Winter 2014



Katie Jones

DENTISTRY BY Dr. Michael Engelbrecht, Tulsa, OK

MACSTUDIO BY MICRODENTAL LABORATORIES

Developed 15 years ago by dentists and MicroDental, Macstudio restorations are the leading choice for dentists who are committed to life-changing dentistry. Katie's story began with a comprehensive exam that was initiated by her complaints of jaw pain in which Dr. Engelbrecht found a Class 2, Division 2 Malocclusion. With detailed communication and case planning through the Macstudio team at MicroDental, Dr. Engelbrecht confirmed the course in which to renew Katie's smile. Orthodontia and the placement of a full upper arch of veneers and crowns brought Katie's smile to a natural look while producing an ideal occlusion for a beautiful, comfortable smile.

From full-mouth rejuvenations to single tooth restorations; MACVENEERS[™] to crowns, bridges, implants and removables; Macstudio restorations can create A SMILE FOR EVERY STORY[™].

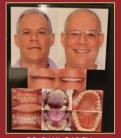


Image: Smiles matterImage: Smiles matrixMicroDental.com/macstudioSmiles matrixSmiles matrix<

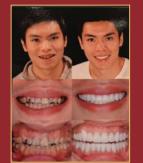
MICRODENTAL

Contents & Contributors

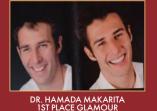
LVI Visions would like to point out an error that occurred in the Fall 2013 issue. Below are the corrections.



DR. RAUL GARCIA 1ST PLACE FULL MOUTH AESTHETICS



DR. HAMADA MAKARITA 1ST PLACE ANTERIOR, BEST IN SHOW



Follow us on

Twitter

EDITOR'S NOTE Heidi Dickerson, DDS, LVIM

5

6

40

48

- NEW YEAR'S RESOLUTION William G. Dickerson, DDS, LVIM
- 10 NEW YOU DENTURES Michael Reece, DDS, LVIM
- 16 AVOIDING POLITE EVASION IN THE NEW YEAR Michael Sernik, DDS
- 19 THE FINE LINE Sherry Blair
- 22 JABS AND JOLTS MIGRAINES... REALLY? David Miller, DDS, MICCMO, MAGD
- 26 NEUROMUSCULAR DENTISTRY Timothy Gross, DMD, LVIF
- 30 JULIE & KARA'S SUPER FUN SURVIVAL GUIDE FOR THE 2014 IACA IN THE BAHAMAS
- 34 DENTISTRY IT'S A LIFE SAVER Anne-Maree Cole, BDSC, LVIM
 - ADVANCED NEUROMUSCULAR TEAM Mark Duncan, DDS, FAGD, DICOI, LVIF Minette Galura-Boquiren, RDA
- 42 WHY YOU SHOULD INCORPORATE NUCALM INTO YOUR NEUROMUSCULAR PRACTICE Norman R. Thomas, BDS (Hons); MB.BSc (Hons); PhD; FRCDC; FADI; ABOMFPath; MD.Ac; DAAPM; MICCMO; Director of NM Research at LVI Global, Professor Emeritus at the University of Alberta

MARK'S PICKS Mark Duncan, DDS, FAGD, DICOI, LVIF

Go to www.lvivisions.com/contributor-bios to view complete bios!

Editor In Chief: Dr. Heidi Dickerson Executive Editor: Dr. William G. Dickerson Creative Directors: Julie Grabusnik and Kara Wagner Design Production Director: Joe Thomasula

LIKE US ON FACEBOOK

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

Copyright ©2014 – Las Vegas Institute for Advanced Dental Studies. All rights reserved. No part of this publication may be reproduced in any form without written permission from the Las Vegas Institute for Advanced Dental Studies. LVI does not verify any claims or other information appearing in any of the advertisements contained in this publication.

DENTISTRY BY DR. CHONG LEE, MCLEAN, VA.

LVI can show you how to stay ahead of the curve **EXAMPLE 1 CONTRUMPERATION**

invest

receive

education

IN YOUR FUTURE WITH CONTINUED EDUCATION

Discover a path that leads your practice to greater competitive power in the current marketplace. LVI will teach you techniques and procedures that will dramatically enhance the lives of you and your patients.

CE CREDITS & COURSE INFO: 1 DAY SESSION

- Understand how 80% of your patients show signs of a poor bite.
- Discover where 90% of your patient's pain and discomfort comes from.
- Understand the impact of neuromuscular dentistry on esthetics and airway.
- Learn to take a neuromuscular bite.
- Live demonstration of proper jaw posture and bite taking with TENS.
- Educate patients about the true role and limitations of insurance.
- Help move past the insurance entitlement mentality.
- One day session provides 6 CE Credits.

LVI GLOBAL

LVI Regional Event

SPONSORED BY MICRODENTAL

NY CONTRACTOR

register

VISIT WWW.LVIREGIONALEVENTS.COM OR CALL 888.584.3237

Palo Alto, CA 6/21 · Chicago, IL 8/16 · Denver, CO 9/13 Houston, TX 10/4 · Detroit, MI 10/11 · Boston, MA 10/18

ADA C·E·R·P[®] Continuing Education Recognition Program



Academy of General Dentistry Approved PACE Program Provider FAGD/MAGD Credit 6/1/2011 to 5/31/2015

LVI Global is an ADA CERP Recognized Provider. ADA CERP is a service of the American Dental Association to assist dental professionals in identifying quality providers of continuing dental education. ADA CERP does not approve or endorse individual courses or instructors, nor does it imply acceptance of credit hours by boards of dentistry. Concerns or complaints about a CE provider may be directed to the provider or to ADA CERP and www.ada.org.cerp.



it's 2014! Let's make over our resolutions

Every year I make a resolution to learn or to do something new. Some of my past ideas were 'doozies'... there was the time I wanted to learn how to paint in watercolor, the time I learned to mosaic just about any surface (a home decorators nightmare) and the time I decided to learn Italian! "Impagabile"... I think that means "Priceless!"

Anyways, we have all been there and done that. This year I'm going to be a little more realistic in my personal and professional goals. As I share a few of mine with you, I'd encourage you to write down your own and follow through. Who knows... maybe we will all succeed this year!

- Stick to my ALCAT diet. After several years of moderating the IACA Nutrition Panel, I have become a firm believer that YOU ARE WHAT YOU EAT!
- 2. Become more time efficient. I can spend more quality time with my patients and my team.
- 3. Set team goals. Yearly goals will give us all something to work towards.
- 4. Eat more fish. I grew up in Chicago... I'm a meat and potato girl!
- Register for C.E. By registering for classes now, I can plan my schedule around my courses.

- 6. Freshen up. By looking at things with a critical eye, I can update anything 'dated' in my office.
- 7. Be accountable. Let someone I trust hold my feet to the fire with the goals I have set.
- 8. Focus on love and gratitude. How can I have a bad day if I'm centered on these?
- 9. Look at the big picture. Where do I want to be 5 years from now and how do I get there?
- 10. Learn to play the guitar. (ok, this has been on my list since 2000, I promise this will be the year!)



hdickerson@lviglobal.com



New Year's Resolution Become the CEO of Your Practice



The biggest deficiency that new graduates have when they get out of dental school is not technical. The biggest deficiency is in the area of business. Let's face it; we really get no business training in dental school. Most dentists are business uninformed. I know I was. Yet we are required to run a small business when we start our practice. Yes, your practice is a small business. Probably the biggest boost to my practice was not from the dental publications I read, but the business publications I read. So this article is intent on providing you the tools and guidance to become the CEO of your practice.

Motivate and Lead The key to becoming a good CEO of your practice or any business is to make and keep your employee's happy. Happy employees will be more productive and the company will prosper. Business psychologists will tell you that beyond a certain minimum level, it isn't pay or benefits that make your employees happy; it's a strong relationship with co-workers and a supportive boss. And be careful delegating this to someone, as they may not always have the best interest in your practice like you do.

It's also important to be positive and squash any negativity. Like a computer virus, negativity will destroy the rest of the practice. It's infectious. You need to do whatever you can to perpetuate a positive environment and not let negativity infiltrate your team.

New Year's Resolution

Be a Visionary for Your Practice

It's the job of the CEO to set the direction and standards of the office. Most great business tycoons were visionaries, who broke the paradigms of conventional wisdom in their area of business. The great CEO sets high yet realistic expectations. It is your job to convince the team that the goals you set are reachable. Just like you, your team has their perception of reality set by their own paradigms of what's possible. If you can change those perceptions, then the team can accomplish more than you and they ever dreamed possible.

Think about Roger Banister. In 1954, it was considered humanly impossible to break the 4 minute mile. No one had ever done it. In just the next couple of years after Roger Bannister broke it, 50 other people broke that milestone. In their mind they realized it was possible. Once you believe something, it becomes reachable. Once the perception of reality has been altered and paradigms shift, things that once were considered impossible become common place.

Empower Your Team I personally think the worst form of management is "micromanaging." By micromanaging, you don't empower your team to excel on their own. You stifle their creativity and limit their need to "think" on their own. There is no way you can do all the jobs well, so by micromanaging, you have mediocre output in all areas. By empowering your team, you create responsible people who take charge of their work. This is best accomplished by educating your team and leading by example. Take them to courses with you so they are learning as you are and see that you want to be the best. It compels THEM to want to be the best. By far the dentists that return from LVI and have the greatest success are those that brought their teams.

Don't Be Insecure

I think most poor CEO's are insecure. Great leaders or CEO's are secure enough to surround themselves with smart and intelligent people. It's also critical that they give those around them the feeling that they were responsible for a successful venture even though it may have been the CEO's guidance that created the success. Empowering an employee with the notion that they are high achievers and important to the team will MAKE them high achievers and therefore important to the team.

The successful companies and leaders are those that let others believe they are responsible for the success of the business. Instead of wanting to get the credit, let someone else bask in it. What difference does it make? If you can change those perceptions, then you and your team can accomplish more than you ever dreamed possible.



Be the Best You Can Be... Never Stop Learning!

Those that succeed never assume they have "arrived!" Once people stop learning, or think they know it all... is when they are surpassed by those that keep learning. The old saying is that you may be on the right track, but unless you keep moving, you'll get run over. Dentistry is evolving faster than most can keep up. Good CEO's stay on the cutting edge of their profession or careers. Are you?

Work On Your Practice

Most dentists only think about their office when they are IN it. The successful dentist is always thinking of ways to improve the service they provide their patients. Remember, you are in a service business, not a product business. So constantly think about ways to improve it. If you like the way you are treated somewhere, think if you can apply that to your practice. Read business books and think about the dental equivalent of an idea.

It's when the doctor treats his or her practice like the small business it is, and realizes that they are the CEO of their company, that the practice really takes off. Remember, it's just as important to work ON your practice as working IN your practice.

COMPONEER[™]

The **Newest Innovation** in Anterior Composite Bonding

- > Beautiful new smiles
- > No impressions or lab bill required!

Before









With our partnership, **COMPONEER workshops** are available



235 Ascot Parkway | Cuyahoga Falls, OH 44223 a 800.221.3046 | 330.916.8800 | coltene.com

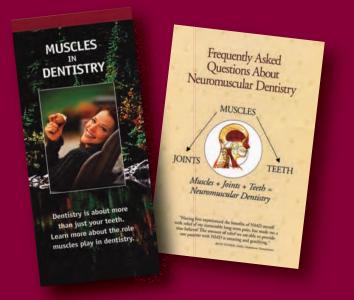


Neuromuscular Dentistry Powered by Myotronics



Dentists worldwide are discovering the science and the benefits of Neuromuscular Dentistry with Myotronics technology.

Evaluate and successfully treat occlusal and restorative cases with reliable, reproducible clinical data never seen before.



Contact Myotronics and mention this ad to receive information and complimentary literature about Neuromuscular Dentistry. 800.426.0316 or info@myotronics.com.





NewYoudentures = New Revenue Streams Leads to 80% Net Profit Increase!

Michael Reece, DDS, LVIM

As the Chief Clinical Instructor for LVI, I talk to hundreds of dentists about a lot of different things. The conversation usually starts out clinical; about some technique or better way to treat patients, but almost always turns to the business future of dentistry. Everyone wants to know about increasing new patient flow and increasing revenue. The thing that has worked best for my practice is to add new revenue streams. As dentistry changes, we have to change with it or get left behind. There are many new revenue streams to consider: implants, sleep dentistry, TMD treatment, and cosmetic dentures.

High end cosmetic dentures, i.e. NewYoudentures have been a home run for us. We began doing these types of dentures three years ago and the results have been phenomenal. We have evolved into a technique that allows us to fabricate a Neuromuscular denture in three visits, with unbelievable predictability and profitability. NewYoudentures has become the most profitable procedure we do. With only three visits and one post op adjustment, we easily produce over \$5,000/hour. In 2012, we produced over \$500,000 in NewYoudentures and associated procedures, i.e. implants and surgery. We will easily exceed that dollar amount in 2013. Our office production has increased 15% every year for the last three years. As impressive as that sounds, it pales



Kay (Before)

Kay (After)

in comparison to the increase in our net. Our practice has seen an 80% increase in our net profit during the same three years. This market is wide open as most dentists are not excited about doing conventional dentures because they are not predictable and therefore not profitable. And, most patients are not excited about conventional dentures because they usually get the "denture look" as the end result. The "denture look" is a sunken-in look with no facial support and makes the patient look 10 years older. This is because dentists are taught to set the teeth in conventional dentures over the ridge. Every dentist knows that the edentulous ridge resorbs tremendously after the teeth are lost. If the teeth in a conventional denture are placed over this resorbed ridge, the patient loses facial and lip support.



Enzymatic Cleaning Solution

REJUVENATE YOUR INSTRUMENTATION



Restore the life of your instrumentation while maintaining a safe and healthy environment for your patients.

Specially formulated Enzymatic cleaner has a fast action neutral pH formulation that effectively attacks and eliminates all organic matter. Revitalizes and prolongs the life of all hinged and non hinged instrumentation due to its built in lubricant and anti corrosive properties. Biodegradable and environmentally safe, it works in both heated and non heated baths and is safe for all color coded surfaces. Rejuvenate your instrumentation today,

the easy dispensing container transforms one ounce of formula into 1 gallon of solution.

Environmentally Friendly: Our biodegradable formula has a neutral PH that won't destroy the colored/anodized coating on instruments and keep them looking new and vibrant .

Revitalize Your Instrumentation: Keep your instrumentation performing like new with ColorZyme's built in lubricant and corrosive inhibitors that restore, renew, and prolong the life of all hinged and non hinged instruments.

Versatile: Powerful enzymatic formula can be used as an ultrasonic solution or pre-soak to rapidly breakdown proteins and eliminate all organic matter.

Easy Dispensing Container: Transforms one ounce of formula into 1 gallon of solution.

Maximize Office Efficiency: Fast Action concentrated liquid formula contains 16 fluid ounces per bottle.



Call to order 1-877-284-8261

Follow us on Facebook and LinkedIn
Call for your FREE SAMPLE today while supplies last.

www.atitan.com

Buy 1 Get 1



The most unique feature of NewYoudentures is the fact that we place the teeth where they were before, this gives the lips and face, the full support they used to have before the teeth were lost. Most of the time, this makes the patient look 10 years younger!



Midge (After Smile)

Midge (Front After)

Midge (Profile After)

The fact that these are Neuromuscular dentures allows for the predictability.

The fact that these are Neuromuscular dentures allows for the predictability. The border molding that occurs with the TENS unit provides for a fabulous fit on the mouth. When you combine that with the Neuromuscular TENS bite, the patient gets a beautiful denture that fits well and has a proper bite.

When conventional denture patients return to dental offices with sore spots, most dentists erroneously grab the pressure paste and look to the tissue side of the denture. Almost always, the problem is in the bite. A poor bite is what is causing the dentures to move and create sore spots. The bite on the denture needs to be adjusted to eliminate the sore spots, not the tissue side. The average post-op adjustment on our NewYoudentures is only one visit.

The demographics of the vast and aging "baby boomer" market make this new procedure a home run! Most dentists do not like to even do dentures, so the playing field is wide open. There are millions of baby boomers that have poor fitting dentures that do not support their lips and face. These people continue to put up with their conventional dentures because they do not know they have a choice. Conventional denture wearers feel left out of the "cosmetic revolution" in dentistry. They have the same desires as patients with teeth, but because they wear dentures they tend to be treated as secondclass citizens. Once they learn that there is an alternative to the conventional denture look, they become very excited!

Secure your future in these difficult times!

Modern Advances, Techniques and Procedures that will dramatically enhance the lives of you and your patients!

ORLANDO, FL February 7, 2014 FORT LAUDERDALE, FL February 8, 2014 PHOENIX. AZ February 28, 2014 ALBUQUERQUE, NM March 1, 2014 KANSAS CITY, KS April 4 & 5, 2014 **BRIDGEPORT, CT** April 4, 2014 CAMBRIDGE, MA April 5, 2014 SIOUX FALL, SD April 5, 2014 SAN DIEGO, CA April 18 & 19, 2014 LINCOLN, NE April 25, 2014 **DES MOINES, IA** April 25 & 26, 2014 SALEM, OR May 2, 2014 SPRINGFIELD. IL May 9 & 10, 2014 **MEMPHIS, TN** May 15 & 16, 2014

Limited Seating

Please register early to avoid disappointment. Dates and Locations subject to change. Please call to confirm dates.

Presented by





Four ways to register:

Email: ce@aurumgroup.com Phone: 1-800-363-3989 Fax: 1-888-747-1233 Mail: 1320 N. Howard Spokane, WA 99201-2412 Additionally, there are millions of patients that are "living" with bad teeth because they do not want a conventional denture. These people will flock to the dental office that understand their problems and has a fabulous solution. I believe that people would rather live with bad teeth than a conventional denture. Catering to this growing market with immediate dentures has become a regular part of our dental practice and these patients are much more receptive to implants than patients who just want to replace their conventional dentures. They



Randy (Before)

Selecto

Randy (After)

understand the need to preserve the bone they have and don't want to go to an unsupported denture that will "flop around" in their mouth.

I believe that the success that we are having with NewYoudentures is twofold. First of all, the technique that we use has evolved over the last 10 years. We are taking the foundation of the Neuromuscular denture and combining that with all of the principles of cosmetic dentistry. This gives us a great denture that works as well as looking fabulous. Second of all, there must be both internal and external marketing in place to let this new market know what is available. Once the "baby boomer" market understands what is possible, they will seek you out. When patients combine surgery, implants and NewYoudentures, it is easy to see why this is such a wonderful new revenue stream for dentists seeking to grow their practice and their profit!

Upcoming



Courses at LVI January 25-26, 2014 June 6-7, 2014 www.lviglobal.com/newyoudentures

SeLECT DEFENSE® Anti-microbial products

With years of university based research, **SeLECT Defense**[™] is a new technology that inhibits bacterial growth. **SeLECT Defense**[™] technology is a Selenium based organic compound (a naturally occurring mineral) that when added to our sealant, creates a localized biologic barrier with antimicrobial effects. When **SeLECT Defense**[™] is integrated into our sealants, laboratory tests show a 97% reduction in "plaque causing" bacteria arresting local bacteria that contributes to demineralization and caries.

Apply SeLECT Defense[™] to any appliance with acrylic to reduce bacterial growth, inflammation and odor!



SeLECT Defense™ products

- Pit and Fissure Sealant (4 1mL syringes)
- Orthodontic Primer/Sealant (7mL bottle)

800-521-2351

www.fivestarortho.com



Replace your Orthodontic Primer/Sealant with Select Defense[™] to protect your patient from unsightly decalcification around your brackets!

"The result was very amazing." Bennett T. Amaechi, BS, DDS, MS, PhD. University of Texas Health Science Center

DUO-LINK"UNIVERSAL NO LIMITS. NO BOUNDARIES.

L-BOI

IVERS

RCEL

PRIME

The DUO-LINK UNIVERSAL Kit is an adhesive cement system with all the components needed for cementation of indirect restorations, including primers for restoration treatment.



ORDERS FOR LVI MEMBERS

Promo Code: **13LVI**. Offer expires **12/31/2013**. Discounts and promotional pricing applicable to U.S. dental offices only. Not valid with any other promotional discount.





Rx Only

www.bisco.com



Michael Sernik, DDS

The Problem O

Here's what most skilled dentists do: They bond well with the patient and develop rapport. They spend a lot of time in the exam explaining the treatment that they recommend. They get the patient back for an extra consultation and have prepared a beautiful treatment plan. The net result: if the patient is not really interested, the patient is too embarrassed to give an honest 'no' because the dentist has spent all this time with them. The dentist has made saying 'no' too difficult. So instead we get polite evasion. This is when the patient says they are very interested and then uses a range of tactics to defer treatment indefinitely: ("I need to think", "I need to talk to my spouse", "I need to check finances", etc.)

The problem is that there is no way to distinguish between real obstacles and polite evasion. We think all the obstacles are real and then we try and deal with these false obstacles.

Sometimes the patient, who seemed quite happy at the appointment, goes home and thinks it all over. They feel bad that some psychological pressure was put on them. They don't want the treatment and they didn't feel comfortable saying so.

The net result is that this negativity gets redirected back onto the dentist. The patient starts to tell others how they went to a slick dentist who tried to rip them off. Then when they go to get a second opinion; they relay this story to the new dentist who naturally tries to prove that he is not like the first dentist. He under-diagnoses and the patient now has more fodder for the tale.

wasion

IN THE NEW YEAR

The Solution 🖍

In the patient's mind, the only essential treatment is treatment that gets rid of pain. In the dentist's mind most of what we do is essential. This might seem like semantics, but this difference forms the root of many problems.

The most common complaint that patients make about dentists is that dentists do treatment that is not necessary.

To try and convince someone that something 'is necessary' is philosophically difficult. Are teeth necessary? Millions of people have no teeth and have no dentures. Are legs necessary? Kurt Fearnley has no legs, yet he trekked one of the worlds hardest treks: the Kokoda Trek without legs. When we simply come out and tell patients that most of what we do is elective, not essential, something interesting happens. The ownership of the dental condition falls into the patient's lap and we totally avoid a cascade of problems.

So we can say to our patients that "there are so many choices of treatment that it can be difficult for the dentist to simply prescribe a solution." The same condition can have a range of solutions that can spread from spending nothing to spending tens of thousands.

For some people the best option is the lowest cost. For others the best option is what will last the longest. And for some, it's what looks the best. It's all elective; I'll help you understand the choices but it's really up to you and I'll support your choice."

Mhat does this achieve?

The patient will never say that I tried to talk them into unnecessary treatment.

I will never be slandered at dinner parties and lumped in with dentists who tried to sell unnecessary treatment. I won't appear on a social network as a rip off dentist to avoid.

Summary T

We create polite evasion by inadvertently making it too difficult for the patient to give us an honest 'no.' We are obliged to make recommendations for essential treatment. (Pain relief and life threatening conditions.)

When we try and recommend treatment for conditions that the patient views as elective, we run the risk of appearing to be selling something. Patients are hypersensitive to dentists trying to sell unnecessary treatment. We defuse the whole problem when we make it clear that most of what we do is elective.

Footnote: If you have created appropriate concern regarding the outcome of their dental condition, you will find that the patient now wants a solution badly. The more you tell them the treatment is elective, the more they will insist that they really want it!

Upcoming PrimeSpeak Course at LVI

October 24-25, 2014 www.lviglobal.com/PrimeSpeak

ELIMINATE RING "SPRING-OFF"! The All-New Composi-Tight3D XR. :: Sectional Matrix System The ring (3D XR) adapts to all teeth perfectly, seals the gingival margin way better than any other ring and doesn't spring-off. The ring is AWESOME and has made me more confident and less stressed-out with my Class II composites. GREAT PRODUCT ! P.S. It has cut about 10-20 minutes off appointment times. Neil Olson, DDS Superior, Wisconsin Garr Phone 616 842 2244 • Eax 616 842 2430 Toll-free 888.437.0032 • gds@garrisondental.com www.garrisondental.com

6357750 **XR** = Xtra Retention, Even on... - Short Teeth - Distal of Canine - Difficult Dentition Composi-Tight 3D XR: Winner of the 2013 Top Sectional Matrix, 5+ and Editors' Choice Awards AD VISIONS 13

LVI VISIONS | Winter 2014 | 17

Imaging Systems, Inc. 800-628-1302

<u>www.qoodxrays.com</u>

Introducing the

NewTom VGi

Volumetric CBCT

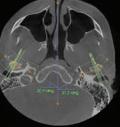
3D Scanner



Reduced Exposure!



Soft Tissue Filters







Volumetric Airway

Paranasal Sinuses TMJ's



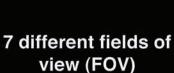
PA Cervical Spine



TMJ's, Maxillary Sinus Pseudocysts

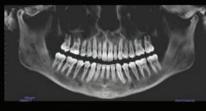


Implants



TMJ's, Deviated Septums

Lowest in patient exposure



3D Panoramics



Dick Greenan

"Only the very finest in Cone Beam CT and training!" "The NewTom VGi was well worth the wait!"

For more information: Call 800-628-1302 or dick@goodxrays.com





Maxillary Sinuses







Procrastination or Waiting For The Perfect Time

Sherry Blair

While this New Year's day when writing your resolutions for your practice by pulling out last year's list and writing "ditto" on it? Looking at last years list, would you say that you procrastinated? There are many ways to avoid success in life, but the most sure-fire way just might be procrastination. Procrastinators sabotage themselves. They put obstacles in their own path and actually choose paths that hurt their performance. Twenty percent of people identify themselves as chronic procrastinators. Procrastination is not a problem of time management or of planning but a problem of self-regulation.

Psychologist's tell us that there's more than one flavor of procrastination; the avoiders, who may be avoiding fear of failure or even fear of success, but in either case, are very concerned with what others think of them; they would rather have others think they lack effort than ability. Then there is the decisional procrastinators, who can't make a decision. Not making a decision sets procrastinators free of responsibility for the outcome of events.

However, at certain times, putting it off may be a wise move because the timing isn't right. If you have read John Maxwell's, The 21 Irrefutable Laws of Leadership, you know of the Law of Timing which says, "When to lead is as important as what to do and where to go." Waiting to act can be a wise decision. We might need more information, or perhaps the people who will be affected need to be prepared.

So which is it? When you wait are you always practicing good timing? Or do you put things off unnecessarily? And what are some of those areas we procrastinate around in our dental practices? Oh, I can certainly think of a few. I'm sure you don't have any of these items on your list but I have certainly worked with practices who do:

- Scheduling your team's performance reviews which would allow them to have clear expectations
- Freeing up the future of a team member that you know is holding the practice back
- Scheduling the next continuing education course
- Implementing patient care systems
- Scheduling internal training
- Reviewing the overhead to refine collection goals

"Procrastination is not a problem of time management or of planning but a problem of self-regulation."

Good timing becomes procrastination when:

- 1. Missing deadlines becomes a regular occurrence.
- 2. You often ask, "When is the latest that I can do this?" Rather than "When is the soonest that I can tackle it?
- 3. You frequently come across old documents and to-do lists that you haven't missed in weeks or months.
- 4. When items on your to-do lists continually roll over to the next day, week, month, or even year.
- 5. When items get crossed off your to-do list not because they've been completed, but because they're too out of date to be done.

American entrepreneur Victor Kiam said

"Procrastination is opportunity's natural assassin."

Putting off decisions long enough can often make the decision irrelevant. The situation changes and the opportunity disappears.

John Maxwell shares a test you can apply to help you get over the hurdle of procrastination;

Murphy's Test

What could possible go wrong? Could I handle the consequences? Things will go wrong. Can you handle the worst-case scenario? Is the opportunity worth the price? If yes, then it may be time to move.

The Preparation Test

Am I (or are we) prepared to do this? Just remember that preparation is not necessarily knowing all the answers or achieving consensus. Use instincts, intuition, and personal experience to make the choice.

The Options Test

Do I increase or decrease my options by waiting? With good timing, a delay can actually increase options, either by providing more information, or allowing new opportunities. However, if waiting will eliminate a valuable option, it might be time to move.

The Deadlines Test

When is the best time to make the decision? A study done at UCLA* on the impact of deadlines on decision-making revealed that precisely midway between the start of a project and the deadline is when people get seriously down to work. Without a set deadline, that stage can't be reached. By setting a firm deadline, you move the decision-making process toward a conclusion.

Procrastination may relieve shortterm pressure, but it often impedes long-term progress. If you tend to procrastinate, make an effort to apply the above questions to your decisions. And when the time is right, take action.

*Connie Gersick of the Anderson Graduate School of Management at UCLA did a study on the impact of deadlines on decision-making. Her data revealed that precisely midway between the start of a project and the deadline is when people get seriously down to work. Without a set deadline, that stage can't be reached. By setting a firm deadline, you move the decision-making process toward a conclusion.

DRIVEN BY INTUITION. DEFINED BY PRECISION. POWERED BY LOGIC.™





When it comes to restoration accuracy, nothing impresses like the new iTero intraoral scanner. From the simplicity of our click-to-capture software and the comfort of our digital imaging procedure to the time, space, and financial savings to be realized from a digitized workflow, iTero elevates your practice above the competition. Whether you're inspired or intrigued by the latest technology, iTero is the intelligent choice. To schedule a demonstration go to www.iTero.com





David Miller, DDS, MICCMO, MAGD

had a recent experience with a patient who had been diagnosed at Kaiser with "Jabs and Jolts Migraines." Shelly is a 46 year old female whose family has been patients for many years. She had broken tooth # 3 and required a filling. While we were setting up the operatory, Shelley asked me if I might be able to help her with her headaches. She had been having headaches for the last 11 months. Shelley stated that she had a headache for the previous 10 days straight. She classified the pain as being "an 8 out of 10". She had been seen by numerous physicians including neurologists. She had been given numerous tests including brain scans, MRIs, and blood work. All of the tests were negative. She was finally diagnosed with "Jabs and Jolts Migraines" and prescribed Imitrex. Shelley stated that the Imitrex did not relieve the head pain very well. "Jabs and Jolts Migraines" is an outdated term for a primary headache disorder now called "Primary Stabbing Headache" by the International Headache Society. Primary stabbing headaches are characterized by episodic stabbing-like pain that occurs spontaneously without

any structural cause. The pain is located predominately along or around the first division of the Trigeminal Nerve, including the parietal area, the temple and the orbit of the eye. The stabbing, electrical type of shocking pain typically lasts for a few seconds and can repeat in an irregular pattern from one to numerous times during a day.

The presentation of Shelley's problem was different from the usual characteristics of a Primary Stabbing Headache. Instead of having stabbing, electrical-shock type pain, Shelley's pain was deep, dull and constant. Instead of episodic pain, Shelley had a nearly constant headache for 11 months including the previous ten days prior to coming to my office. Only

the location of the pain was similar to a Primary Stabbing Migraine. I asked Shelly to point out where the pain occurred. She took her right hand and placed the heel of her palm on the right angle of the mandible with the fingers extended over her right eye.



I palpated several structures on the right side of Shelley's head, including the temporal tendon, the stylomandibular ligament, the sternocleidomastoid muscle and the posterior cervical area along the nuchal ridge. Both the right sternocleidomastoid muscle and the posterior cervical muscles Pain relief you can count on for you and your patients

"Telio CS Desensitizer is one of the best kept secrets in dentistry." – Mark Duncan, D.S.S.

Telio[®] CS Desensitizer is the **most effective desensitizer** available!

- Reduces sensitivity more effectively than all other desensitizers*
- 23% lower cost than the leading brand
- Optimized to work with all bonding and restorative materials



Request a FREE SAMPLE at www.ivoclarvivadent.us/teliofreesample



Call us toll free at 1-800-533-6825 in the U.S., 1-800-263-8182 in Canada. ©2013 Ivoclar Vivadent, Inc. Ivoclar Vivadent and Telio are registered trademarks of Ivoclar Vivadent, Inc. *Data on file.



COSTS

Teli

Desensitizer agen Desensibilisierer were "hot" to touch with Shelley reacting by pulling away from my fingers as I palpated the structures. My palpation exacerbated Shelley's headache, adding further confirmation that the headache was a referred pain.

Referred pain is pain perceived at a location other than the site of the painful stimulus. A well known example of referred pain is a myocardial infarction. Often the pain from the heart attack is felt in the shoulder, neck, back or jaw rather than the chest, which is the source of the injury. Numerous structures in the head and neck refer pain to other areas of the head and neck. Most commonly these pain referring structures are muscles. The structure within the muscles that is causing the pain is called a trigger point. Trigger points are hyper-irritable spots in skeletal muscle that are associated with palpable nodules in taut bands throughout the muscle fibers. Compression of a trigger point may elicit local tenderness, referred pain, or local twitch response.

The term "trigger point" was coined in 1942 by Dr. Janet Travell. Dr. Travell described the clinical finding of a trigger point with the following characteristics:

- 1. Pain related to a discrete, irritable point in skeletal muscle or fascia, not caused by acute local trauma, inflammation, degeneration, neoplasm or infection.
- The painful point can be felt as a nodule or band in the muscle and a twitch response can be elicited on stimulation of the trigger point.
- 3. Palpation of the trigger point reproduces the patient's complaint of pain, and the pain radiates in a distribution typical of the specific muscle harboring the trigger point.
- 4. The pain cannot be explained by findings on neurological examination.

Head pain can be referred by structures other than muscles. Two of the common structures causing referred pain are the stylomandibular ligament and the temporal tendon. The stylomandibular ligament originates on the styloid process and inserts just above the angle of the mandible. The temporal tendon attaches the fibers of the temporalis muscle into the coronoid process of the mandible.

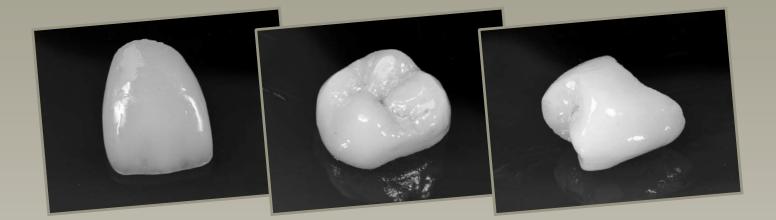
My preliminary diagnosis was referred pain from trigger points in the right sternocleidomastoid muscle and the posterior cervical muscles. Confirmation of my diagnosis was made by injecting the trigger points with 2% Lidocaine free of preservatives and epinephrine. I first injected the right sternocleidomastoid muscle. Two minutes later I asked Shelley how she felt. Shelley stated that the pain was two-thirds gone. I then injected the right posterior cervical muscles with lidocaine. Two minutes later I again queried Shelley about her headache. She said it was completely gone and this was the **first** time in the last ten days that she had been headache free.

As we were preparing to do her filling Shelley asked me how I knew about trigger points. I was surprisingly shocked that a woman with a high school education knew about a topic unheard of by most dentists and physicians. So I asked Shelley how she knew about trigger points. She laughed and said: "You've forgotten that I've had three rear end car accidents. I got a doctor at Kaiser who gives me trigger point injections along my left shoulder and neck." So I asked if any of the neurologists who tested her for headaches had thought of trigger points. The neurologists did not think of a muscularly based source of pain. They could only misdiagnose Shelley's headaches as deriving from "Jabs and Jolts Migraines." Jabs and Jolts Migraines...really?

Upcoming Orofacial Pain Course at LVI June 9-10, 2014 September 15-16, 2014

www.lviglobal.com/orofacialpain

ADVANCING THE ART OF AESTHETICS



Collaborating with leading clinicians and ceramists, Duckee Lee and his team at **Protech Dental Studio** are constantly learning and updating their understanding of what doctors and patients need in the fields of cosmetic and implant dentistry. Keeping pace with emerging technologies, they strive to fulfill the **Protech Dental Studio** mission to "make every doctor's vision a reality."



1890 Preston White Dr • #300 • Reston VA 20191 • 877.737.7883 www.ProtechDentalStudio.com • info@ProtechDentalStudio.com



NEUROWUSCULAR DENTISTRY Don't just treat the symptoms, ASK why they are there.

There are 3 primary goals of Neuromuscular occlusion:

Physiologic Rest

Decompression

Proper Occlusion

In less than 20 years, LVI has evolved from the private dental office of Dr. Bill Dickerson to a 60,000 square foot virtual living clinical laboratory on the cutting edge of dental materials, cosmetic dentistry, sleep apnea, TMD, dental implantology, orthodontics, full mouth reconstruction and much more. The one common denominator that has made all of that possible is Neuromuscular Occlusion. Tens of thousands of patient's lives have improved with Neuromuscular dental treatment received from the thousands of LVI trained dentists, from over 43 countries.

In dental school, understanding occlusion meant understanding how the cusps of one arch fit into the fossae of the opposing arch. It was about articulating paper and dots on teeth. Neuromuscular occlusion is so much more than how the teeth fit together. As a matter of fact, Neuromuscular dentistry is really just as much, if not more, about what happens before the teeth come together as after they contact. What has to happen to the position of the jaws in order to get the teeth to come together in maximal contact? What effect does the head, neck and shoulder posture have on jaw position and comfort (or lack of) on the bite? In your own practice, have you noticed that some of the most symptomatic patients have straight teeth with what appears to be a textbook **Class I Occlusion?** Moreover, what about the patients who have terribly crowded dentitions, yet report that they are asymptomatic? It would be so much easier if straight teeth meant a functionally healthy and asymptomatic patient. Unfortunately, our patients are proof that conventional dental wisdom is out the window.

Fortunately, Neuromuscular dentistry and LVI have the answers to these questions.

The skeleton, with the mandible included, is a lever system. Muscles move those levers. Nerves direct the muscles. Neuromuscular dentistry is about finding the most relaxed resting position of the occlusal musculature possible and with maximum efficiency recruit those muscles to immediately perform their function. In other words, the muscles of the jaw should not be hyperactive and they should not be fatigued. When the muscles are comfortable and relaxed, the TMJ's are decompressed. Physiologic rest is the optimal neuromuscular position of the jaw; the starting point from which the teeth can fully occlude without interferences.

Fortunately, the technology exists with Neuromuscular instrumentation to relax the muscles of mastication as well as the craniocervical complex. Traditional dentistry did not appreciate the symbiotic relationship of the cervical spine, head position and occlusion. NEURONUSCULAR DENTISTRY

Additionally, it's only considered three dimensions of occlusion: the vertical, lateral and anterior-posterior positions of the jaws. However, Neuromuscular dentists now know that occlusion is also subjected to torque in the form of yaw, pitch and roll of the mandible and the cervical spine. Without NM instrumentation, torque of those structures is invisible to the naked eye. Occlusal correction in six dimensions is accomplished with the use of Transcutaneous Electrical Neural Stimulation (T.E.N.S.). One only has to visit any physical therapy facility to find that T.E.N.S. is widely accepted in the medical community for muscular and postural therapy. To facilitate the use of T.E.N.S., muscles of mastication can be objectively evaluated for hyperactivity, fatigue or relaxation through the use of EMG's, similar to how medicine evaluates cardiac health with the use of EKG's. The instrumentation also has the ability to track and record movements of the mandible with real-time EMG's as well as record even the most subtle noises of the temporomandibular joints with sonography.

The Neuromuscular instrumentation discussed is a means to gather invaluable information about the patient's condition. It does not diagnose. It does not render treatment. It does not force the mandible into position. Rather, it provides scientific and objective data to the Neuromuscular practitioner to help find where the physiologic position of the mandible is located in all measurable dimensions in space. Once that position is determined, only then is the actual occlusion of the teeth considered. The most conservative therapy is employed which may include no treatment, coronoplasty, orthotic therapy, orthodontia, prosthodontics or a combination of all of these. Together with a comprehensive exam, radiographic imaging, muscle palpation, postural analysis, nutritional analysis, physical therapy modalities and airway assessment, Neuromuscular instrumentation can be utilized to treat the most complex occlusal related conditions.

Let our new handpieces tackle your toughest procedure





The new design puts a whole range of advantages at your fingertips: fatigue-free working thanks to optimal ergonomics. Considerably better access to the treatment site thanks to a new neck geometry with removable spray clips which can be attached on either side. Ideal illumination thanks to the mini LED+ positioned near to the head. The scratch-resistant surface facilitates cleaning.

Now available from your dental supplier or via wh.com/na

Protech Dental Studio in conjunction with leading clinicians, ceramists, and dental business professionals present

THE FUTURE OF DENTISTRY

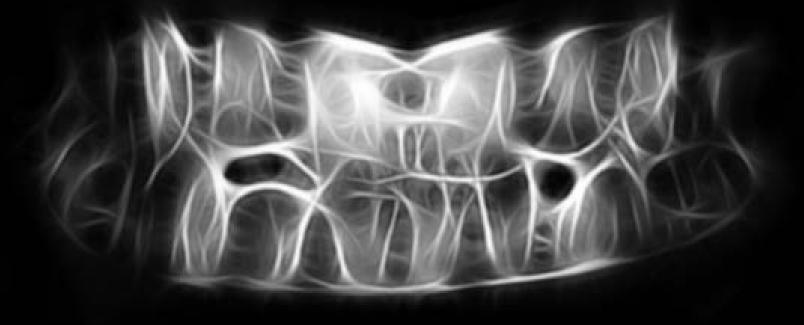
Modern advances, techniques and procedures that will dramatically enhance the lives of you and your patients.

Silver Spring, MD December 13&14, 2013



This 2-day, 13 CE credit course will help your dental practice...

- Learn how dentistry can dramatically change and even SAVE people's lives.
- Recognize and treat occlusal disease in the dental practice and why that's important.
- Understand why 80% of your patients may show signs of a poor bite and how to recognize it.
- Learn how to increase the longevity of your restorations and when not to guarantee them.
- Learn how to develop an insurance independent practice and create a win/win environment.
 - Use of the TENS to find the optimal bite and why you need this option in your office.
 - Demonstrate how to find physiologic rest and why that's important.
 - Find out why you can play a critical role in treating obstructive sleep apnea.



Register by phone at 571.271.4374 or by email at amy@protechdentalstudio.com









What Entrance Is Best For You?

At LVI there are many options available to become part of the enthusiastic alumni!

Which entrance is best for you?





For More Information email concierge@lviglobal.com or call 888.584.3237 www.lviglobal.com

Swimsuit, Flip Flops & PLENTY of SUNSCREEN

The Atlantis Resort is right next to the beach and the water is crystal clear. Whether you'll be venturing off to the shore or even floating in one of the many pools, you better slap on that sunscreen or you might end up like this guy!



Julie & Karas Super Fun

Survival Guide for the 2014

in the Bahamas

Work Out Gear

The International Association of

Having the inside scoop as IACA veterans. we have put together a survival guide

for all attendees and even for the procrostinators out there that still haven't

Here are a few musts from packing your

suitcose to adventures to be

registered.

had in Atlantis:

Ine inernational resociation of Comprehensive Resthetics (IRCR) for years has been bringing continuing education. Comparaderie and family together IACA 2014 Will be no exception and we are Pretty sure the whole formily will wont to join Preny sure ine writte italing will wall itali in on the limitless fun! We are so excited ", u, ", ", " about this upcoming IACA at The Atlantis Resort on Paradise Island. Bahamas!

> One of the focuses of the IACA is on nutrition and maintaining a healthy lifestyle...and also on our Annual IACA Tug of War Competition! Do you have what it takes for your team to win this year? We recommend getting some good endurance and weight training 3x a week for the next 6 months to get champion ready! Plus... who doesn't want to turn a few heads on the beach!



After Dark Attire

IACA After Dark 2014 theme is Pirates of the Caribbean. Bring your pirate hats, fake parrots, wooden legs, eye patches and anything else to make your outfit fantastic. Whether you come as a wench or a treasure seeking pirate... dress to impress. It is going to be an ARGTASTIC night!

LVI VISIONS | Winter 2014 | 30



Super Fun Things to Do:



Dolphin Cay

Dolphin Cay, one of the largest marine habitats and animal rescue-rehabilitation facilities, offers an intimate one of a kind experience for IACA attendees and their families to enjoy. From kissing sea lions, swimming with dolphins, feeding sting rays or even snorkeling the Ruin of Atlantis, Dolphin Cay has something for the whole family to fall in love with.

www.atlantis.com/thingstodo/dolphincay.aspx

Water Park

Aquaventure Water Park is 141-acres of pure fun, including a mile-long river tubing adventure, nine water slides, 11 pools and a spectacular kid's water-play fort. Best of yet, access to the park is FREE for all guests staying at the resort. Aquaventure Water Park has also been named one of the top 25 waterparks in the world.

www.atlantis.com/thingstodo/waterpark.aspx





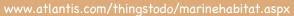
Water Adventures

Atlantis has a ton of water adventures available including Snorkeling, Scuba, Snuba and Shark Adventures. Make sure to take advantage of everything the Bahamas has to offer, which has been voted "Best Place to Dive with Big Animals" for over ten years in a row.

www.atlantis.com/thingstodo/wateradventures.aspx

Marine Habitat

Atlantis Resort has one of the largest collections of marine exhibits in the world, featuring over 50,000 aquatic animals. From feeding turtles to walking with the sharks, there are so many amazing things to see and do. Access to all Atlantis marine habitats are free for guests staying at the resort.







Kid Activities

Want your children to have an unforgettable time as well? There are so many options for IACA's youngest vacationers to do. From learning experiences to pure fun, Atlantis Kids Adventures is a children's resort fantasy come to life. Adventure Activities, Culinary Adventures and even Crush Teen Nightclub...there are so many exciting things to do!

www.atlantis.com/kids/kidactivities.aspx

Get Moving and Sign Up for a Super Fun time Visit <u>www.theiaca.com</u> to register or for more details!

LVI VISIONS | Winter 2014 | 31

FIND YOURSELF IN THE LOST CITY OF ATLANDING JULY 24-26, 2014 PARADISE ISLAND, BAHAMAS • ATLANTIS RESORT



COME AND SEE WHAT MANY RECOGNIZE AS THE MOST EXCITING MEETING IN DENTISTRY



REGISTER NOW AND SAVE at www.theIACA.com or 1.866.NOW.IACA



Approved PACE Program Provider FAGD/MAGD Credit. Approval does not imply acceptance by a state or provincial board of dentisty or AGB endorsement. The current term of approval extends from October 1, 2013 to September 30, 2016 Provider ID# 314539









THE IMPORTANCE OF JOINING THE IACA The Voice of Physiologic NM Dentistry

Dear Colleagues:

Patients First. Though a simple phrase, it is this core principle with which I, and all dentists, should approach their practices. Our job as health care professionals is to provide the best care possible for our patients-a standard that can only be measured by results. Thus, as dentists, the first and most important question we should ask ourselves before a case is: "what treatment plan will provide the best results for our patients?" Anything less would be an insult to our patients

and to our profession.

The International Association of Comprehensive Aesthetics (IACA) is THE voice for progressive physiologically based dentistry that promotes and provides such treatment. There are some influential people in the profession that want to keep our profession in the dark ages when it comes to quality of care for our patients. The IACA is the largest organization in the world that supports both the dentists who practice this philosophy and the thousands of patients who have and will benefit from it. Like logs to a fire, the more members we have, the stronger our voice will be and the more influence we will have to counter those that wish to stifle progress in dentistry, be it insurance companies or antiquated thinking. If we truly want what's best for our patience, then we all need to support this organization. By signing up for the IACA membership, you will not only help strengthen our voice, but you will also reap the many benefits IACA membership

has to offer:

• Reduced rates for the annual meeting

- Membership to the valuable IACA forum (some pre-requisites required)
- The IACA newsletter
- Membership search for patients (with links to your website)
- Reduction off valuable educational programs
- Significant Manufacturers Discounts • The profession journal, Visions
- 35% reduction in the professional journal, Cranio • Plus much more, like the sharing of information of dentistry's best dentists • Use of the IACA logo for advertising purposes

And I hope to see you all at next years IACA meeting at the amazing, Atlantis!

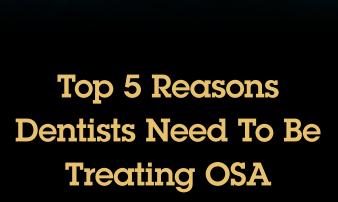
Sincerely,

Chong Lee, DDS President IACA

Visit www.theiaca.com to find out more and to join this important and vital group to protect a dentists right to practice physiologic dentistry.



It's A Life Saver



Anne-Maree Cole, BDSC, LVIM

LVI VISIONS | Winter 2014 | 34



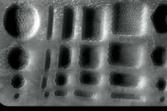
LIGHTWALKER AT. A CLASS OF ITS OWN, NOTHING COMPARES!

Erbium & Nd:YAG LASER Dual Wave Length

20 Watt Er:YAG Hard & Soft Tissue = Ultra Fast Cutting 15 Watt Nd:YAG = Proven Perio Wavelength QSP & VSP Technology = Faster, More Precise & Comfortable 50μs Er:YAG Pulse Duration = Fewer Shots & Less Anesthesia OPTOflex Delivery System = Enhanced Efficiency & Reliability PHAST PIPS = Fast, Effective Laser Endo Dual Wavelength = Advanced Laser Perio









Superior Predictable Consistent

CALL TODAY or TEST DRIVE LIGHTWALKER AT

Rocky Mountain Meeting, Denver, 23-25 Jan, Booth #236 Yankee Meeting in Boston, 30 Jan-1 Feb, Booth #231 Southwest Meeting, Dallas, 30 Jan-1 Feb, Booth #424 Chicago Mid Winter Meeting, 20-22 Feb, Booth #514

See More at T4MED.com



Call us at 949.276.6650

Our goal should be to make <u>good</u> better, and <u>better</u> best for the benefit of our patients.



Obstructive sleep apnea is a deadly disease whose most significant impact is upon the cardiovascular system. Yet there is not a cell or system in the body that can escape its clutch. These effects are driven by an upregulation of the sympathetic nervous system – that system designed to protect us from danger. The sympathetic nervous system is switched on in times of stress, in an emergency. When faced with a crisis situation, the heart rate, blood pressure and muscle tone increase and the vigilance system switches to high alert. During sleep, we are highly dependent on the efficacy of this system to protect us from danger, especially because the sleep state itself means that the responsiveness of the body to stimuli is diminished. Obstructive sleep apnea occludes respiration – essentially a sleep apnea sufferer is suffocating in their sleep. This can happen between 5 to over 100 times per hour. The more it happens, the more the sympathetic nervous system is upregulated and the 'off' switch is left 'on' resulting in serious medical morbidities.



There are strong associations between obstructive sleep apnea and many medical conditions including:

- Obesity
- High blood pressure
- Atherosclerosis
- Myocardial infarction
- Atrial fibrillation
- Heart failure
- Stroke
- Type II diabetes
- Metabolic syndrome
- Macular degeneration
- Glaucoma
- Impotence
- Depression
- Cognitive impairment
- Accidents
- Death



Despite the mounting evidence of the implications of untreated OSA, the condition is both under-diagnosed and under-treated. It is estimated that only 10% of sufferers have been diagnosed, and only 10% of these, being appropriated, managed and treated. Research by Young et al in 1997 found that 93% of women and 82% of men with moderate to severe OSA were unaware of their condition. Although the underlying obstructive sleep apnea remains unrecognized, the health consequences as outlined above are being treated medically at a huge burden to the health budget and resources. Our medical colleagues are at a significant disadvantage compared to dentists in screening for OSA and that is because in general, patients come to them when they are sick and in need of a contemporary diagnosis and treatment. Dentists on the other hand see 'well' patients. We have the opportunity to observe and review the chronicity of disease and breakdown. Except for blunt trauma, dental breakdown rarely occurs in isolation.



A few of the signs and symptoms evident at the dentist include:

- Narrow arches
- High vaulted palate
- Crowded pharyngeal opening
- Change in color and tone of uvula and pharyngeal tissues
- Bruxism and erosion facets
- Enlarged tongue
- History of broken posterior teeth and restorations
- Scalloped border of the tongue
- Retruded mandible
- Crowded dentition
- Clicking TMJ
- Gagging with treatment
- Headaches
- Snoring
- Waking unrefreshed
- Falling asleep during treatment

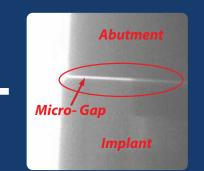
Implant Logistics

Why Replace A Fractured Tooth With A Fractured Implant?

Hexed Implant systems are bacterial traps at the connection. Your patients deserve better!



Fractured teeth and fractured implants cause bone loss.



Traditional hexed Implant with screw retained abutment. Under normal lateral force there is a micro-gap that bacteria can and will penetrate.

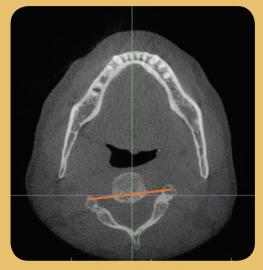


This predictable bone loss does not have to happen today, better systems are available.

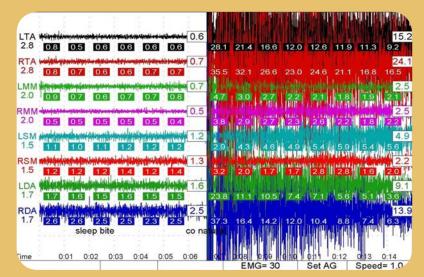
Implant Logistics offers implant systems that will give you long term tissue & bone health at a predictable & affordable price.

www.implantlogistics.com | info@implantlogistics.com

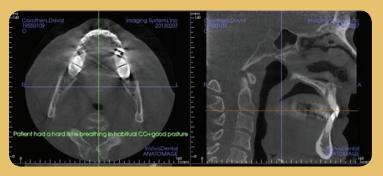




Rotated cervical vertebrae compromising airway patency



Electromyogram of resting on physiologic sleep bite (left) vs resting on natural dentition (right) – comparative evidence of turning down feedback from the sympathetic nervous system



Pre-physiologic approach to sleep bite registration – note compromised patency and torqued airway BEFORE



Physiologic sleep bite registration – note improved patency and de-torqued airway AFTER



As dentists we can help at every aspect of the spectrum of sleep breathing disorders, from snoring to upper airway resistance to overt sleep apnea. Even for patients with severe sleep apnea, wearing a mandibular advancement appliance can help to establish a better seal for the CPAP mask and has the potential to reduce the CPAP pressure necessary to maintain the airway in severe sleep apnea patients.

The upregulation of the sympathetic nervous system is the mechanism underlying the pathogenesis of the comorbidities associated with sleep apnea. As dentists we tend to forget that what we do to a patient, although mechanical in nature, will cause a physiologic response to that manipulation. Providing a patent airway is paramount to successful treatment of obstructive sleep apnea. We also have the opportunity to down-regulate the sympathetic nervous system by providing support, which is in harmony with the postural alignment of the head, neck, airway, TMJ and associated muscles and tissues.

Our goal should be to make good better, and better best for the benefit of our patients. The physiologic approach to treating OSA is a strong move in this direction.

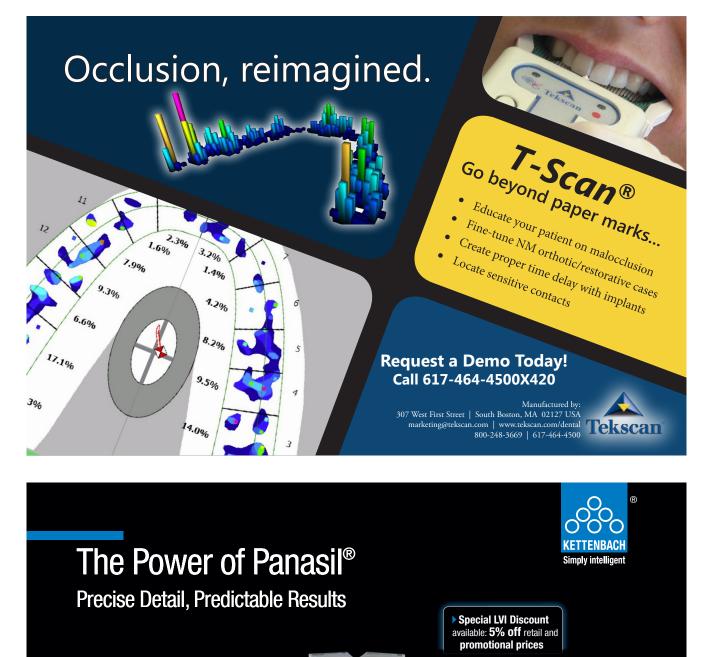
LVI teaches these techniques and principles in the Physiologic Treatment of OSA programs, Levels I and II. We welcome everyone who is serious about providing the highest level of care for their patients and who wants to establish or improve upon their dental sleep medicine practice to attend our next programs in 2014.

Upcoming Physiologic Approach to Treating OSA Course

March 16-18, 2014 September 7-9, 2014

www.lviglobal.com/sleep1

LVI VISIONS | Winter 2014 | 38





Flexible working time, unique initial hydrophilicity immediately overcomes moisture and provides direct contact with the moist tooth surface. Accurate impressions of the preparation margin, clinical conditions (moist oral cavity) improve the initial hydrophilicity. The material flows well under pressure, yet doesn't drip or slump. www.kettenbach.us

LVI VISIONS | Winter 2014 | 39

Mark Duncan, DDS, FAGD, DICOI, LVIF and Minette Galura-Boquiren, RDA

Advanced Neuromuscular connection it goes unaddressed. Migraines continue and chronic pains continue – and medication and medical intervention also continues with a lot of frustration and a lot of disappointment. Topamax, Triptans, and Botox are not naturally occurring in our bodies so the pain is not because they are missing. That means we need to continue to help share a better way to address the pain, and that is

Neuromuscular Dentistry.

The most essential element in that discussion is the chair-side assistant or treatment coordinator. They engender the trust and understanding in the patients first, and they are whom the patient turns to after the doctor walks out of the room. If

we have our team properly equipped, they can help our patients to achieve a wonderful level of care and comfort and end chronic pain. That is exactly the mission of the new Advanced Neuromuscular Team program that LVI is introducing in 2014.

The first session is a two-day, hands-on, interactive workshop/lecture program where the team will literally work each other up. They will gather the data and perform the screens that they would be doing for their doctors at home, however it would be done with the express intention of uncovering the underlying Neuromuscular issues and to help the patient to appreciate it. As they do this, they will create power point presentations to

> walk each other through their issues and actually do a consultation as if it were a live patient. They will be shown how to assess and suggest the things that could be done to manage these issues and will walk away with a greatly improved understanding of the science and implications of the Neuromuscular issues.

The second course will be a three-day program that picks up from the case presentation point and walks through the rest of the journey. Through the process there are many things that the assistant is absolutely essential in

For years the keys to success have been known; birds of a feather flock together

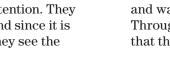
or the old adage that behind every great man is a great woman. These guiding principles are every bit as true in a dental office as they are in any other aspect of life. You are only as good as the sum of your parts and only as strong as the weakest link. What we are introducing is a way to make sure the chain of communication is clear and strong and that the sum of the parts is greater than any individual piece.

We are excited to announce a new Advanced Neuromuscular Team program to help build a resource in your office that is such a huge asset that they redefine

the position! For more than a decade we have watched doctors share NM with their

teams and help them see the picture so that they can help their patients understand the decisions they are making. For more than a decade we see that the office isn't moving forward with NM as often as they could and in reality, should.

In our practices there are about 20% of our patients who are dealing with chronic pain to the extent that it requires their attention. They are looking for solutions to this and since it is nearly all dentally related, until they see the



assuring are managed correctly. The data and organization as well as patient interaction is critical in providing the highest quality of care for our patients and with the program that will launch in 2014, that is precisely what your team would be able to command.



There are many things we can do to help our patients to achieve a higher quality of life, but there is none more rewarding than ending chronic pain. These people have often seen multiple medical providers and as they filter through the system are told time and again that they are fine and that nothing is wrong that explains the pain. These people are hurting and need our help. No answers are found because we are looking at the wrong things. After the two-day course your treatment coordinator will be equipped to help patients move forward in their decision to end chronic pain. After the three-day level II, your treatment coordinator will be able to lead the charge for your patients as they progress through Phase I and on to Phase II care.

For the 15+ years that LVI has been around, it has set the bar for immersive hands-on training for the entire team,

and this course is an example of the power of communication and understanding on all levels. The teams that have been trained through this program will see and do more for their patients and make a bigger impact on their community!

Upcoming Advanced Neuromuscular Team Courses

Level I: June 5-6, 2014 September 11-12, 2014

Level II: December 3-5, 2014

www.lviglobal.com/team

Want more patients? No problem.

The solution? The Viva Referral Marketing System. With our unique, innovative and patented products and methods, Viva delivers

- new, referral patients the best kind of patients;
- greater retention,
- reactivation and
- higher treatment plan acceptance.

Find out what Viva can do for your practice! Contact Keith Rodbell at (818) 839-7803 or email: keith@viva-concepts.com

"At this point the Viva program is our primary source for marketing and has brought our cost of new patient acquisition down by over 80% I can't imagine not including the Viva program as a key element in our continued practice growth." BA



Contact Us Today for Special LVI Pricing (818) 839-7803 • viva-cards.com

LVI VISIONS | Winter 2014 | 41

Why you should incorporate NuCalm into your Neuromuscular Practice

Norman R. Thomas, BDS (Hons); MB.BSc (Hons); PhD; FRCDC; FADI; ABOMFPath; MD.Ac; DAAPM; MICCMO; Director of NM Research at LVI Global, Professor Emeritus at the University of Alberta

This paper will report on three novel studies comparing the effects of muscle relaxation of NuCalm versus TENS as well as NuCalm and TENS combined in Neuromuscular Dentistry. In 1988 while I was Professor of Oral Biology at the University of Alberta my electronics technician David Seiver, CET and I were experimenting with various methods of producing muscle relaxation in TMD patients being treated at the Faculty of Medicine and Dentistry with Craniomandibular orthotics. Our studies lead us to compare TENS of the motor nerve to the masseter muscles with audiovisual entrainment of brain waves (AVE). The results were, to say the least, beyond our expectations. We presented our findings at the Fourth European Congress at Oxford where I had previously been a Fellow of Nuffield College Oxford (Figure 1). The results were reported by David Waxman, David Petersen, Ian Wilkie and Peter Meletti in Hypnosis: 238-245.



Figure 1

Nuffield Fellow (Oxford) Prof. Norman Thomas and David Siever CET demonstrated Digital Audio Visual Interference Device on Masticatory Muscle Tension at Oxford University in 1988 written up in HYPNOSIS 238-245



Crest of Nuffield College Oxford



The Implant Essential



Clinically Proven Defense Against Peri-implantitis

Implants are today's treatment of choice for missing dentition, and a hygiene challenge. Up to half of implant patients now have peri-implantitis, which may result in implant failure.²

Given the depth of most implant pockets, traditional brushing and flossing is insufficient. That's why we developed the patented Plaque Seeker® Tip. It allows 360-degree cleaning from the gingival margin to the base of the pocket. And new clinical research from Tufts University shows the Waterpik® Water Flosser with the Plaque Seeker® Tip is up to 145% more effective than traditional string floss for improving gingival health around implants.¹

So help your patients protect their investment with the Waterpik[®] Water Flosser – the essential tool that no implant patient should be without.

To see Clinical Research Abstracts and Published Studies go to: Professional.Waterpik.com "For all implant restorations, I recommend the Waterpik[®] Water Flosser. Its uniquely designed tips are perfect for delivering irrigation around the challenging contours of an implant restoration."

Chris Salierno, DDS





Audiovisual Entrainment of Brain Waves

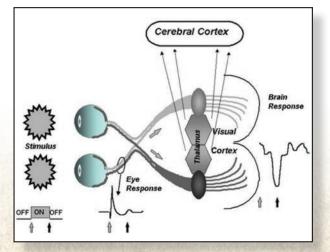


Figure 3 How BWE produces muscle relaxation The EEG Photic Stimulation Path This is eliminated in NuCalm AVE

Pergene Control worksyn

Figure 4 EEG Otic Stimulation Path used by NuCalm path of AVE includes R-L beat differentiation Figure 2 shows one of the simpler prototypes we designated as digital audiovisual interference device (DAVID). The setup for AV Entrainment consisted of dark spectacles which transmitted photic stimulation of cranial nerve 2 (optic nerve) while a pair of earphones transmitted music and white sound audio stimulation of the eighth or stato acoustic nerve. The EEG photic stimulation is shown in Figure 3 and the auditory stimulation path is shown in Figure 4. All of the stimuli were in the range of alpha relaxation therapy (Figure 5). A variety of brain wave frequencies were applied in the range of 20-1KHz. Figure 6 shows the unbelievable effect on the masseter muscle relaxation in a period of 5-7 minutes compared to hypnotic suggestion which had a variable effect probably due to sympathetic nervous system reaction. It will be noted from the graph that there was also suppression of body temperature which did not surprise us since tonic muscle activity such as in shivering is a well known homeostatic process. What we had not expected with NuCalm was that as relaxation of the muscles increased the body temperature increased. This was a welcome development because we had previously found that TENS consistently reduced body temperature resulting in untoward muscle fatigue until the homeostatic mechanism for maintaining body temperature kicked in. These studies had progressed between 1986 and 1988 and caught the attention of the author of 'Mega Brain Power', Michael Hutchinson, who had alerted the scientific community to the "Technicolor Symphony" because the visual and audio effects on the emotional brain proved amazing since no medications were involved and we realized that this was considerably safer than sedation which I also taught at the University.

EEG brainwaves

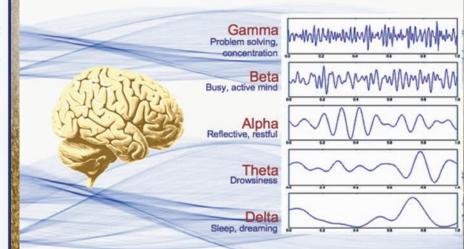


Figure 5 Mechanism of Brain Wave Entrainment for Muscle Relaxation (DAVID and NuCalm)

Discover a World of Difference

Bringing the global community together...the journey never ends.

Dr. Mark Duncan April 11, 2014, Austin, Texas

Dr. Ed Suh April 25, 2014, Charlotte, NC

April 10 **Reception at Authentic Smiles** Hosted by Dr. Shane Matt 211 San Antonio Street Austin, TX 78701

> Enjoy the live music of Dan Dyer www.DanDyer.com

- Create a constant revenue \$\$\$ stream WITHIN your office... NO NEED to refer out!
- Earn 7 units of CE credit (1 day session)
- Learn how to realize your dream future in dentistry
- Connect with the best dental community in the world
- Innovative techniques that will transform your practice
- Empower your patients beyond the limitations of their insurance

The instructors for these courses are REAL dentists who have built successful private practices... NOT consultants!

Register by visiting www.lviregionalevents.com or call 888.584.3237







*Thomas, N., Siever, D. (1989). The effect of repetitive audio/visual stimulation on skeletomotor and vasomotor activity. In Waxman, D., Pederson, D., Wilkie, I., & Meller, P. (Eds.) *Hypnosis:* 4th *European Congress at Oxford*. 238-245. Whurr Publishers, London.

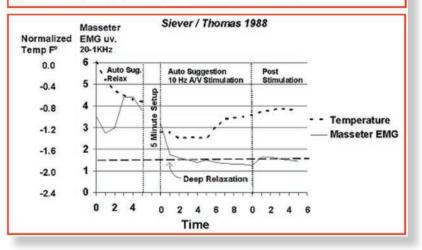


Figure 6

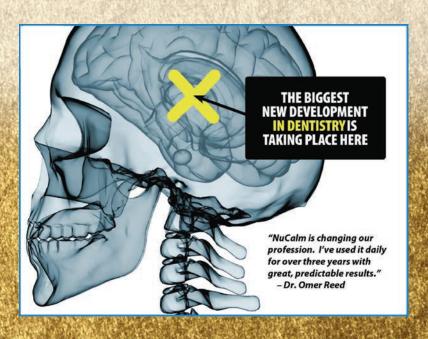
Deep Relaxation

Dr. Norman Thomas and his associate David Siever, at the University of Alberta, gave a group of experimental subjects LS stimulation at an alpha frequency for fifteen minutes, while they were being monitored for muscle tension, using an electromyograph (EMG), and for finger temperature. A control group, similarly monitored, was asked simply to relax, without any LS devices, for the same fifteen minutes. Significantly, both the experimental group and the control group were what the researchers called "resistant" or "non-hypnotisable" subjects. While the control subjects stated that they believed they were very relaxed, the EMG and finger temperature monitors showed that they were actually experiencing *increased* amounts of muscle tension and decreases in finger temperature (associated with tension or stress). On the other hand, the LS group showed dramatic increases in relaxation, reaching profound relaxation states that continued for long periods after the fifteen minutes of LS. The researchers wrote: "It appears that audiovisual stimulation offers a simple hypnotic device in otherwise resistant subjects."

Relaxation for Sedation

Figure 7

Excerpt from 'Mega Brain Power by Michael Hutchinson annotated in "The Technicolor Symphony" Orchestrating Your Brain with Light and Sound Michael Hutchinson comments in his book (Figure 7) that the research was undertaken on control subjects who like the experimental subjects were hypnotizable resistant. While the control subjects felt that they were very relaxed the EMG and finger temperature monitors showed that they were actually experiencing increased amounts of tension and decreased temperature control associated with tension not unlike the unwanted effects previously noted on TENS patients. On the contrary the Experimental Group who were subjected to alpha range of audio and visual stimulation showed dramatic increases in relaxation reaching profound relaxation states that continued for long periods after the fifteen minutes of Light/Sound (LS) stimulation. It was evident that audiovisual stimulation offered a simple hypnotic device in otherwise resistant subjects. At that time I was utilizing the neuromuscular technology with great success and it never occurred to me that AVE and TENS together would allow the practitioner to develop superior muscle relaxation to either TENS or AVE alone which required an upright patient for the desired neuromuscular effect. The recent arrival of NuCalm to LVI restimulated my interest. In the next article I will demonstrate the "biggest new development in dentistry today."



THE BIGGEST NEW DEVELOPMENT IN DENTISTRY IS TAKING PLACE HERE

"Neuromuscular dentistry as we know it has been enriched and gone further with the discovery of NuCalm. You simply cannot go without it." —DR. NORM THOMAS

"NuCalm is changing our profession. I've used it daily for three years with great, predictable results." —DR. OMER REED



NuCalm enables you to safely control the most complex, unpredictable, and unreliable part of dentistry – your patient. Find out more at www.nucalmlibrary.com/lvi. Call (877)668-2256 for special LVI Global pricing.

Thinking ahead. Focused on life.

Innovative Products for Your Practice

From Morita





1-877-JMORITA (566-7482 www.morita.com/usa



-930 11/13

PICKS New Products in 2014:

As LVI enters a new chapter there are many amazing things ahead! For years there has been a program for thinking "Implants" in terms of proper physiologically based implant placement, however this has taken on a powerful new direction! There is now a complete continuum where a combination of both hands-on, live-patient implant training as well as restorative concepts can be mastered with the helpful guidance of leaders in the next stage of implant thinking!

One of the most innovative and fundamental changes has to do with platform switching with tapered connections and that concept alone is worth the time in the program. It allows for implants that don't smell like a fish tank under the abutment because there is seal and gap-size smaller than the bacterial filth that rots inside other implant systems. There are different systems employed at LVI in the Implant continuum however the darling is Implant One. Elegant and solid with incredible support and innovative thinking... if your patients are missing teeth, this is worth knowing more about!



Not to rest on innovative fixture/abutment connections alone, Implant-One is about to introduce a single-drill system designed by Leone Implants where the entire implant osteotomy can be prepared with a single drill without the fear of overheating the bone or clogging the twist drill! Simple and convenient ways to enhance success and elegance... keep your eye on Implant-One and Leone in the coming years!

Visit www.implantlogistics.com for more information.

Upcoming Implant Courses at LVI

Restorative Session 1 August 13-15, 2014

Restorative Session 2 December 4-5, 2014

Surgery Session 1 January 22-24, 2014 August 17-19, 2014 Surgery Session 2 March 12-14, 2014 October 15-17, 2014

Surgery Session 3 May 7-9, 2014 November 5-7, 2014

www.lviglobal.com/implantology-curriculum



On a more clinical note, there are few things as exciting as finally getting to take off your braces and see what the teeth look like again after 18-24 months under bonded brackets... unless there are ortho scars!! Five Star Ortho has just released SeLECTDefense - which has undergone some five years of University testing and has shown that it can help protect that all important reveal appointment for both the patient and the dental team! SeLECT Defense technology is a Selenium based organic compound - a naturally occurring mineral that when added to our sealant creates a localized biologic barrier with antimicrobial effects. Simply replace your bonding agent with SeLECT Defense... or in your active cases, bond over the brackets and teeth... it's just that easy!

Visit www.fivestarortho.com for more information.



With more delicate and precise procedures come more delicate and precise instruments. This obviously becomes an investment and the proper maintenance and longterm functionality is critical in all aspects of surgery and advanced procedures. This means your Castroviejo needle holders with the smooth action, plated handles, exceptional beaks need to be cared for properly so that they can help you care for your patients properly. The problem is all these precision instruments get dumped in enzymatic cleaners with very caustic pH levels and are left with corroded handles and beaks and sketchy action. To protect not just their fine instruments, but all of yours, A-Titan has just released ColorZyme, an enzymatic cleaning solution that actually has a pH of 7.2 and the only enzymatic cleaning solution on the market that is neutral and able to leave a lubricating protective coat to ensure long term maintenance free functionality in your instruments. That neutral pH means that you no longer destroy the color on your instruments and they not only continue to look new, they perform like new also. Your game is only as good as your equipment and your equipment is only as good as its care!

Visit www.atitan.com for more information.



Secure your practice. Is your patient data wide open? Are you HIPAA and PCI compliant? Do you have a disaster recovery plan? Without the right protection, expertise and preparedness, your practice is at risk. Millions of dollars are lost each year because of a data breach or failures to comply. We offer the critical tools and services to protect you and your practice from a data related catastrophic event. Act now and call us today for a Free Risk Assessment.

- **+ OFF-SITE DATA BACKUP & RESTORATION**
- + HIPAA/PCI COMPLIANCE
- + DATA BREACH COVERAGE

(800) 871-7640

DentalPracticeCompliance.com

DENTALPRACTICECOMPLIANCE



66 Williams Dental Lab is our secret weapon it's what keeps us miles ahead of the competition. They make us look like superstars, and we get all the credit!"

— Dr. Daniel Daniel

General and Cosmetic Dentistry Halifax, Nova Scoatia



7510 Arroyo Circle, Gilroy California 95020 Office 800.713.5390 Text 408.781.1306 williamsdentallab.com www.facebook.com/williamsdentallab

Experience the Beauty and Precision!

Brilliant Esthetics... World Class Precision... Ultimate Performance... For Every Indication!

For aesthetically sensitive cases, no materials perform like IPS Empress® Esthetic, IPS e.max[®] and IPS e.max[®] CAD. No other laboratory can match Aurum Ceramic[®] in making the most of your Advanced Cosmetic restorations.

- A perfect fit in your practice... for strength, precision and aesthetics throughout the mouth.
- Beautiful, durable all-ceramic restorations Crafted by the leader in Comprehensive Aesthetic • and Implant Dentistry.
- Unique optical techniques create the ultimate esthetic result.
- Indicated for everything from single units to full mouth aesthetic cases. • IPS e.max[®] is also a great choice for 3 unit anterior bridges (from 2nd bi-cuspid forward).

Learn about IPS Empress[®] Esthetic, IPS e.max[®] and IPS e.max[®] CAD from Aurum Ceramic. Request your information package today!

Visit us at www.aurumgroup.com

LVI Preferred Lab Partner



Call your closest Aurum Ceramic Laboratory TOLL FREE

Nevada, Utah, New Mexico And Arizona: 1-877-254-5334 Washington, Oregon, Montana And Idaho: 1-800-423-6509 Other North American Locations:

1-800-661-1169



*Designed and Manufactured in North America 📜