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FDI, FOLA, DTI launch campaign for Haitian dentists

By Javier M. de Bison, DT Latin America

PANAMA CITY, Panama — The president of the Haitian Dental Association, Dr. Samuel Prophet, has told Dental Tribune Latin America that he and several colleagues are fine after the devastating earthquake in his country.

"So far, we have reports of only two missing dentists," Prophet wrote in an e-mail a couple weeks after the quake.

The earthquake not only devastated Haiti's meager health resources, but also most dental practices. In a country where there were only 500 dentists for 9 million people before Jan. 12, the extent of the devastation has affected everyone.

The president of the Latin American Dental Federation (FOLA), Dr. Adolfo Rodríguez, launched a campaign immediately after the quake to help both the general population and dental professionals in Haiti.

Rodríguez, who's also the

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Polishing up your orthodontic finish

Simple, three-step system improves clinical efficiency

By S. Jay Bowman, DMD, MSD

The Axis Orthodontic Adhesive Removal Set* (featuring a series of three polishing devices) was designed to both effectively and efficiently remove adhesives and cements after the completion of orthodontic treatment and to produce a smooth final enamel finish.

This set consists of the following components: 1) H375R-016 (7675) Red Carbide, a gross adhesive removal bur; 2) H246L-012UF White Finishing Carbide, a 30-fluted finishing bur; and 3) P0153-031 Polisher, a green polishing point. All are conveniently maintained in an aluminum bur block that can be sterilized.

These three devices can be used with either low- or high-speed friction-grip dental handpieces (including electric handpieces). Using a high-speed handpiece to remove adhesives is more comfortable for patients due to reduced vibration compared to that from a slow speed. Lower vibration also produces a smoother surface finish.¹

Clinical efficiency is improved



Fig. 1: After orthodontic appliances have been removed, a (red) carbide bur (H375R-106-7675), installed in a high-speed dental handpiece, is used to dislodge gross, residual resin.

with this simple, three-step system as a single contra-angle handpiece can be employed for the entire removal/finishing process.

After orthodontic appliances have been removed, the 7675 Carbide (Red) is used in a contra-angle dental handpiece to dislodge gross residual resin tags from the enamel (Fig. 1).

This round-end, tapered 12-blade bur is ideal for removing both orthodontic bonding adhesives and also cements that remain on the teeth after de-bracketing and de-banding. Eliades et al.² concluded that, "carbide burs are ideal cutting tools for

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Facing the facts

Differences between dental
CBCT and medical CT scans

By Dr. Bruce Howerton

Before a practitioner performs surgery, he or she should be equipped with up-to-date knowledge regarding the possible conditions located under soft tissue within the oral cavity.

Three-dimensional data generated by cone-beam computed tomog-

raphy (CBCT) technology offers a "surgical view" or slices of the entire field of view from the front, side and under the patient. Cone-beam scans assist with determining bone structure, tooth orientation, nerve canals and pathology; in some cases it may preclude the necessity for a surgical procedure.

In past months, media sources have published articles regarding high exposure of radiation from medical CT scans.

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Specializing, sub-specializing and integrating

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



Well, another year has come and gone, but it will not be forgotten. Our country is climbing out of a recession the likes of which has never been encountered at any one moment in time, and on so many fronts.

We were 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 to the rise in unemployment.

This planet indeed experienced unprecedented and uncertain events to the point where our ubiquitous future had been shaken up and was uncertain. The voice of America said, "OK, we can't continue with business as usual. Take a real hard look at what changes are essential, what changes are necessary and be frugal to survive."

Hard economic times are not over yet. However, out of darkness sometimes a glimmer of light appears; there are new and auspicious vistas of opportunity right now in orthodontics. With the new year, we have a great opportunity to reflect on our accomplishments of the year past and refocus on personal goals for the journey ahead.

In the realm of social sciences, organizations are social arrangements that pursue collective goals and control performance. Researchers often examine the organization from several different modalities, the most common of which are: sociology, psychology, economics, political science, resource management and communication.

In his primary approach to formal organizations, Argyris (1960) regarded the central theme of the organization to be in the lap of the individual; people create and maintain the health of the organization (p. 276).

Organizational human resources management (HRM) professionals are responsible for educating all levels of administration, management and individual employees regarding the principles of social justice. There are many local, state and federal laws that affect HRM, which have been created to eliminate discrimination for non-job-related reasons in the workplace (Pynes, 2004, p.72).

A strategic development plan includes many essential factors. Critical decisions for future growth, development and expansion of institutions, companies and especially individuals might require much thought and consideration in order to experience future success in whatever the ultimate endeavor is.

Orthodontics is an organization in some ways similar and in other ways different from the example above. Job opportunities are present. Many orthodontists who came out of the workforce during the last decade may find employment in education.

Moving into a new career or position, however, is never without the need for change, modification, training or learning new job skills. Career changes, such as from clinician to educator, must include reflection and reconsideration of one's attitude and behavior. A new job or position change is a new ball game with new rules, policies and conditions.

Orthodontists who reinvent themselves must glean understanding in order to assess the requirements and develop a plan for the future.

As the 21st century evolves, new scientific technology, industrial integration and new skills are essential in order for such career changes to be successful. Even with all elements and factors already in place, IT staff, administrative staff, faculty and user-orthodontists must also learn and develop new skills.

In the educational milieu of orthodontics, a strategic development plan might serve as a tool for general exploration of educational goals, determining skill levels, which required greater faculty expertise, and discovering faculty needs. Setting direction and planning are two separated activities.

The function of educational leadership in orthodontics is to maintain change or set a new direction for departmental goals. One must devote time and enthusiasm to strategically plan in order to (a) synchronize visions and aspirations, (b) provide a blueprint for a viable

future to anticipate change, and (c) hold constant the reason for being — the education of students and care of patients.

An assessment of one's strengths, weaknesses, opportunities and threats is also important in order to develop a strategic development plan. It provides a valuable reflection and analysis, which might also yield high priorities that will be essential and critical for future success. Such priorities will allow progression to the next or higher level.

No longer can it be business as usual, but rather take the attitude of *carpe diem*, and take this opportunity to utilize the dynamics of intelligence. Leave emotion and fear out of the equation and make the necessary changes to think and practice within this financial Katrina and general discomfort zone. The willingness to learn is what is important, not preserving the moniker of what is already known.

Those of us who reach our dreams and successes always remain focused on smaller accomplishable goals in succession; it leads us to the ultimate picture of our vision and aspiration. The start of a new year is a great time to reflect, analyze, gain clarity and recharge for the road ahead. The secret of our future is hidden in our daily practice. **OT**

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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 Managing Editor Kristine Colker at k.colker@dental-tribune.com.



Image courtesy of Dr. Earl Broker.

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Publisher & Chairman

Torsten Oemus
t.oemus@dental-tribune.com

Vice President Global Sales

Peter Witteczek
p.witteczek@dental-tribune.com

Chief Operating Officer

Eric Seid, e.seid@dental-tribune.com

Group Editor & Designer

Robin Goodman
r.goodman@dental-tribune.com

Editor in Chief Ortho Tribune

Prof. Dennis Tartakow
d.tartakow@dental-tribune.com

International Editor Ortho Tribune

Dr. Reiner Oemus
r.oemus@dental-tribune.com

Managing Editor/Designer

Ortho Tribune & Show Dailies
Kristine Colker
k.colker@dental-tribune.com

Managing Editor/Designer

Implant & Endo Tribunes
Sierra Rendon
s.rendon@dental-tribune.com

Online Editor

Fred Michmershuizen
f.michmershuizen@dental-tribune.com

Product & Account Manager

Humberto Estrada
h.estrada@dental-tribune.com

Product & Account Manager

Mark Eisen, m.eisen@dental-tribune.com

Marketing Manager

Anna Wlodarczyk
a.wlodarczyk@dental-tribune.com

Marketing & Sales Assistant

Lorrie Young, l.young@dental-tribune.com

C.E. Manager

Julia Wehkamp
j.wehkamp@dtamerica.com

Dental Tribune America, LLC

213 West 35th Street, Suite 801

New York, NY 10001

Phone: (212) 244-7181, Fax: (212) 244-7185



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& Ortho Tribune Associate Editor

California orthodontist wins second Levin Group Ortho Practice Makeover

Levin Group has selected the winner of the second Levin Group Total Ortho Success™ Practice Makeover. Dr. Michelle Gonzalez of San Rafael, Calif., has been chosen to receive free yearlong management and marketing consulting programs from Levin Group, one of the country's leading dental consulting firms.

Gonzalez, who started her own practice in 1996, is looking forward to increasing production, increasing referrals and decreasing stress in the practice.

"This opportunity to work with Levin Group is going to help me get the right systems in place so that my practice can continue to grow," Gonzalez said. "These are my prime years in practice, and I need guidance to take us to that next level so that we can practice more effectively."

During the yearlong journey, Gonzalez will work closely with two Levin Group consultants: one who will focus solely on the management systems in the practice and the other who will focus on referral-based marketing systems. Doing both consulting programs simultaneously will increase Gonzalez' practice's production, profitability and referrals while also lowering the stress level in the practice and enhancing Gonzalez's professional satisfaction. All of these improvements will pave the way for her to achieve financial independence sooner.

While the economy is on the road to recovery, Gonzalez is on the road to having a higher performance practice with exciting growth. Throughout 2010, Ortho Tribune readers can follow Gonzalez's progress every other month with a new installment profiling the changes being made and their effect on the practice. In this uncertain time, it is more important than ever for orthodontic practices to update their systems, properly train the staff, keep morale high and stress low, and deliver "red carpet" customer service to every patient. Gonzalez and her team are ready to meet these challenges head on!

Here is a sneak peek at the Levin Group Total Ortho Success Practice Makeover experience

Management consulting program

Using the Levin Group Method™, Gonzalez and her Levin Group management consultant will focus on the following practice areas to grow practice production and profitability:

- scheduling,
- vision, goals and LifeMap™,
- change management,
- case acceptance and patient finance,

Levin Group Total Ortho Success Practice MAKEOVER

- the orthodontic treatment coordinator,
- executive coaching, communication and team building,
- financial planning.

Referral marketing program

Gonzalez and her 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, she will work with another Levin Group consultant who will provide her practice with customized referral marketing strategies.

They will work together to create a strategic marketing plan. Through weekly telephone calls with their Levin Group consultant, the practice's designated professional relations coordinator (more on that

topic in future articles) will implement at least 15 referring dentist and 15 patient referral marketing strategies to increase referrals to the practice.

Stay tuned for the first article in the series when you'll find out what Gonzalez's goals are for her practice as well as her challenges and how she and Levin Group will approach their next steps together.

You will also meet the Levin Group consultants who will be guiding her through her practice makeover journey. [OT](#)

AD

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Make 2010 the year to 'go green'

By Fred Michmershuizen, Online Editor

Are you green? Not green with envy or green with food poisoning — we're talking green for the environment.

The Eco-Dentistry Association (EDA), an organization that offers dental professionals practical tips on reducing waste and pollution and conserving resources, is urging clinicians to make 2010 the year to "go green" and "save green."

After all, it's a new year and a chance for a fresh start. Not only can you help save the planet, but according to the EDA, you can save lots of money as well — as much as \$50,000 a year.

According to the EDA, the green movement in dentistry is gathering steam. Since its international launch in the spring of 2009, the EDA has enrolled hundreds of members in 42 states and 11 countries. In addition, many companies have recently introduced green dental innovations, including such things as LED operatory lights that use less energy to operate.

"Dental professionals can pow-

erfully differentiate themselves by going green, making them a magnet for the millions of values-based consumers who seek service providers who share their environmental and wellness values," the EDA explained.

"Even small changes, such as switching from chemical sterilization processes to steam, yield operating savings of \$828 a year, while making the switch to digital imaging — including the initial costs of the equipment investment — yields more than \$8,700 in yearly supply and other savings," the EDA said.

Here are a few more things you should know about the EDA:

- The EDA offers dental professionals advice that is practical and easy to implement, such as setting photocopiers to make double-sided copies, properly disposing of mercury-containing dental waste and using planet-friendly building and office methods, such as non-toxic paint and electronic patient communications.
- The EDA also provides the public with information about such things as digital X-ray systems, which reduce radiation exposure



Dr. Fred Pockrass, brainchild behind the Eco-Dentistry Association, with a patient in his eco-friendly practice.

by up to 90 percent, and dental appliances that are free from the hormone-disrupting chemical bisphenol-A, which is found in many plastics, as well as offering them questions to ask their practitioners about environmental stewardship. In addition, the association's Web site allows eco-conscious consumers to search for

eco-friendly dental professionals in their area.

- The EDA's members hail from all over, including places such as Waxahachie, Texas; Beachwood, Ohio; and Fort Bragg, N.C.

For more information about the Eco-Dentistry Association, visit the Web site at www.ecodentistry.org.

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president of the Dominican Dental Association (AOP), is asking companies and dental professionals to donate dental instruments, materials and equipment.

He's organizing the campaign for Haiti with the help of FDI World Dental Federation and Dental Tribune International.

Rodríguez is also putting together teams of dental volunteers to travel to Haiti once the major health and humanitarian crisis is under control to attend to the dental needs of the population. The hub for this effort would be the headquarters of AOP in Santo Domingo.

"We also need to show our support for our colleagues in Haiti, most of whom have lost everything," Rodríguez said. "We need to get them back on their feet by helping them to rebuild their practices."

Lost practices

Prophet said in his e-mail that "many of our colleagues have lost



FOLA president Adolfo Rodríguez, center, asks for help for Haiti at a meeting in Panama. He's surrounded by the president, right, and vice president of the Panama Dental Association.

their practices and we were thinking about how to help them. It's very good news to know that FOLA, FDI and Dental Tribune are trying to help Haitian dentists." If dentists know "that help is on the way, they can have hope!"

Dental Tribune is publicizing in its worldwide print and online editions the campaign for Haiti.

At a meeting in Panama, Rodríguez received the support of the presidents of Central American dental associations, and made an emotional appeal to dental manufacturers to donate much needed supplies. He said Colgate has already agreed to donate brushes and toothpaste.

Rodríguez added he was moved to witness dental professionals from countries with little resources, such as Honduras, Nicaragua or El Salvador, say they will collect funds, second-hand equipment and dental supplies to help their Haitian colleagues.

Some prominent Latin American dental professionals from Brazil, Uruguay and Costa Rica, among

others, have already expressed their interest in participating in dental teams to help with the most urgent needs of the Haitian population.

Conditions on the ground seem to indicate that these teams would operate in mobile units at the Dominican-Haiti border, once the most pressing health emergencies and needs are somewhat controlled.

The reason for this is that most of Port-au-Prince is in ruins, and the Dominican government has moved the majority of its mobile health resources to the border in an effort to treat Haitians and avoid a migratory exodus.

The president of FOLA said that this tragedy "is also an opportunity to build a public health service that includes dental care. We have asked the Pan American Health Organization, FDI, all Latin American dental associations, companies and other institutions for help in putting together teams of dental professionals to travel to Haiti and start working there and leave in place basic dental treatment centers."

Rodríguez said this will be a long-term program that includes rebuilding the dental school at the university, as well as private practices. It also will take some time to start, and he said the priorities would be treating children and pregnant women.

The Latin American dental leader said he has also asked for funding from the government of the Dominican Republic.

Companies and dentists interested in helping Haiti should contact Rodríguez at arn@codetel.net.do or by phone at (809) 519-0789.

AD

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ductile substrates such as resins.” Phil Campbell’s Angle Research Award publication¹ reported the “tungsten carbide bur appeared to be the most efficient method of removing highly filled resin, and it produced the least amount of scarring.”

The tapered design of this bur makes it easy to manipulate on facial surfaces of enamel while reducing the potential for gingival impingement. Enamoplasty of uneven incisal edges is also done at the same time (Fig. 2).

This bur is ideal to remove composite attachments that are often employed with Invisalign.

Gross removal of residual adhesives and cements should be accomplished without disturbing enamel anatomy by over-polishing the surface. Residual resin is often visible on enamel surfaces after the air exhaust from the high-speed contra-angle desiccates the surface of the tooth. The consistent torque and low vibration of an electric dental handpiece (at 35,000-40,000 rpm) can also help to provide a more comfortable and consistent result.

After gross residual composite or cement is removed, the White Finishing Carbide, a long, flame-shaped 30-blade bur, is used to remove the last remnants of adhesives while also finishing the enamel to a smooth surface.^{1,2} The versatile, pointed shape of this bur allows positioning at the gingival margin (Fig. 3).

The 30-blade carbide produces a very smooth surface during the finishing process that is followed with the P0153-031 Polisher, a green friction-grip (FG) silicone point, to refine the enamel (Fig. 4). These polishers can be used in the same high-speed handpiece as the previous carbides, but at slow revolutions as the silicone will degrade quickly.

A feathering, light touch is required to reduce the buildup of heat and to avoid degradation of the polisher. After a suitable enamel surface is achieved, any additional final finishing can be performed using polishing pastes or slurry of fine pumice, if needed (Fig. 5).

* Dr. Jay Bowman developed the AXIS Orthodontic Adhesive Removal Set; available from Axis Sybron Dental Specialties (800 W. Sandy Lake Road, Suite 100, Coppell, Texas 75019; (888) 452-8879; e-mail: custser@axisdental.com). OT



Fig. 2: Incisal edge irregularities and mammelons can be addressed with the same (red) carbide bur.



Fig. 3: Refinement and polishing of the enamel surface is accomplished with a long, flame-shaped 30-fluted (white) carbide bur (H246L-012UF) in the same high-speed handpiece.




Fig. 4: Further polishing of the enamel surface is done with a P0153-031 Polisher, a green friction-grip (FG) silicone point.



Fig. 5: After the completion of adhesive removal and enamel polishing with the Axis Orthodontic Adhesive Removal Set.

OT About the author



Dr. S. Jay Bowman is a diplomate of the American Board of Orthodontics, member of the Angle Society of Orthodontists and Pierre Fauchard Academy, and a fellow of the American College of Dentists. He is an adjunct associate professor at Saint Louis University, an instructor at The University of Michigan and adjunct clinical professor at Case Western Reserve University.




Bowman has developed and patented a number of innovations for clinical orthodontics, including his own Butterfly Bracket System and other appliances. He has published more than 85 articles, book chapters and a textbook on mini-screw anchorage, has lectured in 27 countries, and has maintained a private practice for more than 25 years.



Fig. 6: All of the devices in the Axis Orthodontic Adhesive Removal Set are conveniently maintained in an aluminum bur block that can be sterilized. They may all be used in either slow- or high-speed handpieces (including electric high speed).

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| | | | |
|-------------|---|---|---|
| |  |  |  |
| MFG. NO. | P0153 | H375R | H246L |
| SIZE 1/10mm | 031 | 016 | 012 |
| LENGTH (mm) | | 8.0 | 5.4 |
| Description | green | red | ultra fine |
| Shank | FG (31) | | |

AD



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IT'S NEW

OT page 1

Unfortunately, these have generated misconceptions about dental CBCT, or 3-D cone-beam computed tomography scans.

The dental CBCT imaging method allows orthodontists and dentists to obtain vital three-dimensional information without exposing patients to high levels of radiation that come from medical CT scans. An in-office imaging method is more convenient; it saves the patient travel time to and from the hospital and for follow-up examinations after treatment.

Orthodontists and other medical professionals ascribe to the ALARA (as low as reasonably achievable) protocol concerning radiation levels. This protocol guides practitioners to expose patients to the least amount of radiation possible while still gaining the most pertinent information for proper diagnosis.

The differences between dental and hospital scans derive, in part, from the method of capturing the information.

The average medical CT scan of the oral and maxillofacial area can reach levels of 1,200–3,300 microsieverts, the measurement of radiation absorbed by the body's tissue. These significant levels are attributed to the method of exposing tissues to radiation. With the hospital scan, the anatomy is exposed in small fan-shaped or flat slices as the machine makes multiple revolutions around the patient's head. To collect adequate formation, there is overlapping of radiation. In contrast, the dental scan captures all the anatomy in one single cone-shaped beam rotation, decreasing the exposure to the patient of up to 10 times less radiation.

For example, radiation exposure using the standard full field of view from an i-CAT® CBCT machine (Imaging Sciences International) is 36 microsieverts. These machines are also available in different fields of view, thereby reducing radiation exposure even more, depending upon the needs of the patient.

OT About the author

Dr. Bruce Howerton is a board-certified oral and maxillofacial radiologist who practices privately in Raleigh, N.C. He received a DDS from the West Virginia University School of Dentistry in 1985.

He completed a certificate in endodontics in 1987 from the University of North Carolina School of Dentistry and practiced surgical and non-surgical endodontics in Asheville, N.C. for eight years.

In 1999, he entered the UNC Oral and Maxillofacial Radiology graduate program and completed the master of science program. Howerton became a diplomate of the American Academy of Oral and Maxillofacial Radiology in 2003.

For more information, see www.carolinaomfimaging.com.

| Effective Dose Comparison | | | | |
|---------------------------|-------------------------------|----------------|-------------|------------------|
| | 2D PMX (Full Mouth Series) | 2D Digital Pan | Medical CT | i-CAT CBCT 3D |
| Radiation Dose (µSv) | 150* | 4.7-14.9* | 1200-3300** | 36† |

* Dr. Sharon Brooks, Department of Radiology, University of MI
** Dr. Stuart White, Department of Radiology, UCLA - scanned area approximates MFOV
† Standard scan mode, medium resolution

For other comparisons of exposure, consider that a typical 2-D full mouth series runs 150 microsieverts while a 2-D digital panoramic image ranges between 4.7-14.9 microsieverts.

Researchers who have developed this technology have achieved the goal of allowing dentists to achieve the same information gained from a medical CT, without the additional

radiation exposure.

Orthodontists who do not own their own CBCT machines can take advantage of this imaging method by referring patients to imaging centers to acquire this valuable information.

The knowledge obtained from capturing 3-D scans has the ability to influence the effectiveness and efficiency of dental treatment.

A dental CBCT scan offers the views and detail needed to perform the latest procedures, while avoiding the unnecessary higher levels of radiation emitted from hospital scans.

As the technology continues to evolve, the possibilities for improved dental care can only increase.

Increased software compatibility with surgical guides and orthodontic applications has made CBCT scanners an imperative for some dental offices.

As an oral maxillofacial radiologist and an educator, I firmly believe that with knowledge comes responsibility to provide patients with the best dental care in the safest way possible — a dental CBCT accomplishes this goal without the additional risks involved with hospital scans. OT

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2009 ortho practice makeover: Oh, what a year it has been!

By Kevin Johnson and Emily Ely

When Dr. Brian Hardy of Hardy Orthodontics won the 2009 Levin Group Total Ortho Success™ Practice Makeover, he wasn't sure exactly what he'd be able to accomplish. What he experienced by year's end went far beyond his expectations. Let us review Dr. Hardy's case file for 2009:

Office profile

Locations: 1

Orthodontists: 1

Staff: 3 (a scheduling/insurance coordinator, a treatment coordinator and a clinical assistant)

Treatment Chairs: 3

Orthodontist profile

Age: 36

Dental school: University of Kentucky, 2002

Years in practice: 6

Years in this practice: 2½ (started from scratch in 2006)

Status: married, two children

When Dr. Hardy began his consulting programs, he had four primary concerns.

The economy

Specifically, he was concerned about patients' continued ability to make a 25 percent down payment on ortho treatment in the midst of a down economy.

The schedule

Dr. Hardy readily admitted his scheduling system was not as disciplined as it should have been. He said he was, "reaching a point where hard and fast scheduling rules need to be implemented."

A small staff

He wanted to create a professional relations coordinator (PRC) position. He also felt his staff was not large enough for him to delegate responsibilities. Staff members agreed the office was understaffed.

Stress

He reported stress was high in his

Levin Group Total Ortho Success™ Practice MAKEOVER

office. Dr. Hardy felt with the implementation of new and improved systems, the stress level would be much better.

Triumphs, achievements and new possibilities

In his yearlong continuing journey, Dr. Hardy participated in both consulting programs simultaneously, which dramatically enhanced his practice's ability to increase production — even in 2009's uncooperative economy. He and his staff were actively involved with us in making critical changes to the management and marketing in the practice.

As with all change, a small level of hesitation was apparent at first. The team, however, quickly stepped up to the plate and began re-building how the practice operated. "Although we were apprehensive about some suggested changes," said Treatment Coordinator Lee Anne, "our consultants helped us see the benefits and worked with us until we felt comfortable and could 'own' it."

Through management consulting, Dr. Hardy and Levin Group Senior Consultant Kevin Johnson worked on several key initiatives for Hardy Orthodontics, including:

- Greenlight Case Presentation™ and PowerScripting™ skills.
- A concerted effort to open consult and treatment start slots to ensure the practice would see as many patients as possible.
- A more efficient approach to collections.

For the marketing portion of his consulting with Levin Group Consultant Emily Ely, Dr. Hardy knew he had to radically invigorate his referral marketing efforts. However, he certainly did not have the time, knowledge or interest to implement

or maintain a comprehensive referral marketing program himself. To operate one successfully, Ely worked with Dr. Hardy to create a PRC position that would handle marketing activities efficiently. As a result, referral marketing soon took off.

In the latter part of the year, Dr. Hardy was introduced to the critical function of financial planning. In conjunction with Levin Group, RG Capital President Robert Graham provided Dr. Hardy with an in-depth look at current market conditions based on historical trends and pending legislation. Graham emphasized that financial security has two stages: the accumulation phase and distribution phase.

Achieving the most in the accumulation phase requires effective investment strategies that maximize tax and cost efficiencies while minimizing risk. The accumulation phase is crucial to a long, prosperous distribution phase.

"As Dr. Hardy was striving to grow his practice," Graham said, "I emphasized that he must bring the same energy to rebalancing his portfolio, especially after a period of economic turmoil."

Financial planning was indeed a timely subject for Dr. Hardy. 2009 had turned out to be an extraordinary production generator.

The end of his first year

As 2009 drew to a close, Levin Group's Total Ortho Success Consulting Programs enabled Hardy Orthodontics to take great pride in a plethora of remarkable achievements:

- Starts doubled compared to a year ago.
- Production increased 33 percent for the 2009 calendar year.
- Set a record in the practice for the most starts in a single month.
- Experienced a 63 percent production increase in a single quarter.
- Converted 70 percent of his occa-

sional referrers into frequent referrers.

- Collections went up 38 percent.

Conclusion

Dr. Hardy's production increase in 2009 was astounding. "I just had the best production ever in the worst year imaginable!" he said. "Our Levin Group orthodontic consultants used their expertise to put in the business systems we needed to grow and progress to the next level."

Results like this represent only the beginning of Total Ortho Success. Orthodontists entering years two and three of their consulting experience are well positioned to achieve extraordinary results over the course of their entire careers.

As orthodontic consultants, we experience no greater satisfaction than helping orthodontists like Dr. Hardy discover the potential we knew existed. The Levin Group Total Ortho Success Practice Makeover is a remarkable opportunity for us to help orthodontists realize a practice's true potential.

Be sure to check the April issue of Ortho Tribune when we begin the journey of Dr. Michelle Gonzalez, winner of the 2010 Levin Group Total Ortho Success Practice Makeover. We will report on Dr. Gonzalez's practice goals and the challenges that lie ahead.

Get ready. It's going to be another year of great ortho accomplishments!

To jumpstart your own Total Success Ortho Practice Makeover, experience Dr. Roger Levin's next Total Ortho Success Seminar being held April 8 and 9 in Chicago. Ortho Tribune readers are entitled to receive a 20 percent courtesy. To receive this courtesy, call (888) 973-0000 and mention "Ortho Tribune" or e-mail customerservice@levingroup.com with "Ortho Tribune Courtesy" in the subject line. OT

OT About the authors

Levin Group Senior Consultant **Kevin Johnson** has spent the last eight years working as a Levin Group orthodontic management and marketing consultant. He manages a team of consultants and is a frequent lecturer at the Levin Advanced Learning Institute. Johnson earned his degree from Towson University in 1996.

With many years of marketing experience, Levin Group Consultant **Emily Ely** joined Levin Group in 2005. Ely uses her unique knowledge and experience to provide marketing solutions for orthodontic practices. She earned her degree in business from Towson University.

Both Ely and Johnson are members



of the Ortho Expert Team, a specialized group of consultants who are trained in the needs of orthodontic practices.

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