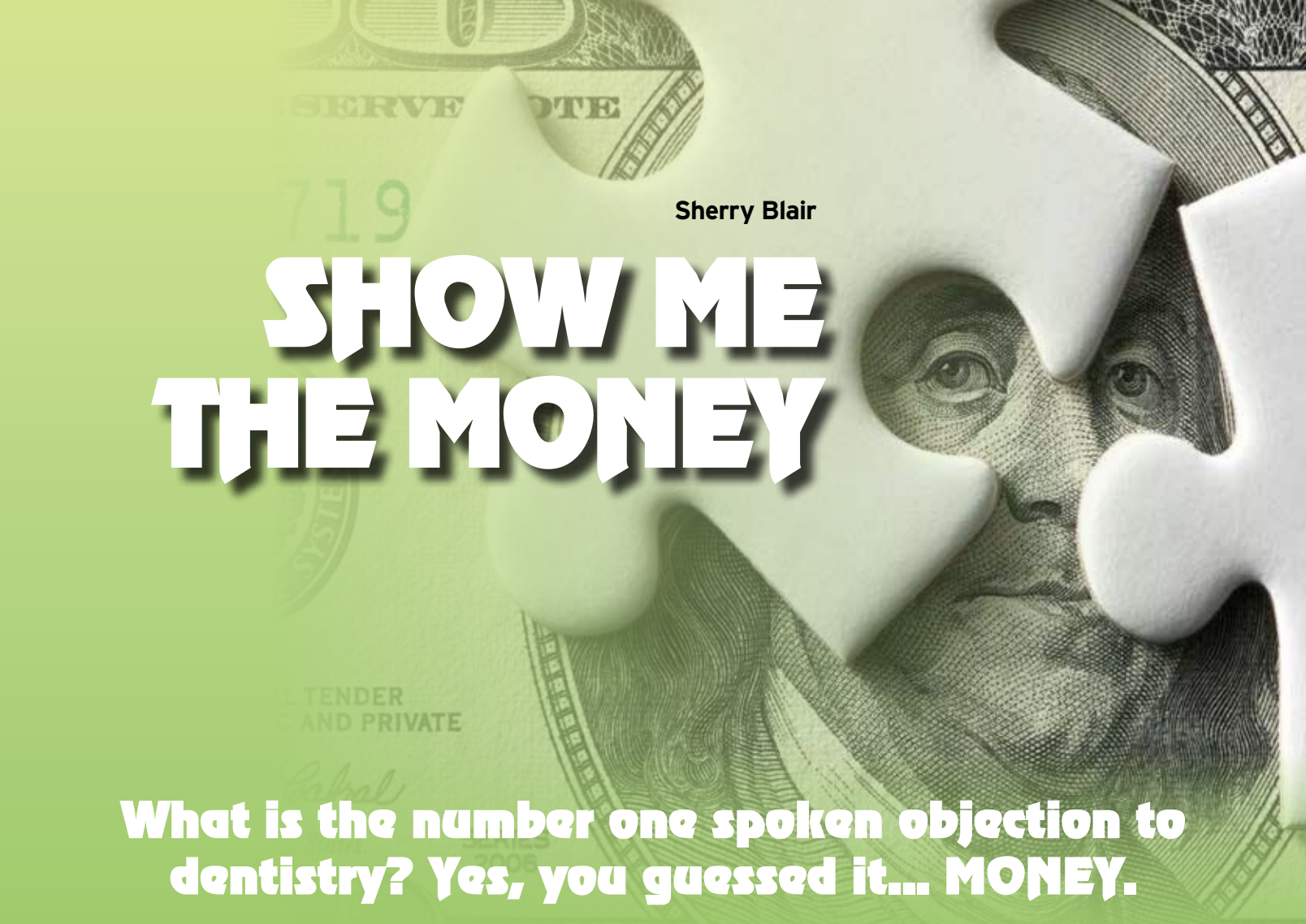
Sherry Blair

SHOW ME THE MONEY



What is the number one spoken objection to dentistry? Yes, you guessed it... MONEY.

BUT IS IT REALLY?

The patient has shared their photos with you of their month long vacation in Europe right after they jumped out of their new Jaguar to run into your office. When you present the $5000 treatment plan what do you hear..."oh I don't have that kind of money." In my opinion, I don't always believe it is about the money. I believe the number one unspoken objection to dentistry is a lack of trust in dentistry. Please hear that I am not saying it's a lack of trust in you, but a lack of trust in the entire profession. This is why I believe that the entire financial process begins the minute the patient makes that first phone call to your practice.

If you think about it, the financial presentation is one of the last things that we do with our patients. So let's identify it as step D. What happens in steps A, B and C can make a dramatic difference in what happens in step D.

STEP A

Did they hear a pleasant, friendly telephone greeting when they called the practice for the first time, realizing that we have three seconds to WOW our patients on that first phone call? Did you use their name at least three times during the conversation knowing that their name is like music to their ears? Or did they hear the same old traditional rushed, overworked, telephone greeting? When they arrived, did we shove paperwork in front of them and then keep them waiting 30-45 minutes after they turned in their paperwork? Or did we already have the paperwork in the practice before the patient arrived so we could greet them at the door, offer them a beverage, take them to a private consult room, and immediately develop the relationship and trust by asking the right questions to allow the patient to tell their story. After all, their story is the most important thing to them. Along with that story will come their propelling forces (what they want and why they would move forward with the dentistry). People buy what they want... not what they need. Their story is also packed with emotions. Since we know that people buy on emotions, not logic, are we picking up on those emotions during this interview or does our NP interview consist of asking "does anything hurt, how often do you brush and floss and when was your last cleaning?"

STEP B

Do we now throw them in a hygiene chair, lay them back, put our hands in their month and start telling them

about the decay, broken fillings, fractured teeth, all while they are looking up at a face that is covered with a mask and eyes that look like a frog through the loops and then say "the doctor will be in to check all these areas?" The doctor runs in, meets the patient with them laying on their back, switches places with the hygienist, hygienist talks behind the patient telling the doctor everything to check. The doctor quickly says to the hygienist that the patient needs a crown on #2 and #3, a composite on #12, a crown on #14, a composite on #20, blah, blah, blah. Or does the same person who became their new best friend in the interview introduce them to the doctor first and the doctor spends at least five minutes getting to know the patient personally, developing a relationship with them, before doing their comprehensive exam? Does the doctor sit the patient up and co-diagnose using the patient's photos? Or do we give them solutions to problems that they don't even believe they have, which equals selling? Do we deepen concerns knowing that people are more motivated to avoid pain than seek pleasure? Or do we minimize their conditions by saying "you have a little bit of decay, you have a small fracture and you have an itsy-bitsy bit of infection."

STEP C

Now its time to do the treatment presentation. The hygienist is now running 20 mins behind because they are given an hour and a half to get to know the patient, take a FM series of x-rays, chart existing, full perio charting and because they are such a good hygienist, get every speck of calculus off their teeth. So they quickly sit the patient up and say "so doctor has diagnosed four crowns and six fillings for you and I'll get you up to Sherry at the front and she will go over all that with you. Or does the same person that did the interview, and was present during the comprehensive exam with the doctor, (meaning they now have credibility with the patient), take the patient back to a consult room, sit down with them and continue the co-diagnosing process with the photos, create value in the doctor and the dentistry, and involve the patient in the decision making by asking all the right questions?

STEP D

Oh, I almost forgot that this is why you started reading this article. Hopefully at this point you can see that if you do things differently during the early phases of the visit, the financial prevention might have a different outcome. At this point each and every patient must leave with a non-itemized financial form that offers options of payment. What happens when you turn the computer generated line by line, tooth by tooth, form around and show the patient? Of course their eyes go to the bottom line. The next thing that happens is their eyes wander up to the right side of the paper and they start to pick and choose procedures based on the far right hand number. I hope your practice philosophy is to work smart and not hard. We work hard when we see a lot of patients and restore one tooth at a time for them. We work smart when we see a few patients and restore lots of teeth for those few patients. If you don't want to do one tooth at a time then why are you presenting a form that lists one tooth at a time? We train our patients! In addition, on our non-itemized financial form we should always offer them options of spreading the money out over time through our financial partner. There are many great financial partners out there such as Care Credit and Lending Club and I find that many practices keep them a secret from the patients. "We only offer them if the patient asks to make payments." Those practices are losing out on a lot of treatment acceptance. Remember, our goal is to get treatment acceptance on a lot of dentistry from a few patients so we are presenting larger fees. People don't buy the car, they buy the car payment.

If you think about it, the financial presentation is one of the last things that we do with our patients.

Confidence will always play a part in treatment acceptance.

Another common mistake we make is talking too much about what the insurance will pay. If we learn to educate the patient about the business of insurance then the patient will focus on their dental health rather than their insurance. Let them know that the business of insurance is to take money in and not pay it out. They don't care about your dental health because their job is to delay, deny, and dictate treatment. The doctor had to make a decision, and it was not a financial decision, it was an ethical decision. That decision was whether to continue to diagnose to insurance standards or diagnose the best dentistry that they can do.

In conclusion, one of the most important points when presenting the financial aspect of the dentistry is that the doctor and the entire team believe in their dentistry, value their worth, and never feel like you have to defend your fees. Confidence will always play a part in treatment acceptance.

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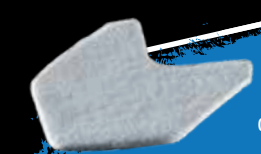

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Joseph Barton, DMD, LVIM

THE TEAM'S ROLE IN THE PHYSIOLOGICAL DENTAL PRACTICE

At our recent IAPA meeting we delivered a five module Team Training Track for the Physiological Practice. When developing a Physiological Dental Practice there are three key components to consider: **DEFINITION, DESIGN AND DELIVERY.** The importance of having these systems in place becomes paramount. Who better than the TEAM to implement those systems and hold us, the dentist, accountable?

DEFINITION

We must begin with knowing the practice philosophy and understand what Physiologic Based Dentistry and Sleep Dentistry entails. ***Physiologic Dentistry is a highly specific, non-surgical area of dentistry dedicated to achieving harmony between posture, head and neck muscles, jaw joints and the way teeth fit together. The science is based on the understanding that the jaw needs to be in its most relaxed position at rest.*** The team should be cohesive and able to communicate effectively what Physiologic Dentistry is and how your patient can benefit from this type of care.

PHYSIOLOGIC AND SLEEP DENTISTRY

Discover how to provide guests a brief overview of Physiologic Based Dentistry and Sleep Dentistry. Ensure all clinical team members know how to identify signs and symptoms related to physiology including airway, developmental, and posture. To insure all the data is collected, develop an outline and checklist for your guest's comprehensive exams which include aesthetic, sleep, and physiology.

DESIGN

TEAM MEETINGS

This should include all team members from the assistant to the hygienist, as well as the administrative team members.

These team meetings are designed to review definitions and purpose, review ways to gather information and data, and role play in order to implement these skills. Scheduling an afternoon once a month to work ON the practice as opposed to working just IN the practice will provide an opportunity to help get everyone on board.

DENTAL AND MEDICAL HISTORY DOCUMENTATION

Educate your team to implement a medical model to document how the guest currently presents and previous health and dental history. It is important that this start with the initial phone call or email correspondence. A review of signs and symptoms should be documented, updated and kept organized for access throughout treatment to help create consistency.

- Medical model of collecting and organizing data.
  - S- Subjective (what the guest states)
  - O- Objective (what is observed by the team)
  - A- Assessment (what is actually presented)
  - P- Plan (what is determined as plan of care)

DOCUMENTATION OF TREATMENT WITH DETAILED RECORD COMPILATION

- Discuss the team's role in collecting data
- Discuss the legal aspects of collecting, recording, and saving records
- Discuss the specifics of records expected to be collected
  - Type of Photographs
    - Posture
    - Extra Oral
    - Intra Oral
  - Radiographs
    The importance of each type of radiograph and how we are using them to help in our diagnosis
  - Models and Bite Registrations
  - Establish a system of labeling and storing records

INSTRUMENTATION

Technology is incredible, to say the least. Within a Physiological and Sleep Dentistry Practice we have the technology to collect data, document symptoms as well as resolution. Some incredible technological examples include: BioPAK, T-Scan, and 3D Radiology. It is important that the entire team understand what this equipment is, its use, and how it aides in diagnosis and treatment of your physiologic and sleep guests. Proper training and proficiency on utilizing any one of these types of technology will construct more effective treatment and plan of care for the guest.

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DELIVERY

As stated earlier, team meetings are an effective way to role play and practice communication skills. Role play is vital to cohesiveness and implementation of these skills. But because role playing is often uncomfortable, it's usually avoided. Take the time. By learning how to listen and communicate in a way that builds rapport, trust and confidence, guests will sense a desire by the entire team to help them become healthy. Again... it bears repeating...scheduling an afternoon once a month to work ON the practice as opposed to working just IN the practice will provide an opportunity to help get everyone on board.

By developing and practicing these skills, you and your team will gain the trust of your guest. When you are providing case presentations and financial arrangements with your guests, it can be very overwhelming with the amount of information presented.

APPOINTMENT COORDINATION AND RECORD KEEPING

Implementation of these constructs and ideals will depend solely on you and your practice and your day to day schedule. Working with your team to develop proper sequencing of appointments for optimum care will help lend itself to efficient scheduling of physiologic and sleep apnea guests.

Many of the guests that seek our help have had less than pleasant experiences and very little resolution of their symptoms. We have the ability to create a pleasant environment that will promote a pleasant experience and help our guests achieve optimum health. When an entire team becomes knowledgeable, cohesive and driven, there will be consistency in your office as well as the message you convey. To do so, the entire team needs to commit to learn and implement these systems. Both the team and the doctor need to hold each other accountable to the dedication it takes to move the practice forward and continue to grow.

In summary, when the Physiological Dental Practice has definition, design and delivery, the "work day" becomes much more efficient and less stressful.

At future IAPA meetings, we will continue to hold these training modules and will add an "Extreme Team Track" for advanced training.

"I can do things you cannot, you can do things I cannot; Together we can do great things."

Mother Teresa

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Hope for Tourette's Patients Using a Physiological Bite

Jake Goza, DDS

Recently I was visited in my office by a mom, Emily, of a little boy named Grayson. She came in for her routine cleaning and exam when we got to chatting about Grayson. He is five years old and had just started kindergarten, and I had told her how my oldest son had just finished kindergarten and how much he loved it. She then told me something that took me by surprise. She told me Grayson was diagnosed with Tourette's syndrome when he was four years old. His mom and I started to discuss what his manifestations were and how it affected his everyday life. She said that his "tics" started with constant eye blinks, and then progressed to involuntarily shaking his shoulders, and last, his need to chew and bite on everything. She even told me that he was chewing through his clothes and her furniture. She told me how their neurologist already wanted to put Grayson on Topamax to help control the tics. She then showed me the video she had taken of him while he was playing. It was exhausting just to watch it. I saw this five year old boy, more or less the same age as my son, playing with his toys, all the while his shoulders would uncontrollably shake. All Emily wanted was to help her little boy.

As we were talking, I told Emily of some cases that I had seen where patients with Tourette's were treated with a removable orthotic that put their bite and their muscles in a physiologic restful position. What had happened in these cases was once the muscle and neural complex calmed down, the patients "tics" greatly diminished. It was by no means a cure, but it was a great improvement on the patients' quality of life. Her eyes lit up and she was willing to try anything. Luckily for me, I was able to discuss this case with Dr. Ron Konig, an LVI Fellow, who has experience in treating Tourette's patients with success. He gave me some great ideas where to start.

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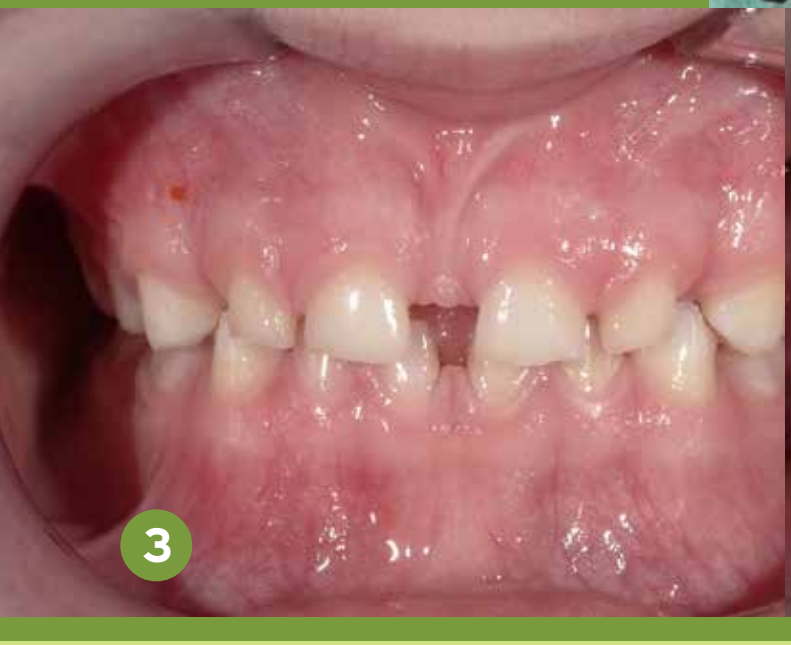
The overwhelming feeling I have of such joy for helping this young boy is truly hard to describe.



Most of the time, Tourette's manifests itself at the age of eight or nine. Grayson is five. I knew trying to get him to do exactly what I needed him to do for me was going to be a challenge. He showed up to my office with a hole in the neck of his shirt where he had already chewed through. Emily told me she always buys two of everything. However, he knew I was trying to help him get better, and I could not have asked for a better patient. We were able to get impressions on him, and I made an AAG (come to LVI to learn what this is). As soon as I put the AAG in his mouth, he bites right through it. It was his instinct to bite hard into things. That was ok, I just made another, and then another, and then another, until finally he understood not to bite through it. We were then able to run an EMG scan on his temporalis muscles and they were really calm, so we finished the TAG bite. From that point, we had Williams Dental Lab fabricate composite onlays to go on Grayson's lower first and second primary molars. We had them stained blue so I could tell what was onlay and what was tooth structure. Grayson was excited to show his friends his "new blue teeth."

1. *Happy Grayson before treatment*
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3. *Grayson's Natural CO Bite*
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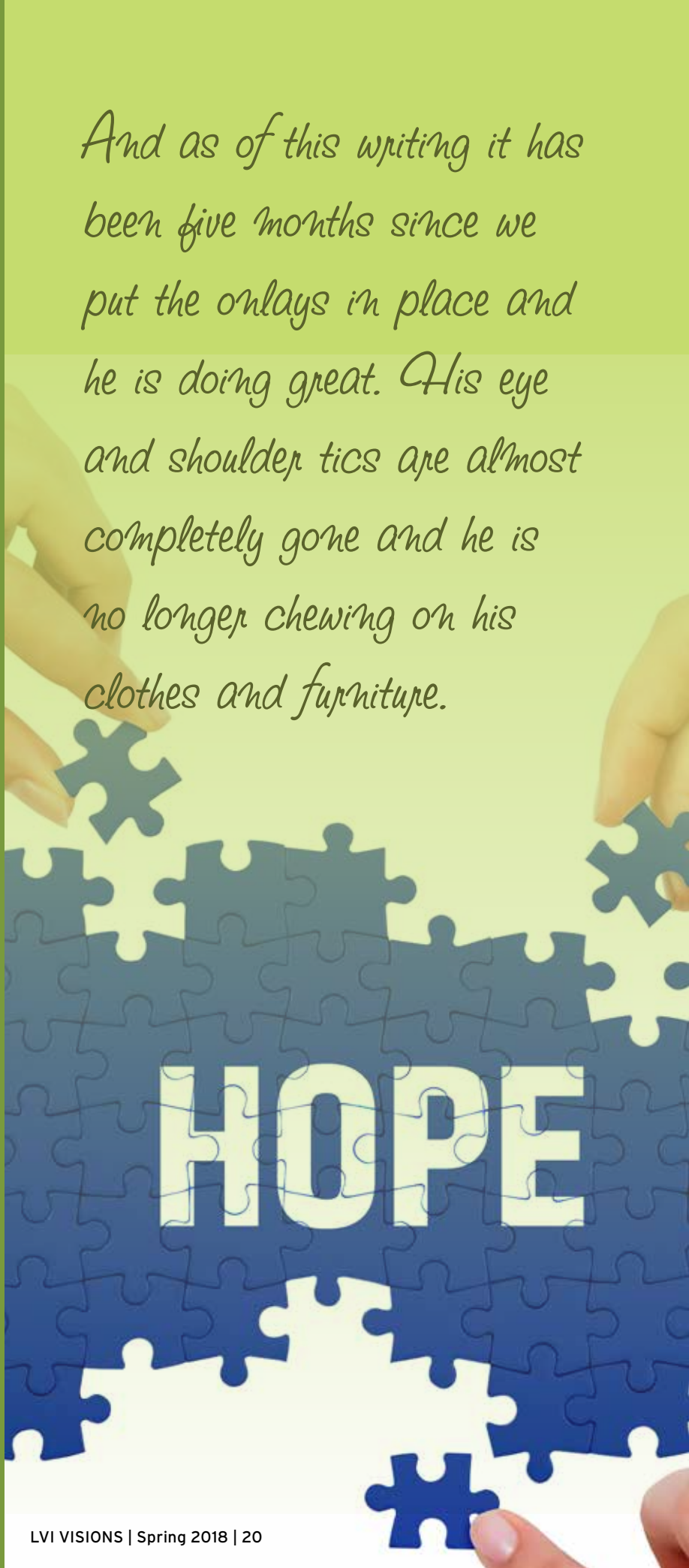
Before we bonded the onlays on the teeth, I felt compelled to tell Emily, his mom, a few things. I told her that worst case scenario, what we were about to do won't help Grayson, and we will just remove the onlays and try this treatment again when Grayson is older. The thinking was that then I could TENS him and take a better bite. I also told her best case scenario, it does help, and if it does, what I would expect is for his permanent six year molars to erupt into this posterior vertical and his facial development will follow. Emily understood and was eager to try. Grayson was awesome and he let me do exactly what I needed to do. We bonded the onlays in place and set a recall appointment for the following week. We also had the discussion about releasing his lip tie and she informed me that his tonsils and adenoids had been removed six months prior.

In the week that followed, Emily had gone to Grayson's school to have lunch with him. It just so happens that my son goes to the same school and my wife was at lunch that day as well. Emily found my wife to introduce herself to her and to tell her what we had done for Grayson. She proceeded to tell her that in one week, Grayson had had zero eye and shoulder tics in that time frame. AMAZING! I was so excited when I heard this news. We brought him in the office the following week after that, which was two weeks post-delivery, and still no tics. And as of this writing it has been five months since we put the onlays in place and he is doing great. His eye and shoulder tics are almost completely gone and he is no longer chewing on his clothes and furniture. This opens up a world of hope, not only for Grayson, but for all patients that deal with this syndrome. This proves to me that a physiologic bite and appliance, can greatly change the quality of life for people that suffer from a syndrome where there may not have been much hope for them before.

My LVI education paid off big in this case. The overwhelming feeling I have of such joy for helping this young boy is truly hard to describe. We hear LVI's tagline over and over again, "Changing Lives Daily"...well, this is one life I truly did just that!

And as of this writing it has been five months since we put the onlays in place and he is doing great. His eye and shoulder tics are almost completely gone and he is no longer chewing on his clothes and furniture.



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Protecting Healthy Cells

Depending upon the study that you read, active periodontal disease can be anywhere between 70%-90% in the United States adult population. We know the disease is multifactorial but significant accumulation of biofilm near or around the gum tissue can increase the likelihood of infection and inflammation. Dr. Richard Nagelberg, DDS, has stated, **"The etiology of periodontal disease is bacterial infection; the pathogenesis is inflammatory."** These periodontal bacterial pathogens produce antigens that stimulate polymorph nuclear leukocytes to produce reactive oxygen species (ROS), which triggers that inflammatory cascade. As a result of the high proliferation of ROS, oxidative damage to gingival tissue, periodontal ligaments, and the alveolar bone is culminated. Oxidation reactions produce free radicals, which are unstable molecules that ultimately damage other cells. The antioxidant's mechanism is to neutralize free radicals by way of electron transport. They basically give the free radicals electrons to stabilize the oxidative molecule. Therefore, antioxidants are molecules that are capable of slowing or preventing oxidation of other molecules. ROS are strong free radicals but they can be modulated by the presence of antioxidants.

Dr. Lester stated, **"Researchers in Birmingham, England, found that patients with gum disease have lower levels of antioxidants in their saliva (but not blood serum) than patients without gum disease."** If inflammation is involved in the progression of gum disease and the byproducts are free radicals (ROS), then it makes sense that people who have gum disease suffer from low antioxidant levels. People who smoke and diabetics are also under severe oxidative stress and they see higher risk of having active periodontal disease.

If patients have low saliva antioxidant levels, we need to increase systemic antioxidant levels since there is a mouth body connection. Antioxidants important to dentistry include Vitamin C, Vitamin B Complex, and Coenzyme Q10.

Vitamin C is known as ascorbic acid. It is a water-soluble vitamin so it is quickly lost out of our bodies by exhalation, perspiration, or urination. Keeping a stable level of Vitamin C is critical to maintaining health. Humans do not produce Vitamin C on our own, so we must get it from food sources, such as fruits and vegetables. Unfortunately, our food sources have less Vitamin C than you would think since they are ripened in warehouses. Supplementation of Vitamin C should be based on a patient body pH for proper absorption. If urine or saliva is in a pH range less 6.2, then the patient should supplement with liposomal Vitamin C. If the urine or saliva is in a pH range greater than 6.2 the patient can supplement with ascorbic acid. Vitamin C has been shown to promote collagen production, which is a major structural component of gingival tissue. In a study by Beatrice Lau, it was found that subjects who had a low intake of Vitamin C are 1.3 times more likely to have a clinical attachment loss than those with more than 180 mg of Vitamin C a day. Vitamin C can also regenerate Vitamin E. Scurvy is well known to cause swelling and bleeding gums. Besides scurvy, a deficiency in Vitamin C also makes capillaries fragile and susceptible to rupture.

The B complex Vitamins should be taken as a complex and not individual vitamins until a good base has been established. Several B Vitamins have been noted in dental research. Folic Acid (B9), Vitamin B12 and Vitamin B6 are all essential for DNA synthesis and therefore particularly important to the epithelial cells of the gums, which have a short lifespan and a high turnover rate. Better attachment levels were seen in a study where subjects took a Vitamin B complex that had at least 50 mg each of thiamine, riboflavin, niacinamide (non-flush), pantothenate, pyridoxine, and 400 mg of folate. In another study it was found that independent of B12 and B6, folate has been shown to be required for gingival tissue integrity and may support resistance to certain irritants in the gums, by giving the body the nutrition it needs. Note that folate is the organic form of Vitamin B9 and folic acid is the synthetic form of Vitamin B9.

CoEnzyme Q10 is found in the cell's mitochondria. It is a fat-soluble antioxidant and is important in cellular transport. Not only is it found in the Krebs cycle and is essential in making ATP, it also recycles Vitamin E. CoQ10 has double duty: it's producing energy in the cells while also neutralizing free radicals. In its most reduced form, ubiquinol may be capable of slowing down or even reversing some common age-related brain disorders. In a Japanese study it was found that patients with periodontal disease had a 20%-60% reduction of CoQ10 in their bleeding gums. When CoQ10 (ubiquinol) was taken as a supplement (150mg) patients showed a marked improvement and healed more rapidly than those who did not use CoQ10. CoQ10 is found in salmon and liver and other organ meats. The biggest significance of CoQ10 is the deficiency that is caused by Statin prescription use. Anyone on Statin drug prescription should be taking CoQ10!

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Dr. Ross Lambert, DDS, stated in Dentistry Today, **"A better understanding of how antioxidants function in the pathogenesis of periodontitis, and the effects of diet and nutritional supplementation on antioxidant status, may lead to new strategies on the treatment of the disease."** Antioxidants reduce oxidative stress and inflammation via a variety of pathways. Low concentrations of plasma total antioxidants and Vitamin C have been linked to increased prevalence of periodontitis. During our non-surgical, laser-assisted, periodontal therapy, we should be recommending various nutritional supplements to our patients especially from this antioxidant list.

B. Lau, B., Johnston, B., Fritz, P. & Ward, W. Dietary Strategies to Optimize Wound Healing after Periodontal and Dental Implant Surgery: An Evidence-Based Review. Open Dent J. 2013; 7: 36-46.

Packer, Lester. The Antioxidant Miracle: Your Complete Plan for Total Health and Healing, Turner Publishing Company.

Munoz C, Kiger R, Stephens J, Kim J, Wilson A. Effects of a nutritional supplement on periodontal status. Compendium, May 2001; 425-438.

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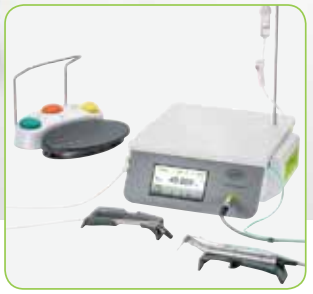

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ATTIRE: PAJAMAS ONLY

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IAPA AFTER DARK

PAJAMA PARTY

Friday, October 26, 2018 • 9:30 pm
Crimson in the Red Rock Hotel & Casino

Attire Guideline

Let's face it...
Life is better in pajamas.

The 2018 IAPA After Dark is going to be a Pajama Party you will never forget. We wanted to share some ideas to help you pick out the perfect attire for the evening.

"I can't decide if people who wear pajamas in public have given up on life or are living it to the fullest."

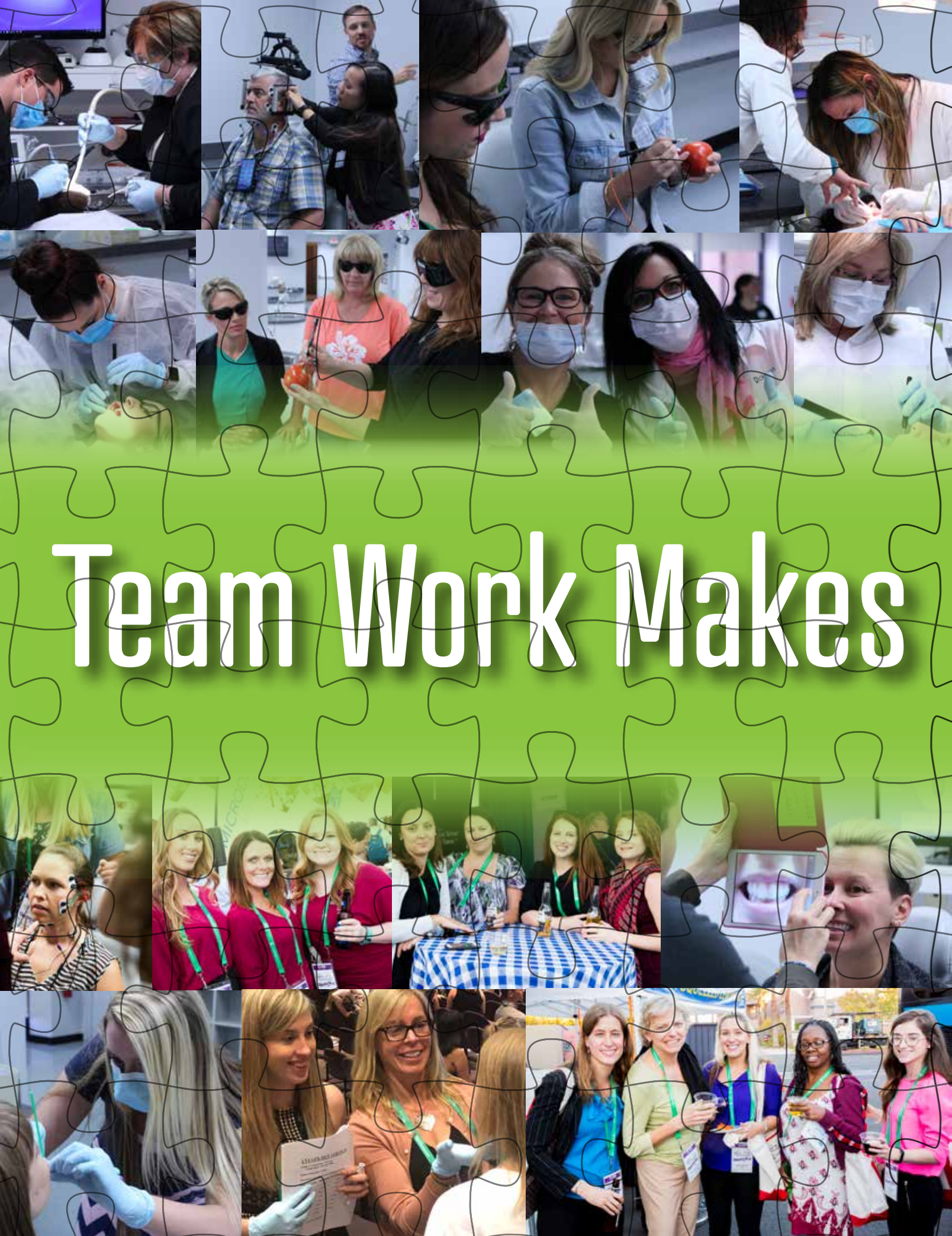
First decide on your pajama style: Which style is mostly you?

- Matching pajama set
- An oversized tee shirt that brings back happy memories (concert tee, sports tee, etc)
- The "if you got it, flaunt it" pajama… a little on the lacy side
- A chic and comfy robe
- A festive pair of footie or onesie pajamas
- The satin and silk pajama set (think Hugh Hefner)
- Au natural - <u>please only do this at home!</u>

Once the general look is picked just add these optional accessories:

- Wear your dancing slippers
- Eye masks
- Snuggies
- Face masks
- Most importantly bring that team spirit

Remember...There will be Prizes!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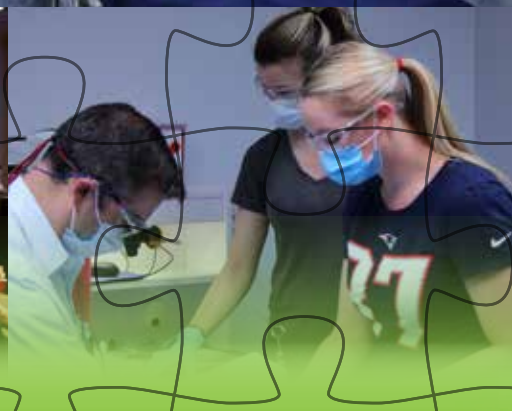

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2017 IAPA BEST IN PRACTICE AWARD WINNERS

An Interview with Dr. Randy Gilewich's Team

Leadership comes from the top down. How does your doctor inspire and create a positive working environment?

We always have to be on our toes with Dr. Randy. His dedication to his practice and his patients provides a source of inspiration that we try to follow. His desire and care through his LVI Journey leads our team from Comprehensive diagnosis, hygiene continuing care and treatment options that keep our team current and on the leading edge of the optimal standard of care for our patients. Dr. Randy has always said that skills are important but a shared vision with each team member is the most important. When he is hiring a new team member he gravitates towards like minded people with a positive attitude that will fit right into the group dynamic.

What makes you stand out as a team?

Many of our team members have been together for a long time. The # 1 factor as a stand out team is cohesiveness plus a commitment and willingness to strive for excellence.

Do you all get along? What makes your team click?
Communication is the key to getting along. Plus, implementing conflict resolution before anything escalates.

How do you handle conflict and different personalities in the office?
We all have big dynamic personalities and try not to escalate and blow small things out of proportion. Intervention seems to work well for us. And as always communication works well.

How do you handle it when a team member calls in sick?
A team member calling in sick is not a regular occurrence. But when it does happen everyone contributes to making the day go smoothly. Sometimes patients do need to be rescheduled. We have the ability to pull staff from other offices.

How important is education?
Very…as an LVI trained office we want every team member trained and up to speed.

Are you friends in and out of the office? Do you plan fun social activities?
We are friends inside and outside of the office. We quite often have a get together at each other's houses. Whether it is learning to make fresh rolls, karaoke, dinners followed by scary movies or after party house parties.

What advice would you give another dental office team that is struggling to all be on the same page?
Every office must have the willingness to follow the vision of the practice. Communication is key between all departments as well as dentists to team, team to team, and team to patients.

What is best about your office, doctor and your team?
The work environment is great. The office is state of the art. Dr. Randy is never satisfied with status quo and always has a plan to keep moving forward. Our Physiologic Based Practice is very rewarding because we help so many patients achieve optimum health.

Kevin Winters, DDS

Sometimes you reach a point in your life or your professional career when a change in your norm might be a really good thing. Changes can lead to growth, renewed enthusiasm, a more positive outlook on your daily operations and can give you a shot of energy that revitalizes you.

For me, out of nowhere, I made the decision to sell my practice in Tulsa, Oklahoma with no particular reason why. I was working three days a week and taking a lot of time off. My overhead was under control and my net was very good. So what's wrong with this picture? Absolutely nothing.

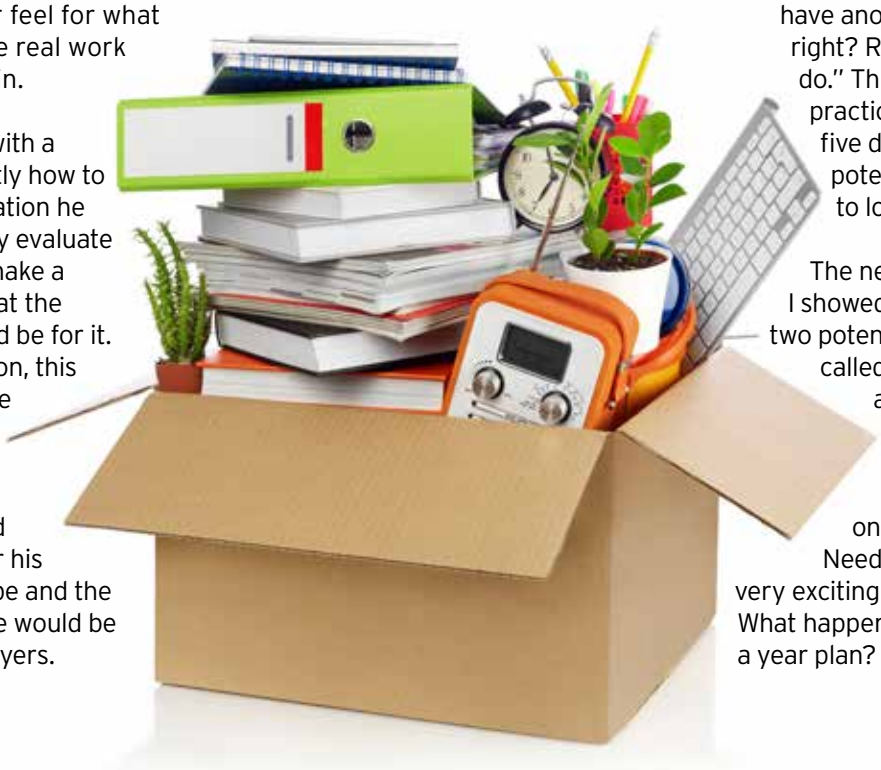
Throughout my dental career I have never had an issue trying new things to promote my practice. I have hit many home runs and also some duds. In spite of trying new things in marketing while staying with the current things that were working, my practice seemed to have met a critical mass. It was doing very well but I still couldn't get it to a higher level. Personally, I still have the desire to do more, be better and continue growing.

So with all this in mind, my wife and I decided it was time to shake things up and look for the next chapter. We identified a couple of areas in Texas we would be happy living and had the right kind of demographics to support the kind of practice I wanted.

The next step was to identify a transition broker to help me get my practice sold. I knew of several companies and people whom I felt could do a good job for me. I talked to a few but I also knew there was another person I needed to interview ...Rob Stanbery with Practice Transition Partners. Rob has been involved with several LVI practice sales and understood the differences this type of practice has when it comes to selling it.

From the beginning I could tell Rob was the one for me! We spent quite a while just talking about my goals, the practice, and my expectations just so Rob could get a better feel for what I needed. Next the real work was about to begin.

Rob supplied me with a blueprint for exactly how to gather the information he needed to properly evaluate the practice and make a suggestion for what the asking price should be for it. There is no question, this requires some time and work on my behalf but I found that the more information I could get him, the better his evaluation would be and the better the package would be for prospective buyers.



Next was a hugely important piece of the puzzle for me. My practice was in Tulsa, Oklahoma and Rob is in Seattle, Washington. Information on paper is vital and pictures of the practice are vital but Rob himself was a long way away. So, Rob and his business associate, Dr. Kent Johnson, a longtime friend and past instructor at LVI, came to Tulsa for a couple of days to talk and get a feel of the practice. This visit was imperative for sharing with others what my practice was all about.

As we got close to time to make the sale public, my realistic expectation was going to be this transaction would probably take six months to a year to get done. I planned on using this time to get a better feel of where my next practice would be and start my own search.

The time came and my practice went "live" on the Monday during the week of the 2016 IAPA meeting. On Thursday at the IAPA meeting, Rob said he wanted to speak with me. Practice Transition Partners is a sponsor of the IAPA so I went to Rob's booth expecting to have a quick "Hi, how ya doin" conversation. Much to my surprise, Rob told me he had located someone who wants to look at my practice the following Monday!

Wait. What? A potential buyer already in only four days? This can't be right but it was. So this is great but I thought it's probably someone who is interested in this kind of practice but not really a serious candidate. Just a tire kicker. That's OK though. After all it's just been four days.

On the next day of the IAPA, Rob once again said he needs to talk with me. I tell him jokingly, you probably have another buyer for me right? Rob said, "Well, yes I do." This can't be right. My practice has been listed for five days and I have two potential buyers lined up to look at it? I'm in shock!

The next week came and I showed the practice to the two potential buyers. Rob called soon after the visits and gave me the news. Inside of two weeks I have received two offers, one for full asking price. Needless to say this was very exciting and unexpected. What happened to my six month to a year plan?

I'm sure Rob will tell you that all practice sales don't go exactly like this one but here are some things I learned about this process of selling your practice.

- Get your books in line. Have your accountant get all your numbers organized into easy to read categories. In my own process of looking at and evaluating practices to purchase, its amazing how inconsistent expenses in a dental practice can be. This makes it very hard to analyze.
- Get your practice looking good and spruce things up. You may be used to your practice and think everything looks OK but it probably needs some updating. Any money you can spend on paint, new furniture or decorations will undoubtedly reap you big rewards.
- Don't try to do this all on your own. Use experienced people who do this for a living.
- Find the broker who understands your practice and most importantly has a plan and the connections to get your practice noticed. I would have lost a lot of money betting there was no way my practice would sell within two weeks. But thanks to Rob, Kent and Practice Transition Partners, selling my dental practice was a breeze.
- Finally, I'd encourage everyone who wants to make this change to go for it! With the right partner in selling and buying...relocating can happen faster than you think!

"The strength of the team is each member. The strength of each member is the team."

H. E. Luccock

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LVI GLOBAL PARTNER IN EXCELLENCE

Ashley Johnson, JD

HOW DO YOU BUILD ACCOUNTABILITY IN YOUR PRACTICE?

Do you and your team ever go to a dental meeting or CE program and come home excited to implement what you've learned only to go back to your normal operations within a few days or weeks?

You were so motivated with these great ideas but no or low implementation of the ideas was transferred to your team and practice. What went wrong? Usually, there was not a plan in place for implementation. A plan is necessary to implement anything new into your practice so not only you can follow it but everyone on your team is going in the same direction.

Each team member is in charge of particular responsibilities in the office and should be held accountable when lacking in their performance. But before you can build accountability in your practice everyone must know what they are being held accountable for and your expectations.

Often times we expect action from our team but we haven't fully explained what is required, expected and needed. Think about this when asking a task of your team or team member...

Is it reasonable to ask for?

Is the timeline realistic?

Do they have the resources they need to complete the task and/or proper training?

Is it something that you, as the leader, should be willing to do?

I think that before you can hold anyone else accountable, you have to hold yourself accountable. Your team is watching you all the time and looking to you for the proper leadership and direction. They know whether or not you are holding yourself accountable. The critical aspect for you to build accountability with your team is to first demonstrate that you are willing to hold yourself to the same standards that you expect of your team.

Building accountability is about a couple of things.

First, you have to clearly lay out your expectations, communicate them in advance and the consequences of what happens when you get your expectations met and when your expectations are not met. It is then up to you to deliver on the consequences. That should include a time frame.

Then you have to always be accountable to them in order to get accountability and responsibility from them. Too often as leaders we just tell them to "go do that" and they don't know how to do it and they don't know when you want it done. It's our lack of clarity that brings about a lack of responsibility. It's up to you as a leader to be better.

Accountability is really about ownership. It happens naturally when people take responsibility for their situation, their performance and their results. That means that you, as the leader, must invest the effort to ensure that expectations are clear, the knowledge and skills to do the job are present. It is up to you to let your team know their boundaries, and that performance, both good and bad matters and that people have the trust and freedom to make a mistake in the pursuit of doing great work. **Remember, you can mandate compliance but people volunteer their commitment when they take ownership for results.**

If you have listened to me for more than five minutes you know I believe there's one thing that keeps people stuck, broke, confused and frustrated more than anything else: **LACK OF CLARITY**

If you're not crystal clear about your message, how to generate more cash and knowing where to focus and how to prioritize, then it's going to be a long, hard struggle to get ahead in business and in life. Getting clarity isn't confusing.

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Most people do everything BUT these two things that lead them to clarity.

1. ACTION - Thinking about getting clarity won't cut it. It requires you to take personal responsibility and hard work.

2. FEEDBACK - Maybe you've heard the saying, "You can't read the label from the inside of the bottle." You need to be around people who can objectively give you critical, supportive and knowledgeable feedback.

If you're serious about getting clarity in your practice and how to create messages that generate more business, then you should be ready to take that first action RIGHT NOW.

Would you like to know more about how to have your team take ownership for the practice results?

Would you like to have a team that implements change with ease and excitement?

Would you like to have a team that does not resist change and excels at high achievement and self-accountability?

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H.E. Luccock

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

COURSE OBJECTIVES

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

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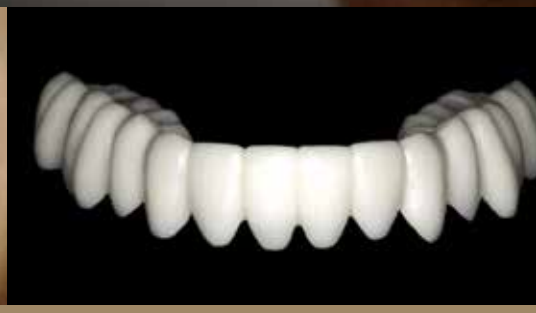
NaturalFit™ Removable Hypoallergenic Anatomical Orthotic

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

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

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



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

THE AURUM GROUP® DSD CERTIFIED LAB

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