



THE PROGRESSIVE ORTHODONTIST

DR. RAEL BERNSTEIN
The American Adventure

BUSINESS PRACTICE & DEVELOPMENT

GAC - Young Docs Study Group

BY DR. BEN BURRIS

MARKETING/SOCIAL MEDIA

Don't Become Gasoline or Creamed Corn

BY ADAM MEADE

TEAM DEVELOPMENT

How to Motivate Team Members

BY LANAE BAKER, LOVEYEE NOVEROLA, & MAYRA ADAME

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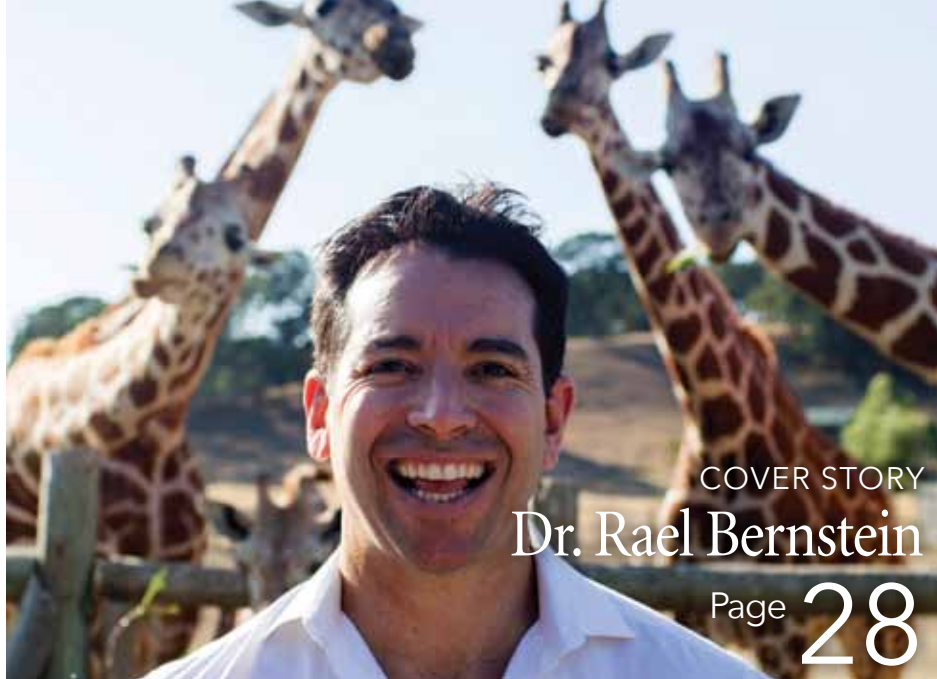
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EDITOR'S NOTE

*“To improve is to
change; to be perfect
is to change often...”*
—Winston Churchill

CHANGE IS GOOD.

This tagline is more relevant to ProOrtho now than ever before. With the ever-changing business and practice of orthodontics and the encroachment of Primary Care Dentist (PCDs) into specialty care, we must KEEP changing. ProOrtho Magazine and Study Groups are on the forefront of the evolution of orthodontics and we look forward to continuing to grow and improve!

Changing of the Guards. In April, I took over as COO of SmileMedia and Executive Editor of The Progressive Orthodontist Magazine. I was also excited to hear that Dr. Rael Bernstein would be the first CoverDoc under my watch as I have known Rael for several years and share a love of his home country, South Africa. My husband is also from South Africa and we have the pleasure of traveling to

this magnificent country each January while introducing travelers to all it has to offer. I couldn't have asked for better content for my first issue as Editor.

I Feel a Change Comin (Thank you Bob Dylan):

You will notice several changes throughout this issue of ProOrtho magazine and future iterations. New contributors, GMS – a new ProOrtho National Initiative, several new content advisors and two new sections called Uncommon Orthodontics and Lifestyle.

We hope you enjoy the changes as they are part of our quest to keep Forward-Thinking Progressive Orthodontists like you in the know. Happy reading!

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CONTRIBUTORS



BEN BURRIS DDS, MDS
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Contrarian, philanthropist, rabble-rouser, thought leader, business man, loud mouth, prime mover and visionary. These are but a few of the terms used to describe Ben Burris. No matter which label you choose or what personal opinions you hold, none can deny that Dr. Burris continues to change the conversation in dentistry - especially in orthodontics.

Burris is a doer with an uncanny eye for finding opportunities to improve and an unflinching resolve to pursue and implement positive change above all else. Dr. Burris graduated from The Citadel, in Charleston, SC, with a BS in biology prior to receiving his DDS from the University of Tennessee - Health Science Center's College of Dentistry in 2001 where he then completed his orthodontic residency and received his MDS in 2004.

As a clinical professor at Roseman University, owner of one of the largest practices in North America, creator of Smile for a Lifetime Foundation, co-owner of The Progressive Orthodontist Magazine and Study Group and key opinion leader to some of the industry's heavy hitters, Ben brings unparalleled perspective to the conversation. More than anything, Ben enjoys teaching the business of running a practice and providing real-world tips on managing a successful dental business. Ben can be reached at bgbdds@yahoo.com

JOHN GRAHAM DDS, MDS
Article on page 20

An educator, innovator and in-demand speaker, Dr. Graham lectures worldwide to both doctors and orthodontic staff on the most advanced orthodontic treatment philosophies available. Dr. Graham is both a physician and dentist, completing an internship in general surgery at Parkland Memorial Hospital followed by training in oral and maxillofacial surgery. Following his surgical training, Dr. Graham received his certificate in orthodontics and has been practicing for nearly ten years. Dr. Graham has patented an orthodontic device, is on faculty at both the University of the Pacific and University of Rochester and serves as an editor for several orthodontic journals. Dr. Graham is a past president of the Arizona State Orthodontic Association and has practices in both Phoenix, Arizona and Salt Lake City, Utah.



DR. PATRICK ASSIOUN, DMD, MMSC
Article on page 48

After attending school in Cannes, France, and Montreal, Quebec, Canada, Dr. Assioun received his Doctorate of Dental Medicine from the University of Pennsylvania. He then graduated from the Harvard School of Dental Medicine with a residency in orthodontics and dentofacial orthopedics. He also received a Master of Medical Sciences degree in oral biology from the faculty of medicine at Harvard University.

Dr. Assioun is a researcher in the field of orthodontics, has received many honors and scholarships, and has been published in the Journal of the American Student Dental Association. In 2001, he was awarded the Harvard Award of Clinical Excellence for Orthodontics, one of the most prestigious awards granted by the Harvard Society of Advancement in Orthodontics. Dr. Assioun's interests include travel, language study, ethics, skiing, and especially tennis. He trained players and coached tennis at Dalhousie University, Halifax, Nova Scotia, and was ranked #13 in Canada's junior singles category in 1989. Dr. Assioun speaks French, English, and basic Spanish. www.familyorthoonline.com/



GARRETT B. GUNDERSON
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A passionate, natural-born entrepreneur, Garrett became a multimillionaire by the age of 26 and has dedicated his life to teaching others the same economic principles that he has lived by. Freedom FastTrack is the direct result of his desire to teach others the economic principles to freedom that have gotten him where he is today.

Garrett has become a founder, partner, or executive of several successful companies including Freedom FastTrack and The Accredited Network. He is the NY Times Best-selling author of Killing Sacred Cows: Overcoming the Financial Myths That Are Destroying Your Prosperity.

He resides in South Jordan, Utah, with his wife Carrie and sons Breck and Roman.

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JOHN POBANZ, DDS, MDS
Article on page 40

Dr. John Pobanz has practiced in his home town of Ogden, Utah for 16 years. He trained at the University of Nebraska. He is a Diplomate of the American Board of Orthodontics and an associate clinical professor at the University of Pacific in San Francisco. As an author, he has published numerous case reports and contributed to several clinical technique guides. As an avid tri-athlete, he enjoys sharing pearls with orthodontists and their teams about the critical balance needed to be successful in all three aspects of the orthodontic triathlon: marketing, clinical excellence and practice management. As an independent speaker, he delivers lectures to national and international audiences on advanced miniscrew mechanics, improved passive self-ligation with the H4 system, and accelerated tooth movement with alveolar perforation.

Dr. Pobanz loves to travel, snow ski and wake board with his three children; Joel 19, Jane 15, and Beth 14.



JEFF BEHAN

VISIONTRUST COMMUNICATIONS

Article on page 37

Jeff Behan is currently in his 29th year as a communications specialist. He is a fun and relevant speaker whose subject matter focuses on internal/external communication, connecting with existing and prospective patients, referral-building and practice branding. Over his career, he has worked with a diverse array of clients including; Major Public Utility Companies, Intel Corp. and Delta Airlines as well as numerous dental and orthodontic companies including Align Technology, Ormco, Henry Schein and OraMetrix. He is the principal member of VisionTrust Communications, providing staff training, customized communications tools and consulting with a primary emphasis on orthodontic practice development, including many of the top practices in the world. Jeff is a founding board member of VisionTrust International and serves on the board for Smile for a Lifetime.



ADAM MEADE

LANCING NARWHAL, YOGG

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Adam Mead is a husband, father of seven beautiful children and the owner of yogg – a full-service branding agency based in Richmond, Virginia. He began his career in the creative services industry as a Sandwich Artist at Subway while earning his Bachelor’s in Creative Advertising from Virginia Commonwealth University. After starting yogg in 2007 from the corner of his master bedroom, the agency has grown exponentially under his leadership to serve clients in multiple industries all across the country. Mead, an expert witness in branding and marketing, has won awards for both design and copywriting and has had his logo work featured in international publications. At the end of the day though, none of that matters to him. Successful clients and a family who loves him despite his many flaws is all that truly matters.

Well, that and plenty of Nutella in the cupboard. www.landofyogg.com



J. HADEN WERHAN

CPA/PFS and Thomas Wirig Doll

Article on page 14

J. Haden Werhan, CPA/PFS is a partner at Thomas Wirig Doll in Walnut Creek, CA. He and his partners provide Wealth Management services to doctors including tax planning, management accounting, practice transition consulting, financial and retirement planning. Haden has spent his entire thirty three year career working with dentists.

Haden is a member of the American Institute of Certified Public Accountants, the California Society of CPA’s and the Academy of Dental CPA’s.

As a member of the ADCPA, Haden shares resources with 25 other Dental CPA firms across the country who collectively represent over 5,000 dentist clients.

Haden regularly lectures and provides seminars on tax and financial planning, practice management and practice transitions at the University of California, San Francisco School of Dentistry, the University of the Pacific Arthur A. Dugoni School of Dentistry and various dental societies.

When he isn’t busy helping his dentists with their wealth management needs, Haden can be found flying his plane, scuba diving or swimming. haden@twdadvisors.com.



ANGELA WEBER

ORTHO SYNETICS MARKETING DIRECTOR

Article on page 26

Angela Weber joined the OrthoSynetics (OSI) team in 2000. She leads a marketing team of 11 seasoned professionals that encompass every discipline in the field. She is also responsible for all strategic public relations initiatives and marketing tactics executed in the promotion of the corporate brand, OrthoSynetics. She has authored several articles on marketing best practices that have been featured in OrthoTribune and OrthoTown magazine.

Angela has over 10 years of experience in the advertising industry with a vast knowledge of current and past trends, philosophies and strategies for marketing within the healthcare industry. Her goal for each OSI client is to drive new patient volume through innovate marketing practices. She approaches each day with a ‘whatever it takes’ mind set.

Prior to joining OrthoSynetics, Angela worked for an advertising agency on both the creative and sales side of the business. It was here she learned the inner workings of an advertising agency which would later be the inspiration for the OrthoSynetics’ marketing department business model which is unlike any other in the healthcare industry.

Angela holds a B.A. in Mass Communications from Louisiana State University and is currently pursuing her M.B.A. from the University of New Orleans.



LOU SHUMAN DMD, CAGS

Dr. Shuman is the President of Pride Institute, a renowned practice management institute and is personally known for his expertise in internet strategy, strategic relations, emerging technologies, digital marketing methods, and operational practice management. He is the only dentist who has been selected both as a “Top CE Leader in Dentistry” and a “Leader in Dental Consulting” by Dentistry Today magazine.

Prior to becoming President of Pride Institute, Dr. Shuman served as Vice President of Clinical Education and Strategic Relations at Align Technology for seven years. Dr. Shuman is recognized as an outstanding speaker and educator and has lectured extensively throughout the United States, Canada, Europe, and Japan, including every major meeting in the US.

He received his DMD degree and his Certificate in Advanced Graduate Studies in Orthodontics from the Henry M. Goldman Boston University School of Dental Medicine.



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PROORTHO STUDY GROUP MEMBERS AT THE AAO



MATT WILKINS AND DR. BEN BURRIS
LENDING A HAND AT THE GAC
HABITAT FOR HUMANITY DAY.



GAC HABITAT FOR HUMANITY BUILD DAY DURING THE AAO



JALEH POURHAMIDI AND LYNN HURST
AT THE GAC HABITAT FOR HUMANITY
BUILD DAY



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HAVE A PHOTO OF YOUR OFFICE OR STAFF THAT YOU WOULD LIKE TO SUBMIT, PLEASE EMAIL YOUR PHOTOS TO TERRI@SMILEMEDIALLC.COM WE WILL DO OUR BEST TO PUBLISH YOUR ITEMS.

Ormco™ Custom

Ormco™ Corporation recently unveiled Ormco™ Custom, an end-to-end digital suite of products and services to offer clinicians the benefits of both personalization and profitability. Ormco Custom includes Insignia™ Advanced Smile Design™, Lythos™ Digital Impressions System and the integration of AOA Lab services. With features such as



digital scanning, pre-treatment smile visualization, patient-specific brackets and wires and exact calculated per-tooth prescriptions, the state-of-the-art digital suite offers clinicians unprecedented

levels of customization and ground-breaking efficiencies. In fact, the personalization offered by Ormco Custom is proven to reduce treatment time on average by 37 percent with seven fewer office visits per case*.

By starting with the end in sight, Ormco Custom helps clinicians develop optimal occlusion and smile arcs proportioned specifically to every patient's unique facial features. Through digital scanning and 3-D smile design, doctors are able to achieve the desired finish, with improved ease of use and efficiency. Each component of Ormco Custom is aimed at streamlining practice workflow while also ensuring faster and more comfortable treatment. *Learn more at <https://www.ormco.com/products/digital.php>.*

*Weber DJ 2nd, Koroluk LD, Phillips C, et al. Clinical effectiveness and efficiency of customized vs. conventional preadjusted bracket systems. *J Clin Orthod.* 2013

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coil springs reduces proclination of the lower incisors and uncontrolled forward mandibular movement. The BBC can be used for correction of skeletal Class II malocclusions, dentoalveolar correction of Class II malocclusions, Correction of functional mandibular midline shifts, as well as, use as an anchorage appliance for closing a gap in the posterior teeth of the lower jaw.



YOUNG-DOCS

by Ben Burris

Study Group



The world has changed – the “golden age” of orthodontics is gone and will never be repeated... or so we are told. Primary Care Dentists (PCDs) are doing more and more clear aligner therapy, limited ortho treatment and even “comprehensive cases”. PCDs tout their “diplomas” from their “residencies” and peddlers of fast treatment and smiles in a few months claim “university” status. Our member association is paralyzed by its size, age of those at the helm and committee leadership style and is thus rendered unable to help the public understand the difference between an Orthodontic Specialist and a PCD.

So, what is to be done? How will orthodontists survive in an ever more competitive world where traditional referral sources continue to decline and the traditional model crumbles around us?

The Bad News: There is no simple answer – and the answer is constantly changing as the world changes and we need to adapt!

The Good News: You're not in this alone, there are lots of very successful orthodontists who know how to succeed in today's world and help is yours for the asking!

YOUR OPTIONS:

1) Join a high-powered study group that talks business!

Study groups are a great way to learn from others, see what works and doesn't work, get ideas and advice and just have a place to speak with peers about failures and successes. Study groups are as old as orthodontics but the advent of the business study group is relatively new. There are a handful of nationally known and well-respected groups and I would strongly suggest you join one (or several) should you get a chance, meet the requirements and have the means. The problem is that many young doctors are not in a position to do this, don't meet the requirements or find themselves locked out by a competitor. Oh yeah, residents and non-owners are generally not allowed.

2) Visit offices that are doing well and adapting to change!

There is no better way to learn and grow than to visit offices with an open mind. When you hear of someone who is doing more than you and others, don't automatically assume that she is “running a mill” or “cutting corners”! You don't know what you don't know so do all you can to go see big, successful offices for yourself before judging. Think of how long it took you to cut your first crown prep... it is possible to get faster with practice and experience! By visiting offices, you will learn what to do, what not to do and generally get a sense of how to set up and run an office. Many successful orthodontists are happy to share knowledge with a young doctor so don't be shy – ask if you can visit! It can be intimidating and sometimes difficult to make the contacts necessary to find and get acquainted with people who are doing well but nothing worthwhile is easy. These obstacles can be overcome with sheer determination and will but chance definitely favors the connected mind – the trick is getting plugged in.

3) Hang out and talk with peers who are in the same position as you!

This sounds like a great option but can lead to devastating mistakes. Why? Think about it – a group of residents or young doctors get together to discuss an issue, they reach consensus and, because they agree, they believe they are right. Unfortunately there are two problems with that – one, if there are no seasoned docs in the group then no one has experience or actually knows what they are doing and two, democracy has nothing to do with truth or knowledge! Be careful about who you take advice from. If they are more successful than you are, have experience and can back up what they say then go for it. If they are struggling to get by but talking a big game (and want to remain anonymous more often than not), run like hell. Message boards and forums are full of pseudo-experts who know everything about everything...

4) Luck into a group set up to help young doctors and residents!

This may sound crazy but it is actually the point of this article. Dentsply GAC and The Progressive Orthodontist have joined forces to bring you the Young-Docs Study Group. Membership is free for all residents and any orthodontist who has been in practice less than 5 years. We have hand picked highly successful, practicing orthodontists to field your questions and help you through the problems, challenges and catastrophes that young orthodontists are sure to encounter. We've all been there and the mentors in Young-Docs are more than happy to talk about how clueless we were just a few years ago, how often we were taken advantage of and how many mistakes we made. Our goal is to help young doctors and residents avoid the stupid moves we made and to preserve the integrity of the specialty by making sure the next generation of orthodontists succeed in an ever more hostile world. Don't worry, these aren't a bunch of

professors who want to smack you around and make themselves feel better! The mentors we have selected will do what they can to prepare you for success – if you'll only take the time to listen to and understand what they are trying to tell you!

What do you have to do to become a member? It's yours for the asking! Just follow the link below and join:

<https://www.facebook.com/groups/GACyoungdocs/>

page we will discuss anything to do with the business of orthodontics – anything that is but teeth. You can learn about teeth from any of a myriad of sources so we reserve discussions in Young-Docs for talking about the business of orthodontics. See for yourself!

The answers you've been looking for are waiting for you.



Closed Facebook groups (like this one) are a tried and true platform for secure exchange of information among professionals. What you and others post in the Young-Docs closed group is seen only by members of the group and doesn't show up on your timeline. Want to know who else is in the group? Simple, just look at the members tab and see for yourself. FB is much less cumbersome than email groups and they offer much cleaner interaction than message boards or web forums. On the Young-Docs FB

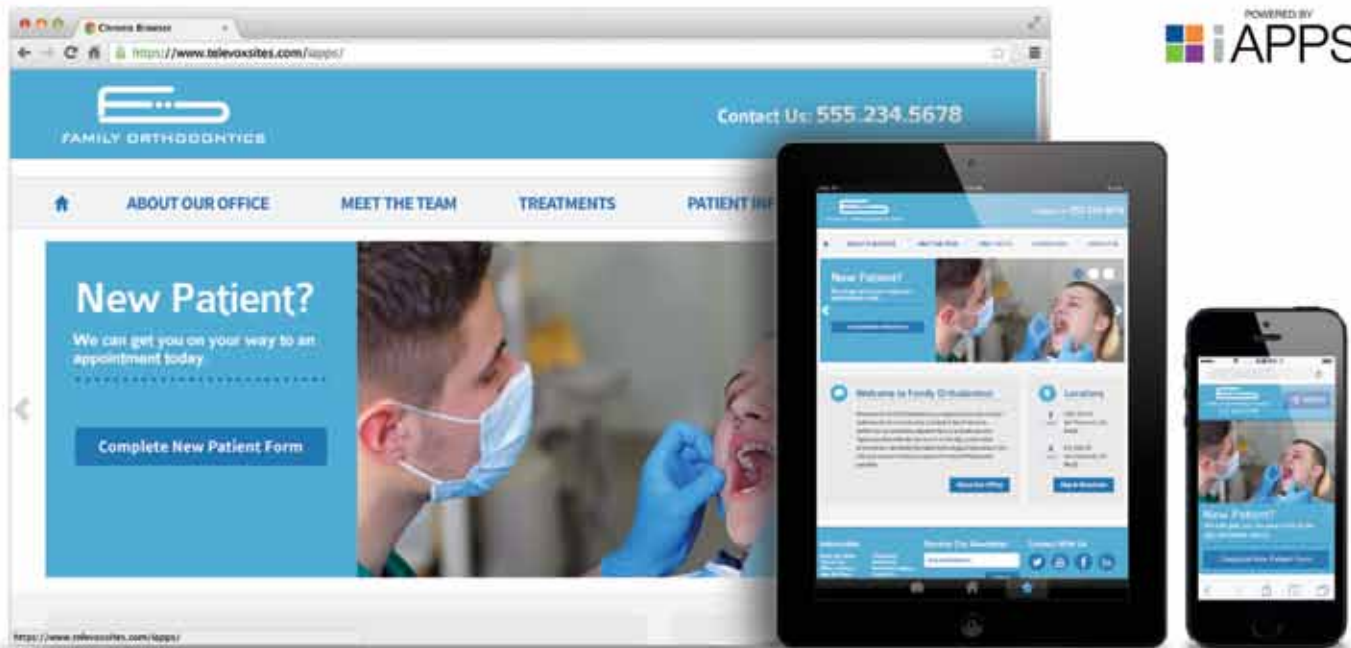


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YOUR FINANCIAL STATEMENT

What Is It and What Is It For?

By J. Haden Werhan, CPA/PFS and Thomas Wirig Doll



When it comes to considering your Orthodontic practice's financial information, good reporting come in threes. First, there are three primary kinds of financial statements prepared by CPAs:

1. Audited – For public companies and municipalities
2. Reviewed – For other entities like country clubs or general partnerships
3. Compiled – For smaller businesses like Orthodontic practices

Regardless of the type, every financial statement includes three main reports:

1. Your balance sheet
2. Profit & loss statements
3. Statement of cash flows

For your purposes, it gets even easier. You can focus on the only appropriate financial statement for Orthodontic practices: the compiled statement, or compilation.

What Is It?

In a moment, we'll add some movement and meaning to all those numbers. First, some terminology and operating instructions.

The Balance Sheet accounts for your *assets* and *liabilities*. Assets are listed first, in various categories, followed by the liabilities. The difference between the two represents your equity. The term "balance" comes into play, because your CPA cares (even if you don't) that your assets equal the sum of the liabilities and equity, where the equity can be either

positive or negative. Practice equity works the same as home equity, which represents the difference between the value of your home (your asset) and your mortgage (your liability).

The Profit & Loss Statement accounts for your practice revenue, expenses and net income. Revenue means collections, expenses are all those tax-deductible items you spend money on to operate your practice, plus other tax-deductible items you don't actually spend money on, such as depreciation (writing off equipment over time) and amortization (writing off goodwill that you've purchased over time). Net income is the amount on which you are taxed.

The Statement of Cash Flows calculates the flow of money through your practice. While that sounds simple enough, the devil's in the details. In a nutshell, if you purchased a practice, that purchase price included tangible assets like equipment, furnishings and fixtures, plus goodwill, a restrictive covenant and patient records. Most likely, you will have financed your acquisition with a loan, which means you make payments to a bank. These payments include principal (the amount you borrowed) and interest (the bank's profit). You return the bank's principal with after-tax dollars and the interest with tax-deductible, pre-tax dollars. What all this means is that your taxable income and the amount of money you have to take home can be very different figures.

The statement of cash flows reconciles any discrepancies.

Supplemental Schedules present and/or highlight additional information about your business that is not typically included in the preceding reports.

What Is It For? (And How a Orthodontic-Specific CPA Can Help)

As we mentioned above, dentists can focus on the compiled financial statement as the type that applies to them. The name says it all. The CPA takes your practice information and compiles it into a report that is formatted to be compliant with Generally Accepted Accounting Principles (GAAP), as mandated by the American Institute of Certified Public Accountants (AICPA). Unlike an audited or reviewed financial statement, the CPA is following the information provided into a standard format, without questioning or assessing its validity.

In other words, we believe what you tell us. We can do this because, as a dentist, you really only report to yourself. Clearly, there is no incentive to fool yourself by cooking your own books, (and you probably wouldn't believe your own lies even if there were an incentive). That said, if you take out a loan to start, purchase or expand your practice, many banks want to see CPA-prepared financial statements. Or, Orthodontic-specific lenders may prefer to have you complete their own reports about the state of your practice,

so they can efficiently do apples-to-apples comparisons of key performance indicators they're considering as they review your application. These may be similar but less involved than the monthly reports you, as a Pride client, already send to your consultants.

The point is, it's important that your financial statements are compiled for the distinct needs of an Orthodontic practice. For example, for dentists, a lot happens between the time your production turns into collections, and we believe it's critical to ensure that your financial statements reflect this key information in your supplemental schedule, even if there is no GAAP-compliant location for the information within the main reports.

In contrast, in the case of supplemental schedules for audited and reviewed financial statements, you'll see "Notes," to

explain the positions taken by the firm or the CPA in preparing the reports. These also include a cover letter explaining what sort of financial statement is being

Unlike an audited or reviewed financial statement, the CPA is following the information provided into a standard format, without questioning or assessing its validity.

presented and, in the case of an audit or a review (which is a scaled-down audit), whether they are fair and correct. The CPA will "attest" to the accuracy of the financial information provided by a company or indicate when they are not able to. Understandably, these sorts of audits and reviews can become highly adversarial engagements between a company and its CPA, with potential for fraud and liability for the accounting firm.

All this is very important for companies that have outside, interested parties like stockholders or creditors who want to ensure the business is viable. But for an Orthodontic practice? Not so much. Thus, understanding the important distinctions between what makes for effective supplemental schedules for a dentist's compiled statement versus another company's audit or review



"EQUITY" HAS DIFFERENT NAMES IN PARTNERSHIPS, LLCs AND CORPORATIONS, BUT THE CONCEPT IS THE SAME.

statement can differentiate the CPA who specializes in serving the specialized needs of Orthodontic practices.

Here is another way in which Orthodontic-specific CPAs can add value. Many CPAs learn their profession at larger firms that mostly prepare audits and reviews. As such, their “product” is the financial statement itself. Until next quarter, the relationship ends once the standard financial statement is delivered.

In contrast, my partners and I believe that the financial statements we prepare for our dentist clients also can serve as

Our goal is to provide you with both the formatted data as well as the context needed to make it useful to your business development.

important management tools to help you continually improve your practice. Our goal is to provide you with both the formatted data as well as the context needed to make it useful to your business development. The corny analogy is that your financial statement is like a Radiograph or CT Scan of your practice, and we help you read it.

For example, supplemental schedules on our financial statements reconcile beginning and ending accounts receivables, and detail the production, fee adjustments, collections and patient refunds. We show you key practice indicators about collections, contracts & accounts receivable and, generally take advantage of the supplemental schedule to assist you in gaining a higher level of understanding.

One other note: If a banker, loan

underwriter or anyone else does ask you for an audited financial statement, you can take this as a tip-off that he or she doesn't really understand your business. You will see this most often when applying for a home mortgage or refinance. What the lender really means to ask for is your CPA-prepared financial statement. When the due diligence isn't appropriate to your circumstances, you may want to be skeptical about whether the individual has enough experience to appropriately handle your credit request. I'm just saying.

A Tale of Two Profits

Finally, I thought you might find it helpful to see a basic illustration of some of the more complex cash flow and related tax considerations that can factor into your decision-making, not to mention your take-home income. We'll work from the following assumptions about two dentists:

- Both have net income of \$250,000 per year
- Both completed an office remodel five years ago, spending \$100,000 on leasehold improvements, and \$200,000 on equipment
- Both financed their remodel with a five-year loan.
- Practice #1 wrote off all the equipment in the first year. Practice #2 wrote off the equipment over five years.

Practice #1 pays tax on \$250,000 but only has \$220,000 to play with (to live on as take-home pay and pay taxes on the \$250,000). Practice #2 pays tax on \$210,000, but with the same \$220,000 to play with. Realistically, this is simply a timing difference, and the dentist in Practice #1 did receive a huge write-off in the first year. The question is whether the dentist at Practice #1 saved the tax dollars or spent them. By spreading the depreciation over five years, you are matching that non-cash expense with the non-deductible or, after-tax cost of repaying the loan.

So, be wary when the equipment vendors that come running in at the end of the year urging you to take advantage of Section 179 — the Internal Revenue Code that allows you to write equipment off in one year. It will be a lot of fun to save a ton on income tax that year, but you will pay for it down the road. And if you are also a corporation, there are a whole set of additional issues to consider as well.

Again, when it comes to confidently assessing, accounting for and reporting on the numbers involved in operating a thriving Orthodontic practice, we would propose that an Orthodontic-specific CPA can shed considerable light on the matter.

PRACTICE	#1	#2
Net Income Before Depreciation	\$250,000	\$250,000
Less: Depreciation	- 0 -	40,000
Net Income (Taxable)	\$250,000	\$210,000
CASH FLOW ADJUSTMENT:		
Add: Depreciation	- 0 -	40,000
Subtract Principal on Loans	30,000	30,000
Cash Flow from Practice	\$220,000	\$220,000
Difference Between Net Income & Cash Flow	\$ -30,000	\$ 10,000

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DON'T BECOME GASOLINE OR CREAMED CORN



How To Truly Set Yourself Apart

By Adam Meade

I wasn't exactly a chick magnet when I was 16. I was lanky, had a curly fro, and I played the violin. Yet I was stoked to get my license and set out on my own to impress the girls with my parents' old run-down Jeep. Aww yeah, look out ladies.

Those were the days. All I had to worry about was paying for gas and not getting a ticket. Little did I know that both were hard to do. So I changed the way I drove. I conserved gas by easing off the RPMs a little. I would spend 20 minutes or more searching for the gas station with the lowest prices. It didn't matter which brand I chose. I was in search of the best deal so I could spend what I had left on cheap cologne and speeding tickets. Without even realizing it, I had become a frugal gasoline consumer.

Fast-forward to today and not much has changed. While I've replaced playing the violin with playing with my kids, I still search for the best gas prices. And I've learned that I'm not the only one. Gas is gas after all, right? It's like rubber bands, salt, and corn. Brand just doesn't matter. Why would anyone pay more for one brand than another brand?

"I don't own a gas station," you might be saying to yourself. "Why does any of this matter to me?" Well, I'll tell you why. It's not necessarily about the fact that you provide orthodontic services instead of creamed corn. I've uncovered a very visible trend in the orthodontic industry. Commoditization. (Maybe it's not a coincidence that this word looks a lot like "commode.") Basically, it's the cheapening of a good or service due to a lack of brand differentiation. But how can this be happening? As an orthodontist, you are providing a highly valuable service that quite literally changes lives. People should be lining up at your door with their mouths and their wallets open. As you know, that is not what's happening. So what do we do?

First, panic. No, I'm kidding. Let's talk about the old marketing model. For

many years, your target audience was dental professionals, creating a business-to-business model. And boy was it great. Those dental professionals knew exactly the difference between your work and that of your competitors. All you really needed to do was be awesome at your job because the proof was in the pudding crusted between your patients' brackets. But things are changing. Referrals from dental professionals are decreasing rapidly, almost exponentially. The old model is dying and we must adapt and overcome. But how? Clearly, we have to change our marketing model and our mindset. No longer can we rely on business-to-business. We must think business-to-consumer. We can't be a corporate brand. We must be a lifestyle brand. Because every market is different, this changeover will need to vary in its scope and speed, but the messaging must shift. Our language and our messaging have to move from being technical to being experiential. The audience has changed. Our communication needs to change, too.

Think of it this way. Let's say you have a neighbor named Terri. She may be some kind of super smart rocket scientist but even she doesn't have a clue what a

unilateral Class II crossbite malocclusion is. Heck, I've Googled it three times and I still don't understand it myself. You need to speak to Terri in her language. She needs you to explain to her why she should bring her kids to you rather than your competitors because all she's concerned about are straight teeth. She needs to understand you. She needs to relate to you.

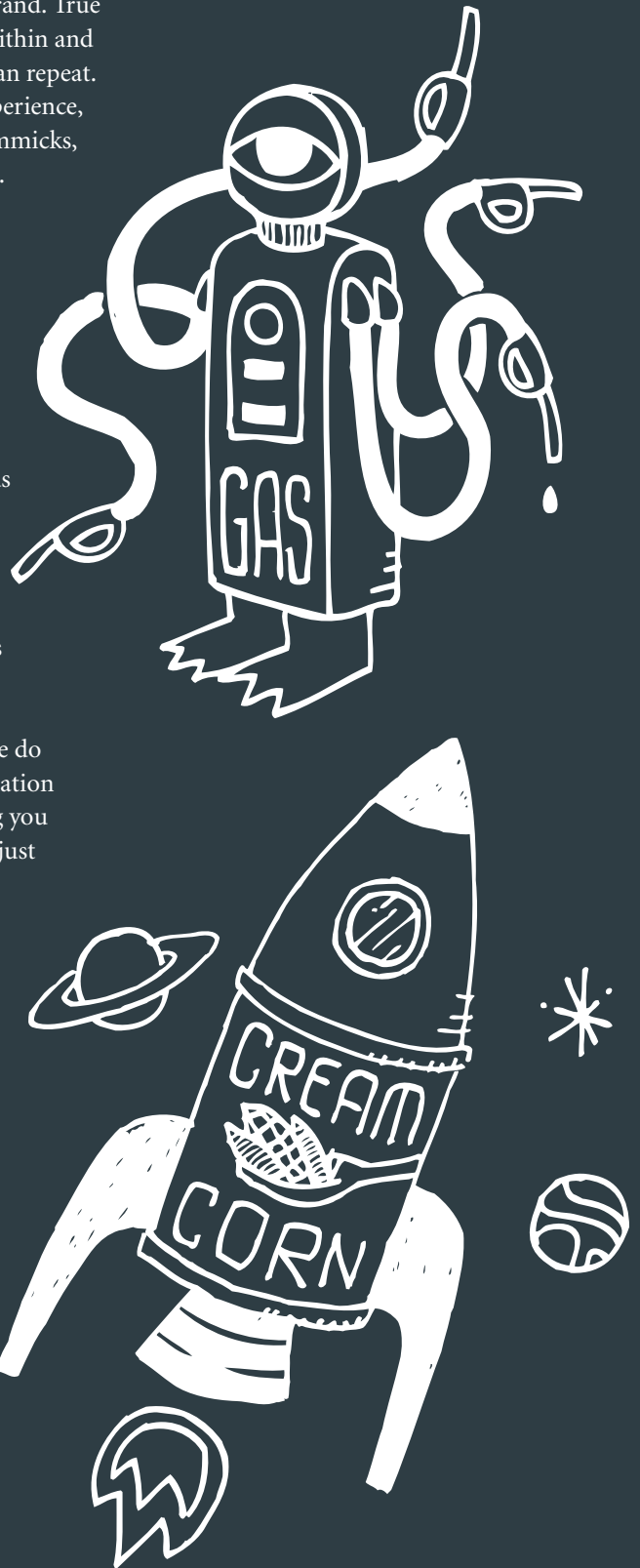
The second thing we have to understand is what a brand truly is and how to leverage it. The goal is to demonstrate distinction in the marketplace for your brand. Too often, a company (or practice) will have a logo and mistake that for a brand. Sure, the logo is an important part but the brand is so much bigger than that. The overall experience your patients have with you and your practice is your brand. Things like your logo, your website, and interior design all work together to support that brand. Your brand is a living, breathing thing. Merely repeating your logo everywhere is as if that living, breathing thing is just saying the same thing over and over and over and over and over and over and over again. You get the idea.

So the real challenge: finding true differentiation through your brand. I've seen so many orthodontists fall into a tactical one-upmanship mindset when it comes to being different from their competitors. I call it "Price and Prize Wars." If one orthodontist gives away an iPod Touch, the other will give away an iPad. Then the next one goes to a big-screen TV. This is answered by giving away a free trip to Hawaii. Next, a trip to the moon. Then, a trip to the moon plus a lifetime supply of creamed corn. The point is clear. Whether it's a full-time barista, waiting room mani-pedis, or some new technology, it's only a matter of time before your competition repeats it, or ups it. Of course you can introduce fun experiences into your practice, but it should be done to support your

brand, not to become your brand. True differentiation comes from within and it is something nobody else can repeat. It is all about your values, experience, and culture. It's not about gimmicks, distractions, and quick thrills.

Brands should build trust. People want to be a part of something bigger than themselves. It's a primal instinct. We want to go where we feel comfortable and we want to be around people that we can relate to and identify with. There needs to be a true, honest, and sustainable relationship with the consumer. Not gimmicks that create a perpetual battle of quick fixes and bribes.

In short, we must avoid commoditization. The way we do that is through true differentiation – to avoid consumers viewing you as just another gas station or just another canned vegetable. Create an experience for your patients and their families. Build a distinct culture and those who love that culture will be drawn to it. Demonstrate that culture through smart, engaging, and strategic-minded branding and marketing. Make meaningful connections with your patients. Build your brand. And make it clear that you are no commodity.





BONE MODULATION

By John W. Graham, DDS, MD

Rarely have I come across an innovation that dramatically changes experiences and outcomes in my practice. That's why I think it's important to share a few thoughts on how AcceleDent has changed my practice life and the life of my patients.

Bone modulation is a fascinating and worthy topic, and deserves multiple chapters in textbooks, so forgive me if we cut to the chase and just speak of the clinical implications in my practice. However, for those of you who crave scholarly inquiry, search the internet for "high frequency mechanotransduction in bone."

What at first was a mere curiosity blanketed in skepticism has blossomed into one of the greatest practice differentiators of my lifetime. AcceleDent is a FDA-cleared, Class II medical device that uses SoftPulse Technology® to accelerate tooth movement by as much as 50 percent. With AcceleDent, orthodontists are able to offer patients what they want – faster treatment and less pain – while also growing their practices by achieving faster completion rates and treating more patients.

For years orthodontists have wanted a noninvasive, nonsurgical approach to accelerating treatment for patients, and AcceleDent is the first medical device to offer that capability. We're finding that it's easy for patients to comply with the device because they only have to use it for 20 minutes a day, which is stark contrast to other modalities that require multiple office visits. AcceleDent actually allows us to reduce the amount of times that we need to see our patients in the office.

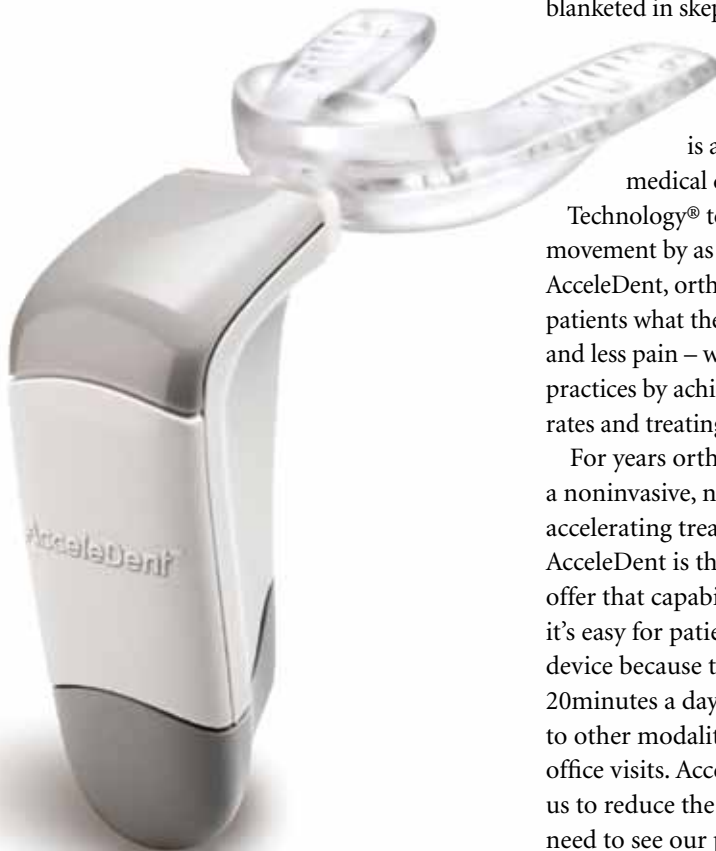
Proof? Every patient who is in Invisalign/AcceleDent treatment changes his or her trays anywhere between four and seven days with beautiful tracking and almost no pain. Every patient who is in conventional treatment with AcceleDent is seen every four weeks instead of every 6-8 weeks as per my non-AcceleDent protocol. I note with a unique badge on the patient's chart if they are an AcceleDent patient or not, so that my staff and I know how to manage their appointment intervals.

Belief? My daughter is using AcceleDent every night before she goes to bed. She'll be finished with her orthodontic treatment in eleven months without so much as a whimper, and she's in braces. From treatment coordinators, to staff, to family members, to countless patients, I'm a believer in routine, non-invasive, comfort inducing bone modulation for quicker treatment times. What's my only worry? That all of the other orthodontists in my city also become believers.

However, the future of orthodontics is heading toward accelerated treatment, so orthodontists and staff members who are looking for additional AcceleDent case studies and clinical evidence should visit AcceleDent.com and OrthoAccelLearning.com to become more familiar with the technology and compelling science behind the device.

*John W. Graham, DDS, MD
Graham & Olson Orthodontics
Litchfield Park, AZ*

*Sugarhouse Orthodontics
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Taxes



WHY ORTHODONTISTS GET SCREWED ON TAXES

HOW TO REDUCE YOUR TAX BURDEN &
BOOST YOUR PRODUCTIVITY

By Garrett B. Gunderson, with Brett Sellers, CPA

Most doctors overpay on taxes. They told me so themselves. Not too long ago, I surveyed the 117 docs my firm was working with, and 91% were overpaying on their taxes: 107 out of 117. Many were actually overpaying by tens of thousands of dollars a year.

There are preventive measures to avoid overpaying on taxes. In fact, reducing your taxes is the lowest-hanging fruit you can pluck to increase your cash flow and productivity.

Here are some important things every orthodontist should know about taxes:

DON'T LET THE TAX TAIL WAG THE PRODUCTIVITY DOG.

Would you rather pay \$1 million or \$10 million in income tax? Most people say \$1 million. My answer is always \$10 million; because it would mean I made much more money than if I owed \$1 million.

Taxes should definitely be taken into consideration with any financial plan, but some orthodontists actually don't want to produce more because they're afraid of paying too much in taxes. They base their financial decisions on tax ramifications. In other words, they let the tax tail wag the dog of productivity.

Bottom line: Your first and best defense against taxes is *always* to earn another dollar, rather than limiting productivity and settling for a lower income in the name of saving on taxes.

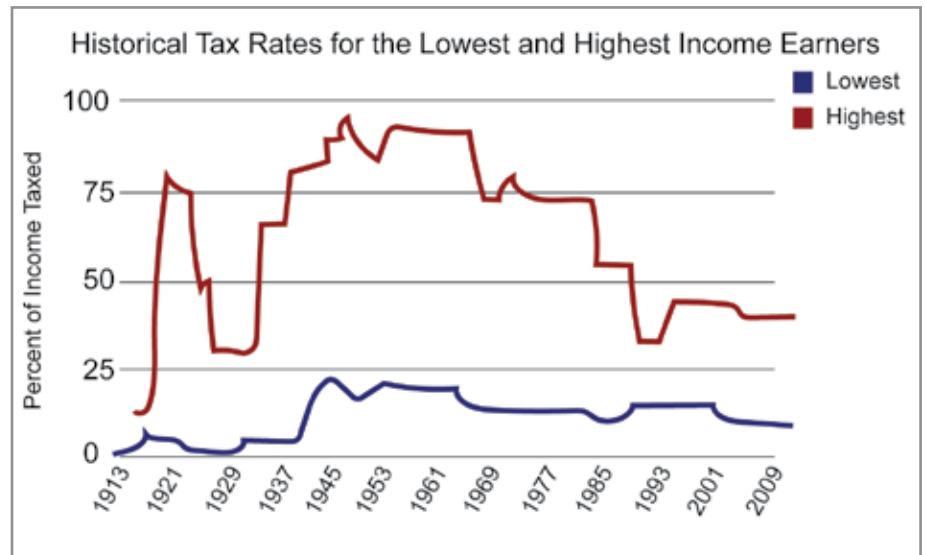
BE PROACTIVE, NOT REACTIVE. Most docs turn to a tax preparer rather than work with a tax strategist or tax team. For many orthos, their relationship with their CPA is simply one of filing of their taxes at the end of each year. This makes them reactive rather than proactive.

Tax preparers scramble to limit your tax liability just *once* throughout the year, rather than being strategic in always anticipating and solving potential tax problems. What's worse, in order to limit your tax liability, tax preparers usually advise you to dump as much money as possible into a qualified plan, or they recommend things that you otherwise wouldn't do except to save on taxes, which creates even more problems down the road.

A tax strategist or team, on the other

hand, keeps you organized throughout the year. Such teams may include a CPA, tax attorney or even an engineer, who create

Typical scenario: At year's end you bring your taxes to your CPA, and one of her primary and automatic



Historical marginal tax rates for the lowest and highest income earners in the United States. Source: U.S. Bureau of the Public Debt

Bottom line: Your first and best defense against taxes is always to earn another dollar, rather than limiting productivity and settling for a lower income in the name of saving on taxes.

and track financial benchmarks and limit your tax burden.

PLAN FOR THE FUTURE. DON'T DEFER TO THE FUTURE.

recommendations is to put money in a qualified retirement plan.

This is lazy accounting, at best. Are taxes going up or down in the future? Do you plan on being more or less successful in the future? Then why would it be a good strategy to save on taxes today in a way that creates a bigger tax burden tomorrow?

Of course, retirement planners will tell you that when you retire you can live on 70% or less of your pre-retirement income, and that living on this percentage will lower your tax bracket.

First of all, no one knows exactly what future tax brackets will be. And with the current government spending and deficit environment do you think that tax rates are going to stay at these historic lows? Take a look at the chart below.

Second, is this really how you want to spend your retirement years? Living cheaply? Afraid to spend the money you've earned for fear of triggering tax consequences? Do you really want a lower

standard of living when you retire?

Many other products and strategies provide much better exit strategies upon retirement while still offering tax benefits during the growth phase.

This doesn't necessarily mean you should never contribute to a qualified retirement plan. But such a decision needs to be part of a comprehensive financial plan that supports your purpose and aligns with your knowledge. It shouldn't be a reactive and misguided accounting strategy based solely on today's numbers.

INCREASE YOUR DEDUCTIONS WITH CONFIDENCE.

Doctors frequently ask CPAs for a clearly defined, bullet-point list that spells out legitimate deductions explicitly.

This isn't strictly necessary: Section 162 of the IRS tax code simply states that you can deduct all "ordinary and necessary" business expenses. For most doctors, this means they can and should be deducting many more expenses than they currently are.

Deduct anything and everything connected with your business, while making sure you can build the case to support the connection.

INCORPORATE TO REDUCE YOUR RATE.

I'm shocked at how many orthodontists operate as sole proprietors. This is the worst arrangement possible for taxes.

Incorporating limits your liability and protects your personal assets, increases your deductible expenses, gives you greater tax flexibility, and helps you build a sellable business.

A competent attorney who coordinates the strategy with your CPA can help you choose and properly structure the right entity for you and your business.

WITHDRAW BUSINESS INCOME STRATEGICALLY.

As an owner of a practice, you wear

at least two hats (for example, you may also be the landlord). You already know that you should be compensated as wages for the practice of orthodontics. But how you withdraw business profits can have a significant impact on your taxes. Withdrawals can come in the form of additional salary or dividends.

Depending on your corporate structure, the withdrawal of dividends can greatly reduce your overall tax. That's because certain distributions of corporate profits are not subject to employment or self-employment taxes.

Again, consult with a competent and strategic CPA to get further details for your unique situation.

You work hard for your money. You deserve to keep as much of it as possible. Yes, you want to pay your fair share. But paying more than that is just bad accounting.

USE COST SEGREGATION TO BENEFIT FROM DEPRECIATION.

If, like many doctors, you own your building, "cost segregation" can make a drastic difference in deductions due to depreciation.

This effective but under-utilized accounting technique shortens the depreciation period of your assets for taxation purposes. This results in reduced tax liability and increased cash flow.

The most effective way of segregating costs and supporting these accelerated

depreciation deductions is to engage an engineering firm to perform a cost-segregation study.

GET DEDUCTIONS BY INVESTING IN YOUR BUSINESS.

Section 179 of the IRS tax code allows you to deduct the full purchase price of qualifying equipment or software purchased or financed during the tax year. The full purchase price (or lease) of qualifying equipment can be deducted from your gross income. It's the government's way of incentivizing businesses to invest in themselves.

CONCLUSION

You work hard for your money. You deserve to keep as much of it as possible. Yes, you want to pay your fair share. But paying more than that is just bad accounting.

Put your taxes in their proper context and never let the tax tail wag the dog of productivity.

And make sure you have the right tax strategist to safely and legally reduce your tax burden to bare minimum. It's not a one-time thing. Your tax planning should be continuous, and should involve a team of strategists. You'll benefit in more ways than one.

Garrett B. Gunderson is a financial efficiency expert working with orthodontists. He is the author of the *New York Times*, *Wall Street Journal*, *USA Today*, and *Amazon* bestseller *Killing Sacred Cows: Overcoming the Financial Myths that are Destroying Your Prosperity*.

Brett Sellers, CPA, is a Tax Strategist to orthodontists and a partner in the firm of *Stewart, Archibald and Barney, LLP*.

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- Dr. Heather Brown -

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THE UGLY SIDE OF SOCIAL MEDIA

How to Deal with Negative Comments

By Angela Weber

Orthodontists maintain a social media presence to publicize good things about their practice, so they can naturally become distressed when a critical comment pops up, disrupts the positive feeling, and risks scaring away patients. I received a call one quiet Saturday morning from a client, an orthodontic practice owner, who was frantic and outraged about a comment a parent made on the practice’s Facebook page. The client wanted to delete the comment immediately (which can sometimes be tricky to do), but while this reaction is understandable, deleting a negative comment isn’t necessarily advisable. If the comment has already been viewed by others, removing it becomes an act of whitewashing, which undermines the credibility of the practice as well as the goodwill the page is supposed to create.

It’s easy to become fixated on the most concrete aspects of social media. *I need more likes, more views, more activity. I want to make a viral video.* But one of the most overlooked aspects of social media is engagement. While in the past, patient interactions were handled in private—whether in person, over the phone, or by letter—these interactions have now moved to the online public sphere. This shift is scary, because you can no longer discreetly handle patient complaints. And speaking generally, you can’t control word of mouth.

The good news is you can manage it. That doesn’t mean deleting everything negative anyone ever says about you or your practice. Even when removing comments is possible, I caution clients to be very careful of doing it. After all, there are often other, better ways to handle the situation.

CONSIDER THE CRITICISM

I encourage you to see a bad review as an opportunity to correct an issue you may not have known about before. Ask yourself if the negative comment has any validity. You know it reflects one person’s experience. Could it reflect others? Is whatever happened a fluke, or did it stem from something not being right within the practice? Check with your team. Chances are they know exactly what the comment is in reference to.

If indeed your team did know about the problem, see if there’s a reason they didn’t handle it at the time. It could be because they are not empowered or equipped to do so. If this is the case, frustrated patients or parents will go out into the world to vent. Just ask United Airlines how well this worked out for them.

After United baggage handlers

damaged the \$3,500 guitar of musician Dave Carroll, United employees on the ground shrugged off the complaint, and Carroll couldn't get anywhere either with call center reps or over nine months of back-and-forth. In the end, the airline still refused to pay for damages. Carroll used his talents to write the song "United Breaks Guitars." Just four days after its release on social media, the video went viral. It was a public relations disaster for United, and the company's stock fell 10%. Today, that video on YouTube has 14 million hits...and counting.

CRAFT A RESPONSE

Sometimes negative comments aren't valid. The Internet isn't exactly known as a place of civil discourse, and some people will always find something to complain about. But no matter if the complaint is justifiable or ridiculous, it still merits a response. You can post directly underneath a Facebook comment, tweet back to a tweet, or add your response to a review on Yelp. Don't get into an argument, and keep things polite and brief. It's not worthwhile to get into specifics, and in many cases it's not even legal considering HIPAA regulations.

Responding shows that the practice owner is engaged and

credible. Even a non-specific response can take the bite out of a negative review and possibly cast the reviewer as an irrational complainer.

Don't try to game the system. Some business owners have claimed that Yelp favors advertisers and will promote their positive reviews. For those that have declined to advertise, the site highlights negative reviews as revenge. Yelp of course denies this, and class-action suits have been filed. It's a mess and not worth worrying about. It's better to just respond politely to negative comments, correct any problems, and move on.

HAVE A PROTOCOL

Since every negative comment deserves a response, you don't want any of them floating out there in the wilds of the Internet that you don't know about. Designate a team member to monitor online conversations. Set internal standards and a protocol for dealing with feedback to ensure the responses are quick and consistent with your brand. You may wish to look into tools like Hootsuite or Sprout Social that can help you be more efficient in your monitoring, interactions, and response time.

Don't be United Airlines. Show empathy, and

demonstrate that you can take the high road. Other patients and potential patients will appreciate your genuine engagement and attempts to make things right.

CONSOLIDATE COMMENTS ON YOUR WEBSITE

OK, here's where you get some control back. I encourage you to collect feedback about your practice via your site, and use your website to publish it as well. This gives you an opportunity to own this content and manage how it appears. As a result, you can head off negative comments before they go public, and you'll worry less about what patients say on third-party review sites or about what comments the sites' algorithms promote or demote. In addition, since search engines prefer active sites to static ones, your own website will gain in prominence as well.

PUT IT INTO PERSPECTIVE

So you got a negative comment? Before you follow any of my other suggestions, I first recommend you take a deep breath and not stress about it. It's not the end of the world, and consumers are very forgiving. They know there are two sides to every story. In any case, the comment's power will diminish with time. Seventy-five percent of patients feel that reviews lose credibility if they are more than 12

months old, according to a 2013 survey from healthcare tech firm Digital Assent.

The best way to garner positive reviews, naturally, is to earn them. Be consistently remarkable. Deliver great care and provide a fantastic patient experience. Make your patients so thrilled, they'll feel compelled to go online and tell others how great you are. The occasional complaint will dissolve in a sea of praise.



A man with a friendly smile, wearing a dark brown cowboy hat and a white long-sleeved button-down shirt, is seated in a vehicle. The vehicle has a wooden frame and a metal railing. The background is a bright, sunny outdoor setting with green grass and trees. The overall mood is warm and professional.

Meet

DR. RAEL BERNSTEIN



Dr. Rael Bernstein jokingly believes he was wired to become an Orthodontist. “I was always mechanically inclined, always working on this and that, fascinated with working on some piece of equipment and making it work again.” Bernstein said. A good friend suggested that since he liked tinkering with tools and mechanical things, he should become an Orthodontist. What great insight! Dr. Bernstein grew up in Johannesburg, South Africa and attended King David High School. Like most youngsters, he remembers suffering through years of headgear, but laughs about it now. Straight from high school he went to dental school. “That’s how it’s done in South Africa,” he explains. He attended the Wits Dental School in Johannesburg, six years of hard-core study.

“I was always mechanically inclined, always working on this and that, fascinated with working on some piece of equipment and making it work again.”

Bernstein remembers that while at King David High School he wasn’t athletically gifted, but one day (after being accepted at Wits) he decided he would become a good rugby athlete. “I trained, bulked up, got in shape, and practiced,” he said. And, while all his other friends were out enjoying their college life, he lived for rugby. He fondly remembers his



grandmother's recipe for success, "10% inspiration and 90% perspiration!" "In South Africa, rugby is like football," explains Dr. Bernstein. He was able to achieve a high level of success. Rugby became a professional sport while he was in college, so he got paid for playing. "I learned a lot about coaching, teamwork, setting goals and dedicating oneself that carried forward into my later career. If I could become a rugby player, then I could do anything I set my mind to," he said.

As Bernstein was going through dental school, he began to notice that the kindest group of students and instructors were in the Orthodontics department. So, he began to gravitate toward that specialty. He tells us that the great thing about going to dental school in South Africa is the "ton of need", so he was able to acquire great experience in all the specialties.

During his final years of dental school, Bernstein traveled to the U.S. to attend an Alpha Omega dental meeting in Toronto. "I also came over to buy a Harley Davidson motorcycle!", he still remembers fondly. "I bought it, made arrangements to ship it back, and then met my future wife, Debbie," he laughs. Debbie was born in Iran, left there after the revolution, lived in Israel for a brief time and then came to the United States with her family. She grew up in Los Angeles and attended UCLA for her undergrad, dental school and prosthodontic residency. After the Toronto meeting they exchanged letters. "She was the cutest one at the meeting," he remembers. However, they lost touch for five (5) years because back then, they did not have email or Facebook. At the same meeting he met a future orthodontist who introduced him to the idea of studying orthodontics in the US.

"I had no idea about the process of applying or acceptance criteria for U.S. schools--- interviewing, grades, GPA, etc. I guess sometimes ignorance is bliss!" he says. "I had no ranking, no GPA because it's totally different in South Africa," he advised.



Most students just try to get through, but since he was on a mission to be accepted by the Buffalo dental school, he worked diligently to achieve the best grades and finish number one (#1) in his class.

When he later applied to Buffalo, exams forced him to decline an interview for residency. Fortunately, during a fact finding trip after graduation, he learned that a space has become available and he was offered an interview. Without hesitation he interviewed, was accepted, stayed and thus began the American Adventure.

When he completed dental school in Buffalo, he went to San Diego for a meeting and discovered California! Palm trees, sunshine, beach, and bikinis! And, the lifestyle was similar to South Africa. He declared, "It's not that I didn't enjoy Buffalo while I was there, because I did--- especially the snowboarding and making some very good friends! To make the move to California, he had to take board exams to get his requirements. While he was

waiting for the board exam, he realized he had no patients. I thought other students might have backup patients, so I began to search about. "As I got off the elevator, I heard someone shout my name—a name which is not common in America. I turned around and there was Debbie!" he recalls. It was a chance meeting. We agreed to meet after the exams. However, I later called her to ask her to lunch. She later told him she thought it was odd that someone who was in the middle of the most stressful time of his life would be asking someone out. That turned out to be their first date. Rael stayed in California and worked in several associate positions, while always thinking that he would eventually buy a practice. However, he soon discovered that no doctors were selling their practices in California and retiring to Florida, like he had witnessed in the Northeast. "They were already in paradise in San Diego!" he joked.

Debbie and he got married and

she began work in her specialty - prosthodontics. But there were not a lot of opportunities in prosthodontics in San Diego at that time. "Very few people even knew what a prosthodontist did," he recalls, and neither wanted to go to LA because of the congestion. "That's how we got up to Santa Rosa," Dr. Bernstein says. I ran into a dear friend who told me he was looking for an energetic, intelligent person like me. "We moved to northern CA, but ended up commuting to work each day in opposite directions, which sort of defeated the purpose," he said. He recalls that someone asked him about the school system there, and if they had any kids. He half-jokingly said "No, my wife and I don't see that much of each other!"

Debbie really liked the practice she was with in Santa Rosa and they eventually offered her a partnership. So, he began looking for something for himself. "I started a practice in town and a local dentist's office... right between two other practices. And, I consciously decided to create a practice with all the bells and whistles, including a web site, etc.," Dr. Bernstein said.

In his new practice, the hygienists worked from 7:00 a.m. until 3:00 p.m. And, then he and his wife worked from 3:00 pm-7:00 p.m. (after she worked all day at her practice), because the chairs were needed earlier in the day by the hygienists. "We were warned by all the consultants not to start a new practice, especially in a dentist's office, because no one knows you. So I decided to concentrate on marketing---to let the local people know me, know my practice, and to know my work", Dr. Bernstein remembers. "Build it and Market it and they will come", he jokes. He calls this his "grass roots" office. He has opened two more grass roots offices since that time. He advises these offices are good offices, but it has taken time to develop them. "I've had to work hard, market smart, and not count on anyone else," he said. "One

thing I have learned is to just count on ourselves. We have to keep current, keep up the marketing, and keep relevant to our patient's needs," he advises.

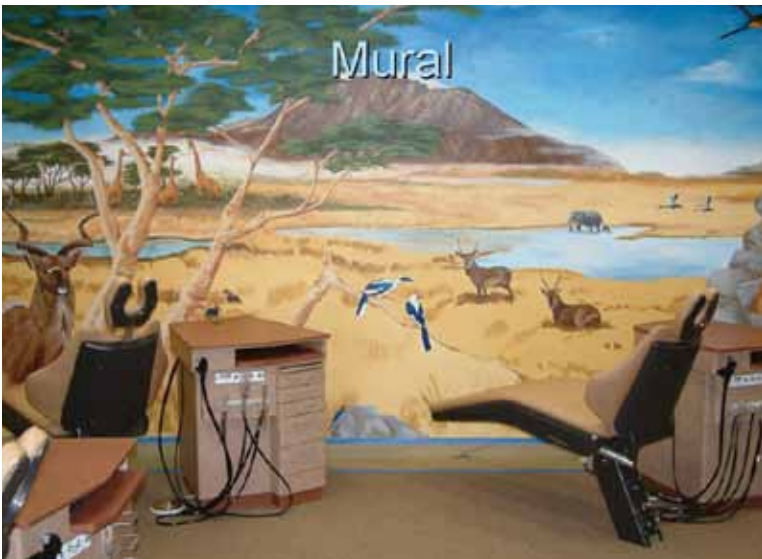
Ever since then, Dr. Bernstein has tried to be on top of marketing. "I had to. I had no choice! We have tried to keep it fresh, even to this day," he said.

They quickly grew out of that office and he tried something different. "I approached all the other orthodontists to see if we could partner together, rather than each working all on our own," he said. When he didn't hear back from any of them, he realized again that "you can't count on anyone but yourself". So, he built his own new office. As time passed, Dr. Bernstein built a solid reputation for himself in the Santa Rosa area. Dentists in distant communities who had heard about him and were impressed by his work began to call. "They invited me to come and practice in their office, on their days off," he states. He was then contacted by an ailing orthodontist in the Napa Valley area, who asked him to take over his practice. I saw this as an opportunity for me and my team to overhaul and improve an older failing practice. This was an investment for me in my education as a business owner, an investment in management systems, and an investment in a young grad - accelerating his learning curve and creating an opportunity for him that wasn't available to me. Dr. Bernstein says all his offices are a reflection of his adventure. He teaches his staff and patients alike, that "you need to work hard to reap the rewards, but you can do it." And, he tries to be a source of knowledge and inspiration to his patients, as well. "Our treatment is more than just braces," he says. "I still look forward to coming to work every day! What motivates me is challenge, the challenge to remove barriers from staff, patients, friends, the practice, and the community," he says. "I feel very privileged to be living this adventure that is my life," and he feels

so fortunate to have had this opportunity to be born where he was, to have the family he has, to attend the schools, and then to practice in America. "I try to remember that every day is a gift and that I need to live it to the fullest, leave a good impression, and seize opportunities.

What does he do for fun? "I never lost my love of motorcycles," he explains. One day he stopped by the Harley Davidson dealership while driving his wife's hand-me-down mini-van---"which just wasn't doing it for me," he recalls. While he was trying to decide which Harley model to buy, his then pregnant wife called to ask where he was. He guiltily replied, "Home Depot". At that moment he realized that was not good (already telling his wife stories). "So I bought myself a helmet and went home," he said. "These days I play social (touch) rugby, not professional, because I realize I cannot show up at work with a black eye, or broken bones, and carry out my responsibilities," he advises. "And, I like racing go-carts, working out, and snowboarding in the winter at Lake Tahoe, which is nearby." Since he now has two daughters, aged seven (7) and five (5), his life is going to birthday parties, ballet recitals, gymnastics classes, making pancakes in the morning, and doing dress-up Cinderella. "I totally understand that I will not be cool forever, so I aim to take full advantage while I am still cool in their eyes!" he exclaims.

Dr. Bernstein has now treated children through their school years and seen them off to college. "I get photos from their parents at graduation time with their great smiles, and sometimes I even get invited to their graduation parties. It's funny," he says. "I feel like a grandparent, because after 10 years of practice, I get immense "naches" (a Yiddish word for pleasure - his grandparents would use) from their achievements! And hopefully I had a little bit to do with their achievement, even as small as giving them a boost of confidence by creating a beautiful smile.



“I feel very privileged to be living this adventure that is my life.”





WHERE WILL YOU BE IN 5 YEARS?

“Wow, with the rate of change in the world....I wish I could predict where I might be in five (5) years, but I don’t believe in setting limits. I see myself enjoying my family, my friends, my practice, my life, and while trying to have no regrets.” When asked where this adventure will take him, he says “Who knows? Anything is possible!”

He says he certainly never thought he’d start his own practice from scratch, in a town half- way around the world, where

no one even knew him.

“I just want to stay true to my core values while helping people around me,” Dr. Bernstein advises. “My ultimate goal is to effectively utilize time, to achieve a balance of work, family, learning, and play.”

ADVICE

Dr. Bernstein advises others that, “You can’t always rely on others so back yourself. Practice safety first, what’s best for the patient, and keep learning

and commit to perpetual improvement in yourself and your life,” he says. He knows there are fewer opportunities for new students coming out of school and there is not a lot of extra work at most orthodontic practices. So, he tries to help these new young grads by hiring them in his practices, where they can hone their skills and accelerate their learning. His parting words of wisdom: “Just remember to make a difference through the smiles you create and the people you are privileged to serve.

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HOW TO MAKE YOUR SPECIALTY MATTER

by Jeff Behan – VisionTrust Communications

As an orthodontic specialist, you have two to three years of additional education, thousands of hours of focused training and a dedication to perfecting the art and science of moving teeth. Unfortunately – no one cares. In marketing speak, this is called “consumer indifference”, and it happens when one of two dynamics is in play. First, when a person does not perceive the value of what is being offered. Second, when a person does not perceive any difference between providers and, therefore, chooses the most visible option. With over 140,000 primary care dentists in North America, you don’t need to be a mathlete to figure out which option that is.

In my view, the biggest challenge facing the orthodontic profession is the consumer perception that all providers of orthodontics are the same. Many factors contribute to this misunderstanding, from primary care dentists offering specialty services, to orthodontic manufacturers “certifying” doctors without specialized training to provide treatments that, not long ago, were the exclusive territory of specialists.

There’s really only one way around this obstacle – you have to make them understand that there is a difference between the primary care provider and the specialist – **and** you have to make them care. I believe we’ve created a very powerful way to do just that and the people at ProOrtho asked me to share it with you here.

We were recently asked to create a series of compelling public service announcements on behalf of Orthos for Access (OFA), an organization dedicated to helping the orthodontic profession differentiate itself (in a meaningful way) from the general dentist. As of this

writing we’ve produced two of a series that, by the end of 2014, will include six different videos all designed to educate the consumer and, more importantly, make them care about the choices they make when choosing a provider for themselves and their families. You can view the videos here:

<http://bit.ly/VisionTrust-ChooseASpecialist>.

There are a number of ways you can use these patient education tools in your local market. The simplest approach is to link, or embed, the videos in your practice website and through your social media channels. You might even consider doing a “promoted post” on Facebook

to make sure it goes beyond your existing network of connections and has a higher level of penetration in your area. Promoted posts are an inexpensive way (you can reach up to 25,000 people in your local area for about \$100) to get your message out to the right audience. A second approach is to run a local television campaign featuring the videos.

Practices can get broadcast and web-ready versions of OFA’s videos customized with their practice name and contact information

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WARNING: General Dentists who provide braces, often only take a couple weekend courses taught by other General Dentists. For this reason, Certified Orthodontists accept referrals directly!

for only \$175/video. All you have to do is email info@visiontrust.com to get the ball rolling. However, I think you should consider a different approach if you want to have the maximum impact. Below is a brief outline of the recommended approach:

Step One: consider setting aside funds or pooling your resources with other specialists in the area to create an advertising budget. The recommended budget varies greatly depending on the size of your market but we can make specific recommendations once we know where you are.

“There’s really only one way around this obstacle – you have to make them understand that there is a difference between the primary care provider and the specialist – and you have to make them care.”

Step Two: email info@visiontrust.com to set up a free 30 minute consultation to go over your specific market dynamics so we can make a plan.

Step Three: once the media plan has been created, you (or your group of specialists) will make a donation to Orthos for Access and designate the funds to be used for patient education in your local area.

Step Four: we will negotiate and place the public service campaign – and here’s the best part – the advertiser will be Orthos for Access, rather than your practice(s). This approach legitimizes

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Do you position your brackets and make your own treatment plans or does some distant corporation do it for you? 

Are you a Licensed Orthodontic Specialist?  Why should you provide my braces and not an actual orthodontist?

Where did you go to dental school, what was your class rank, and why didn't you go to a formal residency before doing braces? 

health! How can you provide the same level of orthodontic care as an Orthodontic Specialist who went to a full-time residency?

Have you sent any of your own Family members to an orthodontist for treatment? Why? 

HOW MANY cases like mine or my child's have you treated? Orthodontists treat thousands! 

Have you ever had to ask an orthodontist to help you out or take over one of your orthodontic cases because it did not go well? 

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the campaign as a patient education/ consumer awareness program rather than a marketing initiative for your practice(s).

This approach includes a custom web page listing local orthodontic specialists,

making it easy for consumers to find you when they are ready to consider treatment. I believe we’ll be able to change the public perception of just how special your specialty is – one city and town at a time.

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ORTHODONTIC ACCELERATION

By John M. Pobanz DDS, MS,

When do I get my braces off!? As an orthodontist, that is a question we hear several times a day and from a wide range of patients. Nearly all of our patients would like to have their orthodontic treatment completed faster than it can be. As a result of increased patient demand, the pursuit of treatment efficiency has produced a myriad of refinements in the mechanical delivery aspects of care from bracket designs and customizations; arch wire metallurgy and customization; all of which continue to evolve with the intention of reducing the duration of orthodontic treatment.. All of these efforts have been successful to some degree or another depending upon the individual patient's needs. Over the last decade, another approach has arisen which involves manipulating the biology of tooth movement, quickly becoming an exciting focus in the pursuit of treatment efficiency. Keeping in mind that the practice competition is ever more fierce - primary care dentists and pediatric dentists are joining the growing number of new orthodontic graduates in grabbing their piece of the orthodontic treatment pie. Corporate dentistry is gaining market share and it is tough to maintain a high fee and quality service in a traditional practice in the face of a patient base who is coached to demand more for less, in less time and with less compliance. There are pressures to spend money on ever-

evolving expensive technologies simply to keep up with the rest! What is the owner and operator of a traditional practice to do to ensure their model for care delivery remains strong and viable now and in the future? The answers are simpler than one might imagine. This article is intended to objectively compare Propel with other available options for treatment acceleration.

Clinical Acceleration Options

Propel micro-osteoperforation, Wilckodontics, Piezoincisions, and AcceleDent are all current accelerated orthodontics modalities available to the orthodontic clinician.

PROPEL®: Devices uniquely designed to perform micro-osteoperforations. The Propel Drivers are FDA-registered 510k exempt class 1 devices. Both Propel drivers, known as the Excellerator and Excellerator RT include a surgical stainless steel leading edge similar in appearance to an orthodontic mini screw but uniquely designed and patented to be used to atraumatically perforate the alveolus directly through keratinized gingiva as well as movable mucosa. The Propel devices are specifically designed and patented to maximize the remodeling process, while minimizing soft tissue damage, and enabling any orthodontist the ability to accelerate treatment in from the comforts of their office. The cost

of each Propel driver to the clinician is relative to the quantity ordered but can be approximated to \$120 per piece. Based on the practice's patient base, the clinician can choose to offer Propel as a premium service and charge patients an additional fee for the add-on service or offer propel at no additional charge confident that the time savings in chair time and increased patient referrals prove the investment to be worthwhile.

Wilckodontics™: Since the 1950s, periodontists have been using corticotomy procedures to increase the rate of tooth movement. A corticotomy is a series of cuts through the alveolar bone, around the teeth. In the 1990s, the Drs. Wilcko, using CT scans, concluded that a marked reduction in mineralization of the alveolar bone was the reason for the accelerated tooth movement following corticotomies. In 1995, Drs. Wilcko patented the Accelerated Osteogenic Orthodontics (AOO) technique. Unlike a usual corticotomy, AOO doesn't just cut into the bone, but decorticates it. Along with a full thickness flap, several cuts and perforations are made along the roots and a portion of the bone's external surface is removed requiring the placement of slow resorbing cortical particulate allograft to maintain an open network for the proliferation of bone forming cells. During healing, the bone naturally goes through a phase known as

osteopenia, where the mineral content is temporarily decreased. The tissues of the alveolar bone release rich deposits of calcium, and new bone begins to mineralize in about 20 to 55 days. While the bone is in this transient state, braces can move the teeth very quickly, because the bone is softer and therefore there is less resistance to the orthodontic forces. Corticotomy-facilitated orthodontics with concomitant bone grafting does require a full thickness flap. The clinician often makes adjustments on the case in 2 week intervals involving increased patient visits thus an increase in overall chair time. The surgery can be costly for the patient and its invasive manner create barriers when trying to gain patient acceptance. (1)

Piezoincisions: Vertical interproximal incisions are made, below the interdental papilla, on the buccal aspect of the maxilla using a surgical blade, with local anesthesia, one week after bonding brackets. These incisions are kept minimal, just to allow access of the piezo surgical knife. The piezo knife is used to create a cortical alveolar incision through the gingival opening to a depth of approximately 3 mm. Because of the rapid and temporary demineralization that occurs after piezoincision as a result of the RAP effect, tooth displacement is accelerated and treatment time can be reduced up to 60%. Interdental corticotomy with a Piezotome does not require a full thickness flap but is often combined with tunnel grafting, for highly crowded areas. This procedure is generally performed by a Periodontist or Oral Surgeon resulting in an additional fee. Once again the additional cost and invasive nature of the procedure present a barrier to increased patient acceptance.

AcceleDent™: According to the AcceleDent website, the technology behind the AcceleDent System is predicated upon the application of pulsating, low magnitude forces (cyclic forces) to the dentition and surrounding

bone as a means of accelerating orthodontic tooth movement through enhanced bone remodeling. A removable device was designed to create vibration as a patient bites into a vibrating rubber interdental bite surface. A patient must insert and bite onto the vibrating device for 20 minutes a day, everyday until orthodontic treatment is completed. This is the least invasive approach and has been shown to be effective if patient compliance is achieved. There is a cost barrier as well with AcceleDent unless the clinician chooses to not charge the patient full price for the unit in light of the savings in chair time.

The factors influencing selection of the acceleration modality of choice could be:

- Cost
- Invasiveness
- Ease of implementation in an orthodontic environment without referral to a different specialist
- Instrumentation
- Patient Compliance
- Case acceptance by the individual patient
- Most importantly, effectiveness

When considering all of the choices available, the patient experience should be given a high priority. With this in mind, PROPEL micro-osteoperforation rises above the rest when considering the simplicity of the procedure in relation to Piezoincision and Wilckodontics. Both procedures are significantly more invasive and have greater post-procedure discomfort and recovery including a marked increase in the risk of infection. In comparison micro-osteoperforation has minimal risk of infection when performed as directed, little to no discomfort during the procedure and no recovery or downtime required post-treatment. However all three procedures carry the same contra-indications: 1) Active untreated periodontal disease, 2)



Uncontrolled osteoporosis or other local or systemic bone pathologies, and 3) long-term use of medications such as anti-inflammatory, immunosuppressive agents, steroids or bisphosphonates.

Placement of orthodontic miniscrews has become a prevalent occurrence in the day-to-day activities of many clinical practices. Often, miniscrew placement and alveolar micro-osteoperforation can be employed for specific applications on the same individual. When the patients and orthodontists understand the ease of miniscrew placement, it reflects the ease of micro-osteoperforation as a simple procedure that can be performed chair side during a patient's regularly scheduled office visit. The micro-invasiveness of the treatment allows the patient to return to their normal activities immediately after.

Patient compliance is a major factor when considering AcceleDent. For aligner patients, who are already committed to daily compliance of wearing aligners, AcceleDent becomes a valid option to add to the daily routine in order to speed up treatment progress. However, complying with the additional task of a daily twenty minute vibration session with an AcceleDent device may prove to be an expensive and inconvenient burden for some patients.

Acceleration Examples with Propel

Virtually all orthodontic movements can be accelerated with Micro-osteoperforation using Propel. Even some of the most frustrating and predictably difficult, inefficient

orthodontic movements are made more predictable and faster with Propel.

I am consistently seeing at least a 50% reduction in treatment time in cases with complicated mechanics. Palatal impacted canines, canine substitution, molar protractions, and large space closures are just a few of the frustrating cases that can be facilitated with Propel, reducing chair time and patient visits.

When factoring in the cost of the device and the substantial reduction in chair time I find that profitability is increased in these cases and patient satisfaction increases as well. This is key when fending off the increasing pressures from competitors.

Acceleration Implementation

The advent of manipulating biology rather than mechanical systems is an exciting new area of focus as the specialty of orthodontics continues to innovate and evolve. Interested clinicians should strategically implement a successful protocol for micro-osteoperforation to facilitate patient acceptance with good communication. A few suggestions for beginning practice protocol in that regard would be:

Select a simple space closure or difficult rotation clinical situation that will only require a few micro-osteoperforations in order to become familiar with the instrument in a minimally-challenging situation.

Considering that a new micro-osteoperforation procedure can be performed up to every 8-12 weeks to re-initiate the iatrogenic inflammatory cascade referred to as RAP "Regional Acceleratory Phenomenon" (6), the

orthodontic practice owner must make a decision of what the value of a 50% increase in the velocity of movement is worth in terms of reduction in office visits and increased patient satisfaction, relative to the PROPEL cost, and then charge an appropriate fee accordingly. It seems reasonable to conclude that micro-osteoperforation using PROPEL is a positive option to offer our patients. Use of PROPEL offers distinct advantages over the other modalities available. It is exciting to think of the myriad of clinical situations in which micro-osteoperforation can be helpful to orthodontic clinicians in our relentless pursuit of treatment efficiency and predictability.

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A New ProOrtho Initiative



The vast majority of us can agree that two of the most difficult issues we face every day as orthodontists are running a successful business and post-treatment relapse. I don't have a scientific survey to back me up here, but I don't think I'll get much argument against this assertion. Having and maintaining an efficient, vibrant, growing business that attracts new patients and allows us to practice our art is taking more and more effort as competition increases and we continue to struggle through economic unrest. Relapse is, of course the alpha and the omega. It has plagued every orthodontist since the beginning of time and will forever after.

What if, through unconventional wisdom and a new approach, you could accomplish all of the following?

- Eliminate worry over relapse (This does not mean that you won't have any relapse. You just won't worry about it!)

- Incorporate an incredibly effective marketing initiative into your existing marketing plan.

- Have patients who appreciate and thank you for this service.

- Create personal

- responsibility in your patients/parents and have them take ownership of relapse issues.

- Better leverage the services you are already providing and turn them into a profit center.

- Give shoppers a reason to buy from YOU!

- Differentiate your practice from your competitors in a way that they cannot replicate because you have exclusive access to the program in your community.

- Sound too good to be true? I assure you that it isn't. It's being done now in varying degrees in practices across the US and in Canada. The truth is, that this idea has been around for decades. The concept is nothing new - we are just creating a unified North American network to increase the visibility of all of the orthodontists who provide this additional level of customer service and satisfaction. Before you dismiss the program and say guaranteeing results is prohibited by law, let me be very clear. What we are talking about is a satisfaction guarantee for your patients – not a guaranteed outcome. You do the treatment and when the patient gets his or her braces off, they also get your guarantee that if they are ever unhappy with their smile for any reason, at any time in the future, you will not charge to put braces back on. If you think about it, almost all of us do this kind of treatment now - for little to no charge and with no limit on how long the retreat

will go on. You know the patients I'm taking about. Can you picture a few of them right now? GuaranteeMySmile.com changes all that! We put the braces back on for free and only require a monthly fee for maintenance until they are happy with their smile (the fee is determined by the office giving the service at the time it is rendered and will likely increase like everything else – we charge 189 a month today but it is up to the doctor member to set that fee). When they're once again satisfied with their smile, you will provide them a new set of retainers (and charge for that of course) and send another delighted patient out into the community to rave about the service and care they received from you and your team.

With GuaranteeMySmile.com, patients are thrilled that you promise to make them happy for life, that you don't ask for another \$8,000.00 to retreat AND they have the motivation not to drag out re-treatment forever. It's a win-win-win. Yes, there are exceptions. Yes, there are outliers and naysayers. Yes, there are "special" practices. I know that we, as orthodontists, love to focus on the "why it won't work", but for the vast majority of us this is a no brainer. To be clear, we are not guaranteeing a perfect result or any

result for that matter. We are guaranteeing that if the patient is not happy for any reason after treatment is completed, we will put braces back on and treat them for

With Guarantee My Smile, patients are thrilled that you promise to make them happy for life, that you don't ask for another \$8,000.00 to retreat AND they have the motivation not to drag out re-treatment forever.

a monthly fee until they're happy.

Think about the mom who is price shopping for orthodontic treatment for little Susie. All things being equal, do you think a lifetime guarantee will weigh heavily in her decision versus the prospect of having to pay \$8,000.00 for a retreat

down the road? What better gift to give a child than lifetime coverage on her great smile? What better way to encourage Susie and mom to take responsibility and take care of retainer wear than to make it crystal clear that braces will have to go back on and it will cost money to fix things if they don't?

GuaranteeMySmile was created by the same people who brought you Smile for a Lifetime Foundation (www.S4L.org), The Progressive Orthodontist Magazine and Study Group (www.TheProOrtho.com), and www.189Braces.com. This collection of orthodontists and marketing experts know how to supercharge a practice through innovative and effective marketing. We have a proven track record for growing national and international alliances among geographically distinct and protected practices to improve our businesses.

Don't miss out on this geographically exclusive program!

** The cost of GMS is waived for ProOrtho FE members who actively participate in the program and ProOrtho Members will be given an opportunity to claim their geographic area. Email Terri Rice for details at Terri@GuarenteeMySmile.com.



GuaranteeMySmile.com





Today more than ever, there is so much more to being an orthodontic professional than the mechanics of moving teeth.

Study Group *for* Residents & Recent Grads

The reality is, there is simply no flexibility within the orthodontic curriculum for any additional subjects.

As a result, new orthodontists often begin their professional career with a series of unfortunate missteps that can leave them feeling dejected and embarrassed. Plus as many have discovered, learning things the hard way can be more than hard...it can be expensive.

YoungDocs is a new program aimed to help the young doctor avoid these errors and hit the ground running. **FREE** to residents and doctors in practice less than 5 years.

For more information or to become a member, visit our website at
Young-Docs.com

For better dentistry

DENTSPLY
GAC

 **THEPROGRESSIVE**
ORTHODONTIST
Change is good.

UNCOMMON Orthodontics

There is no denying the world has changed and orthodontists must adapt to survive. However mere survival is not enough -- we want Progressive Orthodontists to thrive! The expertise and treatment we offer are in the best interest of patients and the public, people want orthodontics and we believe Orthodontic Specialists should be the first place patients go for braces and clear aligner treatment. How? By educating ourselves, educating the public and seizing control of our own destiny!

There are Progressive Orthodontists having tremendous success despite a changing landscape and our Uncommon Orthodontics section will feature innovators who we can emulate to bolster our practices while helping patients get what they want and need.

A Pro-Ortho Interview Dr. Patrick Assioun

MULTI-SPECIALTY PRACTICES



Traditionally, dental patients traveled from their Primary Care Dentist (PCDs) to specialists' offices as needed. In the golden age of orthodontics and other specialties, PCDs provided care as appropriate and referred out cases that were beyond their abilities or training to the appropriate dental specialist and all was right with the world. These days, the model has changed and the rate of change is accelerating. Competition has increased – more graduates, technology that increases capacity and PCDs aggressively entering specialty care – have all impacted the way the dental world works. Specialists can no longer rely on a steady stream of patients from PCDs and, worse than that, PCDs refuse to educate the public about the existence of and access to specialty care that they demand for themselves and their families! Though this is annoying for the dental specialists, it is the patient who is the big loser in this scenario because the public is not educated as to the difference between PCDs and Dental Specialists.

Ortho-Pedo practices have become commonplace as a way for specialists to provide great service, the best possible care and to have a sustainable business. PCDs and especially groups of PCDs are hiring orthodontists to treat their patients who need braces and this is

smart on their part. As long as a specialist is doing the specialty work then it is in the best interest of the patients and none (not even orthodontists) should be offended by this. The progression from both sides is leading us all to an obvious end point – multi-specialty or group practices. This type of setup, also known as a dental hospital, is a natural result of increased costs, increased competition and consolidation in the dental industry and can consist of specialists only (endo, ortho, oral surgery, pedo, pros), specialists and PCDs in one location, or a network of PCDs with centralized specialist services (specialists can be in one location or they can rotate through the PCD offices). Aside from the decreased fixed costs, decreased advertising costs, built in referrals, buying power and the ability to utilize capacity, there are benefits to the patients as well.

- Patients benefit by having a team of dental specialist to discuss and resolve their complex issues.
- Phobia patients are more likely to continue with specialized treatment if they can return to the same practice. Their fear of an unknown office/dentist/orthodontist is largely overcome because they are already familiar with a team at this location.
- Doctors benefit by working with a team of specialists who work well together, with patient treatment options discussed in a team setting – Mayo Clinic style practice.
- Doctors benefit by acquiring patient loyalty and longevity. The patient can stay in one location or group from

birth until death.

Though multi-specialty practice may sound strange or even outlandish to the traditional practitioner, they are a reality and will account for more and more dental care delivery with every passing year.

One doctor at the center of creating Multi-Specialty Clinics is Dr. Patrick Assioun. With experience as a practicing orthodontist and knowledge gained from owning multiple locations, Dr. Assioun saw the need for different specialists to be located in or near the same area.

After graduating from dental college in 2001 Assioun accepted a position in a local ortho practice. But, within a year, Dr. Assioun says “I started my first practice--one patient at a time.” Then he bought a second practice, and then another in 2007. By 2009 he had six practices. When the pattern of orthodontic referral began to change, Dr. Assioun decided to open a Pediatric Office. “I realized more general dentists were doing Invisalign and some were bringing in their own orthodontist to their practice.” He also knew that the new “Fast Braces” and “Six Month Smiles” had identified a patient pool that orthodontists had for years refused to treat in a limited fashion. Dr. Assioun recalls he was at a crossroads “knowing these companies were going directly to the consumer and yet understanding how difficult it was to maintain high levels of service while keeping a consistent and reliable patient flow.” He still decided to open his own pedo offices.

“I advertised that this pedo practice was mine,” he says, “because in a small community everyone would have eventually known anyway” And, he laughs, “Why hide it? I’m proud of it and proud to be an active member of the management and coaching team!”

Dr. Assioun believes there are two different models for an orthodontist to have a pedo office. “The best model,” he explains, “is one where the ortho and pedo offices have a common lobby, but are totally separate otherwise.” This way the pediatric patients he served for years, will continue service with the orthodontic practice right next door. “And,” he advises, “it allows for us to operate a true ortho practice where we still collaborate with general dentists.” This model also enables him to receive about 50% of ortho referrals from general dentists. “We are very strict about referring patients, who do not already have a provider, to a general dentist rather than referring to the pedo office next door.” He advises this generates trust and, in turn, generates referrals back from the general dentists. Families who have chosen to leave their general dentist and join the pedo side of the practice have not affected that particular dentist’s referral pattern to his offices.

“The second model,” Dr. Assioun describes, “is a joint ortho/pedo office.” The downfall is that “you don’t get referrals from general dentists because they are afraid they will lose their pediatric patients to the pedo practice.” He warns, “This model is not very GP friendly, in terms of GP referrals”.

RECOMMENDATIONS TO NEW AND GROWING PRACTICES

To new orthodontists, Dr. Assioun reminds them, “You first need to make a decision whether to work for someone else

or become an entrepreneur.” He tried both, but always felt the urge to own his own business though he understands that many prefer a secure paycheck without the stress and risk of ownership.

As for the future of those currently practicing orthodontists who have yet to embrace the multi-specialty concept, Dr. Assioun boldly states, “I wish I would have done it sooner!” “I also wish I would have made them bigger. I started with five chairs, now I’m expanding to eighteen!” He says, “After all, it’s the power of numbers at work” But, he does advise interested doctors that pediatric centers are not quick revenue generators. “It takes over four years to break even because it’s all very expensive.” Dr. Assioun also recommends that a multi-specialty practice hire an oral surgeon to properly serve patients and to generate revenue. The oral surgeon should be

centrally located near their offices for the convenience of all patients. Assioun also advises, “Keep separate marketing, web sites, P&L’s,, etc., because if something goes wrong with one, it won’t affect any of the others.

Dr. Assioun’s final words of advice in setting up a pedo office, “It’s costly and the benefits will take a while to materialize. And, he says, “It’s a different way to invest...it’s challenging, but it’s worth it if you are patient, have an iron will and can withstand a few setbacks.”

Dr. Assioun is a shining example of a Progressive Orthodontist coming to grips with today’s reality and taking steps to insure his patients and his business are taken care of, now and in the future. Many thanks to him for sharing his experience and hard won insight with the rest of us!





It's the best of both worlds at OP Smiles located in northwest North Carolina. Serving specifically the Boone and Wilkesboro, N.C. areas, OP Smiles proudly offers patients both orthodontic treatment and pediatric dental care - a longtime dream of Dr. Michael Mayhew, "senior" orthodontist at the dual specialty practice. What started out as a vision in the 1980s soon became a reality as a result of Dr. Mayhew's pursuit of expertise in the two specialty areas. Today, the dual practice is staffed with four doctors, 28 full-time and three part-time employees.

This issue, we're getting to know Dr. Mayhew. Everything from what keeps him and his staff motivated to what he'd be doing if he wasn't the first dual trained and dual Board Certified practitioner to practice in North Carolina in pediatric dentistry and orthodontics.

How did you get started in the dental/orthodontic field?

When I was a senior in high school, I experienced dental trauma of my own and fractured my front teeth. I was genuinely impressed with my dentist's ability to remedy my situation, handle the emergency with ease and successfully repair my teeth. You could say that was the moment I developed my interest in the industry. With this initial interest, and some much needed motivation from my classmates and friends, I decided to pursue a dental career and was accepted

GETTING TO KNOW *Dr. Michael Mayhew*

to the University of North Carolina School of Dentistry.

At dental school, I was attracted to the specialty of pediatric dentistry and began focusing on clinical experiences dedicated to this niche industry. For real world experience, two of my professors encouraged me to visit one of their colleagues practicing pediatric dentistry in Boone, N.C. One thing led to another, and I decided to run his practice while he completed a new endeavor - orthodontic training. The goal was for us to successfully practice both specialties once he returned from school. As fate would have it, he decided not to return to Boone and I purchased his practice in 1982. However, I couldn't let the dream of opening a joint pediatric and orthodontic practice go. Two years later, I pursued an orthodontic specialty degree myself.

While in my orthodontic residency, I recruited a pediatric dentist to work with me part-time and I supplemented my time on the weekends to keep the pediatric practice running full-time. It was a labor of love to grow the practice to the point where I was able to recruit full-

time pediatric dentists to join the practice and later a full time orthodontist.

What makes your OP Smiles unique? What would people be surprised to learn about your practice?

The dual practice environment is unique to our area and something I'm most proud of. We also serve a portion of Tennessee and Virginia. The families we work with enjoy the opportunity to have their children treated by our pediatric dentists and then seamlessly transition to orthodontic treatment, in the same building. Parents love that their child can experience quality dental care while simultaneously receiving education about potential orthodontic needs and options. In addition, we have nurtured the concept to referring dentists that their patients would be returned to them for routine dental care when they are referred to us for orthodontic care, assuring an excellent working relationship in the dental community!

It is one big, happy family in our office (sometimes literally) with more and more parents interested in treatment. One fun



fact about our practice is that one of our staff members recently celebrated 40 years with OP Smiles. She was the first assistant for the pediatric dentist that served before me. We're thrilled to have her experience and dedication still in the office!

Tell us about your practice environment?

The office building is approximately 12,000 square feet with mirror image designs on each side, one housing the pediatric practice and one the orthodontic practice. While both specialties have their own reception and treatment areas, we share business, x-ray and sterilization areas. The staff and patient interaction is significant between specialties. It's more or less a symbiotic relationship where an orthodontist might jump over to the pediatric dentistry side of the business to offer a quick consultation and vice versa.

One motto we follow in our office and try to live by daily is, "spectacular smiles, superior service." Quality treatment combined with unmatched customer service is a golden formula in my book. Lastly, the warm, caring atmosphere demanded in pediatric practices involuntarily overflows into the orthodontic side of the practice - one of the upstanding benefits that a combined specialty practice offers patients.

What orthodontic appliances/solutions do you use?

I was an early adopter of passive self-ligation, using the first Damon™ SL bracket and eventually progressing through all the innovations of the Damon™ System, which we continue to use today. Maintaining the foundation of my orthodontic training, the core features of the Damon System – variable torque selections, specific wire sequences and chair side efficiencies – offer me the best options for achieving optimal treatment results.

Secondly, the advancements in digital orthodontics have become a staple in my practice. We're proud to deploy a

variety of digital setups and indirect bonding techniques within our practice. These tools offer efficiency with bracket placement, faster treatment and results as well as decreased chair side time and streamlined practice flow.

What are four tips you would give a colleague or someone starting out in the industry?

- 1. Learn from those around you.** Absorb as much as you can from an experienced colleague. This is where you'll learn an incredible amount about the practical aspect of running a successful business.
- 2. Develop good people skills.** Clinical expertise will come with time, but people skills are paramount to master early on in your career.
- 3. Be an early adopter of technology.** I've learned that parents and patients are keen on doctors who are aware of and utilizing emerging technologies. It is amazing to hear parents talk about how their child's Damon braces are more comfortable and treatment quicker than the traditional braces. Utilizing a digital scanner, digital indirect bonding and CBCT imaging have been huge practice promoters.
- 4. Be a giver in your community.** Be sincere about your participation, it will return to you many times over.

How do you keep your staff motivated?

I've learned that the key to keeping my staff motivated is by offering them a safe and healthy environment that encourages them to perform their best. Appreciating a job well done and offering positive reinforcement helps build confidence and trust in any work environment. Of course, when we can, we also like to offer fun incentives to reward good work and keep our staff coming back to the office every day with a smile on their face.

It's no secret that running a practice can be tough, and the best advice I can offer is to surround yourself with a good

support team of professional advisors and outstanding staff. Don't forget to delegate tasks when possible and reward quality performance from your staff.

5 Things DR. MAYHEW Can't Live Without:

1. My family
2. Ormco's Damon™ System
3. Indirect bonding
4. Intraoral scanner
5. Fun times with my friends (most are golfers!)

Outside of the office, what are your passions?

Golf and fly fishing are my go-to, if you will. I also enjoy traveling and lecturing, whether it's for Ormco or another orthodontic organization. My kids have always kept me busy outside of work as well. Today, two of my children are married, my youngest daughter just finished nursing school and I have one grandchild. My wife and I have really come to value and appreciate our family and absolutely love watching them mature and grow. If I can appreciate and watch them grow up from the golf course, all the better!

If you weren't an orthodontist, what would you be?

Growing up, I always wanted to be an astronaut. To this day, I still remember sitting up all night to watch Neil Armstrong walk on the moon. After I learned that you couldn't be 6-feet-5-inches tall and be an astronaut, I decided to stay grounded. I think I chose a pretty good alternative.

Learn more about Dr. Mayhew and his practice at <http://www.opsmiles.com/>.

GOAL SETTING

S

SPECIFIC

M

MEASURABLE

A

ATTAINABLE

R

RELEVANT

T

TIME-BOUND

How to Motivate Team Members to Increase Staff & Office Productivity **THE STAFF'S VIEW**

Having a hard time getting your team members to “buy into” the practice’s vision? Do you want to be able to motivate staff to increase office productivity? We’ve listed a few helpful tips that we think have helped our office succeed. By succeed, we mean exceeding the doctor and staff’s vision for the practice each year. We credit our success to three simple steps; communicating, goal setting, and rewarding.

Take a moment to sit back and think about what you want for your office and staff. Possibly you want to work less days, take a staff retreat to an island oasis, or have the ability to close the office for a week at a time for school holidays. Write down two visions for the practice, one short term vision and one long term vision. The first step in achieving this vision is through communication. Enthusiastically present your vision in front of other team members and the doctor. Let your vision be known. Ask to sit down with your doctor and office manager to see how your vision can be obtained. If other team members and the doctor feel that your vision is obtainable, and they are excited about achieving your vision, then you must come up with a plan to execute your vision. (Dr.’s & OM, this is where you empower your team members to succeed, let them know where productivity needs to be in order for their vision to be attained.)

The best way we have noticed to increase office productivity is through goal setting. Setting goals not only helps the practice improve it’s over all production, it also keeps everyone motivated and engaged in the end result. While it is important to set your

expectations high it is also important to set realistic goals that can be met within a timely manner. Each year we sit down as a practice to create yearly, quarterly, and monthly goals. These goals are agreed upon by the staff and updated in our yearly vision plan meeting. Such as, bonding a certain amount of patients by the end of the month, or having a goal for the amount of new patient exams for the month. When unrealistic or unattainable goals are set, you are more likely to not follow thru and give up. Not only is it important to set team goals to keep everyone motivated and working together to achieve the desired goal, it is important to have personal goals to better yourself as a person/employee. By having an accountability partner who can keep you motivated and on track, you are more likely to meet or even exceed the desired goal. It’s important to remember you are responsible for meeting your own goal.

One way we have been able to keep team members motivated in achieving their vision, is through praise and reward. When a team member has successfully met their short term or long term goal it is important to reward this person. Keep in mind, this team member had a vision to improve the practice, they motivated other team members to “buy into” their vision, and they executed their plan to successfully increase productivity. This is an opportunity for you to praise the team member in front of their peers. This empowers the team member and strengthens their

willingness to continually go beyond what is required of them. When a team member feels like a key part of the practice, they will strive for bigger and better achievements.

Rewarding your staff is important, and will often require more than just praise in front of peers. Rewards come in many different ways at our office. We offer certificates of recognition, which allows a team member to draw a prize from our gift card basket, monetary gifts, or the team member can order a gift that they desire within a monetary allotment. It is important to reward the team when monthly and quarterly goals are met.

Remember, in order for you to be successful in your vision your goal must be specific, measurable, attainable, you need an action plan, and make it timely. Keep an open line of communication with the team and let them know where you are in the month (or quarter) in achieving your goal. By achieving your monthly and quarterly goals, you will exceed the practice’s short term and long term vision for the year. Exceeding your visions will result in an increase in your office productivity. Oh, and did we mention, all your staff have now “bought into” the office’s vision and are on board to help the practice succeed.

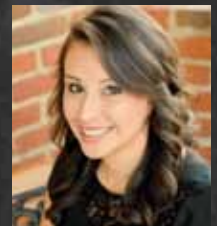
SONI ORTHODONTICS TEAM MEMBERS



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Today more than ever, there is so much more to being an orthodontic professional than the mechanics of moving teeth.



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For more information or to become a member, visit our website at
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For better dentistry

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**THE PROGRESSIVE
ORTHODONTIST**
Change is good.

We are pleased to feature a new section in The ProOrtho Magazine called Lifestyle. Because really, why do we all do what we do? Yes, we like to do “good” and help our patients, volunteer our time, and create great smiles, but all of us also love to “live.”

Thus, the reason for this section. A chance to read about items of interest; a special place to visit, the latest gadget on the market, interesting hobbies, and this quarter’s feature – WINE.

In keeping with the theme of our Cover Doc – Rael Bernstein from South Africa, we thought it appropriate to highlight one of the top wineries in Rael’s home country and we are thrilled to have the pleasure of interviewing the wine maker from that winery, Anthony Hamilton Russell. Anthony is one of the top winemakers in the world and it was a special treat to sit down with him and discuss his magnificent wines.

lifestyle

[HELPING | VOLUNTEERING | CREATING | **LIVING**]





AN INTERVIEW WITH

World-Acclaimed Winemaker Anthony Hamilton Russell

Hamilton Russell Vineyards is one of the most southerly wine Estates in Africa and one of the closest to the sea. It is located in the beautiful, cool, maritime Hemel-en-Aarde Valley appellation, just behind the old fishing village of Hermanus. The Estate specializes in producing highly individual, terroir driven Pinot Noir and Chardonnay, which are widely regarded as the best in South Africa and among the best in the New World.

Founder, Tim Hamilton Russell purchased the undeveloped 170 hectare property in 1975, after an exhaustive search for the most southerly site on which to make South Africa's top cool climate wines from a selection of noble varieties. His son, Anthony Hamilton Russell, took over in 1991 and purchased the property in 1994.) Anthony narrowed the range to Pinot noir and Chardonnay only and registered Hamilton Russell Vineyards as an Estate, committing to

work only with grapes from their terroir. Along with winemaker Hannes Storm and viticulturist Johan Montgomery, Anthony and his team are completely dedicated to expressing the personality of the Hamilton Russell Vineyards terroir in their wines. Tiny yields and intense worldwide demand keep the elegant, highly individual, estate grown Pinot Noir and Chardonnay in very short supply.

ProOrtho:

Give us a little background on your schooling and where did you study?

Anthony:

I attended The Ridge in Johannesburg for prep school and Bishops in Cape Town for senior school. I received my first degree from WITS in Johannesburg, Oxford in the UK for my second and Wharton in the US for my third.

ProOrtho:

Who has mentored you the most in the wine industry?

Anthony:

Collectively, the numerous wine writers, sommeliers and wine producers who have visited us over the years.

ProOrtho:

Why have you chosen to primarily cultivate Pinot Noir and Chardonnay?

Anthony:

They were clearly the most interesting wines out of our fairly large range when I took over the business in 1991. So I decided to focus on them alone on Hamilton Russell Vineyards. You could say our terroir chose them.

ProOrtho:

What is it like to be the first SA winemaker to have two Top 100's in world?

Anthony:

It really feels good, not just for us, but for South African wine overall and the much higher value the world is now placing on it. To break into the Top 20 is of particular significance for South Africa.

This is a hotly debated ranking compiled by a group of very experienced tasters, so it is not just the “luck of the draw” in a single tasting.

ProOrtho:

What is your opinion on wine ratings and do the ratings have any effect on the wine you purchase? What would you recommend the “average” wine drinker look for?

Anthony:

I tend to be guided more by my own palate, which can differ quite significantly from that of certain critics. All that said, there is something to learn from any rating, whether it reflects your own views or not. I think wine drinkers should respect their own views ahead of any others. Follow your own palate – there is no right or wrong, only different aesthetics.

ProOrtho:

Where do you see the SA wine industry heading in the future?

Anthony:

Producing less wine and better wine with a far greater focus on regional styles and estate grown, site reflective wines. The top wines will become more and more expensive and the respect for these wines will continue to grow internationally.

ProOrtho:

If you could enjoy one wine with dinner tonight (other than your own of course) what would it be?

Anthony:

A great bottle of aged Chambertin

ProOrtho:

I know you and your wife Olive visit the North America each year, what are some of your favorite places?

Anthony:

We love so much about the US and Canada that it is hard to list our favorite places. New York, Los Angeles, Boston and Austin for the US – and the Napa Valley and Santa Rita Hills. Montreal and Vancouver for Canada and the Niagara wine region. We are so fond of the US

and Canada that we allocate nearly a third of all our wine to these markets.

ProOrtho:

Anything else you would like to add?

Anthony:

We greatly enjoy hosting wine lovers on Hamilton Russell Vineyards – come and visit us – it adds so much to a wine to have experienced its provenance.

ACCOLADES

- Hamilton Russell Vineyards 2012 Chardonnay was one of Wine Spectator Top 100 Wines of the year for 2013. Number 19 and the first South Africa wine to break into the top 20.

- In an April 2007 poll of *WINE* Magazine readers, Hamilton Russell Vineyards Pinot noir was rated most desirable wine in South Africa. It received the highest number of votes when readers were asked what they would purchase with R1500 to spend on any case of any wine.

- Hamilton Russell Vineyards Chardonnay was rated Best South African White Wine with a track record, by a panel of 26 South African experts (wine writers, judges, sommeliers and retailers) for Grape’s October – December 2003 issue.

- Hamilton Russell Vineyards 2007 Pinot noir

was one of Wine Spectator Top 100 Wines of the year for 2009. Our Pinot noir came in at number 52 and was the only South African wine on the list – chosen from the more than 17,000 wines reviewed during the course of the year. We were one of only 7 Pinot noirs chosen for the Top 100.



Dr. Burris.com

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Twitter: twitter.com/bgburris

In our ever changing world, those of us who want to run a dental business as opposed to owning a traditional practice (ie; owning a job) must think differently. Dental school and residency programs taught us how to be dentists but actually gave us a paradigm that makes it difficult for us to think properly about dentistry as a business. Where and how does one learn how to move from a practice to a business?

- **Speaking for study groups and meetings**
Full day program: *The Referral Revolution*
Half day programs:
 - *The Same Sun Shines on Us All - Embracing Opportunity and Refusing Defeat*
 - *Short Term Orthodontics - Where Does It Fit?*

DENTSPLY - GAC International

gacintl.com

DENTSPLY's broad global product platform helps dental professionals serve patients' oral health care for a lifetime, from preventive services to tooth replacement. Our products range from general dental consumables and laboratory products to products supporting the dental specialty markets of orthodontics, endodontics and implants.

Garrett B. Gunderson

New York Times Best Selling Author of ***Killing Sacred Cows***
freedomfasttrack.com
Facebook: facebook.com/FreedomFasttrack
Twitter: twitter.com/GBGunderson

In April of 2007, Garrett published his first book, entitled *Killing Sacred Cows: Defeating the 10 Most Subtle and Destructive Lies about Money and Prosperity*. *Killing Sacred Cows* presents the kind of revolutionary common sense that shines a bright light on the "elusive but obvious" problems plaguing the financial lives of so many people.

Orthodontists for Access

OrthosForAccess.org

Orthodontists for Access is a new grassroots member organization dedicated to improving patients' access to care and educating the public about why orthodontic treatment should be done by an orthodontist instead of a primary care dentist.

In addition we will lobby for legislative reform at the state level to remove specialty license restrictions and allow mid level providers (ex: super hygienists) to practice independently. As a specialty, we believe that everyone deserves a great smile and that they should have access to the best quality of care and treatment available.

We are a network of licensed orthodontic specialists who believe that every child deserves a great smile. We also believe that we, as orthodontists, are perfectly positioned in healthcare to make this possible.

OrthoSynetics

Do what you do best and let us handle the rest.

OrthoSynetics.com
Phone: 877-674-1111
Facebook: facebook.com/orthosynetics
Twitter: twitter.com/OrthoSynetics

We are an orthodontic and dental practice services firm that provides assistance with the non-clinical business, marketing and administrative functions of orthodontic and dental practices, including marketing, billing and collections, purchasing/procurement, patient financial and insurance services human resources, and financial reporting. The company currently serves nearly 350 orthodontic and dental practice locations.

SERVICES:

Practice Development
 Revenue Cycle Management
 Practice Management System
 Practice Procurement System
 Practice Accounting
 Business Insurance
 Practice & Equipment Financing
 Practice Marketing
 Facilities Management
 Human Resources
 Patient Insurance Planning
 Recruitment & Placement
 Practice Transition
 Real Estate
 Practice Check-up
 Newly in Practice

Smile for a Lifetime

The Gift of Smiles

S4L.org
info@S4L.org
Facebook: facebook.com/smileforalifetime

Smile for a Lifetime Foundation is a charitable non-profit organization that provides orthodontic care to individuals who may not have the opportunity to acquire assistance.

Launched in 2008, Smile for a Lifetime Foundation aims to reach individuals with financial challenges, special situations, and orthodontic needs. The Foundation sponsors the orthodontic care of hundreds of patients each year.

Smile for a Lifetime Foundation has participating orthodontists throughout the US. Each chapter has its own local Board of Directors who chooses patients to be treated by the Foundation.

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The vast majority of orthodontists can agree that two of the most difficult issues we face every day is running a successful business and post-treatment relapse. Having and maintaining an efficient, vibrant, growing business that attracts new patients and allows us to practice our art is taking more and more effort as competition increases and we continue to struggle through economic unrest. Relapse is, of course, the alpha and the omega. It has plagued every orthodontist since the beginning of time and will forever after. Our solution is simple and life changing...offer the treatment and when the patient gets his or her braces off, they also get your guarantee that if they are ever unhappy with their results for any reason, at any time in the future, you will not charge to put braces back on. Intrigued? Learn more at www.GuaranteeMySmile.com.

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Propel is an innovator and manufacturer of dental and orthodontic technologies. Propel's premier product the Excelleration Series consists of the Excellerator device and the Excellerator RT. The Excellerator and RT drivers are both used to create Micro-osteoperforations (MOPs). The New York University clinical study published in the November 2013 issue of the American Journal of Orthodontics & Dentofacial Orthopedics (AJO-DO) stated "Micro-Osteoperforation to be an effective, comfortable and safe procedure to accelerate tooth movement and significantly reduce the duration of orthodontic treatment." The Excelleration drivers are patented FDA Registered Class 1, medical devices specifically designed to be used by a clinician in conjunction with any orthodontic treatment modality. Similar to the Excellerator, the RT driver provides the practitioner with the same advanced orthodontic treatment, however it includes an autoclavable handle and disposable tips to minimize waste and maximize storage efficiency.

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