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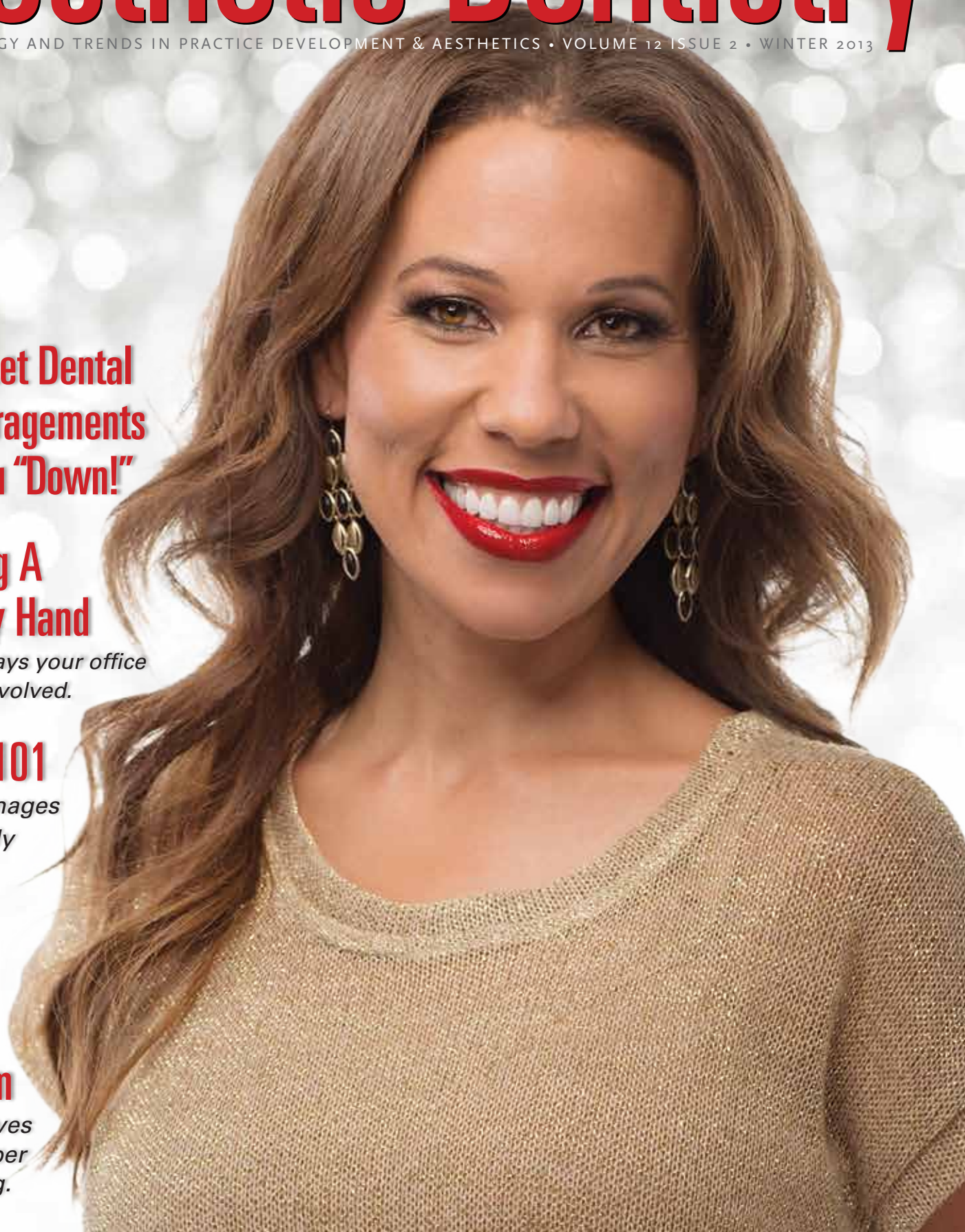
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EDITOR'S COMMENTARY ■ DR. DICK BARNES, D.D.S.

Mind Over Matter



Seize The Opportunity To Turn Every Positive Thought Into Action.

"Circumstance does not make the man; it reveals him to himself." Although James Allen wrote those words over a century ago, they contain some of the most important keys to success in dentistry today. No, Mr. Allen was not a dentist, but he understood the profound truth that being successful is not a product of circumstance; it is the result of thoughts and actions. When I first read those words as a young dentist, I had the impression that they embodied a powerful concept. That concept is simply that our current circumstances are highly malleable and only through demotivating thought and inaction can they solidify into reality. The day I started thinking about dentistry in those terms was the first step in a long journey that proved that first impression right. I would like to share with you some of the insights I gained throughout my career as I sought to apply this precept to my life, my dental practice and the patients whom I served.

The Power of Thought

Everyone approaches life with certain assumptions. Many people assume that if they work hard, go to the right schools, know the right people, live in the right neighborhood and work at the right place, success will follow. On the surface this assumption seems logical, but upon closer inspection this assumption has a fatal flaw. It sets the determining factor on external rather than internal factors. In my experience, the true conduit to success is found within one's own thoughts. James Allen eloquently wrote, "Suffering is always the effect of wrong thought in some direction."

When I first started my dental practice I thought that success was guaranteed if I just made sure to provide adequate dental care to my patients. When success didn't automatically happen, I thought I would be more successful if my practice was in a more affluent area. I thought there was no way that the blue-collar workers coming through my doors could afford comprehensive care, so why present the big cases? In reality, my lack of success was not a function of my circumstance, it was the result of my way of thinking. I was creating mental limitations that prevented me from engaging patients in terms of value and outcome, rather than cost and the limitations of insurance. After this realization, I approached every patient as if they deserved the best treatment possible, with the assumption that they had a way to pay for it,

and most importantly, that the patient wanted what I could offer. Once I made those thoughts part of me, the circumstances I thought once limited me, no longer had an affect on my dentistry.

Fear and Doubt

When I lecture, I like to ask members of the audience a simple question: "How many of you have prepped a full arch?" Without fail, only one or two hands go up. My next question is, "Why aren't all of you doing full arch cases?" The responses are varied but the answer almost always boils down to fear. Fear is a mode of thought that keeps more dentists from reaching their potential than any external force I know of—including the economy. James Allen wrote, "Thoughts of fear, doubt and indecision crystallize into weak . . . and irresolute habits, which solidify into circumstance." Dentists who are afraid of the perceived

Being successful is not a product of circumstance; it is the result of thoughts and actions.

complexities of full arch dentistry are creating a circumstance that will forever hinder their success. Doctors who are afraid of presenting comprehensive cases because they fear the patient will say "No" will never have a chance to do the life-changing dentistry that patients will truly value. Dentists who fear change will be forever trapped in a career that will be defined by struggle and disappointment.

I struggled with these fears when I started practicing, but I quickly found that replacing fear with faith broke down all the barriers that were preventing me from reaching higher levels of production. I had faith in the patient's ability to understand and see the value of what I was presenting. I didn't let the fear of "No" hold me back from presenting the kind of comprehensive dentistry that I knew the patient needed. A direct result of this change in thought, patients began to have faith in what I could do for them. As simple as it sounds, that is one of the key reasons that my small "blue-collar" practice was able to outperform dental practices in the wealthier areas. **(continued on page 4)**

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"A Serendipitous Smile"

My Experience with Full Arch Reconstruction

Hope Gordon, a Doctor Relations Representative, has worked at Arrowhead for six years. On May 4, 2013, Gordon found herself representing the patients instead when she filled in for a last-minute patient cancellation during a full arch reconstruction course. Here's her story . . .

I was never horribly unhappy with my smile. In fact, some of my good friends said my smile was one of the first things they noticed about me. However, there were some things about my teeth that I wasn't one hundred percent happy with. For one thing, I felt like I had a gummy smile and was therefore always a little careful when I smiled to place my lips in such a way as to not show too much of my upper gums. Another thing I didn't like was that my teeth (numbers 7 and 10) weren't even. A third concern was that my Shimbashi was 8 by 8 (completely square), whereas aesthetically, I knew that the ideal was to have a more rectangular shape. Lastly, I'm a bruxer, so there wasn't much left to my molars. At different times over the years I had contemplated having some cosmetic work done to fix some of these issues, but as most people do who are relatively happy with their teeth, I just "brushed" off that idea and lived my life.

However, unexpected serendipitous opportunities sometimes pop into our lives and totally change everything. One afternoon, I was at Arrowhead Dental Laboratory discussing some professional matters with my boss, Kent Garrick. In the middle of the meeting, Kent received a phone call. It was from a patient who had been scheduled to undergo a Full Arch Reconstruction (FAR) the following day, as part of a professional course for dentists. An unexpected conflict had arisen and the patient was no longer able to make the appointment.

Panic is the best word to describe the look on Kent's face. How were we going to find someone else willing to undergo the procedure on such short notice?

Since by nature I am a problem-solver and enjoy helping out, I instinctively volunteered myself. "I'll do it," I told Kent. Yet as soon as I heard those words coming out of my mouth, I instantly regretted it. How could I make such a life-changing decision on a whim?

The rest of that day was a whirlwind. I was immediately rushed off to start the process. I spent the afternoon getting impressions and photos taken of my teeth. The crew then began working on my White Wax-Up (WVU), in order to have everything ready for the next morning. With each step of the process, I felt more and more committed. My hands were sweating and my stomach felt a little queasy. I knew that even if I wanted to back out of it, it would be both very awkward and very difficult. What had I done?

That evening was probably one of the longest and most emotional of my life, next to the birth of my son. This decision would truly alter the way my life would proceed from that point on. I spoke with my best friend about it and he emphatically argued against me having the procedure. He adored my smile. Why change it? He spent 20 minutes on the phone trying to talk me out of it. My mind was spinning and I hardly slept that night. I had at least one or two anxiety attacks in the middle of the night and when I did drift off to sleep, I woke up crying a few times. How could I have gotten myself into this situation?

The next morning, bright and early, I found myself in the dentist's chair. I planned to meet with Dr. Downs, someone who I had grown to respect and admire over the years as an Arrowhead employee. I knew he was exceptionally talented and one of the best dentists in the industry, so even though I still felt panicky, I had a sense of comfort in knowing that Dr. Downs would be doing my Full Arch Reconstruction.

During the initial session, Dr. Downs went over every single detail of my case: every tooth, every crack, everything! My teeth were essentially a complete mess and I hadn't even realized it. I had fractures up and down most of my anterior teeth. A crown was leaking. My molars were approaching a complete demise because of my bruxing issue. It was a matter of time before I would need to get most of my upper arch crowned anyway. Never—in all my years of dental visits—had I ever experienced such a thorough exam. No previous dentist had ever examined every detail of my teeth and explained how and why things happened and what I could expect if I avoided taking care of the problems.



BEFORE



AFTER

I felt a great sense of peace after meeting with Dr. Downs. My mind was at ease and I felt a calming wave flow over me. I felt one hundred percent better and knew that I was making the right choice. I was looking forward to fixing the underlying problems, having proper function of my teeth and of course, correcting my initial gripe—my gummy smile.

Everything else that day went as scheduled. My prep went great. It was, however, a little nerve-racking being worked on

with 15 to 20 dentists hovering over me to watch the process, but I survived. Within a few short hours, I was completely prepped and my temps were on. I had a new smile. My temps took a little getting used to. They opened my bite about 2mm. But I didn't have any complaints about them. They really did look beautiful and no one could believe they were only temps.

When I meet with dentists, I can give them firsthand details of what it's like to get a full arch reconstruction and all of the feelings that go along with it.

I had temps for about three months—a little longer than most patients because I was a seat patient for my permanents during a later course. In the interim, I met with a lot of clients as part of my regular routine. I received so many compliments on my new smile and my teeth—and they were just the temps!

When I was seated for my permanents a few months later, I was ecstatic with the results. Looking in the mirror at my smile for the first time, I was totally taken aback. I couldn't believe what I saw. The permanents looked exactly like my originals did, only better. My teeth, especially numbers 7 and 10, were the appropriate size. My molars were no longer worn away. The translucency and texture of the teeth looked completely natural. So much so, the doctors who I work with couldn't tell I had new crowns. I was amazed! And finally . . . the gumminess of my smile was gone. I couldn't have been happier.

Today, when I smile, it's with absolute confidence and no concern about any aspect of my teeth or my gums. A day doesn't go by without someone saying, "You have the most beautiful teeth." Even my best friend, who was originally against it, has warmed up to my new, improved smile.

Even though some of the initial decision-making process was difficult for me, I'm so glad I volunteered for this experience. Now, I can totally relate to patients who are having the same types of concerns. When I meet with dentists, I can give them firsthand details of what it's like to get a full arch reconstruction and all of the feelings that go along with it. I can tell them with absolute certainty that I'm glad I did it and I wouldn't trade my new smile for anything. ■

Hope Gordon is currently employed full time as a doctor relations representative with Arrowhead Dental Lab. She has worked in the dental industry for eighteen years and is certified in medical and dental terminology. She would like to publicly thank Elite ceramist Ben Biggers for her amazing restorations.

COVER STORY CREATIVE TEAM

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PORCELAIN RESTORATIONS: *Ben Biggers*, Arrowhead Dental Laboratory, Sandy, UT

PHOTOGRAPHY: *Justin Grant*, JustinGrantPhotography.com

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☐ Accidental Injury Only ☒ Injury With Disability ☐ Injury With Hospitalization ☐ Deceased Date Deceased

Accident Policy Number	Short-Term Disability Policy Number	Hospital Indemnity Policy Number	Hospital Intensive Care Policy Number	Life Policy Number	Specified Health Event Policy Number
11-11-11-11-1	22-22-22-22-2	33-33-33-33	44-44-44-44-44	55-55-55-55	66-66-66-66-6

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- Physician or Disability State agent must complete Section E.
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ADDITIONAL NOTES:

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The Proof Is In The Pictures

Get Fewer Insurance Claim Denials When You Take Proper Intraoral Photos.

Dentists know that intraoral cameras and digital photographs are great for patient education and for promotion of our services. And if you've been involved with Arrowhead for any length of time, you've inevitably heard of and seen Dr. Dick Barnes's famous five slides (later becoming seven). These images are used to help dentists make effective case presentations. When they were first introduced, over thirty years ago, the slides were a great way to show what dentistry could offer. As times have changed, so have the uses for digital extra and intraoral photography.

I don't know about you, but I like to get paid for my services in a hassle-free manner. Unfortunately, with the current economic climate and an insurance industry revolution, claims are being denied more frequently. These denials cause several problems. First, payments are delayed necessitating that dentists write narratives to the insurance company explaining the need for treatment. If you're like me, you often battle on behalf of your patients and have great success in overcoming the insurance carrier's objections.

Secondly, and more detestably for me, is when insurance carriers accuse my work as either not needed or somehow done without the patient's best interest in mind. You likely are familiar with the nasty little notes sent on the EOBs to the patient, suggesting that a filling could have been done instead of a crown, or that the soft-tissue-crown lengthening or gingivoplasty you did—removing 5 mm of tissue that flaps over the margin—is

Let's face it: X-rays are no longer enough!

a normal part of a crown procedure. These accusations make patients question our services and unless a patient has been fully educated as to the need for treatment, the statements can negatively affect the doctor/patient relationship.

For me, intraoral photography has filled the void in many of these disputes. Most insurance carriers rely on radiographs to make determinations of need. But radiographs have limitations, they do not show the ringing calcification that is impossible to fill, the broken cusp hidden by the decrepit amalgam restoration, or the badly-stained and leaking fractures that are carious but do not appear on films. Let's face it: X-rays are no longer enough! The next best thing to having an insurance examiner in the room with

you is a photograph of the tooth. In my narratives to insurance companies, I explain that the only way to properly diagnose what a patient needs is to actually be in the room with the patient.

I always let my patients know that we are taking the photographs because the insurance company may deny the claim and that we will *most likely* get payment after we send the narrative and photographs. I also show the patients again (using both the X-rays and the photographs) why the procedure is being done so they fully understand what is going on. If the insurance company still denies a claim, I ask the patients to call their carrier to complain. The patients, who are fighting for \$500, are going to be extremely motivated when dealing with the carrier, thus patient's complaint "holds more weight" with the carrier than a practitioner's complaint. So dental providers can arm our patients with knowledge to counter any denials. At this point, a carrier would need to discredit patients by telling them that they are wrong about what they have already seen with their own eyes.

If you have been sitting on the fence about whether or not to get an intraoral camera, maybe this article will help you decide. If you have a digital X-ray system (and you should) find a camera that will work best with your system. In my office, I use the ScanX X-ray system and Polaris cameras, both by Air Techniques. There are, however, numerous intraoral cameras in the marketplace. Speak with your equipment rep and ask about arranging demos for you. This way, you do not have to wait to see them at a show or conference and you will have the representative's personal attention without a group of 12 other dentists all rubbernecking to see a product at a show booth. And remember, when deciding which camera to purchase, make sure you choose one that can be moved from place to place and one operator to another.

Intraoral cameras are great for patient education, treatment plan acceptance, and a great tool to get reimbursement on those difficult-to-explain cases that every dental provider encounters.

Research the options and get one—you'll be glad you did. ■

Dr. Alan R. De Angelo received his D.D.S. degree from the University of Illinois College of Dentistry in 1982. He lives and practices general aesthetic and cosmetic dentistry in Homer Glen, IL.

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Mind Over Matter (continued from page 3)

Thought and Action

The requirements for success are not secret, nor are they difficult to understand. Why then do so many people struggle to attain success? The answer is deceptively simple. They fail to succeed because they fail to act on what they think or know to be true. Ironically, many of the people who read this article will think there is truth in what I am saying, but very few will actually take that thought and translate it into action. It doesn't have to be a perfectly conceived or planned action—simply putting a thought into action has amazing transformative power.

When I first began trying to apply these concepts into my practice, the attempts were not perfect, but they created movement towards a goal. As I experimented, my approach became more refined and the outcomes improved. If you need someone to help you, find a mentor. Start taking courses that will help your skills advance and put those new-found skills to the test...now! Waiting for a "perfect case" to come along

It doesn't matter if you're just starting out or if you are only a few years from retirement; the power to become what you want resides within you.

to try something new is a recipe for failure. Seize the opportunity to turn every positive thought or insight into action and you will be amazed at what even small attempts can accomplish. Failure is not the opposite of success; it is the consequence of not acting. If you can conquer your fear to act, you will conquer failure.

I will close as I began with another quote from James Allen, "As he thinks, so he is; as he continues to think, so he remains." The power to succeed in dentistry and indeed any aspect of life is found within the individual. It doesn't matter if you're just starting out or if you are only a few years from retirement; the power to become what you want resides within you. External forces, no matter how daunting they first appear, give way when the force of positive thought and determined action are applied. ■



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Do you or one of your patients have that perfect smile? Aesthetic Dentistry is looking for cover models. Models must have at least a 6-unit anterior case with Elite restorations from Arrowhead Dental Lab. For consideration, email date of case and candidate's before-and-after photos to info@adentmag.com.

INDUSTRY INSIGHTS ■ TAWANA COLEMAN



EXCELLENCE IS A CHOICE



Change Your Practice From "Good" To "Great" Using Four Proven Methods.

As we all have the freedom to make positive choices in our personal lives, dentists can also choose greatness, superbness, distinction, and excellence in their dental practices, too. One of my favorite quotes is by Will Rogers. "Even if you are on the right track, you'll get run over if you just sit there." Obviously, it is not enough to be educated, licensed, and then simply open the doors of your practice. There are some definite choices and decisions that you need to make and act on in order to go from being a *good* dentist to an *excellent* one.

In a seminar I teach for The Dr. Dick Barnes Group, titled "Total Team Training," I spend two days going over all of the specific techniques that dentists can implement in order to improve their practices. In this article, I will touch on four crucial points which will give you a taste as to what you will learn in the full course.

1. Surround Yourself with a Great Team

There is absolutely no way that a dentist can run a practice all by himself or herself. Every dentist needs a team. But what separates good dentists from great ones is the ability to put together a *great* team. So how does a dentist do that?

There are a number of guidelines. First, conduct your interviews with a specific skill set in mind. For example, assistants should have good hand-eye coordination and have the proper training to help the dentist in various procedures. Office staff must have the ability to multitask, work well with patients, and put together a winning schedule. Make sure that the person really is a team player and is motivated to do things for the benefit of the patients, the other employees, and the practice in general. Remember, there is no "I" in "teamwork." If someone is a self-serving individual who is *only* concerned with bonuses, vacation days, and other added perks of employment, that person may not be the best contributor for your practice, regardless of how brilliant his or her skill set is.

It's hard to know after just a brief in-person interview if someone will be able to really do well in your particular office. Personalities just simply don't blend together sometimes. So what I recommend to everyone I train is to do working interviews. This is where you have the prospective employee come and work in your office for a day or two. See how this person performs on

the job and communicates and coordinates with the other members of your staff. If after this working interview, you feel like this person may be a good fit, the "interview" process isn't over. Once you decide to hire the person, do so on a probationary basis. A 60- to 90-day period allows both the employee and the dentist to try out the arrangement and if it doesn't work for either party, then everyone can part ways with no strings attached.

2. Know Where You Are Going and Set Realistic Goals

In life, we will never arrive at a destination if we have no idea where we are going. The same is true for a dental practice. Where do you want your dental practice to be headed? Do you have a specific dollar amount in mind in terms of productivity? If not, you should. And it can't just be any random amount of money, either. It has to be a realistic goal. You can't say that you

What can be done to improve the overall impression that people have about your practice?

want to make millions this year if your practice has never even made a million or even a couple hundred thousand, for that matter. That would be like saying you want to go to Bali for vacation when you don't even have the resources to get yourself to the local amusement park.

So how does one set realistic production goals? The first key is to remember that *busy* does not mean good *business*. Just because your office is constantly seeing patients and everyone in the staff is running around like crazy day after day doesn't mean that your practice is successful. In order to have good business instead of busy-ness, you need to make sure the appointments and procedures in your practice are scheduled in such a way as to best maximize the time of the staff. Just doing fillings or adjustment procedures all day every day is not the best way to boost the income of your practice. You also need to be setting aside time in your schedule for more high-end procedures like root canals, crowns, veneers, and implants. ▶

In addition, you also need to have a good balance between new patients and your recall system. At any given point, I could ask a room full of dentists if they know how many new patients they see on a monthly basis and rarely will one have an answer for me. This is unacceptable for someone who wants to have a great dental practice. If you want to get somewhere, you not only have to know where you're going, but you also have to know where you have been and where you are! Make sure your office staff monitors the business. There's plenty of software out there to keep track of your statistics. This will help you know where to start from. If you are only getting five new patients a month but your goal is for 25, then you're going to need to better target your market. However, you won't know to do this if you don't have the specific data to work from.

3. Be a Good Leader and Lead By Example

There are many good attributes of a good leader. For one thing, a good leader is a good listener and is teachable. No one can possibly know everything, even the boss! So be willing to seek out ways to learn and grow as the leader of your practice. Also, give opportunities for your staff to learn as well. Provide trainings for them. You hired them and made them part of your team, now give them the tools to be the best members of the team possible.

Recently, I read *Insights* by Bruce Brown and Bob Miller. For over three decades, they have interviewed great college athletes. They discovered what made a nightmare sports parent and what made a great sports parent. Their number one question to athletes was, "What made you feel great?" The overwhelming answer was when their parents said something like, "I love to watch you play." That was it...just SIX WORDS! Never could the words be misinterpreted as the athletes' performance wasn't good enough. The pressure was off.

When I see a dental team that is downtrodden, I suggest to dentists that they look at how they are treating their staff. After all, another quality of a good leader is someone who is able to inspire others. Do you want your staff to feel that nothing is ever good enough? Of course you don't. That's not a healthy environment for the office and certainly not a way to keep employees working for you. Spend time each day finding ways to compliment your staff. Tell your office manager, "I really like how you talk to our patients on the telephone." Tell your assistant, "I really appreciate the way you are so kind to our fearful patients." Tell your hygienist, "I am so impressed with the good advice you gave our new patient the other day." By doing so, you will lead by example and create a positive, happy, and successful work environment in your practice. This positive environment will not just be felt by your staff, but by every patient who walks through the door. Because you treat your staff in this fashion, chances are good that your staff will treat the patients this way too.

4. Attitude and Teamwork Make the Good-to-Excellent Transition Possible

I was asked a question recently: "Which is most important, attitude or aptitude?" After all my years of working as a dental practice office manager and as a consultant, I can tell you the answer unequivocally: attitude is definitely more important than aptitude. It doesn't matter how talented or gifted people are, if

they don't have a good attitude, they won't get very far in this business. Many times, I have heard from dentists how frustrated they are with certain members of their staff who are brilliant in their job but have such a terrible attitude and bring everyone else down. The same can be true with dentists. If they don't adhere to the principles of good leadership, their practice won't be able to transition from good to great.

A good attitude can be cultivated. Seek out ways to build the morale of your staff. Celebrate what they bring to the practice. Have clear expectations for them and make sure they're held accountable. Be fair with everyone.

Working together as a team is crucial to a successful dental practice. One person certainly can't do it all. And the only way to truly make successful changes and improvements in a dental practice is to have every staff member "on board." Have a morning huddle with your staff. Discuss the day's schedule and get everyone excited about the patients who they will be working on that day. Help everyone feel that their contribution is valued and necessary.

Excellence in Action

Over the years, I have consulted with dental practices in 47 of the 50 states, Canada, and several locations in Europe. I've had the opportunity of witnessing many incredible transformations as people apply these techniques as well as the other ones I teach in my seminar. Recently, I worked with an office of a new startup practice. Like many startups, the staff was busy, busy, busy! They were very blessed with so many new patients; however, they were running themselves ragged. They knew there had to be a better way. The dentist and the office manager, Kattie, decided to implement the strategies they learned in the seminar. Every week, Kattie reported to me certain practice monitors that revealed the good balance of new patients and recall patients. She also monitored the collections portion of the business and implemented a better structure for their daily schedules. I am proud to say that in just four and half months, their business has improved drastically. They have better financial numbers to show for their efforts and they aren't nearly as tired as they used to be. They learned by experience. They made good choices. Excellence has become theirs and the best for them is really yet to come.

You can experience this excellence, too. Are you willing to follow these techniques and make the necessary changes to improve your practice from a *good* one to an *excellent* one? The choice really is yours. ■

Tawana Coleman has been a practice development trainer with the Dr. Dick Barnes Group for more than 20 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.



To read past articles from Tawana Coleman, use this code or visit www.adentmag.com/author/tawana-coleman/

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A Place of Abundance

Reignite Your Passion For Dentistry By Changing Your Philosophy.

Three years ago, when I started my practice, I was struggling with the rigors of both personal and professional obligations. My wife and I had a new baby who, of course, took up a great amount of personal time. Professionally, I soon discovered that starting my own dental practice wasn't as easy as I imagined it would be when I was in dental school. I was struggling with finding my passion. In fact, I probably hadn't used the words "passion" and "dentistry" in the same sentence prior to my first course with Dr. Jim Downs.

It was during this time of frustration that my brother suggested I consider taking some dental courses that might enhance my practice. I figured, "Hey, what do I have to lose?" At the very least, if I didn't learn anything to help my practice, maybe someone at the course would want to purchase my practice and I could just move on. At that time, either scenario was a win-win for me.

In April 2011, I signed up for the Over the Shoulder: Full Arch Reconstruction (FAR) course taught by Dr. Jim Downs at

I learned that...one must possess a guiding philosophy...that excellent results require an obsessive interest in the patient.

Arrowhead Dental Lab. At the time, full arch dentistry couldn't have been further off my radar. I was mostly concerned with staying on top of my crazy workload—not in learning how to do any cosmetic procedures. However, that mindset definitely changed over the next few days.

At the beginning of the course, I was introduced to the "Why" of full arch dentistry. I learned that in order to achieve what is desired in full arch dentistry, one must possess a guiding philosophy. I had to expect the best of myself and be teachable enough to achieve it. I also learned that excellent results require an obsessive interest in the patient. If I accepted a case, then I needed to do it with the patient's wellbeing at the forefront of my mind. I had to literally make a paradigm shift from working on the patient to working *for* the patient. It has always been my nature to be kind to people, but this idea of connecting that guiding principle to my dental practice was truly career changing.

The course's introduction to the "How" of cosmetic dentistry was just as beneficial as the "Why." The technique

portion of the course included in-depth instruction on the concepts of comprehensive dentistry and how they can be properly applied. We studied bur selection and ergonomics, final impressions, diagnostic records, and shrink-wrap temporaries (for the latter, I've never seen temporization in the same light since). Throughout the over-the-shoulder procedures, Dr. Downs demonstrated the system that he uses to simplify each layer of the process to achieve consistent quality and long-term predictability. We talked through Dr. Downs's concept of "Swords of Technology" and why he advocates for electric handpieces, CO₂ lasers and Tekscan® occlusal sensors. Dr. Downs's mastery of this procedure was well established by the "prep-day," but watching him prep, impress and temporize a full arch while 20 doctors crowded in and peppered him with questions, definitely sealed the deal for me.

By the end of the course, I was convinced of the system, the technology, and the lab's ability to deliver. My mind made a dramatic shift throughout those few short days. It reignited my passion for dentistry, focused the direction of my practice, and refined my philosophy for treatment. When I returned to my rural eastern Oklahoma practice, I found that the philosophies outlined in the course were well-applied to every aspect of dentistry and dental practice. I can confidently tell all dentists (even if they never intend to do full arch dentistry), that they will benefit from taking the courses. I improved in all aspects of my dentistry and the experiences truly helped me take the "next steps" in my professional development. I can't point to any one detail that changed how I practice, but I can tell you that surrounding yourself with a group of professionals focused on excellence and concerned with *delivering* quality dentistry will make you better at a difficult and sometimes trying profession.

As of October 2013, I have finished my most complex and comprehensive full arch reconstruction case to date (see *case study, on next page*). As with all big cases, there have been revisions, but they are easily handled because I want what is absolutely best for my patient. So if something must be redone, or if we must change the treatment plan to account for something, it's no big deal and there's no interpersonal stress between me and my patient. I have a lot to give to my patients because I work from a place of abundance of care and concern—a philosophy I obtained from my first full arch course that remains with me today. ▶

Case Study: A Full Arch Restoration



Shirley's "before" smile suffered as the bonding to her veneers failed. She was also concerned with the negative space in her buccal corridor.



The forces of her bruxism and deep bite are evidenced by the B5 abfraction lesions



The preps on 7–10 were thin due to previous veneer preparation on the facial and attrition on the lingual. The thin preps combined with her parafunctional habit and high patient force factors resulted in fracture and significant loss of tooth structure. We performed RCT on 7–10 to allow for post placement and enhanced retention. This represented our biggest challenge during the case and was quite a setback since the case was already back from the lab and ready for cementation. We performed RCT on 7–10 for post placement to enhanced retention.



The finished arch.



Shirley was extremely happy with her new smile!

The patient's chief complaint was that a veneer "popped off." The initial exam revealed 6 to 11 labial veneers and a Shimbashi measurement of -3. Placed in 2007, the veneers began failing as the bonding suffered under the load of the extreme overbite they created, coupled with parafunction she developed due to her mandible being trapped and her social anxiety. As the bonding failed and some of her veneers came off, the patient developed a habit of protruding her jaw to check for looseness in her restorations, as she was worried that she might lose a veneer in a social situation. The cyclic lever forces applied to the incisal edge of the veneers acted to speed their demise.

On the prep day, we started by removing all of her old dentistry. Removal of base metal PFMs can be difficult and costly. An electric hand-piece malfunctioned during the sectioning of the 2 to 5 bridge. Upon removal of the bridge, we discovered that tooth number 5 required endo, post, and core placement. We adapted the treatment plan to the conditions presented and proceeded. Fortunately, tooth number 5 was our only surprise that day and everything else went smoothly.

Later, we placed implants in the 19 and 20 sites to complete her arch form and to improve her occlusal scheme. Preparing two arches in a single day is challenging, but possible. The prep guide provided with the case work-up was invaluable and helped to quickly identify where to focus our attention. I highly recommend sticking with the outlined system and focusing on the progression, and before you know it, you will be prepping the last three teeth!

Throughout the course of treatment, the patient continued to "check her veneers." Ultimately it resulted in a fracture on the prepared teeth at the gingiva after the finished case returned from the laboratory. It was a frustrating moment, but also it provided an opportunity. As we discussed options and the timetable for repair, I reiterated the importance of the appliance and her compliance. We were able to seat the rest of her restorations and perform the work to finish the case. We planned to restore her implants after seating the case, so we took an impression and had the anterior teeth fabricated with the implant restorations. In the end, the fracture turned out to be a minor setback.

After seeing her new smile, the patient's response was, "This is way more than I expected!" And when I asked, "What do you mean?" she said, "Well I've seen a lot of my friends who have had their teeth done and their teeth all appeared to be very uniform and white. But my teeth had a shading of color like natural teeth and you could see through them like natural teeth." She continued, "I didn't know there was a way for you to make them look so natural!" I responded, "Well you're used to looking at a porcelain-fused-to-metal crown, which is an older technology and we're using the latest technology which is a lithium disilicate crown. We're also using an Elite technician who has the ability to make all of the artistic nuances that make a stain look natural." I couldn't have asked for a more positive reaction.

Going forward, I am confident that I can present these cases and that I now have the ability to say "yes" to big treatments and deliver quality for my patients. With the success of this latest case, I have a "walking billboard" advertising my services. Her smile tells everyone, "Look what he did for me!" My perspective has completely changed—from "I can't" to "I can" and from "I don't" to "I do." And it just keeps getting better! ■

Andrew L. Walker received his B.S. and D.D.S. from the University Of Oklahoma. He is committed to providing comprehensive, world-class dentistry to the people of Green Country through his focus of continual professional improvement. He operates a family-oriented practice, with his wife Dr. Jessica Walker, in rural eastern Oklahoma.

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CASE ANALYSIS ■ JAMISON R. SPENCER, M.S., D.M.D.

Bruxism Part II: Proper Screening Can Save Lives



Dentists Can Play A Critical Role In Sleep Apnea Diagnoses.

In the previous issue of *Aesthetic Dentistry* (Summer 2013, Volume 12, Issue 1), I discussed the theory that in some cases, people are clenching and/or grinding their teeth (or just contracting their muscles) while they sleep in order to help maintain a patent oropharyngeal airway (what I refer to as “protective function” in contrast to the typical term of parafunction). This concept of connecting sleep apnea to certain types of bruxism has been around for years, but it has recently started to gain traction in mainstream dental continuing education.

What should you look for when screening your patients for possible sleep apnea-related bruxism, as well as other signs, symptoms and comorbidities related to obstructive sleep apnea (OSA)? Your patients present these issues every day, but you may not have seen the signs. It is amazing how blind we can be to obvious signs and symptoms, when we don't know what to look for.

Some Dental Signs and Symptoms Correlated with OSA:

- *Wear of the teeth* (particularly anterior wear). This also includes chipped or fractured restorations. Wear may also include chemical erosion from gastroesophageal reflux disease/heartburn, which has a higher prevalence in patients with OSA. Wear also includes wear facets from clenching.
- *Scalloping on the borders of the tongue* (from thrusting the tongue against clenched teeth).
- *A crowded oropharyngeal airway* (large tonsils, elongated uvula, and/or elongated soft palate).
- *Mandibular tori, or tori/exostoses in general*. Periodontal bone loss (the opposite of mandibular tori), is starting to be correlated with OSA as well.
- *Mouth breathing, particularly in children.*

More than 95 percent of patients who have an in-lab sleep study are diagnosed with sleep apnea. Take a moment and visualize the typical sleep apnea patient. Did you visualize an older, heavyset male? If you did, you correctly identified the person most likely to have sleep apnea. The problem is that most physicians are



Wearing of teeth



Wearing of teeth



Scalloped tongue

only referring such patients for sleep studies. That's messed up! Obviously, we are missing lots of people with sleep apnea who don't look like overweight, mature men. Women and children aren't being identified. However, in my practice and in the recent research literature, we are seeing (because we're looking) OSA in more and more people who do not fit the stereotype.

Signs and Symptoms Correlated with Adult OSA Include:

- Snoring (but not everyone with sleep apnea snores)
- Gasping or choking while sleeping
- Non-refreshing sleep
- Fatigue or daytime sleepiness
- Poor memory
- Erectile dysfunction*
- Hypertension
- Heartburn and GERD*
- Depression (particularly in women)*
- Fibromyalgia*
- Chronic Fatigue Syndrome*
- Headaches*
- TMD issues*
- Bruxism (*continued on page 22*)

I've Worn That T-Shirt

“Down” With Dental Discouragements: Successful Ways To Overcome Them.

Often when I conduct my courses, I am greeted by dentists who share with me some of their professional difficulties. Some struggle with financial issues. Others struggle with time management or staffing disputes. Still others struggle with not having a clearly-defined set of goals. Each time dentists share these types of experiences with me, my response is usually the same: “I’ve worn that T-shirt.” In other words, I know what it feels like to lack a sense of direction, to fear confrontation, to want to avoid financial organization, to seek the approval of others in an unhealthy way, and to feel uncertain about my technical skills. However, as I have sought ways to improve professionally and personally over the years, I have also discovered what it feels like to throw out those tattered tees emblazoned with negative messages and replace them with brand new ones proclaiming positive affirmations.



“Directionless” T-shirt vs. “Purpose-Driven” T-shirt

When I started my practice, I was fortunate to assume an existing practice with a wonderful production level. However, as the new CEO, CFO, and COO, I found myself losing control of the lumbering ship and the staff aboard it. The main reason for my difficulties at that time was a lack of vision. Sure, I had a

general idea of the direction I wanted our ship to travel; however, I hadn’t solidified those ideas into a clear plan and because of that, both my crew and I felt like we were just aimlessly bobbing about on a sea of disarray.

It was at that time that I realized the utmost importance of establishing a mission statement. Yes, I had heard about this concept many times in the past. I had read about mission statements and I knew that business professionals highly recommended them. However, it wasn’t until I was trying to operate my own business that I realized the absolute necessity of having one. My mission statement allowed me to move from wearing a “directionless T-shirt” to a “purpose-driven T-shirt.”

Developing a mission statement isn’t something you can just quickly throw together during a morning office huddle. It takes time and serious effort. I recommend setting aside some time just for you—as the dentist and captain of the ship—to reflect on where you want the business to go and what you want to accomplish along the way. I personally took three days off and went camping and developed my ideas in a quiet, peaceful environment. Regardless of how and when you develop your statement, you should plan on at least spending a full day or even longer coming up with your initial ideas. Then, bring these ideas back to your staff and get their input. You need to have everyone on board and excited about the direction you want to travel in order to be able to do so successfully.

Once you’ve solidified all of your ideas, it’s time to write them. I suggest using “technicolor” words that radiate dynamic images and inspire actions. Maybe you don’t have the time nor creative flair to put pen to paper in such a manner. Not to worry. Hire a writer or marketing guru to do it for you on a contractual basis.

Or if one of your office staff has a flair for the written word, utilize this person’s expertise.

I personally have my office’s mission statement attractively framed and displayed in a central location where both my staff and patients can read it. This allows the statement to be the focal point of the business and reminds everyone what we’re trying to accomplish. I also have the condensed version of my mission statement printed on the back of my business cards.

Remember, however, that the best mission statement in the world is totally useless if no one abides by it. Hold everyone in the office accountable to it, including (and most importantly) yourself. The mission statement is the affirmation of what the dentist is going to be and the type of leader he or she will be to the staff. The dentist really needs to be the role model, the captain of the ship as it were.



“Confrontation” T-shirt vs. “Care-frontation” T-shirt

Out of all of the T-shirts I have worn in my practice, the confrontation one was the most uncomfortable for me. It was my Achilles heel, you might say, if a T-shirt can be such a thing. Confrontation always created a visceral physiological reaction in my body: my heartbeat sped up, I found my breath becoming

quick and shallow, I felt almost immobilized. If I needed to confront an employee, for example, it would take me days of rehearsal and sleepless nights to finally do it. Thus, the default mechanism I instinctively used to deal with such situations was avoidance. If I needed to confront someone on any type of issue, I would just

I discovered what it feels like to throw out those tattered tees emblazoned with negative messages.

put it off. The problem with that, though, is that the issue didn’t go away. In fact, it most often became worse and sometimes even grew into a monster that was much larger than the original problem. Because of that, I knew I needed to change this part of my personality or my business was going to suffer greatly because of it.

This is when I decided to remove my “confrontation T-shirt” and I replaced it with what I like to call my “care-frontation” T-shirt. The word “confront” evokes negative imagery in my opinion: there is a problem and someone has done something wrong. Generally, that someone ends up feeling badly about themselves by the end of the conversation since the focus was switched from the “problem” to the “relationship.” On the other hand, “care-frontation” evokes a very positive set of feelings. There is still a problem that needs to be discussed, but it is approached in such a way that both people leave the conversation feeling uplifted and hopeful.

I have found that the best way for me to handle issues in a “care-fronting” manner is to first have a clear set of expectations for your staff (i.e., mission statement). Then, if a problem needs

to be handled, I recommend dealing with it right away in a kind and considerate manner. Say for example, I have a staff member who keeps coming in late and misses the morning huddle. The way I would approach this situation is with this dialogue:

"Susie, I have noticed that over the last few weeks you've been having difficulties getting here on time. As a team, we need each of our members here for the morning huddle so that we can all be on the same page throughout the day. What is it that I can do to help you be here on time?"

Speaking this way to "Susie" helps her know that she is an integral part of the team and her presence is valued. It also shows that you care about her situation. However, one important aspect of this dialogue is making sure that "Susie" knows that the responsibility of solving the problem ultimately lies with her. You can be a guide and a support, of course, but in the end she'll need to do her part to fulfill her responsibilities on the job.

Showing this type of care for your employees will help make it easier for you to approach them with problems that arise and therefore keep the office running smoothly for everyone.



"Dreading-the-Numbers" T-shirt vs. "Financially-Competent" T-shirt

In my seminars, when I ask dentists what it costs them per hour to open up their practices, a disturbing 7 out of 10 dentists have absolutely no idea. These dentists are being shackled with what I'd like to call the "dreading-the-numbers" T-shirt. Believe me, I know how encumbering it can feel to be burdened with the financial part of a business. We became dentists to work on patients' teeth, not crunch numbers in the office. But whether you want to take on the role or not, you really are the CFO of your practice. The best way to change into your "financially-competent" T-shirt is to get the skills you need.

To do that, I recommend gaining a better understanding of accounting principles by either taking some continuing-education courses, reading financial-help books, or by seeking out a mentor. I have personally done all three, and continue to do so in my practice today.

Another tip to financial competency is getting your "house" in order. You do that by living by the old adage, "Save for a rainy day." Make sure you have a reserve for the lean times. I suggest having one and a half months in savings so that you can still meet payroll and pay the rent of the office space even if something happens in the economy, in the office, or in your personal life. You never know when some of your equipment might break and need to be replaced or when you have to close the office for a few days because of bad weather. I also strongly suggest living within your means, not only on a professional level but on a personal one as well. If you do so, you will be able to maintain that reserve and will therefore be freed from

unnecessary financial stress. You don't ever want to be placed into a position of desperation where you make decisions in your practice solely on the need to make ends meet. This type of mindset isn't good for your practice, for your staff, and certainly not for your patients.



"Approval Addict" T-shirt vs. "I'm Okay" T-shirt

In the early years of my practice, it was very evident that I let my addiction for approval run my life and my business. Oftentimes, patients wouldn't accept a treatment that I suggested, or they would want a discount, or they would tell me I was too expensive. I found myself giving away procedures for free or reducing a crown to a four-surface pin-amalgam just so my patients would like me.

Now, there's nothing wrong with wanting to be liked and wanting your patients to be happy with you. But there needs to be a balance. If I'm making all of my choices solely on the fear that someone will not like me, then my business is definitely going to suffer. You have to be able to turn off that trigger in your head that says, "Oh, this patient won't possibly want to pay for this treatment, so I need to just offer something else" and replace it with a positive affirmation that proudly proclaims, "Yes, this patient would benefit greatly by this treatment and it's my job to help them figure out a way to make it happen."

Removing my "approval addict T-shirt" and replacing it with that cool new "I'm okay" shirt is an ongoing daily process for me. I do it by removing the limiting beliefs in my own mind and not allowing them to squelch my natural, vibrant, authentic self. When I hear these limiting beliefs, I simply say to them: "Thank you for sharing, but I'm going to proceed forward in another direction instead." As I have been able to incorporate this thought process into my life, I have been able to more clearly listen with my heart and march to a set of values that makes me feel whole and happy. This has helped my attitude, my productivity, and my overall practice.

This change in mindset can be compared to walking across hot coals. If, while doing such a task, people can keep their mind on the words "cool moss" as they walk across the sizzling embers, then they can make it across. If, however, their minds slip up for one second and they instead think the words, "hot coals," then they won't be able to do it. Their feet will instantly start to burn.

This metaphor can definitely be compared to the positive and negative affirmations in your own mind in relation to human interactions. If you always tell yourself, "Yes, what I am doing here is of value," instead of "I'm not sure this person will like what I have done," then, your ability to stay on the track towards success will be ever more possible.



"I Don't Know What I Don't Know" T-shirt vs. "I Have Technical Skills" T-shirt

The one thing I clearly remember when I reached the pinnacle of graduation and received my title of Doctor of Dentistry was the feeling of "I made it!" At that point, every technical skill I had acquired during the educational process was what I "knew." What I didn't realize at the time was how much I didn't "know" and still needed to learn. The real world was quick to reveal that to me, though, and like every dentist, I even had to eat some humble pie on occasion as I worked through certain procedures. What's important to remember is that it doesn't matter if you are brand new to the industry or have been practicing dentistry for 30 years, at some point every day, we are all wearing the "I don't know what I don't know" T-shirt. However, it is possible that as we gain more knowledge in an area and more skills in a particular procedure, we are able to replace that tee with the "I have technical skills" T-shirt. But, how exactly does one do that?

The most obvious way is by taking continuing education classes, particularly those that incorporate hands-on learning. In the various classes I teach with the Dr. Dick Barnes Group, I have

The T-shirt you're wearing right now doesn't have to be the T-shirt you continue wearing. You can change it at any time to one with a more positive declaration.

come to realize that most dentists learn through a combination of visual and kinesthetic styles. It is not just enough for dentists to read about a procedure or hear about it from a peer or a lecturer. They must see it for themselves performed in real time and then practice doing it.

One example that I can think of is the educational pathway that Dr. Sam Cress from Sugar Land, Texas traveled. Over the years, he had taken a number of Over The Shoulder (OTS) courses and had done quite well. However, it wasn't until he took our Clinical Hands-on course that he was able to fully grasp how to complete a full arch reconstruction. Now because of that training, he's totally excited about the procedure and does them often. That wouldn't have been possible without the Clinical Hands-on course and the attendant's individualized mentoring.

The next key component to finally being able to wear the "I have technical skills" T-shirt is to practice, practice, practice. If you get trained on a procedure and then never do it, then that training is of no use to you or your practice. I have dentists attend my implant course only to return to their practices and never attempt to actually do an implant case. Often, this is out of fear. So sometimes at the end of the course, I will help them set some specific goals. "By which month will you complete your first implant?" I ask them. Once they tell me a specific month, I help them set up a plan of how to achieve it. Then, I encourage them to set future goals as to when they will perform the next

procedure and the next. The old adage of practice makes perfect is definitely true and is the only real way to truly be able to don the "I have technical skills" T-shirt permanently.

"Changing Our Mindset" T-shirt

I have a quote at my desk by Ralph Marston that paints the imagery in my mind of speeding down a roadway on the seat of a motorcycle. According to the quote, the faster we accelerate down a path, the stronger the wind will push against our faces. And so it is with life. The faster we move forward towards a goal, the more adversity we are likely to encounter. So, if you think about that in reverse, when we are experiencing greater obstacles, struggles, and difficulties we should feel great about it instead of downtrodden. After all, it means that we are moving faster towards achieving our goals!

Every dentist is going to experience some kind of hardship. We're human beings, so naturally that is going to happen. We can't control that, but what we can control is how we're going to handle it when it does happen. Are we going to look at difficulties as opportunities to change and grow? Or are we going to allow them to make us bitter and pessimistic?

The dentists who profit from adversity possess a spirit of humility and are inclined to make changes in order to learn from their mistakes, losses, and disappointments. In fact, the more



success dentists have, the more they realize that their difficulties were actually an integral part of the process.

Just keep remembering that the T-shirt you're wearing right now doesn't have to be the T-shirt you continue wearing. You can change it at any time to one with a more positive declaration.

What T-shirt are you going to put on today, tomorrow, and every day for the rest of your practice? ■



Jim C. Downs received his D.M.D. degree from Tufts University School of Dental Medicine. He is an expert in comprehensive restorative treatment and has completed numerous full mouth reconstruction cases. He maintains an aesthetic, family-oriented practice in Denver, CO.

To read past articles from Dr. Jim Downs, use this code or visit www.adentmag.com/author/jim-downs-dmd/



Signs and Symptoms Correlated with OSA in Children Include:

- ADHD/hyperactivity*
- Poor school performance*
- Developmental delay*
- Enuresis*
- Headaches*
- Earaches
- Nightmares/night terrors*
- Snoring
- Bruxism

Ask yourself: if the diagnosis is incorrect, how likely is the treatment plan to be correct?

With regards to children, based on the current literature and my personal experience, I believe that any child who snores and has evidence of bruxism should be evaluated for sleep apnea. If you think a child may have sleep apnea, it is typically better to send the child directly to a pediatric sleep specialist, rather than to an ENT physician. Even though the first line of therapy for OSA in children is removal of the tonsils and adenoids, many ENTs will not be able to treat the child without documentation of several strep throat infections, or diagnosis of OSA (with an AHI greater than 1.5).

Research shows that ADHD is correlated with OSA, and that when the tonsils are removed in children with OSA, their ADHD is often resolved. I am *not* suggesting that all ADHD is directly related to OSA. What I am suggesting is that before my child started taking a serious prescription medication, I'd make sure he/she had undergone an in-lab sleep study to rule out sleep apnea first.

- Are you aware of a family history of OSA?
- Are you aware of clenching or grinding your teeth at night?

I recommend that all dentists create a screening form to give to every patient that walks in the door. Using such a form can be very helpful and I have found that most general dentists will have roughly 25 to 30 percent of their patients report either having been diagnosed previously with OSA, clenching or grinding their teeth or scoring positive on the ESS and/or STOP-Bang questionnaires.

However, a paper screening form is only one tool and I rely far more on a history and evaluation with the patient than on any screening form—particularly for women. Women rarely describe themselves as being sleepy or falling asleep in certain situations (which the ESS measures). They generally describe themselves as being fatigued or tired. The STOP-Bang questions are slanted towards diagnoses of overweight men, so it won't necessarily identify women, and certainly not children.

If you ask a woman with even a little bit of noticeable tooth wear, if she happens to snore, you will be amazed at how often you hear her respond with a slightly embarrassed, "Yes! Why do you ask?"

Once you identify a patient with possible sleep apnea, the first step is to educate the patient on what you believe you are seeing—seeing now for the first time even though they may have been your patient for 20 years! Explain to them that you care about them as a dentist and friend, and that you would like them to be evaluated by a family physician or sleep doctor.

If you'd like to immediately protect them, you might suggest something like the Silent Sleep™ appliance, or some other temporary appliance, to protect their airway and their teeth

People everywhere are suffering from the effects of OSA and poor sleep. You can literally add years to people's lives and life to their years. How cool is that?

The same principle applies for depression in women. If a woman walked into a doctor's office and reported symptoms of fatigue and low energy, depending on the doctor, she is likely to receive a prescription for an antidepressant (which can also cause bruxism). Again, I am *not* suggesting that all depression is directly related to OSA. What I am suggesting is that before my wife or daughter started taking a prescription antidepressant, I'd make sure they'd undergone an in-lab sleep study to rule out sleep apnea first.

So How Can We Easily Screen Our Patients?

There are several screening forms used widely in sleep medicine (and easily found online), such as the Epworth Sleepiness Scale (ESS), the STOP-Bang and the Berlin Sleep Questionnaire. In my practice, I have created a unique screening form using the ESS, STOP-Bang questions, and a few additional questions of my own, such as:

- Name, today's date, DOB, height, weight?
- Have you ever been diagnosed with obstructive sleep apnea (OSA)?
- Are you currently being treated for OSA?

while they are going through the diagnosis process. If you decide to use the Silent Sleep™ or another temporary oral appliance, I recommend billing it out as a nightguard to dental insurance, since you are treating bruxism at this point, until you have an actual diagnosis of sleep apnea.

For most dentists, I recommend talking with your patient's family physician about possibly referring the patient for a sleep study. This could be an in-lab or an at-home study. Talking with the patient's family doctor helps build a rapport with the physician, helps the physician start seeing more signs and symptoms, and helps make the physician aware that you can help their other patients with snoring and sleep apnea (including those who have already given up on continuous positive airway pressure—CPAP). Once you become a little more comfortable, you may start referring patients directly to sleep doctors like I do, but I recommend starting with the family practitioners.

Please don't make this about getting the patient back for an oral appliance! Have the integrity to care enough about a patient to give them the best treatment possible, which is the treatment that will work and that they'll actually use. I *never* dictate >

that a patient return to me for an oral appliance. However, I do educate patients that in most cases, if their sleep apnea is diagnosed as mild or moderate, an oral appliance will most likely be an option. At that time, I show them an example of an oral appliance so that they'll know what I'm recommending (Arrowhead Dental Lab and many others offer appliances on models for demonstrations). Then, the patient often requests an oral appliance, rather than me telling the doctor that I want them to send the patient back.

Believe it or not, treatment of sleep apnea is pretty easy, as long as you're an expert in TMD. Well, maybe expert is too strong of a word, but the more you understand TMD issues, the more you'll be able to recognize problems before they occur and the better you'll be able to take care of problems when they occur—such as TMJ pain, muscle pain and occlusal changes.

I'll discuss that topic in depth in a future article, but if you need additional support in the TMD-area, please consider joining me on January 10–11, 2014 in Salt Lake City for the Dr. Dick Barnes Group two-day, TMD seminar. In this course, I will explain the most common types of TMJ disorders and how to deal with them. This knowledge and skill will make administering oral-appliance therapy for sleep apnea much more comfortable.

Now it's possible to start "seeing" potential OSA in your patients. It's there. It's always been there. But don't beat yourself up about not seeing it before. The unbelievably fantastic news is that you now have the opportunity to participate in saving a patient's life! This is not hyperbole! People are dying from events directly related to OSA. People everywhere are suffering from

the effects of OSA and poor sleep. You can literally add years to people's lives and life to their years. How cool is that? ■

Dr. Jamison Spencer is the director of the Craniofacial Pain Center of Idaho in Boise and the Craniofacial Pain Center of Colorado in Denver. Dr. Spencer is the past President of the American Academy of Craniofacial Pain (AAPC), a Diplomate of the American Board of Craniofacial Pain, a Diplomate of the American Board of Dental Sleep Medicine and has a Masters with a certificate in Craniofacial Pain from Tufts University. He teaches head and neck anatomy at Boise State University and is adjunct faculty at the Tufts Craniofacial Pain Center in both the craniofacial pain residency and dental sleep medicine programs.




Dr. Spencer lectures nationally and internationally on TMD, dental sleep medicine and head and neck anatomy and is faculty of the AAPC's Institute and the AAPC/Tufts Dental Sleep Medicine program.

Dr. Spencer lives in Boise, Idaho with his wife of 21 years (Jennifer) and their six children.

Use this code to register for Dr. Jamison Spencer's Temporomandibular Disorder (TMD) Course, Jan. 10–11, 2014 at Arrowhead Dental Laboratory or call 877-502-2443.



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*Signs and symptoms that may be side effects of OSA. However, such conditions are sometimes misdiagnosed as something else and then treated accordingly, typically with medications.

READY... SETTINGS... SHOOT!

Top Tips For Taking Great Dental Photographs.

They say a picture is worth a thousand words, but if the picture isn't properly taken, you have a thousand words saying the wrong thing. In traditional photography, this may not be a big problem. If something doesn't turn out the way you like, you can simply photoshop out the imperfection and the image will likely be good enough to pass muster.

Dental photography is a completely different 'animal,' especially when the images are used by a dental lab to fabricate an aesthetic case. In such situations, "photoshopping" the color or contrast of the image may actually create more problems than it solves. With dental photography, the subjects are a constant challenge and the difficulties involved include creating dynamic images of a small, white, semi-opaque object in a manner that is a true representation of the dentistry.

The topic of dental photography is too large to be comprehensively addressed in a single article, so the following key camera settings will get you started taking effective dental photographs. In order to help start as easily as possible, you should learn a bit about two basic aspects of dental photography—equipment and settings.

EQUIPMENT

As with any endeavor, great outcomes are only possible with the right tools. For this reason, please note that the camera on an iPhone or iPad is not sufficient to capture effective dental imagery. If you are currently using such a device or even a consumer-grade digital camera, your pictures are misrepresenting what you are hoping to communicate.

In order to be successful at capturing the most useful images for your dental laboratory, you are going to need three things.

First, you will need at least an entry-level, professional grade digital camera body. Canon and Nikon are brands that offer excellent products at reasonable prices. Second, you will need a good quality macro lens (approx. 100 mm) for the close-up nature of dental photography. Dental photography is one of those applications where the built-in lens of a consumer grade camera just won't do. If you can't take the lens off the camera body, the camera won't be sufficient—even if the camera has a macro setting. Lastly, you will need a good quality ring flash (a circular flash originally invented for dentistry that is attached to the lens). The ring flash is essential for getting the proper lighting, both from an intensity and temperature standpoint. The traditional top mount flash will not deliver the kind of lighting that really makes your images 'pop.'

When discussing modern digital camera equipment, it is easy to become overwhelmed at the many options available. The prospect of trying to evaluate all the features and determine an effective dental photography kit can seem daunting. Luckily, some companies have done all the research and offer a number of camera kits specifically for dentists. Go to the PhotoMed (www.photomed.net) website or click on the "Dental Photography" tab on the Norman Camera (www.normancamera.com) web page. There, you will find a number of camera kits that will meet the needs of almost any dentist. The cost typically runs between \$2000 to \$3000 for a complete kit. The most highly-recommended camera kit for dentists is the Canon 70D dental kit (approximately \$2,499 at Norman Camera). It is a reasonably priced kit and offers all the key features that a dentist may want or need. ▶

SETTINGS

The primary reason for selecting a professional camera body has everything to do with camera settings. Most consumer cameras have very few settings, which limits their capabilities—especially when highly detailed or exacting imagery is desired. While this lack of configurability makes such cameras easy to operate, they were built using basic assumptions that limit the results you can achieve.

Professional cameras, even those classified as entry level, have highly configurable settings that empower you to take truly amazing images of your dentistry. But don't be too concerned at the prospect of having to configure one of these cameras. With just a couple of simple settings, you can get started within a few short minutes of reading this article.

To get you started, we are going to focus on three key settings: shutter speed, aperture (also called the f-stop) and ISO (International Standards Organization—the term ISO refers to a camera's sensitivity to light). If you have your camera accessible as you read this, take a moment to program your camera before making the setting changes that follow. Your camera probably has a wheel like the one shown below. Change it, if necessary, so that the camera is set to M (which stands for manual). This will allow you to make the setting changes, below. If you select any other option, the settings will be programmed to predefined values, which will not work for dental photography.



Mode Selector Wheel

ISO Display - cameras greatly vary



Digital Display

Above is the digital display that is common to most professional-grade digital cameras. While there may be some minor differences in the display between the Canon and Nikon cameras, both cameras will typically show all the information we will be discussing and the actual setting will generally be the same for both cameras.

The first setting to notice is *shutter speed*, which is simply the period of time the shutter will be open to capture the image. With most dentistry, you will be shooting with a shutter speed of 1/125, which will probably show up as just 125 on the digital display. We could go into a very detailed discussion of shutter speed and why we recommend 125 but that would be beyond the scope of this article. Suffice it to say, 125 will work well in most dental applications and it is a good place to start for those who are new

to dental photography. If you want more information on shutter speed, a number of great tutorials are available on YouTube.

The next setting to discuss is the *aperture*, which is most often represented by the f-stop number. When it comes to camera settings, aperture is the one that most people struggle with. To make it easier, think of the aperture akin to the pupil of the human eye. Its function is to regulate light. In a bright room, the pupil constricts to limit the light entering the eye and in a dark room, the pupil dilates to allow more light. The f-stop is a numerical representation of light being allowed into the camera.

Dentists who can provide dental labs with high-quality images find that their cases look better and the number of remakes...dramatically decreases.

A good rule to follow is that the higher the f-stop number, the less light that is allowed to hit the camera sensor. For close-up dental photography with the shutter speed set at 125, a good f-stop value is around 32. If you are taking headshots of a patient, you can back the f-stop down to eight. The reason you are using an f-stop of 32 for the close-up images of the teeth is because the ring flash should be providing an intense light source close to the subject. If you allowed more light (lower f-stop) into the camera, the image would become washed out.

A good way to get an intuitive understanding of this is to experiment with the f-stop and see how the images change. A great deal more could be said about the f-stop and its relationship to shutter speed, but for the purposes of getting started, this should be sufficient.

The final setting is the ISO (left). As noted earlier (in very basic terms), ISO is a measure of the camera sensor's sensitivity to the available light. By increasing the ISO, a camera can capture images in low light environments without using a flash. The increased sensitivity, however, comes at a price—with increased graininess or "noise" in the image. Since your camera will be outfitted with a ring flash, there is no need to set the ISO to a level higher than 200. In most situations, you will want to keep the ISO at approximately 100. A lower ISO setting will ensure that your images are free from noise and have the maximum level of detail possible. Try some experimentation to get a better understanding of this setting. Keep the previous settings (shutter speed and f-stop) the same and change the ISO to see how the image changes with increasing ISO values.

The subject of dental photography is a rich topic that could fill an entire book and still not address everything. Becoming proficient in capturing dental imagery is a critical skill that should be taken seriously by every dentist. Not only is it important to show patients your dentistry, it is critical for communication with your dental lab. Dentists who can provide dental labs with high-quality images find that their cases look better and the number of remakes due to shade problems dramatically decreases.

If you have tried dental photography and felt frustrated in the past, now is the time to try again. Make sure you have the appropriate equipment and start with the simple settings discussed earlier. You will be amazed at how much better your images are and how much better the communication is with both your patients and your lab. Future articles will investigate this subject in further detail, but until then—happy shooting! ■



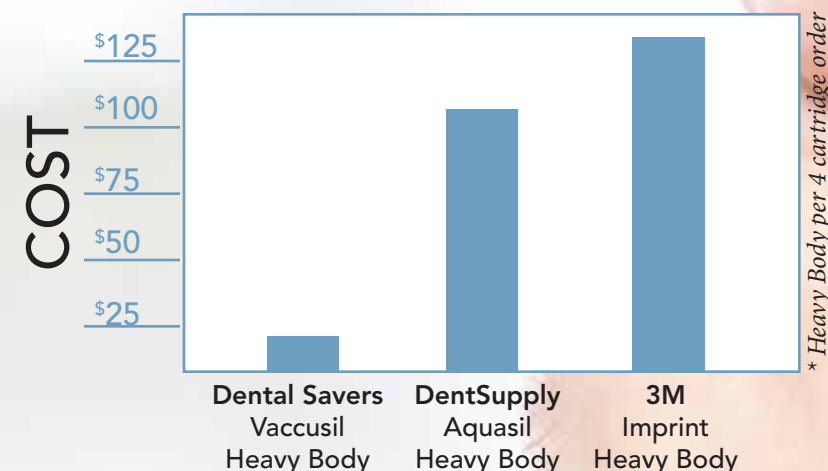
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Walk the Talk



Gaining First-Hand Knowledge Of Dental Procedures Helps You Connect With Your Patients.

As a medical educator, my father always said, "Practice what you preach." Throughout my dental career, I have chosen to live by this philosophy, or as I like to say, 'walk the talk.' What exactly is 'walk the talk?' Essentially, I don't just tell my patients what it's like to have a dental procedure because I've read about it in a textbook. I can tell them what it's like because I've personally had the procedure done. I don't tell my patients that a crown or a bridge procedure is easy because I learned about it in dental school. Instead, I can sit down and describe the exact process to my patients because I've personally undergone many of these procedures.

Moving Past the Talk and Starting the Walk

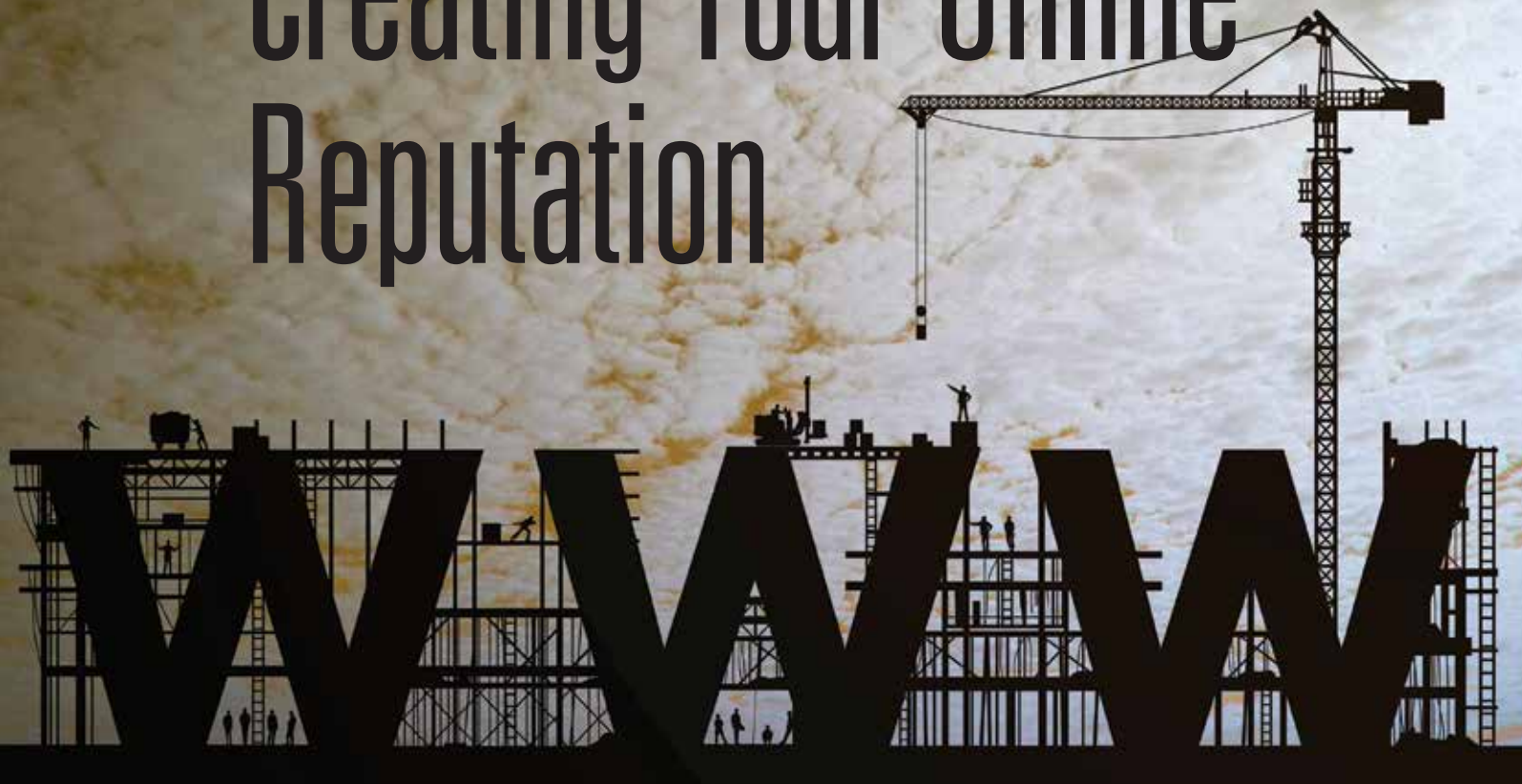
I began moving in this direction while I was still attending dental school. Oftentimes, my fellow classmates and I worked together to practice various procedures on each other. I remember one day in particular: my classmate Larry Cunningham and I had patients booked, but they all failed to show for their appointments. In order to complete our assignments on time for our course, I allowed Larry to extract my wisdom teeth that day in lieu of extracting the teeth of our scheduled patients. Crazy? Maybe! But this allowed Larry to receive credit for the extractions and me to receive credit for being a patient. It also gave me first-hand knowledge of what an extraction procedure was like. This knowledge has proven invaluable to me over the years and

I have continued to add to it by experiencing more and more dental procedures.

Once I finished dental school and began my own practice, I continued to 'walk the talk.' I made myself night guards and bleach trays. I perfected injection techniques on myself with The Wand® system and by doing so became one of the first dentists to utilize this system when it debuted more than 18 years ago. I also practiced gingivectomies on myself using laser technology. I went through orthodontics and orthognathic surgery to correct my overbite and overjet that had resulted from an unsuccessful stint with orthodontics as a child. I also had large fillings replaced with crowns and several elective root canals just so that I could honestly say, "I know what it is like to have a root canal," to my patients. I cannot tell you how powerful the connection with patients becomes when they know that I am speaking to them from the perspective of one who has undergone the procedure. That connection is the most effective way I know of combating the fear and doubt that patients can sometimes feel when they are faced with a recommended course of treatment.

In 2009, I decided to enter into the field of dental sleep medicine after completing my sleep residency at Tufts University School of Dental Medicine in Boston. To better understand my patients and their struggles with obstructive sleep apnea (OSA), I decided to go through a sleep study in a sleep lab and participate in numerous home sleep studies. *(continued on page 31)*

Creating Your Online Reputation



Getting Down To Business With The World Wide Web.

Consider the Following:

1. Have you spent thousands of dollars on a website, only to be unimpressed with its outcome?
2. Do you have a website, but haven't updated it in more than 12 months?
3. Do you have a website, but have no idea how it is impacting the public?
4. Do you not even have a website?

If you answered “Yes” to any of the above questions, this article is for you. The Internet is the marketing foundation for practices operated by savvy dentists, but it can be a confusing place to promote your practice and brand. Trends on the web are constantly evolving at a feverish pace, which often leads dentists into indecision. In the early stages of Twitter, many marketing gurus encouraged dental practices to sign up for a Twitter account and “tweet” often. Consultants typically recommend that you “tweet” at least *three times per day* to have impact. Tweeting once a week is just not enough. Most dental practices simply don't have the time for those daily activities and definitely can't measure its effectiveness. The trends can cause confusion and intimidation!

Your competition is hoping you feel that way.

So let's clear up the confusion with some techniques that will build your confidence and improve your online presence.

Websites

If you're not already online, get there. Do it *today!* The Internet isn't going anywhere, but your practice might if you don't get online. Just think for a minute: what exactly is the *real* external face of your business? It isn't the glossy advertisements direct-mailed to the neighborhoods surrounding your business. It isn't the Little League® shirts emblazoned with your name (although I enjoy supporting local sports teams). And it definitely isn't the phone book. It is your website! Make the web your single, biggest external marketing piece for your dental practice. According to *Forbes* magazine, about 80 percent of people use the Internet FIRST to search out businesses in their area. So, if you do not have an online presence, you are automatically limiting yourself to a very small patient population. Even if individuals are referred to you by a friend or colleague, they typically also research your business online to “check you out” before calling. So create a website and get started today!

10 Keys To A Great Website

A website is a great equalizer for dentists in competitive areas. A small, single doctor practice can completely dominate online >

marketing in an area by creating a great website with relevant content. Make your site engaging, personable and relevant to the client. Choose a simple design with a clean aesthetic layout. Offer a clear and compelling reason for the viewer to visit your office. The online visit is actually the new, “new patient appointment” because online visitors get their first impression of you long before they walk through your practice doors!

Over the years, I have created a list of key elements which attract clients to a website and encourage the development of your brand:

First, start with a web address that matches the name of the area where your office is located. I practice dentistry in Mason, Ohio, so my web address is MasonDentalCare.com. This keeps my website at the top of the results list when a patient looks for a dentist and types “Mason Dentist” into the search field of a search engine. If your practice already has a name, try including the city's name somewhere in your web address. If your practice is in Boise, Idaho and you have an established name of “Modern Dentistry,” try adding “Boise Modern Dentistry” and choose a website address that reads “BoiseModernDentistry.com.”

Remember, paid advertisements always show up first in the results, usually in an advertising block that is visually distinct from the other sites. You might consider purchasing ad space if your website needs a little help with online visibility. I prefer websites that are part of the organic search results and I almost never click on the advertised or paid sites in the results list. I also choose to not pay for positioning of my brand on search engines. This is a personal preference, but the situation and the competitiveness of your area may dictate otherwise.

Second, stunning images are crucial. Only high quality images belong on your site. Invest in a decent SLR (single lens reflex) camera (no smartphones or compact cameras). As dentists, we invest a lot into dental equipment, but nothing in your armamentarium can give you the return on investment like a good camera.

For images, crop most of the face out, unless it is a full face picture or a smile picture. Crop the lips, cheeks, and gingiva out of the image as much as possible. When taking the photo, zoom in! Ask your assistants to help with lip retractors and invest in some high quality intraoral mirrors if you don't have them. Practice taking great pictures with your dental staff as models. Also, train your staff to take great pictures! Images with a dental assistant in the background or dirty instruments behind a patient do not belong on your website. You might laugh, but I've seen these images online.

Do not post surgery photos! You may think an image shows a great gingival graft, but the patients won't appreciate it. Consider the potential “cringe factor” of an image before publishing it online. Use “before-and-afters.” Keep images consistent in size and background lighting. An Arrowhead mentor recommends taking lateral views of veneer cases with the lips in the picture. These are powerful images and can create motivation to action on the part of the patient. Photos sell dentistry—period.

Third, communicate in language that a patient can easily understand. Do not use technical verbiage. Consider your audience when writing content. Keep it simple. It will be a refreshing change for your patients who are likely familiar with the language on overly-technical websites. A baseline rule I use is that if my 10-year-old daughter can't understand the information, I haven't simplified it enough.

Fourth, keep the site navigation to no more than three layers. Patients should never click more than three times to get to the information they want to find. Maintain a minimalist approach to your site. Sites can get cluttered and include too much information, which can discourage potential patients. Patients go to the web because of speed and convenience. All dentists have so much information that we want the patient to know, but remember that this is only an initial impression. You don't need to include every bit of information you have about your practice. Anyone who has gone to a restaurant and looked at a five-page menu knows what I mean—too much of a good thing is indeed too much!

According to *Forbes* magazine, about 80 percent of people use the Internet FIRST to search out businesses in their area.

Fifth, extend brand consistency from your website to your logo and office design. Don't send mixed messages with a business card and a website that utilize different colors, fonts, etc. Patients should know that any literature—whether online or printed—comes from the same company.

Sixth, include a location map on your website for navigation to your office. Verify that it works properly and directs the patient to the correct location. Design a space for patients to enter their address and obtain routing and directions directly to your office. This is the next best thing to picking them up and driving them to your office yourself!

Seventh, your web address should be on every page on your website. This helps with website positioning in search engines. Also include icon links such as Facebook, Google+, Pinterest and other social media platforms on the homepage as you add them to your online marketing strategy. Verify that the hyperlinks connect to your various social media sites.

Eighth, include an area on your site to list your continuing education and other accolades. Keep it updated as you take new courses—this will highlight your commitment to learning and help you stand out from your competition.

Ninth, include links! Link every photo you put online to your website. Link reviews to your website and encourage patients who compliment your staff or your practice to go online and write a review. I use Intuit® Demandforce® for reviews and surveys. I've been very happy with both the simplicity of the system and its effectiveness. Demandforce® emails patients and links with your website to put reviews directly on your site after they are written. It doesn't get any easier!

Tenth, keep your site fresh. Change the homepage photo occasionally to keep the site updated, but don't change the look of the site dramatically. Keep the brand identity stable! Add content as it becomes available and review and remove stale or old content.

Template, Semi-Custom, and Full Custom Websites

Because there are many different elements to website development, I recommend working with a professional website designer. Although I personally chose to design a fully-customizable site >

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with a professional design group; there are other options. Many website designers can create semi-custom templates that can be modified at reasonable prices.

However, I do not recommend simply putting up a generic, templated website and then ignoring it. You must edit, modify, and change content regularly. If you're not interested in sinking your teeth into this project, assign it to a staff member who is tech-savvy and ask your website provider for an online tutorial in site editing.

There are two reasons I don't recommend generic, templated websites: there is usually an overload of information and verbiage that is not written in the language of the patient (too much information is just as damaging as too little), and patients can quickly determine which sites have the look of a premade site. No effort or desire to personally reach your client will show and may result in patients looking elsewhere.

Mobile Sites

The good news about websites is that most are now optimized for mobile platforms, so if someone finds your website on a mobile phone or tablet, they will get a more user-friendly version of your website to navigate. For those who do not have this feature, it is important to create a mobile site for your patients and potential patients. Features are constantly being added to mobile sites to make the user experience easier, faster, and more meaningful. Some examples include: appointment request tabs, dental emergency contact tabs, mobile location maps which direct a patient to your office from their current location, and video explanations of procedures. A few things to consider with mobile sites include:

- The mobile site should be written in HTML coding for optimal viewing.
- The mobile site must correlate to the website in look and feel.
- The mobile site should include things like a shortcut button that people can add to their smartphones and tablets when they want to navigate your site.
- Don't overload the mobile site with too much information. Keep it very basic.

Build Relationships

Our business is a relationship-building business. Everyone on my staff contributes to the success of our relationships. Your online presence should build relationships, too. Have fun with this! And be patient. Great relationships take time to build and online relationships are no different. ■

Dr. Dan Hillis received his B.S. and D.M.D from the University of Kentucky. At his Mason, Ohio practice, Hillis specializes in comprehensive dentistry (general, cosmetic, surgical, orthodontic and sedative care). He has received extensive training in full mouth reconstruction and surgical dentistry. Dr. Hillis is a lecturer on "Soft Tissue Lasers in Dentistry" and the co-creator of the mobile app, Dental Town.



Walk The Talk (continued from page 27)

I've had a multitude of different oral appliances made for myself for the treatment of OSA. I have also used a continuous positive airway pressure (CPAP) machine, just to have the experience. Overall, I've had more than ten different oral appliances constructed for myself in order to truly understand and experience the pros and cons of each appliance. I wanted to personally determine which ones had the best results with the least amount of side effects. Because of this experience-based approach, I have found that the DNA/mRNA yields the best results for OSA. I have been wearing the device to non-surgically remodel my upper airway and widen my dental arch prior to my implant and full mouth rehab. I can now in good faith recommend the mRNA appliance™ to my patients who are struggling with airway issues because I've personally conducted this research myself.

In addition to these procedures, I've also had an upper right bicuspid extracted, a bone graft, sinus lift and implant placed in lieu of a three-unit bridge. The reason for doing this was simply for the experience. I routinely offer my patients the option of implants, and for me to effectively communicate how the procedure will impact them personally, I wanted to experience the process myself.

Taking the Walk to the Next Level

The most recent procedure that I had done was the Elite smile makeover. I needed to have some of my crowns replaced and my implant restored. In addition, I believe that a cosmetic dentist needs to have the perfect smile, right? Therefore, I wanted some various cosmetic enhancements made to my other teeth. There is nothing worse than a dentist talking to you about investing in cosmetic dentistry and his or her teeth are all messed up. My orthodontist had crooked teeth and I thought, "How can this be? Does he not value his profession and his work?" I value my profession and believe in what I do on a daily basis. I change lives! Because of that, I elected to have a full mouth reconstruction. Drastic? I don't think so. I knew that if any of my patients came to me with the same issues that I had, I would recommend the same treatment plan for them. If it was the proper treatment for my patients, then I—as their dentist—should lead by example.

Once I made the decision to proceed with the Elite makeover, I contacted Kent Garrick at Arrowhead Dental Laboratory and was referred to Dr. Jason Lewis in Draper, Utah. Dr. Lewis took on the procedure and performed my full mouth reconstruction with Arrowhead's Elite dental restorations. I have never been happier with my smile. In fact, when people ask me if I have any regrets, I say, "The only regret I have is not getting it done sooner!"

By far, this procedure has been the most rewarding for me, both personally and professionally. Since February of 2013, after completing the Full Arch Reconstruction course with Dr. Jim Downs at Arrowhead, I have completed sixteen full arch reconstructions. I know that the main reason for this success is that I'm a living advertisement for the benefits of the procedure and Arrowhead's Elite dental restorations. Every single one of these sixteen patients specifically said to me, "Dr. Cress, I love your teeth. How can I get a smile like yours?" Once they said that, it was easy for me to sit down with them and describe what it would actually take (from a procedural and financial standpoint)

to experience an Elite smile. My firsthand knowledge and experience is the only reason these patients felt comfortable and excited about making the investment in their dental health.

Benefits of Walking the Talk

When asked, "What has been the greatest benefit for you of 'walking the talk,' my reply is simple—it has allowed me to build genuine relationships with my patients and to empathize with what they're going through. When patients come to me for my professional opinion, I can personally relate to their genuine fear about the dental procedure that I have recommended. I can calm their anxieties and say, "I truly know how you feel because I have been in your shoes, but let me tell you what you're going to experience and how happy you'll be once it's done."

Recently, a patient came into my office who had just taken a trip to Machu Picchu. Now, let's be honest, who doesn't have that spectacular locale towards the top of their bucket list? After we finished chatting about her adventures, I realized that I learned more from her about the intricacies of visiting this location than I could have ever learned by reading a guidebook. I also knew that what she shared was only a 'drop in the bucket' of what I knew I could learn. I knew that I really would not know what Machu Picchu was like unless I experienced it myself.

The same is definitely true about dentistry. You can read a million "guidebooks" on a dental procedure, but unless you have

Believe in what you do and become a walking advertisement of your work.

firsthand knowledge about it and have experienced it yourself, you don't really know what it is like.

Of course, my mode of operating is unique to me. Not many dentists have traveled my path. I revel in the fact that I have taken *The Road Less Traveled*, as the Robert Frost poem suggests. However, because I have traveled this route, I can give my fellow dentists some advice; believe in what you do and become a walking advertisement of your work. Get to know first-hand what the various procedures are like that you have to offer your patients. Don't just 'talk the talk.' Practice what you preach and 'walk the talk.' Your practice and our profession will be better because of it. ■

Dr. Samuel E. Cress, D.D.S.—director of The Center for Craniofacial & Dental Sleep Medicine in Sugar Land, Texas—specializes in dental sleep medicine, cosmetic and general dentistry. He is a clinical instructor with the Dr. Dick Barnes Group and is often a featured speaker at industry conferences and educational seminars. Dr. Cress pursues ongoing advanced education in the field of dental sleep medicine and full mouth rehabilitation.



Giving Back this Holiday Season

Fun Ways Your Dental Practice Can Lend A Helping Hand In The Community.

Recently, the editors at *Aesthetic Dentistry* asked a panel of dentists what types of articles they'd like to see in future issues of the magazine. Many of their responses followed a common thread: they wanted to learn more about what their peers in the industry were doing—not only in their individual practices but also in relation to community involvement and patient appreciation.

This desire piqued our interest—what exactly were dentists around the country doing to give back? How were they fulfilling needs in their communities and helping their patients feel involved in the process? We had to find out and the holiday season seemed the perfect time to do it.

During the holiday season, hundreds—if not thousands—of turkeys are donated.

So we sent a team of researchers to investigate; they made calls, conducted interviews, and scoured the web. They compiled stories and collected photographs. In the end, the information they gathered far outweighed anything that could fit into one magazine article, so we narrowed it down to four of our favorite stories. Hopefully, the ideas from these outstanding dental offices may give you the inspiration that you need to give back to your local communities in your own creative way.

A Pay-It-Forward Pilgrim

More than twenty-five years ago, Dr. Bruce Sofferman at Smile Dental Center in Derby, Connecticut, noticed that many of his patients were being affected by a downturn in the local economy. These patients (many of whom Sofferman had known for years) had lost their jobs and were struggling to pay for basic necessities like food and shelter. "No one should go without food," Sofferman stated. "So I decided to start a food drive during

Pilgrim photo courtesy of HartfordFAVS.com



November and December when people in the community could donate frozen turkeys to a local shelter, which would in turn help the people in my area."

As one of the integral ways of advertising the food drive, Sofferman decided that for two days he and his wife would stand alongside a major thoroughfare in town and flag down motorists with "Turkey Drop-off" signs. The real attraction to get people to stop wasn't the signs, however, but rather the unusual way that

Dr. Sofferman and his wife were dressed. From head to toe, the two donned traditional Pilgrim regalia. Yes, you got it: black buckle hat, a white square colored shirt, black trousers, and a jacket (on him) and a bonnet, homespun dress, and an apron (on her)—the whole nine yards! "I could have easily just written out a check and bought the turkeys myself," Dr. Sofferman explained, "But by doing it this way, we were raising awareness about a critical need in our community and helping others get involved, too."

The Sofferman's efforts were an instant success. It didn't take long for the food drive to become a tradition in the community that people looked forward to every year. Today, it is a joint effort that involves other businesses, groups and organizations. During the holiday season, hundreds—if not thousands—of turkeys are donated. The group also collects canned food, bags of rice, stuffing, pasta and other related food items that can be used for a Thanksgiving dinner or just to help replenish the food pantry's shelves.

Now, more than 20 years later, Dr. Sofferman and his wife continue their involvement in the food drive. The pilgrim-clothed husband-and-wife duo are no longer the only ones in costume—their daughter, Sophia, dresses up in a Native American ensemble. Additionally, an employee from the shelter dresses in full-feathers as a giant turkey mascot. "It just feels so good to pay it forward like this," Sofferman explained. "I'm so grateful that the effort we are making is really helping others."

Elf Edington: Donning Tights for A Good Cause

In Las Vegas, Nevada, Dr. Mark Edington also conducts a food drive at his dental practice, Modern Dental Care. However, instead of focusing on the Thanksgiving holiday, this dental practice gears its efforts towards the Christmas season.

The project was initially the brainchild of Dr. Edington's office staff and marketing manager who wanted to do something helpful for the community and fun for the patients at the same time. The staff decided to hold a food drive for the entire month of December and told their patients that if the office was successful in collecting one hundred cans, Dr. Edington (who is a rather serious guy around the office) would dress up like an elf for an entire day. Dr. Edington's outfit would be complete with a green and red pom-pom hat, green jacket with white faux-fur color and cuffs, black pointy shoes, and—of course—some extremely attractive red tights.

"Making Dr. Edington the target really helped motivate our patients," explained Marketing Manager Jenny Edington. "Since we told them that we would be posting pictures of Dr. Edington in his elf costume on Facebook, our 'likes' on our page increased dramatically. People from out-of-state even posted on our wall that they wanted to ship cans to help us reach our goal." Apparently, the possibility of seeing "Elf Edington" for a day either in person or in pictures was too much for people to resist.

The food drive also improved the morale around the office. "Our staff was really excited about seeing Dr. Edington show his more playful, silly side. Their enthusiasm definitely helped encourage the patients to get involved," explained Ms. Edington.

The patients were given an additional incentive to encourage participation. For each can they donated, the patient's

name was entered into a drawing for a Sonicare™ toothbrush.

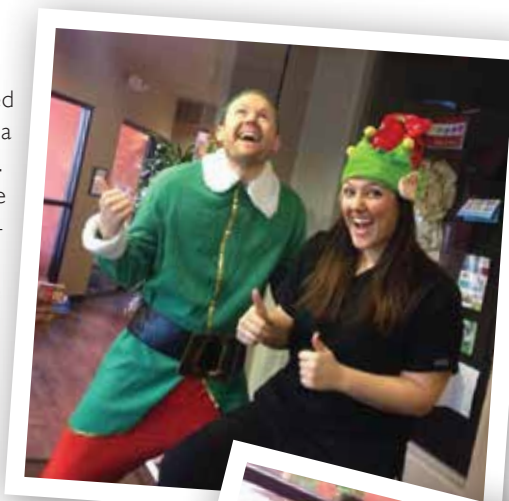
Throughout the month-long promotion, patients dropped off cans at the office even when they didn't have an appointment. They'd hang out for a while, chat with the staff, and snack on the holiday treats that were available for them on a holiday table in the waiting room. "It was like we were having a holiday party all month long," Ms. Edington recalled.

Before long, the staff not only reached their goal, they exceeded it. By the end of the campaign, Dr. Edington's office collected more than two hundred cans of food. Besides feeling great about helping out the community, Dr. Edington and his staff also appreciated the way this project helped them connect with their patients.

"We definitely plan on continuing this tradition every holiday season," Ms. Edington explained. "However, each year, we would like to bump up the intensity and have Dr. Edington do something even crazier than he did the year before. We've tossed around the idea of having him bungee jump in some kind of crazy costume, but he hasn't climbed on board for that one yet."

Have No Fear: Your Karaoke Dentists are Here

Adventure Dental in Vancouver, Washington has a fun way of reaching out to their patients and giving back to the community at the same time. Every year, Dr. David Neil and Dr. Todd Hillyard close up shop for an afternoon in December and host a Christmas party for their patients and families. Since this dental practice is focused on pediatrics and orthodontics, the party is geared primarily for children—but with the parents in mind as well. ▶





hundred," said Clayton. "We're really excited for this next year when we move into our new office space. Hopefully, we'll be able to host the majority of the party indoors."

As part of the celebration, the staff also holds a food, clothing, blanket and toy drive. The collected items are donated to an organization that helps struggling moms and their children. Since the practice is focused on children and families, the staff decided that this was the best way to give back to their community. "Our patients are very generous with their donations and more and more seems to be contributed every year. The children, especially seem to enjoy getting involved in the 'giving' aspect of the celebration," Clayton explained. "We feel that the 'drive' is a very important part of what we want to accomplish at the party and plan to definitely keep including it every year."

Brightening a Community with Food, Gifts, and Smiles

Just outside of Cincinnati, Ohio, the dental team at Harrison Family Dental has a long history of helping out in their community. They often distribute Thanksgiving meal baskets at a church's food pantry. They organize food drives in the office where their patients can bring canned goods for the local food bank. They donate twice-yearly dental cleanings for the children of single mothers. One year at Christmas, the staff helped purchase home supplies for a patient who was struggling financially. "When Dr. Jeffrey Miller sees a need with his patients, he is eager to help them," explained Front Office Coordinator Katelyn Meyer. "He is very kind and generous that way and we as his dental team are happy to be part of that."



Every year, Santa and Mrs. Claus are invited to the festivities. This allows the children to give Old St. Nick their Christmas lists, which is fun for kids and it is also great for parents because they don't have to hassle with the long lines and crowds at the mall. In addition, the office sets aside a specific time for special-needs children who might need some extra attention from Santa. Along with featuring the visitors from the North Pole, the party also includes karaoke, hands-on activities, a petting zoo, games, prizes, and plenty of delicious snacks and holiday treats.

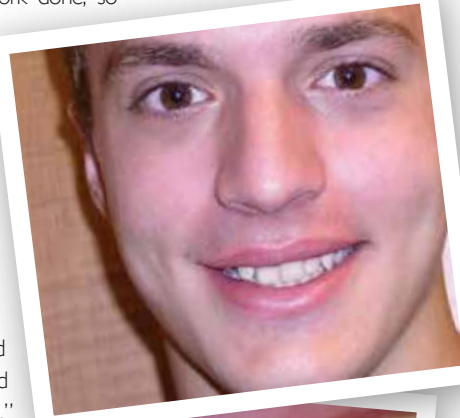
This annual party has really helped us establish a stronger connection with our patients.

"This annual party has really helped us establish a stronger connection with our patients," explained manager Susan Clayton. "It also gives us an opportunity to help our apprehensive children feel less fearful about coming to the dentist. After spending an afternoon singing karaoke with their dentist at a Christmas party, it's less scary to come back to the office for their appointments."

Initially the event was small enough to hold in the office. However, it has now grown so large, the staff rents a tent and holds the party outside. "We easily have a thousand or more people come to the party, whereas at first it was only a couple

In 2012, Dr. Miller offered to perform some restoration procedures on a particular patient for cosmetic reasons. "He was 17-years old at the time and had some spacing issues and one missing tooth," Meyer explained. "He is such a great teen and he really deserved to have a fantastic smile." Financial reasons had prevented the family from getting this young man's dental work done, so

Dr. Miller offered to do the work pro bono. They told the young man about the "gift" just before Christmas and then spent the next few months working on its completion. "We took care of teeth 5 through 11 and had the work completed through Arrowhead," said Meyer. "The office team—and most importantly this young man and his family—were extremely



pleased with the results. It was exciting to be part of something that really made a difference in someone's life. He is no longer self-conscious of his smile and that makes us all very happy."

One of the greatest benefits of community involvement for Dr. Miller's practice has been making connections with their patients. "As we have become more involved in the community, we have been able to establish a real presence for ourselves there," Meyer stated. "When our patients come in, they often mention that they have seen us at our various outreach programs and that helps us to build a stronger relationship with them." ▼



Establishing Your Holiday Traditions

Starting your own office holiday traditions of charity and good will doesn't have to be a daunting task. Just remember to start small and let your ideas grow and change over time. Here are some basic steps to follow to help get you started:

1. Assess The Needs Of Your Community.

Some communities need help with food drives, others need support with blood drives, while still others need assistance gathering specific items for children and families such as toys, blankets, and clothing. Contact local charitable organizations and churches to find out the specific needs of your area and how your office can best be of assistance.

2. Devise A Plan.

Once you have assessed the needs of your community, decide how you want to contribute. Perhaps you can donate personal dental hygiene products (toothbrushes, toothpaste, floss, mouthwash) to a local shelter. Maybe you can offer some basic dental care to families who can't afford to pay for the services. Or maybe you can choose a family to do a Sub-for-Santa or conduct food, toy, clothing, and blanket drives to donate to larger organizations. Whatever you decide, make sure it is something manageable that you and your staff can handle along with your regular dental duties.

3. Inspire Your Staff and Patients.

Motivating your staff and patients is a key element of making a philanthropic effort successful. The people involved need to believe in the value of the project or it simply won't succeed. Yes, you can hold a food drive in your office and probably get some donations. However, if you make it fun and rewarding for the people who organize it and the people who contribute to it, then the return rate will be much higher. Meet with your staff and brainstorm ways that your office can accomplish this. Perhaps, you will want to put yourself on display like Dr. Edington and Dr. Sofferman did by dressing up in some type of costume. Or maybe you will host a holiday party like the staff at Adventure Dental and ask the attendees to bring along items to donate.

Be creative in your approach to your campaign. This will create a "buzz" for your practice in the community and get people interested in learning more about what your office has to offer in regards to dental care, too.

4. Market, Market, Market.

The very best endeavor can't succeed if people don't know about it. Hang colorful posters in your office waiting room and the treatment rooms to advertise the event or the project. Pass out flyers to patients after their appointments. Encourage your patients (preferably with some kind of fun incentive) to "like" your page on Facebook and then consistently update it with information about the campaign. Using social media is one of the best avenues you have to get the word out. It's free and everyone is using it, so make sure you don't let this valuable resource go unutilized.

5. Follow Through.

If you promise you're going to post pictures on Facebook of the dentist in a turkey costume, then make sure you do it. If you host a holiday party as part of a food drive, then post pictures of the event, too. After you have inspired your staff and patients with excitement about the event, they will want to know the results. Let them be part of the entire process and they'll be more excited to participate in future office events.

6. Just Do It.

The most important thing you can do is just get started. Don't wait for next year to give back to your community: think about something you can do right now in your office. After all, the holiday season is an ideal time for people to think more about others and less about themselves. Allowing your office staff and patients to be part of a joint effort to help the community will most assuredly bring about good things for all involved. As Albert Schweitzer once said, "I don't know what your destiny will be, but one thing I know: the ones among you who will be really happy are those who have sought and found how to serve." ■

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† M. Kern et al. "Ten-year results of three-unit bridges made of monolithic lithium disilicate ceramic";
Journal of the American Dental Association; March 2012; 143(3):234-240.
†† Mean observation period 4 years IPS e.max Press, 2.5 years IPS e.max CAD.
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