

Aesthetic Dentistry

TECHNOLOGY AND TRENDS IN PRACTICE DEVELOPMENT • VOLUME 14 ISSUE 3 • WINTER 2015

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Embracing Change

What's Holding You and Your Patients Back?

For over forty years, the Dr. Dick Barnes Group and Arrowhead Dental Laboratory have made it our goal to help dentists become better and more productive. During that time, I have come to understand a truth that is at the heart of why change can be so difficult. That truth is centered on the role that memory and imagination play in the formation of what we allow ourselves to become.

Memory can be our worst enemy because it can remind us of failed attempts and mistakes. It can limit our vision to the confines of the past. In this capacity, memory becomes the "food" of fear and doubt. Imagination, however, liberates our vision and allows us to contemplate a rich and satisfying world of possibility. The movement from memory to an imagination-based approach to life and dentistry requires that we stop feeding on fear and instead embrace change as a means of making imagination a reality.

The process of change is something that both dentist and patient need to do together, for truly life-changing dentistry. Dentists often fear harming a patient or doing something that might open themselves up to liability. Patients sometimes fear pain and the perceived costs involved in comprehensive dentistry. Such fears are the primary reasons that case presentations are not presented well and consequently not accepted. For dentists, the responsibility is two-fold: we must change and overcome our fears before we can help patients do the same. Fear and doubt must be replaced with hope and faith in oneself. If you have hope and faith, there is no room for fear and doubt.

Change or Be Changed

To make an effective change, you will need the proper mindset. In my experience, there are two primary ways that most people approach change:

1. They change because they are forced to.
2. They change because they want to realize a vision.

Most people are predisposed to the memory mindset. That means they typically resist making change until external forces compel them to do so. Ironically, doing so is likely to result in negative outcomes, which makes them even less likely to make meaningful change in the future. This mindset is one of the key reasons that so many dentists and their practices never reach their production potential and why these same dentists are often unhappy with their choice of profession.

Consider fostering an imagination-based mindset, in which you make changes to realize your vision. This is critical if you want to

make meaningful strides in your career and take your dentistry to the next level. Having this mindset is also critical for patients to accept your case presentations. I have said for many years that patients buy "you" before they buy "your dentistry." If you don't have a vision, then patients have nothing to buy. I've always liked the saying, "It is better to shoot for the stars and miss than aim for manure and hit it dead center." If you miss the star, you can catch it the next time around.

Creating an imagination-based mindset that fosters change sounds easy enough, but most dentists fail because they don't know how to begin. Fortunately, I have a couple of suggestions to get you started.

First, read Dr. Downs's article on page 36. He shares some of the ways that he has embraced change and moved past some self-imposed limitations. Many of his insights are also part of the courses he teaches with the Dr. Dick Barnes Group.

Stop feeding on fear and instead embrace change as a means of making imagination a reality.

Second, if you have difficulty imagining your future, set daily production goals. I have a simple rule that I applied in my own life: "Become a better dentist every year." There should never be a time when you are just coasting on your skills. If that describes you, start today to improve and copy success by copying successful dentists. Nothing inspires the imagination like learning from other dentists who are already doing amazing things.

Finally, dentists should share their vision with their patients. I highly encourage every dentist to practice what I call "human engineering." Present value to patients in terms that resonate with them. For more information, read Tawana Coleman's article on page 14. Tawana shares the importance of the new patient interview and how that interaction helps patients move past their fears and embrace the world of possibility that you can offer.

There has never been a better time to be a dentist. You are practicing at a time when materials are the best they have ever been, technology allows you to do more advanced procedures, and educational opportunities allow you to go to new frontiers. If you can't remember when you were excited about dentistry, then imagine what you want it to be. Now is the time to make a meaningful change. You can make it happen! □

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The Guy

Everyone Can Have a Beautiful, Functional Smile.

After seeing my picture on the cover of this magazine, you might assume that I'm some kind of celebrity, rock star, or uber-wealthy Wall Street businessman. After all, who else is featured on the cover of a cosmetic dentistry magazine with a killer smile except for the rich and famous, right? *Wrong.*

I'm just a regular guy, a father, an entrepreneur, and a high school baseball coach—the kind of guy who could be your next-door neighbor. But I'm also a guy who (for most of his life) was unhappy with his teeth and finally decided to do something about them! I'm a guy who might very well be like you, like one of your family members, or like one of your patients.

A Starting Place

My story begins just like anyone else's. I had a typical (and great) childhood on the East Coast. I grew up, went to high school, played sports, and then went on to college to play baseball. While attending a university, I met and married my wife. We have been married for 21 years and have six children—and surprisingly enough—one grandchild. I know I don't look old enough to have a grandchild, but it's true. I really am a grandfather.

I have spent my career doing a lot of nothing and a whole lot of everything! I currently own several companies focused on increasing brand recognition and providing procurement solutions for a variety of markets. Our companies are based on relationships and we count all of our clients as family friends! I love what I do for a living and love my life overall.

Everything has been great in my life; my only real complaint was with my smile. In my family—as is the case with all families—you either inherit your dental genes from your dad's side of the family or your mom's family. Some of my siblings were fortunate enough to get my dad's genes. They have great smiles with few problems associated with their teeth.





Next Door

However, I inherited my dental genes from my mom's family. My brittle teeth were plagued with problem after problem throughout my entire life. I endured numerous trips to the dentist over my lifetime and spent a significant amount of time undergoing orthodontic work. Because of heredity, I knew that my need for substantial dental work would be an ongoing issue throughout my life.

Choosing the Team

My younger brother happens to be a friend of Chris Barnes, the son of Dr. Dick Barnes (the dentist entrepreneur who started Arrowhead Dental Lab). Because of my brother's friendship, I've known the Barnes family for about 25 years. A couple of years ago, my brother and I started talking about teeth and what could be done about my smile. At the time, my teeth were in terrible condition and I knew that I needed to do something about them. I was intrigued by the idea of getting my teeth completely restored and my brother recommended that I talk with the folks at Arrowhead.

Luckily, they referred me to Denver-based dentist Dr. Jim Downs. When I say

"luckily," it's because Dr. Downs is an expert in the cosmetic restoration field. He is not only an expert and artist at full mouth reconstruction, he also teaches a course on the very subject to colleagues with the Dr. Dick Barnes Group.

My initial meeting with Dr. Downs was very positive. He is professional and knowledgeable and I can definitely tell that he cares about the health and well-being of his patients. Dr. Downs examined my teeth and determined that a full mouth reconstruction would be the best option for me. He fully explained what the process would entail: essentially placing crowns on all of my teeth in both my upper and lower arches.

To be honest, I initially felt a little conflicted about this idea. The process seemed straightforward enough. However, I was hesitant because I was worried that the crowns would resemble the veneers that I had seen on some other people, which to me looked completely unnatural. I didn't want to look like I had crowns or dentures. I wanted my teeth to look *real*.

I expressed my concerns to Dr. Downs and he assured me that the Arrowhead Elite dental restorations that he would use would not look fake at all. He showed me photos of some of his patients who had recently undergone the procedure with Elite

I'm a guy who (for most of his life) was unhappy with his teeth and finally decided to do something about them!

crowns and I was completely blown away! Their teeth looked amazing. They were translucent and shiny and perfectly shaped. If I met those people without knowing they had dental work done, I would have assumed that they were blessed with "good teeth genes," like some of my siblings! I would never, ever have guessed that those weren't their "real" teeth.

Up to Bat

After that appointment, my wife and I discussed the procedure. I needed a lot of dental work done anyway. Several of my teeth needed root canals. Some of my teeth were chipped. My teeth were hardly what you'd consider pearly white. I knew that because of my poor dental genes, these problems would keep growing as time passed. So we asked ourselves, 'Why not make >

Aesthetic Dentistry

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the investment now and get it done? That was it. Anyone who is an entrepreneur is a bit of a risk-taker, so it didn't take too much convincing for us to make our decision. I called Dr. Downs and we started the ball rolling.

I flew to Denver, CO, to meet with Dr. Downs at his office and spent an entire day there. At the first visit, Dr. Downs prepped my teeth and made temporaries that looked great and lasted until the final restorations could be placed. During the treatment, I never really felt any fear. I had been to a lot of dentists during my lifetime because my teeth were so poor. So it just felt like any other dental visit.

But it really wasn't! On that initial visit (after Dr. Downs finished prepping my teeth and installing the temporaries), he showed me a series of photos. An image that really struck me was one with my own teeth filed down into little knobs. I gasped when I saw it and thought, 'This is serious!' There was no turning back. We needed to keep moving forward. I was pumped and ready to go!

The Next Inning

I wore temps on my upper arch for about two months until the final restorations could be seated at the Full Arch Restoration Course. Dr. Downs did the work and seated the restorations at Arrowhead Dental Lab in Salt Lake City, UT. The process went very smoothly. There was no pain whatsoever and no discomfort. From the beginning, I was extremely pleased with how my teeth looked. My wife and my children all agreed that they looked great. Today, my children often joke about "Dad's perfect smile."

The only issue I had with the permanents on my upper arch occurred shortly after the permanents were seated. At that time, I noticed some sensitivity on a couple of my upper molars. I spoke to Dr. Downs about it and he wasn't overly concerned. He said that this type of sensitivity is normal and it should disappear within a week. But if it didn't, then I should call him back. Dr. Downs was right. Sure enough, in less than

Most people are drawn to happy, smiling people. And couldn't this world use more people who are confident, happy, and smiling?

a week, the sensitivity went away and it never returned. I've had no other problems with my teeth. I'm completely happy with how they look and feel and wouldn't want them any other way.

The biggest change in my life is the fact that I actually try to show my teeth when I smile. When I look at pictures from the past, I notice that I nearly always smiled with a closed mouth. My teeth were chipped and they weren't a bright white. So I was a bit ashamed of them and I often tried to hide them. Today, I am incredibly proud of my teeth. I smile big and wide and people often comment, "Wow! Your smile is incredible!" I don't care who you are or how much self-confidence you possess, hearing those kinds of comments from friends and strangers alike definitely has an impact on how you feel about yourself. It boosts your self-esteem and self-image.

With an increased confidence level, you feel better about yourself. And when you feel better about yourself, you smile more. When you have more confidence and smile more often, everything else in life is positively impacted as well.

My advice for other patients who are considering large-case treatments for their teeth is to make it a priority! It has been a great experience and is truly life-changing. If you make the decision to get your teeth done, follow through with the entire process all the way to the end.

Pep Talk from the Coach

I think most people take their teeth for granted. We don't necessarily pay attention to them, but they play a huge part in everything we do—whether it's eating, talking with people, or just showcasing a positive, friendly face. I always notice people who are consistently smiling. I'm drawn to such people, and I'm sure most people are drawn to happy, smiling people. And couldn't this world use more people who are confident, happy, and smiling?

As I noted previously, don't fool yourself into thinking that a smile like mine is only for the wealthy and the famous. It's not. It's for everyone! Everyone deserves to have a beautiful, functional smile that they can be proud of. I am just a working guy who coaches high school baseball, loves sports, loves the outdoors, and loves my career and my family. I've always been that guy and I still am. Yet now, I'm also a guy who has a great, functional smile.

My experience with full mouth reconstruction was so positive that two of my siblings have also had their teeth restored. Their experience was similar to mine and they love their new smiles just as much as I love mine. I would recommend this procedure to anyone. Take the risk! Make the appointment. Get that beautiful smile that you've always dreamed about. You won't regret it for a minute! ☐



Chris Studdert, before the full mouth reconstruction.



Chris Studdert, after the full mouth reconstruction.

Chris Studdert holds a bachelor of arts in political science from Brigham Young University in Provo, UT. He is the founder of Graham Promos, a promotional product and apparel solutions company. Chris is an avid sportsman, coaches his local high school baseball team, and enjoys spending time with his wife (Abby) of 21 years, his six children, and one grandchild.



Amie Jane Leavitt has been working as a professional writer and editor since 1999. During that sixteen-year time period, she has written and edited extensively for both online and print media. Leavitt has worked as a member of the Aesthetic Dentistry editorial team since 2013 as one of the magazine's main copywriters and editors.

COVER STORY CREATIVE TEAM

AESTHETIC DENTISTRY: **Dr. Jim Downs**, Denver, CO
PORCELAIN RESTORATIONS: **Roy Petersen**, Arrowhead Dental Laboratory, Sandy, UT
PHOTOGRAPHY: **Justin Grant**, JustinGrantPhotography.com
HAIR AND MAKE-UP: **Melinda Johnson**, Salt Lake City, UT

COVER STORY CASE DETAILS

by Arrowhead Dental Lab

An initial examination was conducted and the following information obtained:

- x-rays
- photographs
- impressions of upper and lower arches
- a CR bite and a swallow bite to determine the new vertical

Chris's starting Shimbashi vertical measurement was 13 mm, with the goal of increasing his vertical to 16.5 mm. We utilized the swallow bite technique, then fabricated a flat plane appliance for the lower arch, followed by splint therapy for a period of three months. Based upon the findings of an examination, Chris required extensive tissue correction from teeth 4 through 13, up to 1.5 mm. This was accomplished with the use of the Carbon Dioxide Denta2 laser from Lutronic® at the time of surgery.

Prior to case acceptance, a diagnostic wax-up was fabricated on the maxillary arch to the newly verified vertical and anterior/posterior position acquired from the appliance therapy. The natural smile design showed the required tissue adjustments and then established an ideal curve of Spee and Wilson for the occlusal plane.

Based upon the various factors, a segmental treatment plan was selected with the focus of taking the maxillary arch to completion before restoring the mandibular arch. Snowcap long-term temporaries were fabricated that adapted to the natural unprepared dentition on the lower arch, also referred to as a living splint. This allowed the doctor to verify and complete the maxillary arch while at the same time creating a mandibular arch that would properly occlude with the maxillary arch.

CASE MATERIALS

- Impregum™ impression material, light body and heavy body.
- Regisil® PB™ 2x Bite Registration Material.
- Arrowhead white wax-up, tooth numbers 2 to 15.
- Arrowhead Radica® temporaries (Snowcaps), tooth numbers 17 to 31 (three sections: 17 to 21, 22 to 27, 28 to 31).
- Arrowhead Elite e.max press crowns, tooth numbers 5 to 12.
- Arrowhead Elite PFM, tooth numbers 3 and 14 with metal occlusion.

Sleeping Giant

Awaken the Production Potential of Sleep Dentistry.

"Kleinduimpje Efteling" by Jeroen Kransen — originally posted to Flickr as Hop o' My Thumb. Licensed under CC BY-SA 2.0 via Commons

People who suffer from obstructive sleep apnea (OSA) may have a longing to sleep just like the giant does in the above photo. However, this luxury isn't an option for many OSA sufferers unless medical intervention is taken. Oral appliance therapy (OAT) from dental providers may offer relief, particularly in mild-to-moderate cases of OSA. Differentiating your practice from other dental practices is one of the most effective ways of growing your business. To enhance your value proposition and set yourself apart, you don't need to look far.

Dentists shouldn't underestimate what their patients may opt for.

Sleep Dentistry (a.k.a. Dental Sleep Medicine) has emerged as a promising growth sector within the broader dental industry. According to the American Academy of Dental Sleep Medicine (AADSM), dental sleep medicine is, "An area of dental practice that focuses on the use of oral appliance therapy to treat sleep-disordered breathing, including snoring and OSA. Dentists work together with sleep physicians to identify the best treatment for each patient." OSA is classified as an obstruction of the airway,

whereas central sleep apnea is a failure of the brain to signal the muscles to breathe.

Dr. B. Gail Demko of Sleep Apnea Dentists of New England in Weston, MA, focuses her practice solely on sleep dentistry. In 1997, Dr. Demko stopped practicing general dentistry in order to service patients with dental sleep disorders. In an interview with *Dentistry IQ* magazine, Dr. Demko said, "With more than 80 percent of the sleep-disordered breathing maladies undiagnosed, the vast majority of patients are not even seeking help. Most dentists do not even ask if a patient snores. For me, this simply highlights the great opportunity that exists for dentists interested in providing sleep solutions for their patients."

When it comes to dental sleep medicine, dentists often assume that their patients won't want to pay for treatment—their assumption is that patients will only want what insurance will cover. Keep in mind, that most insurance benefits *will* cover OAT for diagnosed OSA patients. Generally, insurance companies will not approve OAT for snoring only. Dentists shouldn't underestimate what their patients may opt for, particularly when it comes to getting a good night's sleep.



- https://commons.wikimedia.org/wiki/File:Kleinduimpje_Efteling.jpg#/media/File:Kleinduimpje_Efteling.jpg

Benefits of Sleep Dentistry:

1. According to the American Sleep Apnea Association (ASAA), "An estimated 22 million Americans suffer from sleep apnea, with 80 percent of the cases of moderate and severe obstructive sleep apnea undiagnosed." The sheer number of people suffering from some form of sleep apnea means that most dental practices already have a sizable patient population that may benefit from dental treatment.
2. ASAA further reports that, "approximately 90 million Americans suffer from snoring activity during sleep." Again, most patients who suffer are simply unaware that help may be available with oral appliance therapy.
3. AADSM reports that more than 100 oral appliances have received clearance from the U.S. Food and Drug Administration (FDA). Custom appliances are available for dentists and patients who decide that oral appliance therapy may help.
4. In 2015, the global sleep apnea diagnostic and therapeutic devices market was **\$3.7 billion** and is estimated to reach

\$5.3 billion in 2020, growing at a compound annual growth rate (CAGR) of 7.2 percent from 2015 to 2020 (according to a *MarketsandMarkets* report). The projected growth potential of the sleep dentistry market is similar to growth projections for more traditional dental treatments.

5. In an October 21, 2015, news release, Transparency Market Research reported that the dental prosthetics market (including bridges, crowns, veneers, dentures, and others) was **\$3.0 billion** in 2014, and is expected to grow at a CAGR of 7.6 percent from 2015 to 2023 to reach an estimated value of **\$5.8 billion** by 2023. Adding sleep dentistry to more traditional dental treatments increases revenue potential and capitalizes on two areas of growth.
6. The common treatment for those suffering from OSA, continuous positive airway pressure (CPAP), is onerous. A patient is required to use a mask, a tube, and a machine with a motor, which can be difficult to tolerate—therefore, longterm compliance is a major issue.
7. The AADSM and the American Academy of Sleep Medicine (AASM) consider OAT a first line of treatment for mild-to-moderate sleep apnea and as an alternative for patients who do not tolerate CPAP. Therefore, dental sleep medicine can dramatically increase the value proposition that dentists can offer their patients.
8. The appliance therapy options currently available allow chairside interactions that are quick and create a recurring interaction with the patient. OAT typically requires three to four appointments for the initial treatment, and then annual or semi-annual recall appointments.
9. Current continuing education (CE) offerings and the overall movement towards appliance therapy and away from invasive surgery have dramatically lowered the bar for dentists to add this type of dentistry to their practice.

Patient Potential

MayoClinic.org suggests that as many as 1 in 15 adults has moderate to severe OSA. Consider how many patients of record you currently have and divide that by fifteen. This becomes the number of potential patients for which a whole new series of treatment options can be offered just within your practice. The best part is that these treatments do not cannibalize any of your existing services. Instead, they increase the perceived value

"With more than 80 percent of the sleep-disordered breathing maladies undiagnosed . . . [a] great opportunity . . . exists for dentists interested in providing sleep solutions [to] patients."

—B. Gail Demko, D.M.D.

that you bring to patients and create a new revenue stream. In addition, sleep dentistry allows dentists to deliver significant health and quality of life benefits to your patients.

Obstructive sleep apnea is often accompanied by severe health consequences (see sidebar on page 34, "Comorbidities of Sleep Apnea"). The upside for patients and the potential to provide solutions that differentiate your practice from other dental practices is significant. ▶

Continued Growth

Not only does sleep dentistry provide dentists with an opportunity to differentiate themselves, it also offers a compelling growth potential. This growth is driven by a number of key factors, including:

- The large number of patients with sleep apnea and other sleep disorders.
- An increasing awareness by the general public of dental treatments for sleep disorders.
- The growing number and use of oral appliances.
- The availability and increased use of cone-beam imaging, which allows highly accurate imaging of a patient's airway while he or she is in the dental office.
- Patient dissatisfaction and general non-compliance with traditional treatments like CPAP.
- Ancillary health problems associated with sleep apnea.

OSA Treatments

Today, typically only patients with severe OSA opt for surgery as a form of treatment. For sleep apnea patients, a surgical regimen is catered to the individual, based on his or her unique symptoms and the severity of the obstruction. Sometimes a

In addition, sleep dentistry allows dentists to deliver significant health and quality of life benefits to your patients.

combination of surgeries is recommended and success rates can vary widely. A *New York Times* report on sleep apnea entitled "Sleep Apnea In-Depth Report" found that, "Success rates for sleep apnea surgery are rarely higher than 65 percent and often deteriorate with time, averaging about 50 percent or less over the long term."

Further, sleep apnea surgeries have a history of being excruciating for some patients. In April 2008, David Yu, a publishing director, told *Health* magazine that sleep apnea surgery (tightening the upper palate and removing scar tissue from a tonsillectomy) was "the most painful 14 days I've ever been through."

The gold standard for severe OSA patients is the CPAP machine, with success ranging in various studies from 80 to 95 percent. As noted previously, however, the problem with CPAP is simply patient compliance. When people return home, there's a good chance they just won't use the CPAP machine.

Fortunately, the largest numbers of patients who suffer from sleep apnea are in the mild-to-moderate categories. (The severity is based on the number of times in an hour that an individual stops breathing, or that airflow to the lungs is reduced. The definition includes a reduced or stop in airflow for ten seconds or longer during sleep). According to *WebMD*, mild apnea is defined as "5 to 14 episodes of apnea or reduced airflow to the lungs every hour." Moderate apnea is defined as "15 to 29 episodes of apnea or reduced airflow to the lungs every hour." Severe apnea is defined as "30 or more episodes of apnea or reduced airflow to the lungs every hour."

Based on an individual diagnosis, treatment may include OAT. Some of the advantages of OAT are that the appliance is comfortable, easy to wear (which increases compliance),

easy to care for, non-invasive, easily adjustable, and can provide an increased air passageway. Understanding the importance of OAT is vital in the treatment of sleep apnea. According to the American Sleep Association, OAT is typically used for mild and moderate OSA, as well as for severe cases in which CPAP cannot be tolerated. By incorporating sleep apnea treatment into your practice, you can further enhance the services you offer and help improve your patients' overall health.

The Sleep Dentistry–Cosmetic Connection

Another great feature of sleep dentistry is the natural synergy it has with large-case cosmetic and reconstructive dentistry. With much of the treatment modalities in sleep dentistry centered on appliance therapy, the changes that can result in the treatment of sleep apnea naturally lead to discussions of the benefits of full arch reconstruction and large cosmetic cases. Many of the sleep appliances on the market seek to modify the placement of the jaw while the patient sleeps. In certain cases, the suboptimal jaw position and the resulting constriction of airflow can be the primary factor in a patient's sleep disorder. In such cases, optimization of the patient's smile, including splint therapy and changing the occlusion, may offer a solution to the problem.

Some oral appliances seek to treat the underlying causes of sleep apnea by increasing the size of the airway via palatal expansion. One of the side effects of this approach can be the creation of gaps between the existing dentition. Here again, there is the opportunity of engaging patients in improving their smiles, once the treatment of the underlying sleep disorder has been completed. It is much easier to present a reconstructive or large cosmetic case to a patient who has already experienced the value and lifestyle enhancement obtained through the sleep dentistry treatments. Finding and using the synergistic relationship between sleep dentistry and cosmetics is a way that sleep dentistry can increase your production and perceived value to the patient.

Continuing Education

Today, more than at any other time, CE offers general and cosmetic dentists a clear path to adding sleep dentistry into their list of specialties. The movement towards more appliance-based approaches in lieu of surgery means that in a relatively short time period, sleep dentistry can become a strong contributor to your practice's overall production. Regulations for dental sleep medicine may vary according to each state, so make sure to check with your state for any specific requirements. In addition, find a CE provider with an infrastructure in place to help you with technical support, and a lab that can produce and advise you on the different treatment options available for sleep dentistry cases.

The ultimate goal in dentistry is to provide optimal care for patients. Therefore, dentists should reach out to *all* their patients to ensure they are not suffering from sleep-disordered breathing, and if they are, take the necessary steps to help them alleviate the disorder. No one should ever look longingly at a statue of a sleeping giant and think, 'I wish I could sleep as peacefully as him!' Instead, help patients so that they confidently smile and say, 'Yes! I get to sleep that way every night! And I feel fantastic because of it!'

(continued on page 34)



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Dr. Cody Bauer, Mansfield, TX

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Create an Unco



A couple of years ago, the University of Arkansas (UARK) Razorbacks adopted the motto, “We Are Uncommon.” The head football coach, Bret Bielema, introduced the phrase at his 2012 introductory press conference. When speaking about his football recruits, Bielema said, “We recruit men that are held to higher standards. I don’t want people to be normal. I want them to be uncommon.”

Bielema’s philosophy extends to every part of the UARK football experience—and not just for players. Fans are treated to an uncommon experience, too. The stadium doesn’t just light up on game nights, it *glows* cardinal red (one of the university’s official colors). The idea of being uncommon also permeates the

Razorback culture and is effectively communicated—on tickets, banners, social media posts, T-shirts, and more—to players, students, alumni, and spectators alike.

After a recent game, I started thinking about the phrase, “We are uncommon,” in terms of the dental practices that I visit. Every new patient in your practice should walk away from his or her initial experience at your office thinking that the experience was special . . . unique . . . and yes, *uncommon*.

It doesn’t take a lot of time or work to create an uncommon experience for your patients. But I promise if you do, you will see a huge difference in the amount of new patients who return to your practice.

Common Practice

Five Messages for New Patients.



Photo by Beth Hall Photography

The First Visit

"You never get a second chance to make a good first impression."

This quote conveys the critical importance of first impressions. First impressions are important for all relationships—especially the dentist-patient relationship. A positive experience during a patient's first visit to the office largely determines whether or not you will have a continuing relationship with that patient.

New patients are the lifeblood of every practice. Don't misunderstand me—existing patients are important, too. But new patients *become* existing patients after they've had a good experience with a dental practice and decide to return for future care and procedures.

It's important to attract and maintain a flow of new patients primarily for three reasons: number one, some patients will move because of job or family obligations; number two, some patients will change dentists because of office hours or a change of insurance plans; and number three, some patients will unfortunately pass away. So you need to attract and keep new patients—continually.

The new patient experience begins when patients call the office for their first appointment. Once they're in the office, the experience continues and includes greeting new patients, gathering new patient information (the new patient interview), and communicating that information to the team before handing the patient off for treatment. >



Photo courtesy of Walt Beazley/Razorback Athletics



(Inset) Tawana Coleman with her husband, Ronnie, at a University of Arkansas Razorbacks football game in Fayetteville on Sept. 5, 2015.
(Above) Students unfurled the banner which read, "We Are Uncommon."

Meet and Greet

As soon as patients enter your practice, they should receive a greeting. Your team should greet all patients immediately—even if it's just a simple acknowledgement. It's not something that patients always receive and it can really make your practice uncommon. You might be surprised at how many practices don't acknowledge patients when they walk in the door. Even worse, I've seen some offices treat new arrivals as an interruption. Instead, teach team members to look at arrivals as an event and an opportunity.

When a new patient walks in the door, I think it's nice for team members to stand and greet them. I like to greet patients by saying, "You must be Mr. Jones," or "You must be Mrs. Jones," and be sure to make eye contact.

To facilitate a smooth process, your entire team should be ready when a new patient walks in the front door of the practice. During each morning huddle, discuss the patients for the day and particularly make note of any new patients.

After greeting patients, you should get some patient information. In days of old, we handed a clipboard to the patient and they filled out their own information. Today, with all the new technology, some offices just hand over an iPad and say, "Please fill this out." Some offices even request that patients fill out information online *before* arriving.

Instead, conduct a *new patient interview* to learn about the patient and begin to build a personal relationship. This interview is the beginning of getting to know the patient—and establishing a relationship. You will learn some of the patient's health issues and concerns, but at this point, it is still the early stages of that conversation. You can tell the patient, "This is just a conversation to get us started but don't be surprised if the doctor or hygienist goes into more detail on certain things."

I recommend an in-person interview for a few reasons. First, it gives the person conducting the interview (ideally, the financial coordinator) a chance to follow up on anything that may need clarification. Second, nothing can replace the relationship-building interaction of meeting with patients (as Dr. Dick Barnes says), "eye-to-eye and knee-to-knee." It creates a professional intimacy that's just not possible when the human element is removed.

Third, an in-person interview immediately sends a signal to your patients that your practice is unique and caring.

The new patient interview is an uncommon way of getting information about a new patient. A sample of a new patient information form is available in the Total Team Training manual (available for Dr. Dick Barnes Group attendees). Use the form as a guide when personally asking your new patients questions, and then write down their answers using their own words.

If the financial coordinator is available, this team member can greet new patients when they arrive and say, "You don't even need to sit down. Just come with me." After that brief exchange, you are ready to interview the new patient.

Setting the Stage

The new patient interview also gives team members an opportunity to deliver key messages about your practice. These messages generally include what your patient can expect during his or her visit and why your practice stands apart from others. I discuss the messages in detail in the sections that follow.

Keep in mind that the new patient interview should be conducted with anyone who is new to the office—emergency patients and second-opinion patients are often new patients. Schedule about ten minutes for this interview before the appointment. That way, the interview won't interfere with any chair time. I give some grace if the interview goes to fifteen minutes, but it shouldn't take any longer than that.

Also, the interview should take place in a private location—not in the reception area. Sometimes you have to get creative with spatial issues, but I've seen offices utilize a table and two chairs in an alcove when necessary and make it work. A lot of offices have consultation rooms—which is an ideal place. Some offices hold these interviews in a clinical operatory until they can figure out how to rearrange space. I prefer not taking up time in a production chair, but if that's all you have, then that's all you have!

Every new patient should walk away thinking that experience was special . . . unique . . . and yes, *uncommon*.

The privacy issue is important because a patient is more likely to be forthcoming with personal information in a private setting (and it is important for HIPAA compliance, too). A private area makes the interaction much more personalized and engaging. By holding a private conversation with your new patients, you send a signal to the patient that they are receiving a higher level of service.

Make sure there are no interruptions during this interview. Dr. Dick Barnes said, "Your patients need to feel your compulsive interest in them. There should be no interruptions during this crucial visit." Again, the morning huddle is a great time to communicate to team members when the new patients are expected to arrive and that no one should interrupt the meeting.

The financial coordinator is the ideal person to conduct the new patient interviews because when he or she needs to speak with the patient later on, they already have an established relationship. The person who conducts the interviews (whether it's the financial coordinator or another member of your team) should view it as more than just another task to check off on a to-do list—again, it's about connecting with patients.

During the interview, the financial coordinator should write down the answers from the patient *in the patient's own words* and follow up on any areas of concern. When discussing questions with a new patient, the financial coordinator should utilize both *active listening* and *reflective listening*. Active listening is when you ask a question and then you look at the patient as they answer. Active listening includes eye contact, nodding, smiling, and listening carefully to the answer.

Reflective listening is saying back to the patient whatever he or she has said to you. The key aspect of this type of listening is repeating verbatim what the patient says—not changing those words into the clinical terms. If a patient says, "needle," then write down "needle." If a patient says, "shot," then use that term. You don't want the patient to feel ignorant because he or she may not divulge anything more.

The Mighty Five

During the interview, the interviewer has the opportunity to communicate important messages about the uncommon service the patient is about to receive. The messages should be delivered in a natural, conversational style—not interrogation style. You can and should adapt the messages to each patient's responses. With some practice, this process can become totally natural.

I recommend five key messages to communicate during this interview. The five subjects that should be addressed are: referrals, insurance, financial issues, fear, and sterilization. During the interview, it's important to deliver *all five messages*—don't skip or eliminate any messages.

I. The Referral Message: We consider it an honor when a patient is referred to our office by someone else.

Often, new patients are referred to your office from friends, family members, or co-workers. You should always ask new patients, "May I ask who referred you to our office today?" If a

new patient answers that he or she was referred by an existing patient, say, "We consider it such a compliment when patients are referred to us by someone we know. We hope that all our patients like the practice so much that they will tell anyone who might need a new dentist—family members, neighbors, friends, and coworkers—about us."

Additionally, let patients know that the reason you ask this question is because so many of your patients *are* referrals and that you would like to thank the person who recommended your office (and by all means, if you promise to send a thank-you, be sure to follow through).

More and more often, patients are finding dental providers from an Internet search engine or from an approved insurance provider list (*for more information, see "Out of Site, Out of Mind," Aesthetic Dentistry, Spring 2015*). If a patient finds your office from such a source, you can still give the referral message during the new patient interview. A good response in such a situation is, "The reason I ask that question about referrals is because a lot of our patients are referred by other patients. We hope you love it here as much as they do." >

In addition to asking about referrals, dental offices should track the sources of all their referrals so that they can identify which sources are the most effective at generating new business.

2. The Insurance Message: We are going to research and help you maximize the benefits of your insurance.

Always ask new patients if there is any dental insurance to be considered. If a patient responds affirmatively, reply with, "Great! It's lucky that you have this benefit. We pride ourselves in researching all our patients' benefits. Our goal is to help you understand the maximum in your deductible and where it applies."

Unlike some practices, your office will let patients know how their insurance works, and if they have questions about insurance benefits, they should feel free to ask anytime. You don't want patients to miss out on important treatments because they don't understand their insurance benefits. If a patient doesn't have insurance, don't dwell on it. Just move on to other questions.

3. The Financial Message: We promise to communicate with you regarding any charges and we will let you know in advance what treatments we are doing.

Follow the insurance question with a financial one. The interviewer should ask, "Are you concerned about the finances required to return your teeth to excellent health?" If the patient responds affirmatively, say, "Well, you will be glad you're here because you will always know about everything in advance—before we do any treatments. And we have ways to help patients

fit treatments into their budgets." If a patient doesn't express any money concerns, say, "I was not assuming that money is an issue for you, but we simply ask all patients that question. However, you will be glad you are here because you will always know about everything before we do anything."

4. The Fear Message: We care about our patients and their specific concerns and will work to ease any fears.

Most patients volunteer their fears without a lot of prodding. Ask, "Do you have any fears?" Keep the question short, and if the patient says, "yes," then let him or her explain why. Don't assume that because a patient has a fear of the drill that you know why. After a patient has finished the explanation, simply reassure him or her how gentle the dentist is and that you will let the assistant and the hygienist know about their past experience and concerns. Reassure the patient that no pain or discomfort that was experienced in the past will be repeated in your office.

5. The Sterilization Message: Our patients' health and well-being is our number one concern. As such, everything we use in the office is either hand disposable or heat sterilized.

When you ask patients about their health history, also ask about a diagnosis of hepatitis or HIV. No matter what the response, reassure patients that all the tools used in the office are heat sterilized and hand disposable (if applicable). This proactive approach relieves anxiety for most patients. Communicate to patients that their well-being is your number one concern.

I've visited some practices where, before booking an appointment, a prospective patient has asked to tour the office and see where the office cleans their instruments. Giving patients a message about the sterilization practices may address any questions regarding potential contamination before they arise.

The Million-Dollar Question

During the new patient interview, always ask what I call the "million-dollar question." It's a million-dollar question because once you start asking the question to your patients, your practice can increase revenues dramatically (whether you already make a million dollars or want to increase by a million more)! Ask patients, "Are you dissatisfied with your teeth and their appearance?"

I always ask this question just before the financial questions. It prompts patients to start thinking about the function of their teeth, their smile, and what they would change if they could.

When asking the million-dollar question, use a lot of reflective listening. Remember, the interview is intended to find out information and connect with a patient, not to offer treatment suggestions. Avoid any temptation to offer solutions when the patient responds to the million-dollar question. For example, if a patient says, "I'm missing this back tooth and when I smile you can see it," it is not appropriate to suggest implants as a solution.

Merely respond by saying, "I'm so glad you're here! If anyone can help you with your missing back tooth, it's our doctor." Alternatively, you might say, "I'm glad you brought that up! I'll let the doctor know you inquired about it."

Apply uncommon practices to the new patient experience—it can change new patients into patients for life.

Again, don't make any assumptions about what you might hear in response to this question. Some people are more concerned about how their teeth function and some people are more concerned with the appearance of their smile. The concern may even be a combination of both. After thousands of interviews, I've learned that different patients want different things. Just recently, I heard a gentleman respond to the million-dollar question with, "I just want to be able to eat corn on the cob for the rest of my life." Of course, the patient was ultimately communicating that he wanted strong teeth, but I made sure to write down his wishes in his own words.

Walk the Talk

After finishing the interview, it's a good time to ask patients to sign the HIPAA form and consent for the treatment (if appropriate) and make copies of all the documents (even if you're in a hurry). Then give patients a copy of the HIPAA form and excuse yourself to pass along the information to the next person who will be interacting with the patient.

The information should then be quickly communicated to other staff members in the practice, including the doctor. Review the interview form and highlight any important information—such as allergies to medication, dental fears due to past experiences, and any other critical information that patients may volunteer. That way, the hygienist and doctor can quickly see the most critical information without taking the time to read it in detail if time is short. *(continued on page 34)*

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Lights, Camera, Action

Internet Marketing, Part 3: How Video Can Drive Patient Engagement.

During the summer of 2014, the Internet was inundated with what *Money* magazine author Ethan Wolff-Mann called, “the online equivalent of the largest chain letter ever”—the ALS Ice Bucket Challenge. If you logged on to Facebook or YouTube or even just watched the network news, you inevitably saw a friend or celebrity dumping a bucket of ice water over their head in order to raise awareness for a disease called amyotrophic lateral sclerosis (also known as Lou Gehrig’s disease). After pledging to raise money and/or awareness for the disease, participants then nominated friends to participate in the challenge as well.

According to the *New York Times*, Facebook users posted more than 1.5 million videos of the challenge on Facebook between June 1 and August 13, 2014. Further, *The New York Times* determined that on Twitter, the ALS Ice Bucket Challenge was mentioned more

than 2.5 million times. Wolff-Mann wrote, “The Ice Bucket Challenge was immensely successful—a break-the-Internet phenomenon that spread all the way up to President Obama.”

Although many lessons could be gleaned from the Ice Bucket Challenge, one lesson was clear—online videos are a powerful way to communicate a message and cannot be ignored, especially on dental websites.

Video content as a means of communication is a largely new area for most dentists. But it can be utilized in many valuable ways—to attract new patients, to highlight successful treatments, to showcase an overall positive perception of you and your practice, and to quickly and easily share information about your practice. Your videos may not achieve the superstar status of the Ice Bucket Challenge, but they can be an extremely effective way to highlight the many benefits of your work.

A New Frontier

In the past, finding a dental provider was primarily a word-of-mouth exercise—people actually talked to each other face to face about an experience and offered an opinion. The effectiveness of word-of-mouth referrals was largely due to a high degree of trust, which person-to-person interactions inspire.

The past two decades have seen this model turned on its ear. Today, people look at online reviews from strangers and make purchase decisions from the recommendations of people with whom they have no relationship at all. (*For helpful tips on how to handle online reviews, see the article, "Out of Site, Out of Mind, Internet Marketing, Part 1," Aesthetic Dentistry, Spring 2015.*)

According to Nielsen Holdings N.V., an American global information and measurement company, in 2013, 68 percent of consumers trusted online opinions from other consumers, which was an increase of about 7 percent from 2007. In the same study, online opinions ranked as the third most trusted source of information, after referrals from people that are known and company-branded websites.

These statistics from Nielsen Holdings are further supported by Radius Global Marketing research, which says that both millennials and baby boomers still rank a word-of-mouth recommendation as the top influencer when it comes to purchase decisions, especially for big-ticket items.

However, the ease and scope of online communication is making word-of-mouth referrals an increasingly online interaction, where it exists alongside third-party reviews and content. This paradigm shift has deep implications for many businesses—including dentistry.

For dentists, a core challenge in this brave new world of technology is that potential patients may learn a lot about a dentist online, but in most cases they hear very little from the dentist. How can dentists better manage the content that exists online about them and their practice? One answer is online video content. According to Cisco Systems, Inc., one of the world's foremost technology companies, by 2017, video will account for 69 percent of all consumer Internet traffic.

When it comes to reaching vast numbers of people, video is without equal. Every month, over one billion people visit YouTube to view video content. Because of the accessibility of video sharing, many videos go viral and quickly resonate with the public. Sometimes viral videos can change the national conversation—just like the ALS Ice Bucket Challenge did.

It's Good to Share

Most of us share videos that we find particularly insightful or meaningful. With websites like YouTube and Instagram, video sharing is a simple process that anyone can use to add to the public conversation.

Since person-to-person communication isn't practical on a large scale, video is the perfect medium for delivering meaningful content to a wide audience. Video interactions closely approximate the dynamics of a face-to-face interaction, more so than almost any other form of marketing. All of which raises the following questions: Is video-based marketing a viable option for the average dentist? If so, what kind of video content should dentists create to connect with potential patients?

The answer to the first question is a resounding, YES! Video production costs have drastically fallen in the past few years, as have the technical requirements to produce them. To produce video content, you need the following:

1. A camera to shoot video
2. A computer to edit video
3. A public place to host your video that also allows you to embed the video in your website

Today, smartphones are equipped with cameras that provide a video quality that far surpasses the quality of professional-grade video cameras from even a few years ago. While the smartphone is a good option (especially when you are first getting started), a more professional look can be achieved with a dedicated video camera. If the camera used in your practice to photograph cases is only a couple of years old, it is probably capable of shooting high-quality HD (high definition) video. Virtually every dental practice in the United States already has the ability to shoot video or can easily acquire it for a few hundred dollars.

Editing video is also a relatively simple matter. There are literally hundreds of different computer programs for editing video, adding music, and doing many of the post-production tasks (the work done after the recording has taken place) like adding text, logos, graphics, and special effects. The Apple iPhone and Google Android smartphones even allow for basic editing of video directly on the smartphone.

One lesson from the Ice Bucket Challenge was clear—online videos are a powerful way to communicate a message and cannot be ignored.

Some of the most popular video editing programs are iMovie (\$14.99 SRP for Mac users), Adobe Premiere (price varies, available for Mac and Windows), Windows Movie Maker (free, for Windows users only), and YouTube Video Editor (free, available online). Video editing is straightforward and numerous tutorials are available on YouTube to show how each of these programs can be used.

Alternatively, you can outsource video production by hiring a professional. Go online to find a resource such as Upwork (www.upwork.com, formerly Elance) to find freelance help. Video production is becoming so commonplace that you can also find ample local talent by reaching out to a local college or most online marketing companies.

Finally, putting video online (even on your own website) is extremely easy. As already noted, YouTube was created specifically to make it easy to share video content. As such, posting content on YouTube is a simple process. If you have not already created a YouTube channel (the home page for your account) for your practice, consider setting up a channel soon! It's free and Google (the parent company of YouTube) has created a simple process to get started. Go to the YouTube Help pages online for step-by-step instructions (<https://support.google.com/youtube/answer/1646861?hl=en>). Having a YouTube channel will improve your Google search ranking (see "Out of Site, Out of Mind," *Aesthetic Dentistry, Spring 2015*) and provides a central location for your videos for you to include your own branding. *(continued on page 24)*



Arrowhead at sunset.



Dr. Barnes teaching full arch dentistry, c. 1972.



All products are handmade at Arrowhead by expert technicians, c. 2008.



Dr. Jim Downs instructing at the Know Your Numbers course, c. 2014.



Kelli, a doctor relations representative works to ensure the doctor's requirements are met.



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Your Practice *is* Our Passion



When Arrowhead opened for business in 1975, things were a little different. We originally set up shop in southern California, in a one-room office with a single technician. Today, at our current location in the Wasatch Mountains of Utah, we've grown to include several hundred employees in a state-of-the-art facility.

But some things never change—like brilliant artistry, unsurpassed quality and a commitment to service. For forty years, we've provided creative solutions for discerning dentists. And you have rewarded us by making Arrowhead your partner. The Arrowhead experience provides some of the most precise, artistic, and innovative cosmetic solutions in the world—all handcrafted from the finest materials and finished by expert technicians in the U.S.A.

During the past forty years, Arrowhead has offered dentists more than just products. Our unwavering commitment to personalized service means that we provide education, one-on-one mentorship and individual attention every step of the way. Our goal is simply to help dentists become better and more productive.

As we celebrate this milestone, we offer our thanks for making Arrowhead a trusted part of your practice. Going forward, we promise to maintain our commitment to the success of your practice, the well being of your patients and our shared endeavor of elevating the art of cosmetic dentistry.

40th Anniversary
ARROWHEAD

Together, we look forward to making the future beautiful—one smile at a time. Thank You.

Once videos are on YouTube, you can simply embed them into your website. Again, YouTube has step-by-step instructions for embedding videos into your website. Go to the YouTube help page entitled "Embed Videos and Playlists" for instructions.

According to WordStream, an online marketing company, here are a few rules to keep in mind when producing videos:

1. Shoot video on a tripod or fixed platform. There are few things worse than shaky video.
2. Shoot video in a quiet place free of background noise.
3. Make sure the audio quality is good.
4. The dentist should be in the video.
5. Keep the length of the video to approximately two minutes or less.
6. Know the audience you want to reach and make sure the content is directed to them.
7. Prepare what you want to communicate in advance. Develop your message before you film, and while you film, stay on message.
8. Start the video by introducing yourself and the name of your practice.
9. Move quickly into the message you want to deliver.
10. End the video with a call to action (e.g. "I hope you found this information useful. As always, my staff and I are here to help answer any questions you might have. To learn more about [TOPIC] feel free to contact us...[PROVIDE CONTACT INFO].")
11. Brand your videos—make sure that your name, your logo, tag line, and contact information are visible. If you have prominent signage in your office lobby, consider filming the segment in front of that logo.

Content Is King!

After you are comfortable with the technical requirements of video production, you need to craft a message. To guide you in the creation of effective content, focus on the "Three Es of Content Creation:" engage, educate, and empower. If you approach the content creation effort with these three objectives in mind, you will create videos that will more likely resonate with your intended audience and drive them to take action.

The First E: Engage

Engagement happens when patients who may have just heard about you through friends, suddenly hear from you directly via video content. To promote engagement, focus the content on patients or their needs, rather than on yourself and what you would like to say. Limit the interaction to one topic or issue of concern rather than trying to address multiple concerns in one video. Keeping on topic is extremely important in creating content for videos. When you discuss topics that are important to your patients, your message will be less effective if it is unfocused or drawn out. Simply present your message succinctly.

To keep a pulse on your patients' concerns, ask front office staff members recurring questions about your patients. Find out what patients are asking for and are concerned about. The answers are prime material for patient engagement. Additionally,

the questions that patients ask you directly are fertile ground for online engagement opportunities.

For example, a dental practice that serves a family demographic could produce video content in which the dentist engages parents on questions about children and oral health. The creation of short videos addressing these common concerns is a great opportunity for dentists to reach out to patients. An added benefit of communicating with parents is that they are some of the most frequent consumers and sharers of online video content. In a very real way, you not only connect with your existing patients but you also create a powerful referral source.

Some questions to address might include the following:

- When should a child see the dentist for the first time?
- When is it safe for a child to start using a fluoride-based toothpaste?
- Are there sedation dentistry options for children?

Another great way to engage patients is by presenting videos that highlight an extraordinary patient outcome (make sure to abide by the HIPAA guidelines). There are literally thousands of topics across all patient demographics that lend themselves to effective engagement content. The key is to focus on the needs and concerns of patients and provide information that they find valuable and will hopefully share with others.

The Second E: Educate

Most patients don't know the full range of services that a modern dental practice offers. Too often, practices advertise all the services they provide, but the patient may not have any idea of the benefits of such procedures. The typical reaction most patients have to anything dental-related is to focus on expense. If patients don't understand the benefits of treatment, then they will only want what their insurance will cover.

Patients who are focused on finances need messages that target a clear value proposition. Video content for such patients should be designed to educate the patient and contextualize what can be achieved via modern dentistry.

The power of educating patients cannot be overstated. Consider the following: As a dentist, would you rather have a patient ask you about full arch reconstruction? Or would you prefer always bringing up the subject? The answer is probably self-evident. Outside of cleanings, cavities, and crowns, most patients have no idea about dentistry's scope and its potential to improve their quality of life. This is a huge opportunity to connect with patients in a meaningful way that builds a sense of trust, while at the same time educating them as to the many opportunities available for their dental health.

To create educational videos, think about the types of outcomes that you can deliver. If you want to increase the amount of certain procedures in your practice, educate your patients on the benefits of that procedure.

For example, if you want to do more large-case reconstructive dentistry, create a short video or series of videos designed to quickly educate the patient about the benefits of reconstructive dentistry. Consider creating a video about how chronic headaches can be solved by creating proper occlusion. Or perhaps create

a video to address how cosmetic issues can often improve jaw function. Highlight the benefits of reconstructive dentistry in terms of the direct and ancillary benefits that the patient can experience, rather than the procedure itself.

You can't expect patients to want what they don't know exists. Educating patients about dentistry's potential in a medium that is readily available has huge advantages for a minimal cost.

The Third E: Empowering

The first two Es are the most difficult part of content creation: trying to engage and educate patients. Once you've identified how to do the first two Es, the third E (empowerment) is easy and very natural. Empowering patients is providing them with a clear path to take action on the momentum generated by the content. This is usually done by presenting the information in a clear and concise manner and then extending an invitation for them to contact you if they have additional questions. Create the feeling that you are speaking directly to them and that you are there if they need additional help. Making videos that are publicly available on your website or on YouTube makes it possible for patients to have a virtual interaction with you anytime that is convenient for them.

If a video is available on your own YouTube channel, patients are then empowered to share those videos with their friends and family. Sharing content online is quickly becoming the new paradigm for "word-of-mouth" communication. Empowering your patients to share what they like makes you accessible to them and their network of friends and family members.

In this world of information overload, it is increasingly important to foster a human connection. In many ways, technology broadens

the ways and degrees to which dentists can relate to and communicate with their patients. For some dentists, the initial reaction is to eschew technology and only focus on the traditional ways of interacting with patients. The problem with this approach is that the modalities and methods that patients are using to communicate are changing almost as quickly as the technologies. Not engaging with patients using online tools will result in patients finding information about a dentist from third-party information, which the dentist has no real ability to control or shape. Online video offers dentists a way to create a body of information that allows patients to hear directly from the dentists in a meaningful and actionable way. Who knows? Maybe your video will go viral and inspire millions of people, becoming this year's Ice Bucket Challenge. You'll never know if you don't get started! []



Matthew Cook has been a dental technology consultant for more than sixteen years, specializing in the creation of technology-enhanced business processes. In 2004, he joined Arrowhead Dental Laboratory as the head of their IT Department.

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Shawn and I became friends when we were children and we had the good fortune of staying friends into adulthood. When I was in dental school, Shawn mentioned that someday he would like me to look at some problems he was having with his teeth. The operative word, I might add, was “someday.” As an eager dental student, I encouraged Shawn to come in right away so I could resolve his issues immediately. “Why wait? Let’s do this now!” I said. However, Shawn was cautious. He didn’t want me to “practice” on him while I was still a student, but he said he would definitely come in for a visit once a diploma hung on my wall. That truly was a brilliant move on Shawn’s part because the dentistry that Shawn really needed—and that I was finally able to complete for him—was definitely not the type of dentistry that I could do while still in school.

Shawn’s First Visit

After graduation from dental school, I began my career at a corporate office. After a few months of practicing there, Shawn made his first appointment. Shawn has never been a big complainer about anything—but when we chatted about his dental issues, I learned that there were some major issues in his mouth that were causing him serious discomfort. He mentioned that his teeth were extremely sensitive. He also had some concerns with two of his lower molars that were giving him additional pain. His jaw was also constantly sore. Shawn often woke up in the middle of the night and had difficulty getting a good night’s sleep. In the morning, he usually experienced severe pain in his head, face, and neck. When Shawn explained everything, I remember thinking, ‘It would be terrible to feel that way every single morning.’

As I examined Shawn’s mouth, I discovered part of the problem. Shawn had a flat plane of occlusion that was just about edge-to-edge, with very little enamel left on the occlusal surfaces. He had no cuspid guidance and had worn the posterior enough to lock in the lower incisors. Through the years, due to the wear, as he would clench his jaw he would over-close and compress his disc

Shawn Practice

Go from “Practicing” to Providing the Right Solution.

and retrodiscal tissue, causing frequent pain. The lack of healthy intercuspation in centric relation also caused muscle spasms in the pterygoids. His lower first molars had decay near the pulp. In addition, Shawn’s masseter muscles were absolutely massive. He was likely using those muscles all day long. Those particular muscles were extremely sensitive to the touch, as were his temporalis muscles. In short, he was a dental mess.

At the time, the best course of action was to directly address the issues Shawn was having with his first lower molars. I honestly thought that if I put a strong material on the teeth, it would prevent Shawn from bruxing. My idea was to use Ivoclar’s blue blocks CEREC e.max crowns because they were supposed to be as hard as rocks. I thought that Shawn could hardly grind his way through those. I completed the procedure and naively thought that my dental solution would be an immediate resolution for Shawn’s problems.

Well, the longer I am in the field of dentistry, the more I realize that every case—every person—is completely and totally unique. The blue block crowns didn’t work at all for Shawn. He was glad to have the work done, of course, but his teeth clenching continued just as before, and his headaches and tension were still prevalent.

Introduction to Advanced Dentistry

A few months later, I left the corporate practice and purchased an established practice that was run by what I like to call a “Barnesified” dentist. The dentist was educated by the Dr. Dick Barnes Group, and over the years he applied that knowledge to his practice, which became very successful. As a result, the veteran dentist performed all kinds of advanced dental procedures to give his patients optimal care—including surgery, implants, orthodontics, and cosmetic dentistry.

Yet at the time, I was doing none of those things! I spent four years in dental school and about half a million dollars to learn about the mouth and how to prevent tooth decay, how to repair broken or decaying teeth, and how to replace teeth in general, but I wasn’t skilled enough to do any of the advanced procedures that this dentist was doing for his patients. Suddenly, I felt like I was in very deep water and barely staying afloat.

Soon after purchasing the practice, I received a surprise visitor. Dr. Dick Barnes was visiting offices and decided to stop by to

see me—the rookie dentist who had just purchased the practice. During a lunch appointment, Dr. Barnes invited me to sign up for the “Over the Shoulder” Full Mouth Reconstruction course held at Arrowhead Dental Laboratory in Utah. He believed it would have such a transformation on my career, he invited me to attend the class as his special guest. Dr. Barnes said, “I want you to take this class. I want you to change your practice. I want you to step it up.”

Shawn was cautious. He didn’t want me to “practice” on him while I was still a student.

I was impressed by Dr. Barnes’s generosity and the strong belief that he had in his courses. So I accepted his offer and signed up for the training. Dr. Jim Downs led the course and it was just as career changing as Dr. Barnes had described. As I sat in the course, learning about the many symptoms that full mouth reconstructions can resolve, I immediately thought about Shawn and the conditions that we had failed to resolve months earlier. A full mouth reconstruction would definitely benefit Shawn!

I was so energized that I didn’t want to wait until that evening to reach out to Shawn. While in class, I pulled out my phone and immediately texted him. I said, “I’ve got it! I’ve got the solution that will fix your problem!” I briefly explained to him some of the procedures that I had just learned and how I believed they would help his situation. He texted back an affirmative message: “Let’s do it!” he said. I have to admit that I think Dr. Barnes would be particularly impressed that my first full arch case presentation—conducted entirely via text message—was not only well received, it was unequivocally accepted!

The Work Begins

When I returned to my office, I immediately began working on Shawn’s full mouth reconstruction. The first step was splint therapy. Since Shawn ground his teeth down so significantly, he had lost vertical dimension. I decided to use splint therapy as an inexpensive and reversible way to prep the patient for permanent jaw realignment. With a splint, we adjusted the vertical dimension and tested for comfort. >

CASE TIMELINE

2012

Placed single unit inlays on tooth numbers 31, 30, and 18, with other minor fillings, due to decay.

2013

6/2013 Extracted tooth number 13, due to fracture, immediate implant placed. Once healed (two months later), single unit cemented with implant cement—retained PFM.

2014

2/2014 Swallow bite records, adjusted Shimbashi to 19 mm. Had removable mandibular splint (lingualized occlusion, cuspid rise, long centric anterior bite). Performed splint therapy for two months to assess new bite.

4/2014 White wax-up to new Shimbashi made with reduction guide and temporary Sil-Tech® matrix provided.

5/2014 Prepped upper arch on tooth numbers 2 to 6, 8 to 15, (congenitally missing tooth number 7). Placed patient in full arch temp for one month. Both arches should be done at the same time, to avoid less than ideal occlusion of new uppers to old lower occlusion.

6/2014 Second molars done in Elite gold, first molar to first molar done in Elite e.max. Cemented e.max with Variolink LC, Gold with GC FujiCEM™ on tooth number 2; tooth number 13 implant crown cemented with Premier® Implant Cement. Prepped lowers. Put lowers in full arch temp for one month. Patient elected lower shade value for mandibular crowns.

7/2014 Again, second molars in Elite gold, first molars to first molars in Elite e.max. Cemented the same and verified bite with T-Scan®. No adjustment necessary. Delivered night guard and used T-Scan®.

2015

Patient remains asymptomatic and no longer clenches or grinds. His headaches are gone and confidence is up. As football great Joe Namath once said, "When you have confidence, you can have a lot of fun. And when you have fun, you can do amazing things." Shawn has since done some amazing things, both in business and his personal life.

Before splint therapy, Shawn had a Shimbashi (measurement from CEJ) of upper central to lower central) of 16 mm, edge to edge. After conducting a few tests, I found that Shawn was most comfortable at a 19 mm Shimbashi. We built the splint around that Shimbashi goal and I instructed Shawn to wear the device every night and as often as possible during the day.

After just a week of wearing the splint, Shawn reported, "My headaches are gone and I can sleep all night!" The splint made such a positive impact on his overall comfort level that he started wearing the device all day long instead of just at night. Shawn continued to wear the splint for the next three months and we adjusted it every couple of weeks, as needed.

This "time test" for splint therapy is a crucial part of a full arch case, especially with patients who are bruxers like Shawn. Before you do anything permanent, the Shimbashi should be dialed in. Also,

"I've got it! I've got the solution that will fix your problem!"

make certain that the clenching is gone and that the muscle sensitivity is reduced or eliminated.

With a guy like Shawn, who has strong masseter muscles and a major tooth-grinding habit, I had to ensure that the tooth-grinding issue was resolved before I fitted him for porcelain teeth. After all, his "mad chops" and a set of "glass" teeth were definitely not a good combo!

When splint therapy was complete, we ordered the white wax-up and scheduled Shawn for his prepping appointment. Because Shawn was my first full mouth case, I didn't want to attempt prepping both arches at once. On the day we prepped the upper arch, I drove him to the office, made him comfortable with his favorite music on some headphones, inserted the Isolite, and began to prep the teeth.

Because we were opening his bite, I didn't need to prep very much. In the wax-up phase, we widened his upper arch with my preps. We wanted more tongue space and buccal support, so I mainly prepped the palatal and just parallelized the buccal. We didn't want to constrict the lower, since our goal was to increase tongue space for better breathing purposes.

We did that by making sure the upper temps fit nicely to the lowers. Typically, changing the top to an ideal when you still have a lower that is non-ideal will cause occlusal scheme issues and potential fractures. However, in Shawn's case, we prepped the lowers immediately after cementing the uppers.

Since Shawn's case, I have prepped the upper and lower arches at the same time. Another

possibility, if prepping both arches at the same time is not an option for the patient (because of financial reasons or other issues), is to put the lowers in overlay-style temps like Arrowhead's Radica® (Snowcaps). This buys time for the patient and can be helpful for people who need to save money before restoring both arches.

I made a single unit temp for Shawn. Without any adjustment, it was perfect! The fit was amazing, as was the bite. Shawn was in his full upper temp for over a month.

Shawn was extremely impressed with his transformation, even after getting just his temps. Besides wanting to have his teeth restored for functional and health reasons, Shawn also wanted a more attractive smile. I think most people have that dream. About every other day after Shawn received his temps, he texted me, saying, "I can't believe how great these look! Thank you, buddy!" He was non-stop in his enthusiasm for his new

smile—and those were just the temps! Honestly, the temps make most people look like a super-model compared to what they looked like before. Shawn definitely looked, felt, and acted like a different person.

A Permanent Smile

For Shawn's permanent smile, we used e.max press crowns on all but the second molars and full gold on his second molars. We chose to use gold on this set of molars as a solid stop. I also fitted Shawn with a new nocturnal orthotic to protect his new set of beautiful Elite crowns from any possible nighttime bruxism habits that remained.

At bonding, I noted that Shawn was meticulous with rinsing, because his gums were pink with very little inflammation. Had he not cared for his temps in such a dedicated fashion, I most likely would not have been able to bond a full upper set due to bleeding. The try-in was magical and the fit was unreal. Each crown slid into place from front to back with ease. The bite was just as precise as it had been with the temps.

I cemented the gold second molars first to establish the bite and then I moved forward in the mouth from there. The process moved so smoothly that we actually decided to prep and seat the lower arch in the same visit. That's the benefit of having the full case waxed up and the Sil-Tech® temp guides for the upper and lower arches. We had them in the office, so it was no problem to move to the other arch. The process went just as smoothly with the lowers as it did with the uppers.

By the end of the visit, Shawn had his brand new smile. He was in love. I was also extremely impressed with the natural look of the teeth. The translucency of the anteriors surpassed any of my expectations. The teeth weren't just good looking, they matched his facial profile.

After seeing how Shawn reacted to his temps, I knew that Shawn's reaction to his permanent smile would be positive. But I was truly surprised at how moved he was the first time he saw his smile with his new Elite crowns. Shawn is not a very emotional person. So when I saw his reaction, I was a little taken aback. He was actually moved to tears. He was so overwhelmingly happy with the results of the entire process. Not only did we address his health problems with the full arch procedure, but he also had this great smile as an added bonus. It was something that he had never even thought of as a possibility—something he never dreamed would happen. He then asked me to do the same treatment for his girlfriend.

Now Shawn smiles constantly. He smiles because he feels great. And he smiles because he has a great smile! He's also far more confident at his job. That confidence has literally paid Shawn back in many ways—including in his finances. When I asked Shawn if he's made more money since having his teeth done, he said, "Absolutely!" Shawn's finances increased because of a corresponding increase in confidence and ambition levels. Also, Shawn has been more successful in his career because he feels better. He's sleeping better and he has no pain from headaches or tense facial and jaw muscles. As is the case for most people, when you feel better, your entire life dramatically improves.

Moving Forward

Shawn's case has impacted my life tremendously as well. If I hadn't taken the full arch reconstruction course and learned about the possibilities of full mouth reconstruction, I'm not sure where my career would be today. It has caused my career to take off in a very positive direction. I've completed many full arch cases since Shawn's and I plan to do many more in the future.

Shawn isn't the only person who is smiling now. So am I! So is my team! And so are all of the patients who are benefiting from the advanced dentistry that I now proudly offer in my practice! ☺



(Above) Images of Shawn's before-and-after photos. Images 1 and 3 show the flat plane of occlusion that was just about edge to edge. Image 5 shows Shawn's "before" smile. Image 6 was taken immediately after the seating of upper permanents and lower temporaries. Images 2 and 4 show Shawn's teeth after the full mouth reconstruction. Shawn requested that his lowers be a shade darker than the uppers because he felt that looked more natural.



Eric Wendelschafer, D.M.D. has been practicing dentistry since 2012 in Surprise, AZ (near Phoenix). He attended the Arizona School of Dentistry & Oral Health, near his hometown of Gilbert, AZ. Dr. Wendelschafer specializes in comprehensive and implant dentistry. He spends much of his free time traveling to CE courses to learn the newest and best methods to care for his patients. His mission is to provide high-quality, long-lasting dentistry in a stress-free environment.

Q & A on

The
Social SixConsiderations When Working On
Teeth 6 through 11.

Images of an upper full arch reconstruction case (above) and uneven lowers on the lower arch (below). Notice the inconsistent incisal edge of teeth 22 thru 27. Because the misaligned teeth were not addressed with the case plan, the Social Six will likely develop chips and/or fractures.



Ray LeGendre, part of Arrowhead's technical support team, recently talked with *Aesthetic Dentistry* about cases involving the Social Six—why they merit extra consideration and some things doctors should keep in mind when working on these prominent teeth. Here's what Ray said:

AD: *What are the Social Six and what do you recommend dentists consider before attempting these types of cases?*

RL: The Social Six are teeth 6 through 11 on the upper arch. These are the most prominent and most visible teeth when a person smiles and as such, these are typically the go-to units for quick cosmetic cases. These cases are challenging because you are only addressing a small fraction of the total teeth in the mouth. If the proper conditions don't exist, you will likely have increased chances of fracturing and other problems.

If other issues are apparent with a patient's teeth like excessive wearing, evidence of bruxism, uneven or missing teeth in the lower arch, or TMD considerations, I typically recommend a more comprehensive approach, including full arch or full mouth reconstruction. Simply focusing on 6 through 11 will often result in restorations that break or degrade.

AD: *When you are presented with a Social Six case, what do you focus on with the doctor from a technical support perspective?*

RL: The first thing I do is ask the dentist about the patient's expectations. What does the patient hope to achieve? Some patients are more concerned with aesthetics over function, and vice versa. As a lab, we always strive to take both into consideration—we want to create something that is beautiful, functional, and long-lasting.

If a patient has ideal occlusion and no other problems that are apparent, then the case planning can proceed in a standard fashion. If problems exist, I typically help the dentist develop a more comprehensive approach that not only seeks to deliver the aesthetic objective, but also resolves other issues.

If a more comprehensive option is not possible, then the focus becomes the opposing dentition on the lower arch. If there are potential risks due to malocclusion, we discuss what options may be available. Sometimes, after we bring up a potential issue, the doctor will say, "Let me present this to the patient and then the patient can decide what he [or she] wants to do." For example, I've seen cases where a patient wants increased length on the Social Six, and the doctor can do a certain amount of work, but without addressing the lowers, there is only so much the doctor can do. Failing to address the lower teeth will often lead to persistent problems with fracturing, and over time, the aesthetic result obtained may undergo noticeable degradation.

AD: *Do you always look at the lowers when presented with a Social Six case?*

RL: Yes. When we see a prescription for 6 through 11 and the lowers aren't mentioned, we ask if there are any plans for the lowers. A lot of times, it's the first time the dentist may have thought of addressing the lowers. Sometimes, though, it's because a patient has limited finances. If that's the case, I advise the doctor with a comprehensive plan and present both the positive and negative aspects of the case so that he or she can properly manage the patient's expectations.

Once the realities of the case are understood, the direction of treatment comes down to what options the patient and doctor are open to. If a doctor is only used to doing smaller cases, he or she may ask, "What have you seen work?" This is one of the many areas where Arrowhead's experience as a lab helps dentists to see everyday issues more clearly and thereby provide patients with better results.

AD: *What are some common issues in cases where a patient opts for treatment on just the Social Six?*

RL: Many times, patients want work done on these teeth because the teeth are broken down—wear is excessive and sometimes it's visible. Maybe it's been years since a patient has taken care of their teeth or there may be other medical factors that come into play. We try to be realistic with what's possible in terms of the materials that are available. If a doctor says, "We just want six veneers," we articulate the models and study the mouth

as a whole. If we see wear issues we might say, "The forces or the occlusion don't necessarily agree." The likely outcome of such cases if nothing else is done is that the veneers will chip or fracture and full crowns would be a better option.

At that point, I start discussing not only function but also the materials and how the dentist is going to execute the case. A lot of doctors want minimal reduction to the tooth structure, which is important and I applaud that. But we also need to consider longevity and how long the restoration will last for the patient.

AD: *If a patient has irregular or uneven lowers and they still opt for treatment on only 6 through 11, what are some problems that could arise?*

RL: Chipping, fracturing, and bite issues—mostly because the new restorations do not agree with the lower incisal position. In such cases, we recommend that crowns be placed on the opposing teeth as well. In situations where full crowns are not financially possible for the patient, we try to stabilize the lowers with Snowcaps (see "Expedition Snowcaps," *Aesthetic Dentistry, Fall 2015*). This option requires some maintenance by the doctor to help maintain the composites at the level of occlusion that we've set the Snowcaps to, but that's part of the case planning. If the doctor and patient are open to it, then it typically makes for a much more successful case in the end.

AD: *What should dentists focus on when examining a patient so they can present a comprehensive plan from the beginning—one including the requisite upper and lower considerations?*

RL: It's really looking at the uppers and lowers to make sure there aren't any patient behaviors or considerations that might lead to issues with the uppers later on. For example, look at the wear pattern and ask the patient how it came about. Why are the teeth functioning that way? Is it TMJ? Is the patient grinding his or her teeth at night? If teeth are wearing down quickly (they were once 9 mm and they are down to 5 mm), always ask why. If we don't take into account any behaviors or habits that are happening, it can affect the restorations. Crowns aren't going to wear like teeth—they're going to chip and break more easily. There's usually a story with the wear pattern and when a doctor takes that into account and communicates it to the lab and the patient, then everyone is working together for an optimal result.

Creating a habit of always looking at the lowers when doing a restoration of the Social Six is important. If everything lines up perfectly with the new restorations, then great! But if the lowers don't line up in an ideal fashion, then asking the right questions will save the dentist from having to return to the patient with recommendations for additional care.

AD: *It's important to be upfront with patients about the possible pros and cons of just addressing the Social Six. Is that correct?*

RL: Absolutely. Taking a step back and looking at the larger picture usually opens new windows of opportunity. This can help eliminate >

concerns that otherwise might be missed. While for some cases, working on teeth 6 through 11 is enough, a thorough discussion with your patient will set your case up for success. The patient may even be more open to additional care, which can ultimately lead them to the smile they dream of.

AD: *What are the problems you may run into if someone wants a really aesthetic case, but they're only doing 6 through 11?*

RL: There can be a compromise in longevity. The existing and uneven wear pattern endemic to the lower teeth will interact with the new restorations. This interaction will result in restorations that are more prone to fractures and shearing issues, and (over time) will suffer degradation of the overall aesthetics. Helping the patient understand the larger picture by including the lowers will yield a result that will function and look better in the future. This is not only important for the patient, but also for the doctor's reputation. A patient who is continually going back to the dentist because of chipping or aesthetic issues is going to take up chair time with ongoing repairs or remakes. And patients who return for repairs or remakes may not be as likely to give a doctor and/or the practice a good online review, or refer their friends and families.

AD: *How do you advise a dentist on the bite? What can be done to test the bite forces and timing?*

RL: The best option for doing these types of diagnostics is to use the excellent technologies available. I highly recommend the T-Scan®, as it allows dentists to get an accurate measurement of not only present forces but also forces over time. This takes a lot of the guesswork out of such cases. It allows dentists to take measurements during the visit that will make it easy to see if simply doing 6 through 11 is a reasonable and effective choice.

AD: *As far as doing 6 through 11 and doing 22 to 27 at the same time, is that something that only veteran dentists should try?*

RL: No. The technologies, materials, and resources available to dentists make these cases approachable by dentists of all skill levels (for more information, see "Goodbye, Gremlins!" on page 36). The one piece of advice I would offer in this regard, especially to dentists who are doing this for the first time, is to make sure that you use a lab that has the resources to support you in designing that case.

AD: *What are the benefits for the doctor of doing both uppers and lowers at the same time?*

RL: The benefits for the doctor are less stress, fewer fractures, and finding that the patient has fewer visits to the office because the doctor will have addressed any and all issues up front. The doctor will get enhanced results and hear more positive things from patients because the work will last longer, and it just goes more smoothly from start to finish.

AD: *What are the benefits for the patient of doing both uppers and lowers at the same time?*

RL: Sometimes it's a hidden benefit for patients because it is primarily a functional benefit. Some patients don't necessarily understand or take into account occlusion or other issues. But the benefits to the patient are huge because the restorations will last longer, and the health risks from improper occlusion and other issues are mitigated. The benefits from the doctor and lab perspectives are huge, too—with fewer cracked or chipped restorations, longer-lasting crowns, and a happier patient overall. Additionally, there are often potential improvements in facial symmetry, and patient confidence increases.

AD: *What does the ideal 6 through 11 case look like? Under what conditions would you agree that only teeth 6 through 11 need to be addressed?*

RL: Usually it's a nice ideal bite, nice occlusion (something where the lowers aren't completely off), ideal arch form and incisal edges across the occlusion are relatively level, and the canine rise doesn't pose any type of abnormal hits. Those types of cases usually help a typical 6 through 11 case fly right out the door with minimal challenges.

AD: *What are the most important things you recommend for doctors regarding treatment of the Social Six?*

RL: When dentists encounter a case involving teeth 6 through 11, I recommend that they take a step back and look at the patient and ask, "How did this patient get here? Why do the teeth look this way and what can we do to achieve or exceed the patient's expectations?" And then tell the patient, "I understand and I know what your expectations are—let's see what we can do with white wax-up models to strategize a plan that will help you achieve that." Laying out a plan that not only includes the Social Six but takes all the teeth into consideration will yield a better result and a happier patient. There is peace of mind knowing that you offered the best care possible. Correspondingly, this will earn dentists the reputation of someone who sincerely cares for their patients. □

Ray LeGendre has worked at Arrowhead Dental Lab for eight years and is part of the implant team. Originally from New York City, NY, Ray has spent 25 years in the dental field. His



experience includes orthodontics assisting, oral surgery assisting, and every phase of dental lab production. He enjoys spending time with his family, including biking and running. Ray said, "I have a passion for dentistry, and enjoy seeing the change in people's lives. The newfound confidence in their eyes is inspiring."



Hope Gordon, Elite Full Arch Reconstruction by Dr. Jim Downs, 2013.

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Create an Uncommon Practice (continued from page 18)

After the interview is complete, invite the patient to relax while you make sure that the operatory is ready for him or her and that the chair is free. Don't make the mistake of assuming the operatory is ready for the patient without checking first. At this time, I typically leave the patient for a moment and find the hygienist. I briefly tell the hygienist the highlights of what I've learned about the patient. Then when I return to the patient with the hygienist, I introduce them to each other.

Once you've communicated critical pieces of information from the patient to the dental team, the hygienist and the doctor are prepared for the new patient and can tailor the experience to his or her needs. This process helps keep everyone in your team on the same page. When the process is completed, the hygienist can tell a fearful patient, "I understand that you're very concerned about this procedure. And I'm going to be gentle so hopefully you'll have the best experience you've ever had in a dental office."

During the morning huddle on the following day, the financial coordinator should let everyone know about the new patients from the day before. He or she should say, "Before we discuss today's schedule, I want to share with you some information about the two new patients who came in yesterday." It's likely

that not everyone in the practice learned about the patients from the day before, so it brings everyone up-to-date.

Don't let the opportunity to make a good first impression pass you by. Your practice needs new patients every day in order to be successful. By taking the time to greet new patients in person and talk to them individually, your practice will stand out from other dental practices in the best possible ways. Remember to deliver all five messages, which highlight important characteristics of your practice. And always think of the phrase, "We are uncommon." Apply these uncommon practices to the new patient experience in your office. It can change new patients into patients for life. □



Tawana Coleman has been a practice development trainer with the Dr. Dick Barnes Group for more than twenty years. She has worked with thousands of dental practices. The structure that she teaches has empowered dental practices across the country to dramatically increase production. For any questions, email Tawana at rtcoleman@cox.net.

Sleeping Giant (continued from page 12)

COMORBIDITIES OF SLEEP APNEA

Since the comorbidities of sleep apnea can be very detrimental, it's important to make the value proposition of sleep dentistry clear to your patients. These comorbidities have been shown to lead to a number of health problems. Here are five of the most serious:

1. High Blood Pressure (Hypertension)—Obstructive sleep apnea can contribute to high blood pressure in people who have it, due to the frequency of waking up at nighttime. Because of interrupted sleep, hormonal systems go into overdrive, which results in high blood pressure levels. The sudden drops in blood-oxygen levels that occur during sleep apnea episodes increase blood pressure and place a strain on the cardiovascular system. According to MayoClinic.org, "multiple episodes of low blood oxygen (hypoxia or hypoxemia) can lead to sudden death from an irregular heartbeat."

2. Cardiovascular Disease—The links between sleep apnea and heart disease are strong. Donna Arnett, PhD and professor at the University of Alabama told the American Heart Association that "The evidence is very strong for the relationship between sleep apnea and hypertension and cardiovascular disease generally, so people really need to know that."

3. Type 2 Diabetes—If a patient has type 2 diabetes, it is common to also suffer from sleep apnea. The International Diabetes Foundation suggests that up to 40 percent of people with OSA will have diabetes. The combination of type 2 diabetes and sleep apnea is often accompanied by another comorbidity of sleep apnea—obesity—as well as other potential complications.

4. Acid Reflux—Although research is inconclusive about the link between sleep apnea and acid reflux (a.k.a. persistent heartburn), many people with sleep apnea report symptoms of acid reflux. As a result, treatment of sleep apnea appears to improve some symptoms of acid reflux, and vice versa.

5. Obesity—An increase in weight raises the risk of sleep apnea, while losing weight can help ameliorate symptoms of sleep apnea. When people are severely overweight, they may fail to breathe rapidly enough or deep enough. When this occurs, low blood oxygen levels and high blood carbon dioxide levels result. And when that happens, breathing may cease altogether for short periods of time during sleep. This pattern places an extreme strain on the heart, which can lead to symptoms of heart failure. □

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Sara currently works as a freelance writer, with specialized attention to dental sleep medicine, craniofacial pain, and other areas. For more information on writing and marketing services, please contact Sara at SaraAnneBerg@gmail.com or visit <http://saraanneberg.wix.com/dentalwriting>.

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Goodbye, Gremlins!



How to Overcome the Past and Get the Practice You Want.

As a new dentist, I learned everything I could about building and growing my practice, including meeting key individuals who mentored me along the way. At the time, one particularly influential person in my life was an endodontist. He told me I could do certain root canals on patients in-house, recommending that I focus only on the front teeth and not the molars. For anything more complicated than front teeth root canals, he suggested that I refer those cases out to a specialist.

One day, a patient of mine needed an emergency root canal on a molar. The endodontist wasn't available, so I was faced with a dilemma. I decided to perform the root canal myself. To my surprise, everything turned out fine.

What happened on that day shattered a long-held belief that I had about root canals. Prior to that patient, I was fearful of performing root canals—particularly on molars. But when necessity forced my hand, I realized that it wasn't so bad! Afterward, I decided to get more education so that I could become better and better at root canals. Now they are a breeze! Today, when patients need a root canal, I can offer care and treatment for their situation immediately. By doing so, my patients' lives are made easier, I can deliver optimal care, and it increases the value of my practice. After completing several successful root canals, I wondered, 'Why did I ever think that I couldn't do root canals for my patients?'

What's Holding You Back?

After a few years, I learned that my former anxiety about root canals was a *limiting belief*. A limiting belief is just what the name suggests—a belief that you have about yourself that limits you and your life in some way. Limiting beliefs hold people back from their true potential.

What are the beliefs that are currently limiting your life? Where did those beliefs come from? Believe it or not, as new dentists, sometimes our educational institutions are sources of limiting beliefs. Dental schools usually teach students to stick to the basics and nothing more. Other times, we are our own worst enemies and a lack of self-confidence contributes to limiting beliefs. Whatever the case, limiting beliefs can and do affect everyone.

As dentists, limiting beliefs may prevent us from having an ideal career—the kind of practice we dream about—and they may even prevent us from delivering optimal care for our patients. I can attest that limiting beliefs can be overcome. Overcoming limiting beliefs may seem difficult, but the results are powerful and life-changing.

Based on my own experience and after reading books by Bruce Tuckman, Rick Carson, Anthony Robbins, and others (see sidebar above, "Recommended Readings"), I've formulated a strategy for overcoming beliefs. These tactics helped me and I hope they will help you, too. Details on each of the steps are in the paragraphs that follow.

Overcoming Limiting Beliefs

1. Identify your limiting beliefs.
2. Change your behavior when you encounter limiting beliefs.
3. Develop new ideas about your limiting beliefs (the "forming" phase).
4. Start learning and practicing new and different beliefs (also called the "storming" phase).
5. New beliefs and behaviors replace old, limiting beliefs (also called the "norming" phase).
6. You enter the "performing" phase—when the new beliefs are predominant and become muscle memory.

Common Gremlins

In some of the continuing education (CE) courses that I teach with the Dr. Dick Barnes Group, I refer to limiting beliefs as "gremlins." This concept comes from a book, *Taming Your Gremlin*, by Rick Carson. I've read that book at least four times and every time I read it, I understand it a little more deeply.

In the book, readers are asked to identify their gremlins. To start, look at the things that you tell yourself you *can't* do—those are limiting beliefs/gremlins (whether you call them limiting beliefs or gremlins—they are the same). Some common limiting beliefs/gremlins include:

- I can only prep one to three teeth at a time.
- Only surgeons or surgically trained specialists can do implants.
- New dentists should stick with drill-and-fill dentistry.
- My patients can't afford large-case dental treatments.
- If I go outside my comfort zone, I might be sued.
- I have to use the cheapest lab to control costs.
- I don't want to look like I don't know what I'm doing.

RECOMMENDED READINGS

- Ken Blanchard, *The One Minute Manager*
- Tony Robbins, *Awaken the Giant Within*
- Rick Carson, *Taming Your Gremlin*
- Dale Carnegie, *How to Win Friends & Influence People*

- I don't have time to get any more training.
- I can't do large-case dentistry; I should refer those cases out.
- If staff members leave my practice, then they must not like me.
- I can't handle the ups and downs of owning a practice; maybe corporate dentistry is for me.
- I can't afford a hygienist; I should do cleanings myself.
- I can only do what dental insurance will cover.
- If I present large-case treatments, patients will assume I'm taking advantage of them.
- Failure is scary; therefore, I should stick with what I know.
- I'm a lousy leader.

All of those ideas (and likely some additional ones of your own) may be holding you back and preventing you from achieving the kind of success that you've dreamed of. If you continue thinking, 'I can't, I can't, I can't,' then you might not have a very satisfying or profitable career. Most likely, you'll be stuck with the kind of routine dentistry that won't allow you to produce at the level you want. Once you identify a limiting belief, you can recognize it when you bump up against it. The next step is figuring out how to get around it.

Take a Break

After you identify the limiting beliefs that are holding you back, why not do something different—something better? Tony Robbins, motivational speaker and self-help author, says that when you bump up against a limiting belief, the first thing you have to do is "break state" with whatever you're doing. Breaking state is literally stopping what you are doing. Robbins says that your physiology must immediately change. In other words, disengage from the task for a minute.

Start by looking at the things that you tell yourself you can't do—those are limiting beliefs/gremlins.

Therefore, if you're in the middle of a procedure and it's not going the way you anticipate and you start thinking, 'I can't do this,' the first thing to do is take a step back and breathe. Push back, stretch, or do whatever helps. Then tell yourself, 'I am the last dentist on earth and I have to get this done.' Then get in there, get it done, and learn how to control the situation. When you allow fear to creep into the situation, you lose control. But if you break state for a minute or two and take a deep breath, you can regain control and completely change the direction of the outcome. ►

After taking a breath, replace the negative thoughts with positive ones. Instead of telling yourself, 'I can't,' replace the phrase with, 'I must.' Doing so immediately changes your perspective and can give you the drive and determination to do what you once thought was impossible.

A few months ago, a new hygienist in my practice told me that she can't see eight patients a day because her hand hurt. She said that she was disillusioned with her career choice and didn't think it would work out. My response to her was, "Sit straight up and take a deep breath. Then let's look at your

posture." After just a few hours of working with her new positioning, posture, and chair-settings, she saw new possibilities for her future. What they taught her in hygiene school was her limiting belief. Today, she's my top-producing hygienist and her hands are pain free.

Those ideas may be holding you back and preventing you from achieving the kind of success that you've dreamed of.

Although an important first step, changing your mindset is usually only a part of the process of changing a long-held behavior. You may need additional education, training, and experience to overcome a limiting belief. But identifying your gremlins, taking a break, and changing your mindset are essential steps towards lasting progress.

Tuckman's Stages of Development

In the 1960s, educational psychologist Bruce Wayne Tuckman (b.1938) researched group development—how groups work together to accomplish their goals. In 1965, he published an article, "Developmental Sequence in Small Groups," which included his theories about how groups change and develop. Tuckman initially identified four stages and later added a fifth one. Tuckman's ideas are useful for groups but I believe they can also apply to individuals. I've adapted and modified the stages so they apply to individual development.

The Forming Stage

The first stage of development is *forming*. Individuals are excited about a new goal and try to understand what's involved. At this stage, they are usually motivated and excited, but often relatively uninformed of what is involved in the task ahead.

During forming, it's often helpful and sometimes necessary to have a leader or mentor who plays a dominant role. A good example is a dentist who wants to overcome a limiting belief that "large-case dentistry is only for specialists." This goal requires outside help and direction. Dentists who want to learn how to implement large-case dentistry should go to CE or take other classes to learn what they need to know from a teacher/mentor. During the forming stage, a dentist decides to change a behavior, signs up for CE, and is excited about learning a new skill and the additional opportunities it can provide.

The Storming Stage

The second developmental stage of achieving a goal is called *storming*. Storming can be a frustrating phrase—so much so, some dentists never move beyond this stage. For dentists, this phase usually involves actually attending a seminar and learning advanced techniques. As an instructor, I've noticed some dentists who take CE course after CE course without becoming confident in the skills they learn—those dentists are stuck in the storming stage. During this stage, dentists learn theoretical knowledge and may begin implementing that knowledge into treatments for patients, but the skills have yet to become habit.

In storming, setbacks are inevitable, and dentists need a system in place to overcome them or their confidence can be dinged and they may terminate the whole process. To survive the storming stage, start by taking on large tasks in small increments, make sure you have a good lab to support you, enlist the help of a trusted mentor if necessary, and prepare to be resilient.

Take Incremental Steps

At the beginning of the storming stage, dentists sometimes don't have a true understanding of what is involved in achieving the goal. During storming, dentists soon discover (as Aristotle once said), "The more you know [about a subject], the more you know you don't know." That's why, during storming, it's important to start small. If dentists are overwhelmed by too much information, it can stop the progression.

By starting with small steps, a large goal is more approachable. For example, in the full arch course with the Dr. Dick Barnes Group, I give doctors "simple" tasks first—like working on posterior teeth. I don't want doctors to "practice" on anterior teeth for obvious and apparent reasons. Instead, I recommend that doctors work on a tooth in the back, with a buccal bone.

It can also be effective to simulate procedures on mannequins before trying them out on patients. I utilize mannequins when teaching dentists how to do implants. At the ImplantEZ II course, we use computerized mannequins that allow us to simulate the implant process without adding the additional pressure of working on a live patient. With this approach, dentists can sense how the treatment will feel and what complications may arise without serious repercussions. Using a simulation approach can help dentists get over the fear of, "What happens if there's a complication?"

Find a Good Lab and Mentor

An additional strategy is to do large-case work with a lab that offers specialized help. Some labs assign doctors a rep, who will be there to “hold your hand” while you get experience in large cases (and often throughout your career). A good lab has a built-in support infrastructure with customer service representatives, dedicated doctor relations reps, technical support, and many additional resources to help dentists progress.

Without help and a way to break through the difficulty inherent in anything new, some doctors may sabotage themselves. In addition to the support of a good lab, a mentor (often an instructor or veteran dentist) can be extremely valuable. A mentor can help a new dentist have the confidence to implement the seminar techniques into the day-to-day activities of his or her dental practice. A mentor can help keep the dentist progressing towards his or her goal.

Bounce Back Quickly

The key to surviving the storming stage is to remember that you are going to have ups and downs when learning any new skill or accomplishing any goal. Resilience is important to survive this phase because you’re going to get knocked down. As the saying goes, you will need to pick yourself up, dust yourself off, and try again. After working through the inevitable setbacks, take a deep breath and figure out what you can do better next time (instead of focusing on what you did “wrong”). Eventually, you will learn from your mistakes and if you keep trying, it will go more smoothly the next time.

After dentists experience success and can see what they’ve accomplished, it’s such a celebration! Succeeding with that first case is important because afterwards, dentists usually have an epiphany that they *can* do it—and it’s a breakthrough moment towards achieving the goal.

A colleague of mine, Dr. Bill Black, helps dentists learn oral surgery techniques. Recently he told me about a doctor who came to his oral surgery course, learned some techniques, saw them applied in action, participated in the event, and returned home and implemented his skills in his practice. The dentist sent an email to Dr. Black that read, “I’m on top of the world right now!” *That’s* the benefit of breaking through.

Eventually, experience with the new skill starts yielding consistent results and the dentist moves from storming and into the *norming* stage.

The Norming Stage

This stage is when the new technique, skill, or behavior is becoming comfortable and results are more consistent. The norming stage is sometimes also called the “Aha!” phase because during norming, dentists often tell me, “Now I get it!” In this phase, dentists understand the techniques involved in the new skill and have practiced the new skill enough to know what to do and how to overcome any setbacks. Any stumbling blocks that previously may have disrupted the process during the storming phase are inconsequential in norming, because the dentist knows how to address them and they are overcome with minimal disruption. With norming, the dentist starts to feel a sense of confidence and momentum.

The Performing Stage

The *performing* stage occurs when norming behavior (confidence with a new skill) becomes “muscle memory” and the dentist knows what to do almost instinctively. This stage is achieved through hard work and usually results after practicing on many cases. Reaching this stage is confirmation that the structures and

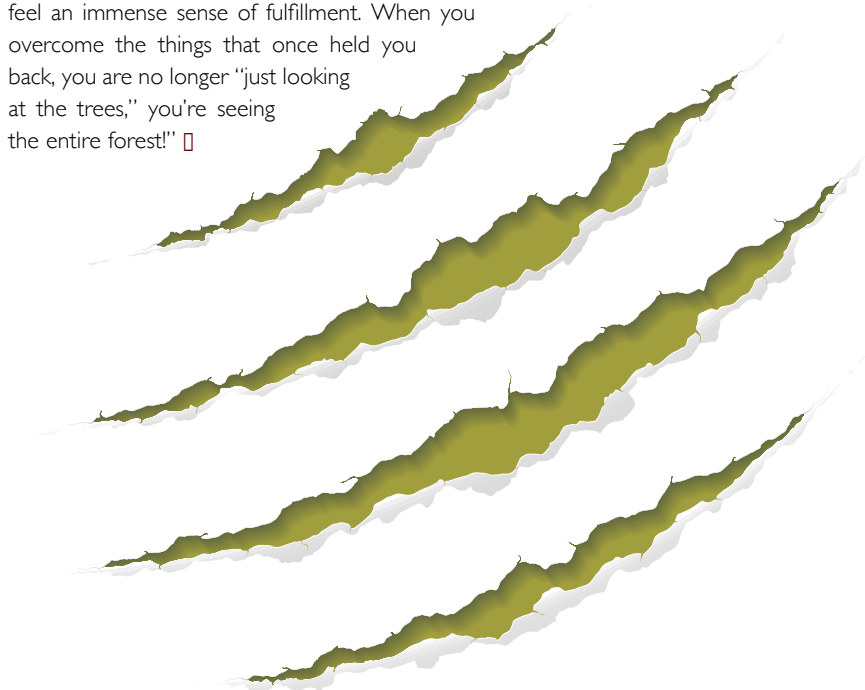
Overcoming limiting beliefs may seem difficult, but the results are powerful and life-changing.

processes that you have set up work well. The dentist is now completely competent and can handle decision-making without supervision. Once you get to the performing stage, the change is complete, the goal is achieved—and it’s *transforming*.

The Adjourning Stage

Tuckman identifies a final stage as *adjourning*—which is when the task ends. For dentists, adjourning is a stage when the goal is achieved and it becomes part of their everyday practice.

Once you are at the adjourning phase, take a moment and enjoy the transformation that you have worked so hard to achieve! It’s an incredible accomplishment and you will feel an immense sense of fulfillment. When you overcome the things that once held you back, you are no longer “just looking at the trees,” you’re seeing the entire forest!” □



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Den “Tricks”

Five Dentrix Tips to Transform Your Practice.

For more than 20 years, I have worked in the front office of a dental practice. During that time, I've watched the ebbs and flows of the industry and have witnessed many changes. Today, technology offers more options than ever for the organization and management of dental practices. While there are different practice management software options available (CS PracticeWorks, Eaglesoft, etc.), this article primarily focuses on Dentrix from Henry Schein®. I've used this software for years and am happy to share with you some tricks of the trade—tips that I've learned after using Dentrix software on a daily basis.

I use Dentrix G6, but most of these tips are customizable for G5 and other versions of the software. If you have any questions regarding any of my suggestions, Dentrix customer support can help, too! Using my tips and tricks with the software can dramatically improve the efficiency and productivity of your dental office.

Dental Shortcuts

Today, life hacks are a big deal. What is a life hack? A life hack (as coined by Danny O'Brien at the 2004 O'Reilly Emerging Technology Conference) is any type of trick, shortcut, or skill that increases productivity and efficiency. With that definition in mind, I'm going to share five shortcuts that you can use with the Dentrix software. Many more tips and tricks are available, but to get you started, we'll focus on four main areas: telephone callers, new patient interviews, financial arrangements, and insurance verifications.

On the Phone

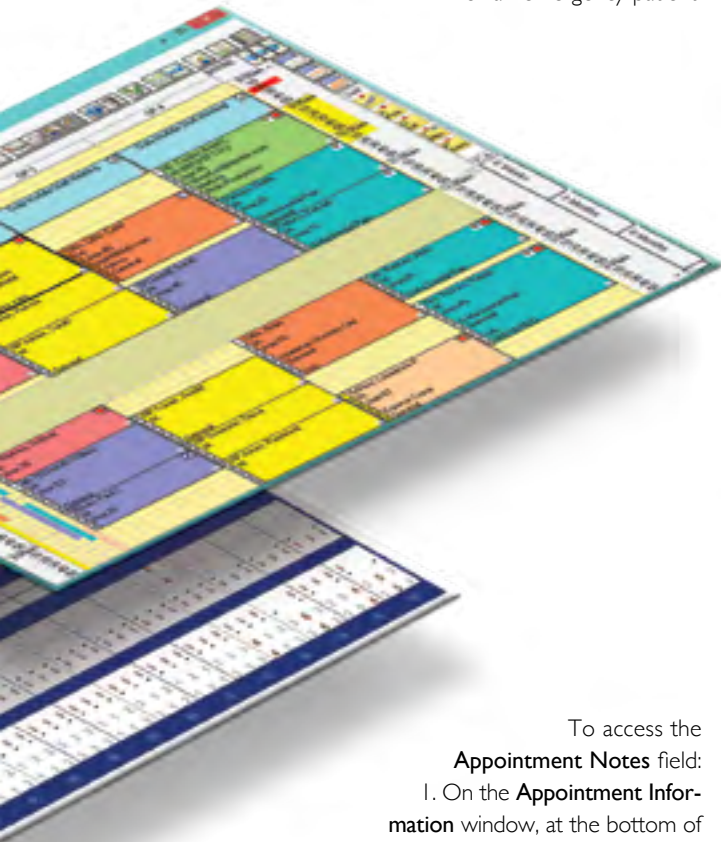
In every dental practice, one of the primary responsibilities of the front office team is to manage the phone calls. The purposes for the calls run the gamut—some patients call to cancel appointments, some patients call to schedule an emergency visit, some patients call to set up a preliminary consultation based on a referral, etc. The front office team makes outgoing calls to patients as well—scheduling appointments, calling about lab results, and more.

As the team talks with patients, they receive a variety of information and hear a bevy of stories. So how does the front office team keep all of this information organized? After all, one of the main goals of a successful dental office is to build relationships with patients. In order to build relationships, it is crucial to really listen to them and remember what they say! It's hard for a dental assistant or a dentist to know anything that a patient communicates to the front office team if the front office team doesn't document that conversation.

This situation leads us to our first set of tips that you can use with the Dentrix software. *For more detailed information and step-by-step instructions, check out my screencasts. You can view the screencasts by using the URL or QR code at the end of this story.*

Tip #1: The New Patient or Emergency Caller

Use the **Appointment Notes** field in Dentrix to type in any notes that might be helpful for the rest of the team to know about a new patient or an emergency patient.



To access the **Appointment Notes** field:

1. On the **Appointment Information** window, at the bottom of the box, you will see the **Notes** field.
2. Click on the **Insert Dateline** tab. This will populate the **Note** with a date stamp.
3. Type necessary information that is relevant to the staff and morning huddle.
4. Once you finish typing in the notes, include a time and date stamp for the note with your initials, so the team will know who to talk to if they have additional questions.

Here's an example:

Patient Jane Doe calls to make an appointment. She recently qualified for dental insurance at her new job. Oliver Jones, Jane's friend, referred her to your office. Jane is nervous about coming to the office for her appointment because she is afraid that the exam will be painful.

Follow the above instructions to access the **Appointment Notes** field, then enter the following notes about Jane:

- Jane has new dental insurance.
- Jane has pain-related dental fears.
- Jane is nervous about coming in for the appointment.
- Jane was referred to us by her friend, Oliver Jones.

Team members can use appointment notes in a variety of ways. First, when a scheduling coordinator calls to confirm the appointment, he or she can reassure Jane that she has indeed called the best office for her because your team is very gentle with patients. Second, when the team meets for the morning huddle on the day of Jane's appointment, they can discuss Jane's situation. The notes will remind everyone that Oliver Jones—one of your loyal patients—referred Jane to your practice. The notes will also remind the team about Jane's dental fears and that everyone should be extra gentle with her during her visit.

The **Appointment Notes** field can also be used with emergency patients. If Jane Doe schedules an emergency visit, enter specific details in **Appointment Notes** on Dentrix, such as:

- Upper right molar causing severe pain
- Patient up all night

The notes will help every member of the team know what to expect when Jane arrives at the office for her appointment. The specifics of the case can be discussed at the morning huddle and the team will be ready to address her needs when she arrives.

Tip #2: Cancellation Caller

In Dentrix, you can create customized, "in-office" codes with specific meanings. Among other uses, these codes are helpful when organizing an effective recall system. For example, consider creating custom codes for cancellation callers. You can create separate codes for different scenarios. The only requirements are that each code be three digits, and not already in use. Below, I suggest some sample codes that can be used with the following scenarios:

- Canceled on the day of appointment (code 333)
- Canceled, but rescheduled (code 334)
- Canceled, but did not reschedule (code 335)
- Failed to show up for appointment, non-confirmed appointment (code 336)
- Failed to show up for appointment, confirmed appointment (code 337)

Whenever a patient cancels, place the appropriate code in his or her ledger. Then you can edit the note and type in any details that will be important when rescheduling the patient.

Using my tips and tricks with the software can dramatically improve the efficiency and productivity of your dental office.

The notes are crucial. If, for example, a patient cancels due to a funeral or other personal tragedy, it's good to know that and be sensitive to his or her circumstances. Keep in mind that team members who enter notes into the ledger should always include their initials and date after the note.

With customized codes in place, you can quickly look over a patient's ledger and see if there is a pattern. For example, is a patient frequently no-showing for his or her appointments? Is a patient routinely calling and canceling on the day of the appointment? Such patterns can wreak havoc on a schedule. So if a patient is a chronic canceler, then it might be necessary to chat with the patient about possible resolutions for this issue. ▶

In order to understand how to set up customized codes, I'll give you a few guidelines. They are not meant to be comprehensive, but merely the main steps you need within Dentrix to set up the codes.

Steps for setting up custom codes:

1. Go to **Dentrix Office Manager**.
2. Click on **Maintenance, Practice Set Up**, then **Procedure Code Set Up**.
3. Click on **New**, fill in **Description** (for example: Canc/ Resched).
4. In the **ADA Code** field, use a custom code of your choice (*Note: unlike most ADA codes, for customized codes, there is no need for a "D" at the beginning of the code such as D123.*) Remember that codes should be three digits and previously unused.
5. In the **Procedure Category** field—choose NONE.
6. In the **Appointment Type** field—choose NONE.
7. In the **Treatment Area** field—choose MOUTH.
8. In the **Pain Type** field—choose NONE.
9. Choose **Edit Note** only if you want the description to show up in your clinical or procedure notes.
10. Click on **Do Not Bill to Dental Insurance**. Then click **Save**.
11. All of the other fields not mentioned are not necessary to fill out.

To create another custom code, repeat the steps listed above. Once you have created all the custom codes you may need, you can choose them whenever the circumstances are appropriate. In other words, you don't need to re-create the code every time you want to use it.

Building Relationships with New Patients

Over the years, I have attended Tawana Coleman's Total Team Training course (offered by the Dr. Dick Barnes Group) numerous times. Furthermore, at the dental practice where I work, Tawana has consulted with us on several occasions. During those trainings, I learned the importance of the new patient interview. (*For more information, see "Create an Uncommon Practice," on page 14.*)

Based on teachings from Dr. Dick Barnes, Tawana taught that the most effective way to conduct the interviews is "eye-to-eye and knee-to-knee." When an interview is completed in person, team members can show patients that they truly care about their situation and want what is best for them. Because of that, I don't use the new patient interview feature in Dentrix,

I recommend using a computer with dual screens. This allows you to avoid the hassle of toggling back and forth between different pages.

which requires patients to fill out information on an electronic device (like a computer or a tablet). As Tawana suggests, the computer is impersonal and doesn't allow dental professionals to build one-on-one relationships with patients. However, parts of the "New Patient Area" of Dentrix are useful—which leads me to the next tip.

Tip #3: Adding the New Patient Interview to Dentrix

After you conduct a one-on-one interview with a patient in a private setting, you can scan the details of the interview into Dentrix's Document Center. Then the information becomes a permanent part of the patient's chart.

Steps for accessing the Dentrix Document Center:

1. In the **Appointment Book** click on the patient's name (after he or she is entered as a patient).
2. Click on the **Document Center** module at the top of the icon bar.
3. From the **Document Center**, a dropdown box appears. Click on **Device**, then click **Acquire**. Then select **Scan Type**. Click on **Document Information**, then **Document Type**, and finally **New Patient Questionnaire**.
4. Insert your health history form into your scanner. Then scan and it will populate the fields in the document center for that patient. (There will be a pop-up window in which you will select a category to save the scan to.)
5. Put it in a category with a pertinent name. For example, "New Patient Interview."
6. Dentrix will connect to any scanner that you may use. My recommendation is the Fujitsu fi-6130. It is extremely fast and can do a thick insurance card and photo ID (back and front at the same time). Call Dentrix customer support for help in setting up your scanner.

Note: After interviewing a new patient, enter the new patient's information into Dentrix, but only enter the patient's name and the name of the insurance provider. This expedites the process so that the clinical staff can take necessary x-rays without having to wait until the fields are completely filled out. After the hand-off to the clinical team, the team member can resume entering any remaining information.

Bookkeeping with Dentrix

Without finances in order, your dental practice is on the road to closure. It's just that simple. If you don't consistently collect money from patients, you won't have the money to pay your lease and utilities, pay your employees, and pay for all of the tools and equipment that a dental office needs to stay in business. No money in equals no money out.

To get your finances in order, you *must* be organized. Dentrix is a fantastic tool for organizing your finances. With Dentrix, you can use the Treatment Planner (see the modules in Dentrix at the top of the screen—the Treatment Planner module is a chair icon) to ensure that during a diagnosis appointment, you document what treatment was discussed with a patient, and what treatment was proposed, accepted, or rejected. This is my favorite way to use Dentrix!

Tip #4 Organizing the Finances

For this shortcut, I recommend using a computer with dual screens. This allows you to avoid the hassle of toggling back and forth between different pages.

Here are steps for organizing finances in Dentrix: (*Again, these are not comprehensive steps. Please visit the URL and/or the QR code at the end of the story for more details in my screencast.*)

1. In the **Treatment Planner**, make a new folder and rename it with an applicable title for the case (examples: full upper arch, lower right, or ext. #18)
2. Click on the icon above to accept, propose, refer, or reject case.
3. Click on **Consent for Treatment** for the case and ask the patient to sign a rejected or accepted case form. (Note: *appropriate forms can be set up in advance so that you have the one you need for a particular scenario.*) Patients can either sign electronically or you can print a copy and ask them to manually sign (afterwards, the document will need to be scanned into the patient's document center). If you have ePad II™ for electronic signatures, the Consent for Treatment will be automatically placed into the document center on Dentrix. The doctor and/or any team member can see on the patient's chart that the folder is signed (a pen icon will appear by the folder if the file includes a signature) and can thereby see that the treatment was accepted. In settings, you can set up consent forms.
4. After the financial arrangements are agreed upon and treatment is scheduled, go directly to **Office Journal** for that patient.
 - a. Add a new entry.
 - b. Use **reminder** for financial arrangements and use a **phone call**, when applicable.
 - c. Enter a summary for the definition. On the detail box, I enter as much information as possible so what was discussed is clear—as well as what was accepted, proposed, and closed.
 - d. Enter the financial arrangement here (for example, prepaid with lending club).

Note: Be sure to copy the financial note you made in the Office Journal and paste it into to all of the appointments scheduled for the patient (in Appointment Notes). Therefore, the scheduling coordinator will be aware of what was accepted and agreed upon, and can review the notes when confirming the patient's appointment. The note can also be referred to directly in the Office Journal.

Authenticating Insurance Benefits

Many of your patients will use insurance to cover some of their dental expenses. But don't assume that all patients have insurance benefits just because they say they do. Instead, verify every patient's insurance benefits. In the past, verifying insurance meant calling up the insurance company and waiting for a fax to verify a patient's plan. Now, you can verify insurance simply with a click or two on Dentrix.

Tip #5: Verifying Patient Insurance

Dentrix has a great module called "E-Central" that helps dental teams verify that a patient is immediately eligible for insurance benefits. E-Central is sometimes underutilized among offices that may not realize the module is available. Check to see if you have E-Central available by calling Dentrix customer support. E-Central is a great method for insurance verification. Once verification is made with E-Central, the notation can be

added directly to Dentrix's Document Center without having to print out any additional documentation. This tip is a huge time-saver! You can pull up E-Central on a patient's family file or in the appointment book (the "E" icon will appear).

E-central does this upload automatically at specific intervals. Your schedule will show a blue "E" icon if the patients are eligible that day. Please note that this is only for existing patients and the insurance companies that are compatible in your area. Unfortunately, not all insurance companies are connected with this program. To find out which ones are connected, go to the **Dentrix Resource Center** and conduct a search by insurance company name or electronic payer identification code.

Steps for verifying insurance for a new patient:

1. New patient data is entered into the computer with all insurance information.
2. In the **Primary Dental Insurance** field of the patient's family file, you will see a letter "E." Click on that "E" and E-Central will immediately give you the information that is needed to verify insurance and will provide detailed coverage information.
3. The "E" icon will turn blue when verified and the information will populate on your screen. You will see the word "Eligible." Click on **Eligible**. All of the pertinent details will load.
4. At the top of the screen, click on **Add to Patient's Document Center**. Dentrix will automatically transfer the information.

Practice Perfect

These are just a few of the many ways that Dentrix can be used to make life easier, help production go smoothly, and save time and money in dental practice operations. In addition, Dentrix is helpful at perfecting a day's scheduling, charting, organizing referrals, maintaining secure medical histories for your patients, and much more! □

Do you have any practice management software shortcuts that you'd like to share with your fellow dental professionals? If so, send your ideas to us! (Please send emails with detailed instructions on your shortcuts to submissions@AdentMag.com). We might feature them in an upcoming issue!



Trish Jorgensen has been working in dentistry for more than 35 years. During that time, she has attended numerous Dentrix trainings and CE courses for practice management. Trish currently works at the Family Dental Health Center in Idaho Falls, ID, as an Office Administrator—where she has been for 29 years.

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