Ortho Tribune

The World's Orthodontic Newspaper · U.S. Edition

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Inside this issue

Utilizing fixed orthodontics to prepare cases for aligners

By R. Bruce McFarlane DMD, BScD, MCID, FRCD(C)

In our office, we do a lot of Invisalign cases. There is a great deal of patient demand; we'd like to do more. There are a number of orthodontic movements, however, that the aligners are not the devices of choice for. These include:

- extrusion
- derotation
- uprighting
- deimpaction

As well, there are cases that are destined to be very difficult and require lengthy treatments; we'd like to make them more straightforward Invisalign cases, perhaps even qualify them for the shorter and less expensive Invisalign Express® system.

Enter fixed orthodontics.

Many orthodontic cases that would otherwise be extremely difficult Invisalign submissions can be made into excellent, predictable and shorter-term treatments by providing a course of fixed orthodontics prior to taking the PVS impressions for Invisalign®. The need for fixed orthodontics can come at other times in the treatment as well. Often a course of six to nine months in braces will take a really difficult Invisalign submission and make it a much more straightforward case. The case goes much more smoothly with Invisalign and often with less interproximal reduction for space creation.

Fig. 1: A 13-year-old male with partially erupted cuspids. Fig. 2: After a course of esthetic brackets in an upper 2x6 configuration, the patient is debonded and his records sent to Align for upper and lower Invisalign treatment. Fig. 3: After 36 aligners, the patient is ready for case refinement. Fig. 4: The patient is finished.

The treatment sequence for fixed orthodontic preparation for an Invisalign case is as follows:

Fixed

01 *see page 3*

Ohio orthodontist wins big with Levin makeover

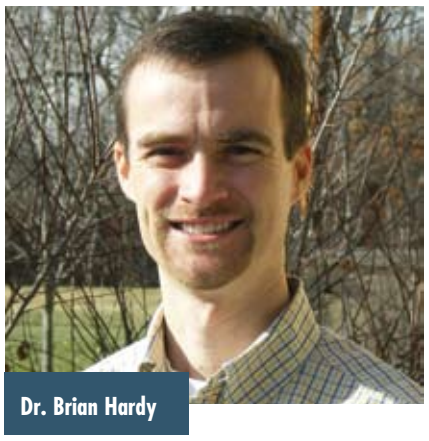
Levin Group and Ortho Tribune have selected the winner of the Levin Group Total Ortho Sucess Practice Makeover.

From more than 100 applications, Dr. Brian Hardy of Hardy Orthodontics in Grove City, Ohio, was chosen to receive a free, one-year management and marketing consulting programs from Levin Group, one of the country's leading dental consulting firms.

"When I got the phone call from Levin Group telling me I won the makeover, I was speechless," Hardy said. "It took me several days to get over the shock, but now that it has sunk in I am beyond excited about this opportunity."

Hardy will work with two Levin Group consultants throughout the year-long journey; one consultant will focus on the management systems in the practice and the other consultant will focus on referral-based marketing systems.

Doing both consulting programs simultaneously will dramatically enhance Hardy Orthodontics' position for practice growth. He and his staff will be actively involved with their Levin Group consultants in making critical changes to the management of the practice.



Dr. Brian Hardy

Throughout 2009, Hardy's progress will be profiled in the pages of Ortho Tribune, allowing readers to get a glimpse inside this major makeover. It is the hope of Levin Group and Ortho Tribune that strategies and ideas outlined in the articles will educate and inspire readers to spark their own makeovers.

Change is not always easy, but to get desired results, it is usually necessary. The Levin Group ortho makeover team and Hardy Orthodontics are excited to take you along for the ride and share the progress made throughout the year.

Before this process begins, it is important to understand what Hardy and his dental staff will be experiencing. Here is your sneak preview to the Levin Group Total Ortho Sucess Practice Makeover:

Total Ortho Success™ — Orthodontic Management Consulting Program

Starting this month, Hardy will embark on Levin Group's Total Ortho Success Management program, a comprehensive, 12-month management consulting program, under the guidance of a Levin Group orthodontic management consultant.

Makeover

01 *see page 8*

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Remembering 2008, but looking forward to a new beginning …

By Dennis J. Tartakow, DMD, MEd, PhD, Editor in Chief

Well, the year 2008 is over and the pervasive status of affairs in our country is in limbo, the likes of which have never been encountered at any one moment in time and on so many fronts.

Everything seems to have been changed. We have been hit with a wake-up call, facing one new issue after another, from global warming to the downward spiraling economy and stock market, to the energy and gas crisis, to the decline and freezing of the housing market, and now the rise in unemployment. This planet is indeed experiencing unprecedented and uncertain events to the point where our ubiquitous future has been shaken up and is uncertain.

The voice of America is saying: "OK, we can't continue with business as usual, we can't continue making big bucks the old-fashioned way, going shopping is out. This cannot be happening to us right now, can it?"

We are frozen in our tracks and the universe is telling us: "Take a step back humanity — take a real hard look at what changes are essential, what changes are necessary and be frugal to survive."

However, there are new and auspicious vistas of opportunity right now in orthodontics.

Recanting our past is impossible, but reassessing our complacency for where we went wrong individually and as a country is indeed the road to advancement and progress. This begins with our own personal choices and ends with better decisions from our political leaders. Restructuring every facet that permeates our lives and existence seems to be needed all at once.

Technology will be vitally important for this renaissance and recovery. The technology is ready for such a paradigm shift to bring us deeper into the 21st century, but first we need to ask ourselves, "What must we do as consumers; where should we focus; when will the necessary changes occur from the utilities, such as renewable energy, that empower us?" and finally, "What do we want our leaders to give us, besides honesty?" As orthodontists we ask, "How can we recapture what we lost?"

Our practices also must reflect changes — changes in "systems thinking," emphasizing the importance of thinking in patterns. When the pattern of an issue becomes clear, the content becomes of secondary importance. Most of us use linear thinking or simplistic, cause-effect thinking, which is the method where individuals react in a straightforward, cause-effect and short-term fashion.

With the apparent tax changes that are expected to be forthcoming from our newly elected political leadership, frugality will be center stage for all practices. Prolific and productive changes will abound during these social footprints of the times, but it will take a modicum of change in our thinking, planning and implementation.

Past editorials have examined a variety of subjects related to the practice of orthodontics: educational principles, changes, and methods of learning; how social justice principles and human resources management have impacted our lives and practices; leadership concepts; etc.

Beginning in March, some innovative considerations for practice growth and ways of seeing our practices and our profession from a plausible and different perspective will be addressed.

We will start by "learning to look" at our external and internal environment more methodically with inductive, deductive and abductive reasoning, followed by (a) applying this thinking to improved information technology, higher education and leadership; (b) developing strategic and scenario planning, which will be especially appropriate during these depressing and discouraging times; and finally (c) allowing for systems thinking rather than linear thinking.

No longer can it be business as usual, but rather we must take the attitude of carpe diem — seize the day — and use this opportunity to utilize the dynamics of intelligence. Leave emotion and fear out of the equation and make the necessary changes to practice within this financial Katrina and general discomfort zone.

The willingness to learn is what is important, not preserving our moniker of what is already known.

Tell us what you think!

Do you have general comments or criticism you would like to share? Is there a particular topic you would like to see more articles about? Let us know by e-mailing us at **feedback@dtamerica.com**. If you would like to make any change to your subscription (name, address or to opt out) please send us an e-mail at **database@dtamerica.com** and be sure to include which publication you are referring to. Also, please note that subscription changes can take up to 6 weeks to process.

OT Corrections

Ortho Tribune strives to maintain the utmost accuracy in its news and clinical reports. If you find a factual error or content that requires clarification, please report the details to Kristine Colker, Managing Editor, at k.colker@dtamerica.com.

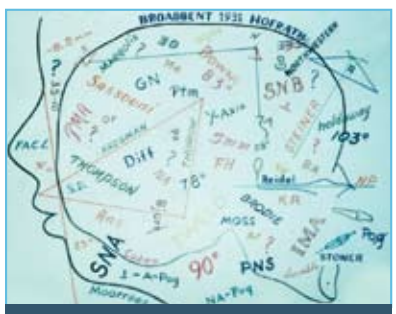

Image courtesy of Dr. Earl Broker.

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BPA WORLDWIDE BUSINESS

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OT Editorial Advisory Board

Fixed

OT *from page 1*

- Identify the case as a potential combination regimen.
- Take full orthodontic records, excluding the PVS impressions.
- Plan and perform the fixed orthodontic preparation.
- Debond. Hold with clear retainers.
- Take PVS impressions and fresh photos, and submit the case for Invisalign treatment.

Many patients really appreciate this and will agree to the braces knowing it is only for six to nine months.

Case No. 1: HW

This 13-year-old male wanted Invisalign treatment, but we were aware that aligners are not able to emerge partially erupted cuspids (Fig. 1).

We placed HW in esthetic brackets in an upper 2x6 configuration. The lower cuspids were left free to erupt on their own.

We saw him at six-week intervals and ran through the Ortho Organizers®' Nitanium® Archwires .014, .018 and .019 x .025. We then debonded him and sent his records to Align for upper and lower Invisalign treatment (Fig. 2).

After 36 aligners (72 weeks), HW was ready for case refinement (Fig. 3). After another seven case refinement aligners, he was done (Fig. 4).

Case No. 2: NT

Sometimes, the need for fixed orthodontic augmentation of a case comes intra-treatment. A 39-year-old male was started with Invisalign alone.

It was recognized in advance that the severe rotation and ectopic positioning of the upper right second premolar was going to be impossible for the aligners to correct. Space would have to be created first, and then the tooth could be corrected with fixed devices.

The case was submitted to Align Technology with instructions to open space for, but not correct, the position of the upper right second premolar.

After 22 aligners, NT was ready for case refinement. Prior to resubmitting the case, however, we fitted him with a series of fixed devices including Ortho Organizers' Di-MIM® Brackets on the upper right first and second molars and a metal bonded button on the ectopic premolar.

Power chains were used to correct the position of the premolar, and then the case was submitted to Align for case refinement.

NT is presently finishing with case refinement aligners.

Case No. 3: TM

The need for fixed orthodontics also can come after the capabilities of Invisalign (or the patient!) have been exhausted. Figure 5 illustrates

Fig. 5: A 40-year-old female presents with a deep bite and crowding.

Fig. 6: After aligner treatment followed by six months of traditional braces.

a 40-year-old female who required some detailed tooth movement to solve her deep bite and crowding.

We were able to get pretty far with the first course of (35 upper, 17 lower) aligners.

After case refinement, the improvement was considerable but not fully in line with our goals for her. We fitted her with fixed orthodontics, the Illusion Plus™ Esthetic Brackets from Ortho Organizers.

After six months of traditional braces, her case was finished (Fig. 6).

The three cases presented have illustrated the concept that, with a little imagination and some fixed orthodontics, many more cases can be treated with Invisalign.

OT About the author

Dr. R. Bruce McFarlane graduated as a dentist from the University of Manitoba in 1984 and as an orthodontist from the University of Western Ontario in 1992. He practices orthodontics in Manitoba and Ontario, Canada, and is a diplomate of the American Board of Orthodontics. An Invisalign Alpha Doctor and Speaker's Bureau member, he has performed more than 50 certifications throughout the United States and Canada for Align Technology. McFarlane also is a speaker for Ortho Organizers. Please direct comments to info@drmcfarlane.com.

Simpli5: the next generation in invisible orthodontic therapy

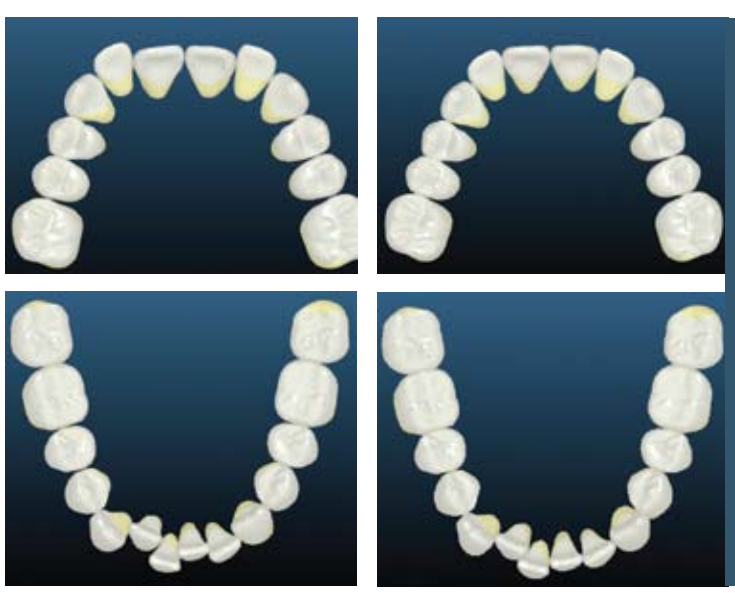
By Neal D. Kravitz, DMD, MS

An increasing number of late adolescent and adult patients are seeking invisible orthodontic care to correct mild to moderate anterior malocclusions. Since 2000, Invisalign has been the treatment alternative for patients seeking invisible orthodontics for minor tooth correction. Recently, there has been growing interest by orthodontists in alternative methods of invisible orthodontics.

Simpli5® is a series of five sequential orthodontic aligners for correction of minor to moderate anterior malocclusions. Introduced in 2006, Simpli5 was an elaboration of AOA Orthodontic Laboratory's previously available three-aligner system, Red White & Blue®. The additional two aligners allow for greater case complexity and improved finishing.

The DuraClear aligners are made of 0.030 inch polyurethane vacuformed over a stone model setup. Each aligner programs up to 0.5 mm of tooth movement, allowing for up to 2.5 mm of movement per arch.

Fig. 1a: Upper and lower PVS impressions with bite registration. Stone models are acceptable, but PVS impressions are preferred. Fig. 1b: Packaging of impressions with composite photographs. Fig. 1c: Packing of the impressions and prescription sheet in AOA box.



Not all anterior segments can be perfectly aligned with Simpli5, but most arches can be considerably improved, providing the patient with an acceptable, compromised result.

Clinical indications for Simpli5

The ideal candidates for Simpli5 treatment are non-growing patients with Class I malocclusion with minor or moderate anterior crowding or spacing, or who have experienced minor orthodontic relapse. Simpli5 is appropriate for the following conditions:

- crowding or spacing of 2.5 mm or less;
- midline correction of 2 mm or less; and
- rotations of 10 degrees or less.

Clinical studies have shown that the least predictable tooth movements with removable aligners are incisor extrusion, canine/premolar rotation and root uprighting.[1,2] Therefore, even a Class I malocclusion that requires extrusion of the maxillary lateral incisors, canine rotation or bodily tooth movement to close a large diastema may be less suitable for removable orthodontic aligners and more appropriate for anterior lingual braces.

Getting started

- Call AOA Orthodontic Laboratory to ask for a Simpli5 starter kit, which includes case selection examples and patient education pamphlets, prepaid mail packaging and prescription forms.
- Take upper and lower polyvinyl siloxane (PVS) impressions with bite registration. I prefer to use an Aquasil Easy Mix Putty base lined with Aquasil Ultra XLV (extra low viscosity) Fast-Set liner (DENTSPLY International, York, Pa.).
- Fill out the Simpl5 prescription form, which also is available online at *www.aoalab.com*. Select which teeth to reset, which teeth to reproximate or whether to leave space for future restorations. Due to the limited number of aligners, clinicians should be conservative with reproximation. For more difficult cases or for highly demanding patients, clinicians also can choose to receive a final diagnostic setup via express service to review with the patient.

Similar to Invisalign, football-shaped tooth attachments, or DuraClasps — invisible clasping insets — can be selected for greater tray retention. I do not recommend placing attachments on upper incisors as many patients find attachments bulky and unsightly. For malrotated canines, the clinician may consider placing both buccal and lingual attachments or request for slight overcorrection.

Lastly, I do not recommend placing attachments if the patient intends on bleaching during treatment (by using the aligner as a bleaching tray) as the composite buttons result in unbleached circles around the tooth.

Treatment with Simpli5

Included in the Simpli5 package are the five aligners sealed in individualized plastic bags and separated according to arch, along with the reproximation form.

When seating the first aligner, I encourage patients to bite edge-on to ensure full seating. Attachments should be placed at the first appointment using aligner one — there is no separate aligner for placing attachments. Finally, I choose to perform all reproximation at the second aligner visit and never at the first appointment, which should be an enjoyable experience for the patient.

Sequencing treatment

Each aligner is worn 22 hours a day for one to three weeks, resulting in treatment duration of 10 to 20 weeks. AOA Laboratory literature suggests that check-up evaluations may be as infrequent as six to eight weeks, with the patient given the subsequent aligners to change on his or her own.

In my office, we give one aligner per office visit, with each aligner to be worn for a minimum of three weeks. Patients may assume a certain amount of chair time to justify the cost of treatment, which without may cause frustration despite achieving high quality results.

At each visit, reinforce patient compliance and check for aligner lag space between the aligner and the tooth, an indication of poor tooth tracking. If lag is occurring, confirm patient compliance and even consider removing tooth attachments to aid aligner seating.

Instruct the patient to wear his or her current aligner for an additional three weeks or step back into the previous aligner. At the completion of treatment, I retain patients in a bonded U2112 and L321123 gold chain; however, the durable, crystal-clear aligners make for adequate retainers.

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Dr. Neal D. Kravitz is a diplomate of the American Board of Orthodontics and faculty at the University of Maryland and Washington Hospital Center. Kravitz maintains two practices in White Plains, Md., and South Riding, Va.

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*Sharma NC et al. Am J Ortho Dentofacial Orthop 2008; 133(4): 565-571.

The clear advantage

The reasons why Invisalign is now my first and only choice for orthodontic treatment

By John M. Sparaga, DMD

Orthodontics has long used fixed appliances, e.g., metal braces, to achieve improved dental occlusions. Despite thousands of improvements in the appliance, some drawbacks persist. Discomfort, hygiene difficulties, fragility and aesthetics have been of concern, especially to the socially sensitive teen patient.

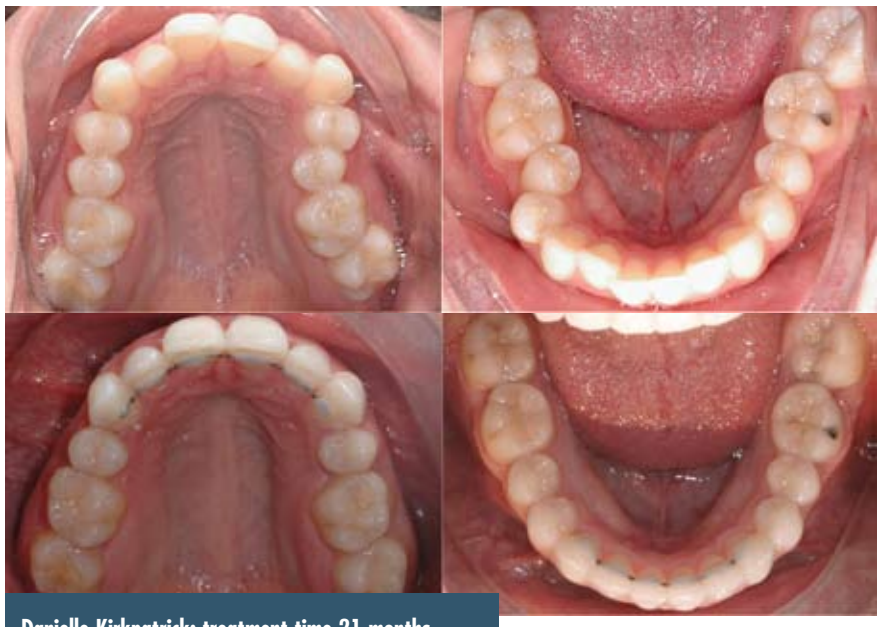
While doctors utilize experience and education to improve their treatment outcomes, the quest for an orthodontic tool that is more "tolerable" to patients than traditional braces continues. Fortunately, we've seen dramatic technological advances in the last few decades. One key advance is the advent of clear aligners.

As one of the earliest entrants into the clear aligner market, Invisalign has become a household name in dentistry. Since its introduction of clear, flexible, virtually invisible appliances in 1997, the previously held notion that orthodontic appliances must be made of metal or rigid plastic or ceramic material has gone by the wayside. Some dentists embraced this new concept readily within their practices; others rejected it outright. Most, though, took a "wait and see" attitude regarding its success. As time passed, and doctors heard of more and more Invisalign success stories, they gradually adopted clear aligner appliance treatments to better serve their patients.

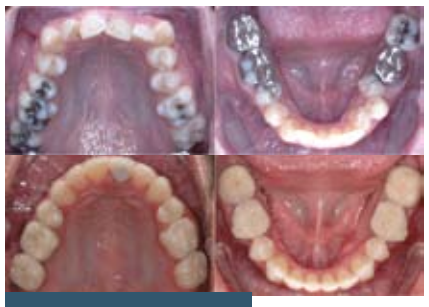
My own experience was similar. I was so impressed by Invisalign's clear aligner system, and my patients' preference for it, that after four years of use, I decided to eschew conventional braces — clear, mini, lingual or otherwise. In 2005, we renamed our office "Clear Smiles Alaska" and committed ourselves to making our office a full-time, clear aligner orthodontic practice, professing "Invisalign … that's all we do!"

For five years now, we have suggested a clear aligner treatment for each patient, no matter how difficult the case. And we have not started one full case of braces since. Some of these cases have been the most difficult I have ever seen professionally; nonetheless, we felt that with an open mind, we would learn ways to make the clear appliances work better, faster and more efficiently for our patients.

Full-time involvement using Invisalign to treat simple cases, four bicuspid extractions, intrusion and extrusion, cuspid retrievals and orthognathic surgery has allowed us



Danielle Kirkpatrick: treatment time 21 months



Ron McFarlin: treatment time 54 months

to accelerate the number of patients treated with aligners beyond that encountered by most other practices — so much so, in fact, that we became one of the top 100 practices in aligner treatment in the United States and one of the top four or five in the Pacific Northwest.

Despite the extra time and effort it requires for each unique patient, we still treat 100 percent of the patients entering our office for orthodontic care with a clear appliance.

Of course, many times we need to use additional appliances to support the clear aligner treatment, to compensate for its inherent "softer" control, e.g., slipping its grip on the crowns of teeth under stress. Yes, the extra time affects the bottom line, but we feel that profitability will increase as a function of increased efficiency. Let me explain further.

We have found the Invisalign product has some clear (sorry about the pun) advantages over braces:

- Aligners are more hygienic than braces because they are removed for eating and replaced after cleaning.
- Aligners are more comfortable than braces, being flexible and limited in their force due to small, 1/4 mm incremental force applications.
- Aligners are more break-resistant than braces, at least when worn nearly all the time and not in pockets.
- Aligners are more aesthetic than braces, being clear and hardly visible; they are replaced every two to three weeks, so undue wear or staining are not experienced.
- Aligners offer a unified, consistent appliance platform within which individual teeth can be moved and also may be used as full-arch anchorage, e.g., Class II elastics.
- Aligner treatment can be interrupted, stopped or restarted at any time should the need arise, as long as a maintenance retainer is worn. For example, we have patients in the military who are deployed overseas while wearing aligners; they are instructed in proper aligner use for the duration of their deployment. Fixed braces are not allowed during deployment by the armed forces.
- Treatment planning and progress monitoring are readily accomplished with the use of the Invisalign ClinCheck computer program for both doctor and patient. This is the best high-tech visual aid I have ever used in orthodontics.

Conversely, braces have some advantages over aligners:

- Braces maintain a firmer, fixed hold on individual teeth for manipulation by arch wires.
- Braces allow direct force application to individual or groups of teeth though the arch form while unified by an arch wire, though it remains somewhat flexible in shape and form.
- Innumerable ingenious appliance improvements have been made to braces with which to apply desired forces, e.g., headgear, facemask, Class II springs and arms, torquing springs, etc.
- Techniques in braces therapy are well tested and their efficacy have been proven over time.

While we have eliminated first-phase treatment in our office, we selectively intercept more severe occlusal or skeletal discrepancies such as cross-bites, large overjets and Class II or III skeletal imbalances, with RPEs (rapid palatal expanders), 2x4 fixed braces and functional appliance therapy to ensure the safety and psychological acceptance of the growing child. We feel that nearly all the less severe problems can be successfully addressed after age 12 with auxiliary appliances followed by aligner treatment.

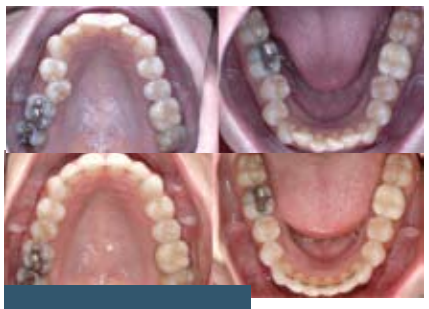
Auxiliary appliance needs for certain types of cases in aligner treatment — extraction cases in particular — must be anticipated by both the patient and the practitioner. As time and technology progress, however, we are seeing less demand. Roughly 20 percent of our aligner patients need application of brackets or auxiliaries such as hooks and elastics, bonded rotation or up-righting wires before, during or after aligner wear to compensate for the deficiencies inherent in a flexible, non-bonded appliance, subject to patient cooperation whims.

Further, about 25 percent of our aligner patients need to wear additional aligners in their treatment in what is called the refinement stage, used whenever we are not completely satisfied with original treatment results. This option is available and pre-paid for all of our Invisalign patients.

What positives then, can practitioners hope for from incorporation of aligner orthodontics into daily routines? We have experienced quite a few:

- Aligner patients are happier patients. Despite some extended treatment times, the needed addition of auxiliaries or extra aligners or the psychological commitment the patient must make to persevere in its daily, full time use, only one or two patients out of every hundred in our office is frustrated or grumpy when they come to see us. That is in comparison to the 30 to 35 traditional metal braces patients out of every hundred that arrive for more regularly required care who are grumpy, irritable and only want to know, "When are these things coming off?"

- Laboratory fees, while higher for aligners than for braces, are offset by substantial savings in hand instruments, pliers, wires, ligatures, separators and bracket costs.
- Frequency of visits, and time spent in each, is considerably less for aligners than required for braces, despite recent advances in wire flexibility and "loose" bracket grips on such wires. We see our aligner patients every 12 weeks, though only after thorough patient education in what to look for and how to respond during absences. Patients who aren't responding well are, of course, seen more frequently.
- Hygiene problems are nearly nonexistent in aligners. In more than 600 cases successfully completed in our office, we have not had one case of tooth decalcification to date … knock on wood! Try saying that about braces!
- Marketing or exposure of Invisalign aligner treatment to the public is exemplary. Align Technology has increased the orthodontic patient pool dramatically with professional, modern, compelling exposure in the media, prompting many calls to our office from prospective patients who make it clear (there's that word again!) that they will come in to see us for aligner care but not braces. This exposure directly affects the success of our practice.
- Professional stimulation of the practice is enhanced by the challenge to provide what the patient wants rather than what we expect to have the patient receive through conventional braces. Yes, there is increased cost and effort involved initially, but can we say there was none for Edward Angle when he developed his theorems in orthodontics and braces way back when? Look, if you will, where those efforts have taken us in our specialty. The recent development of temporary anchorage device (TAD) concepts in orthodontics as applied to aligners is certainly challenging and in its infancy. For the past two years, our office has employed strong, non-migrating TAD anchorage to our aligners on a daily basis, and we are seeing great results so far. No longer are intrusion, incisor torquing, distalization or molar uprighting the dirty words in aligner treatments they once were due to this ultimate anchorage technique. And we will never again need headgear tubes on molar bands with our TAD-anchored aligners.
- Staffing requirements are decidedly different in Align orthodontics. I no longer search for or train technician-type people. I now look for people who are more compelling in their manner of communicating, who have the personal ability to "reach" a patient, so I can call them our "cheerleaders" in aligner treatment. Technical aspects have to be learned, of course, but that demand is now less stringent than it once was. The result is a more open, cheery office situation where staff members more frequently enjoy coming to work each day (of course excluding Mondays).



Joan Wilson: treatment time 40 months

While I have attempted to present a clear (!) and concise picture of aligner-based orthodontic care, that is not to say life in aligners is perfect. We have learned much in the past nine years, and I admit it has not all been easy. But fruitful and gratifying? Absolutely.

In the competitive marketplace of orthodontics, the specialist who can offer more of what the patient demands, while achieving the successful treatment goals we have come to appreciate, will ultimately be the winner. We feel we are already.

OT About the author

Dr. John Sparaga earned his BA in biology from St. Vincent College in Latrobe, Pa., and his DMD from the University of Pittsburgh, Pittsburgh, Pa. He then earned his orthodontic certificate at the University of the Pacific in San Francisco. After graduation, he and his wife, Mary, headed straight to Anchorage, Alaska, to pursue their love of the outdoors and raise their family. Dr. Sparaga is certified as a diplomate by the American Board of Orthodontics, and his practice, Clear Smiles Alaska, was recently awarded the status of one of the top "100 Invisalign practices" in the world.

Makeover

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Using the Levin Group Method™, the consultant and Hardy will build a step-by-step success plan for his practice.

This disciplined approach will address his practice's core issues, analyze the current systems and provide customized solutions.

The Levin Group Method will guide Hardy's practice to achieve results through a detailed practice assessment, curriculum-based education and expert consulting with measurement and tracking of key performance indicators.

"We are going to transform Dr. Hardy's practice by implementing proven orthodontic systems that increase practice production with minimal stress," said Dr. Roger Levin, CEO and chairman of Levin Group. "Especially with a relatively new orthodontic practice, I think he will truly appreciate learning how to run his practice in a best model format so early on in his career."

Levin Group Total Ortho Success™ Practice MAKEOVER

The 12-month program consists of three phases with each phase featuring interactive workshops and private conferences to discuss individual practice issues.

For Phase I, Hardy and his staff will visit the Levin Group Advanced Learning Institute at Levin Group's headquarters in Owings Mills, Md. for two days. Through classroom-style lectures, intensive workshops and one-on-one consulting sessions, Hardy Orthodontics will:

- develop a vision for the practice
- learn Levin Group's Power Cell Scheduling™
- identify the goals the staff wants to achieve during the year-long program
- create a LifeMap™

The one-on-one sessions during Phase I will cover systems documentation and implementation, development of a timeline for implementing new systems and overcoming barriers to implementation.

Before leaving Levin Group and returning to the practice, Hardy and his staff will get some homework based on the practice's new vision and goals that will require them to document every policy.

Using a deadline-focused approach, the Levin Group consultant will guide Hardy and his team through the completion of their assignments over the next several months.

In Phase II of the Total Ortho Success Management program, Hardy's Levin Group consultant will visit his practice for a thorough in-office evaluation. This assessment will enable the consultant to provide an in-depth analysis of the practice's operations. He will work closely with Hardy on implementing the necessary high-performance systems.

For his final phase of the 12-month program, Hardy will visit Levin Group again, during which he will receive leadership and communication training and learn about effective human resource systems.

Throughout the year-long program, Hardy also will receive support and guidance through pre-scheduled bi-weekly calls with his Levin Group consultant.

Total Ortho Success — Referral Marketing Program

In order for Hardy's practice to reach its potential, his office must increase referrals from general dentists and patients. In orthodontics, referrals are a critical element for continued success. He and his staff will engage in Levin Group's Total Ortho Success — Referral Marketing Program simultaneously with the management consulting program described above.

During this 12-month period, he will work with a separate Levin Group marketing consultant who will provide his practice with customized referral marketing strategies. Levin Group's professional writing and graphics departments will develop marketing materials to promote Hardy's office to his patients and referring dentists.

Once his Levin Group orthodontic marketing consultant identifies the practice's needs and marketing goals, Hardy and his consultant will work together to create a strategic marketing plan.

Hardy will benefit from Levin Group's marketing systems approach, one that will implement consistent, positive, repeat marketing strategies.

According to Dr. Levin, "Cookie-cutter methods of referral marketing do not work, which is why Hardy's marketing program will be tailored to his practice's needs."

Through weekly telephone calls with the Levin Group consultant, the practice's designated professional relations coordinator (more on that topic in future articles) will implement at least 15 referring doctor and 15 patient referral marketing strategies that virtually assure growth.

This is an exciting time for Hardy and his staff as they take the leap on a year-long journey that is sure to bring positive change to their practice.

Stay tuned!

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