

AAO heads to Las Vegas for Winter Conference

Members encouraged to invite restorative colleagues

By Sierra Rendon, Managing Editor

The American Association of Orthodontists will host its 2014 Winter Conference from Feb. 7–9 at Caesars Palace in Las Vegas.

The focus of the event will be “Adult Treatment: A Clinical Conference for Orthodontists and Restorative Dentists.”

AAO members are encouraged to invite restorative dentistry colleagues to attend and join the exploration of how the specialties can collaborate to produce outstanding clinical results.

The team aspect of the event is just the beginning, according to organizers, as there will be a comprehensive set of presentations from recognized clinical experts, covering topics ranging from new treatments in adult esthetics to sleep apnea to breakthrough orthodontic and restorative materials as well as computer-assisted diagnostics and treatment.



The American Association of Orthodontists will host its 2014 Winter Conference at Caesars Palace in Las Vegas. Photo/www.sxc.hu

Attendees will hear perspectives about the clinical and medico-legal risks inher-

ent in adult treatment, and an update on the most current considerations in the management of TMD. Methodologies to change the speed and quality of treatment through changes in patient physiology will be discussed with focus on both accelerated osteogenic orthodontics and vibratory stimulation of tooth movement, organizers said.

This AAO Winter Conference is dedicated to Dr. Vince Kokich. Kokich served as the AAO's Winter Conference co-chair and worked to develop the scientific program prior to his passing.

This meeting is dedicated to Kokich in memory of his many contributions to dentistry and specifically to interdisciplinary treatment as featured in this program.

Registration is open and hotel reservations may be made at www.aaoinfo.org. Restorative dentists may also register at www.aaoinfo.org. Use the “Meetings & Events” section pull-down to access information about the conference and to register.



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How to improve our diagnostic acumen: Teach it to our residents — Part I

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

Are orthodontists responsible for examining the occlusion, teeth and gingiva? Yes, for sure, but we also have a responsibility to use our training and understanding not just to straighten teeth, correct malocclusions or improve skeletal discrepancies of the jaws but to ensure that any and all pathology in the head and neck is identified, documented, treated or referred for treatment.

After many years of clinical practice and teaching, it occurred to me that many of our residents are missing certain aspects of their orthodontic training. Nothing is a better teacher than personal experience; however, what we do and how we do it in practice often reflects upon the educators and mentors in postgraduate residency programs.

The following are examples of issues and guidelines that are seldom, if ever, mentioned in our teaching; they are subjects that go beyond the routine in the diagnostic process and examination.

1. *Documentation* is the most glaring problem that is often overlooked in resident training, mostly because it is assumed that the residents know how to write and what to write in all correspondences, diagnostic letters and patient charts, but do they? Most do not! We must prepare them to speak before a group of individuals, to address a judge and jury in the courtroom and, most important, we must educate them to document correctly, writing with proper English.

Speaking clearly and writing properly are the most important aspects of documentation for communicating our thoughts, treatment plans, problems, objectives and projected outcomes. Writing clearly in a patient's chart can make a big difference years later when asked to review a patient's record and we cannot even remember the patient's name, let alone treating them.

Ask any medical malpractice attorney about how well dentists or orthodontists document properly in a patient's treatment chart. You will be mortified. Most clinicians do not take the time to write adequate notes, explaining or identifying problems encountered such as compliance, oral hygiene, lack of proper appliance care, etc., and some writing so poorly that whatever is written either cannot be deciphered or makes little or no sense.

Not only are many notations illegible, they are often written with shortcuts and abbreviations only known to that clinician. Most chart entries are too



short, incomplete, unacceptable and inadequate. These situations occur much too often and are a poor reflection on the educators because this is our responsibility.

2. *Cephalometric radiographs* can provide much more diagnostic information than measuring lines and angles by looking beyond the teeth. As a broad scan, it can be used to find pathology other than dental disease. Not too long ago, a recently graduated orthodontic resident came to me beaming, stating that because of his diagnostic lectures, he spotted a carotid artery calcification on a routine cephalometric radiograph of a new 24-year-old patient. Presenting with no familial or personal medical history of high cholesterol or heart disease, this calcification was never diagnosed and unbeknown to the patient. According to the vascular surgeon who removed the calcification, this pick up saved the patient's life.

A cephalometric radiograph can help in diagnosing cervical vertebrae problems, disc disease and other spinal abnormalities. Tonsil and adenoid enlargements that contribute to airway impingement, open-mouth breathing, high palatal vaults, open-bites, etc. can also be identified on a cephalometric radiograph. The list goes on, but such pick-ups can be found only if the doctor takes the time to examine the X-ray in greater detail.

3. *Submental vertex radiographs (SMV) and posterior-anterior X-rays (PA)* can and do show expansile lesions of the mandible whereas the panorex and cephalometric X-rays often do not.

Such was the case of an 18-year old female patient who had an asymptomatic mandibular swelling and was eventually diagnosed as fibrous dysplasia.

The diagnosis of fibrous dysplasia in a patient raises important questions for the orthodontist such as: (a) can a patient with fibrous dysplasia be treated with orthodontics, or (b) what are the contraindications to moving teeth in the presence of fibrous dysplasia? A rare finding indeed, but both of these views are extremely valuable tools that can facilitate early diagnosis of other pathology, especially vertebral problems caused by benign and malignant disease processes.

The SMV and PA are omnipotent in diagnosing skeletal midline discrepan-

cies. Midline deviations are often misdiagnosed and labeled as a dental problem, when in fact there is an underlying skeletal asymmetry in the maxilla, mandible or both. Midline issues and diagnoses can easily be confirmed by using these two radiographs that beautifully demonstrate when the left and right mandibular corpi are unequal in length. How often do we blame a cephalometric radiograph with non-superimposed position images on technique, when in fact (a) the PA view identifies the length of the mandibular rami to be unequal in length, or (b) the SMV view identifies the length of the mandibular corpi to be unequal in length?

Consequences of missing this astute diagnosis can have daunting and dire treatment results. Besides, attempting to move a maxillary or mandibular dental midline may be like shoveling sand back to the ocean when the tide is coming in ... a sure miscalculation that will result in relapse. These additional views can prevent misdiagnosis, poor treatment results and explain or even lead to understanding the etiology of a patient's malocclusion: Is it skeletal, dental or both?

NOTE: Part II of this article will publish in the next edition of Ortho Tribune.

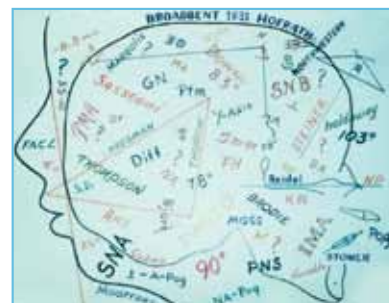


Image courtesy of Dr. Earl Broker.

Obituary: Dr. Howard Sacks

Dr. Howard Sacks, a member of the Ortho Tribune's Editorial Review Board, passed away on Oct. 20, 2013.

Dr. Sacks was a graduate of Queens College, University of Pennsylvania, School of Dental Medicine and Albert Einstein Medical Center Orthodontic Residency program and practiced orthodontics in Miami, Fla., since 1977.

He is survived by his wife, Dr. Arlene Sacks, daughter Mara Sacks Dewrell, son Merritt Sacks and three grandchildren.

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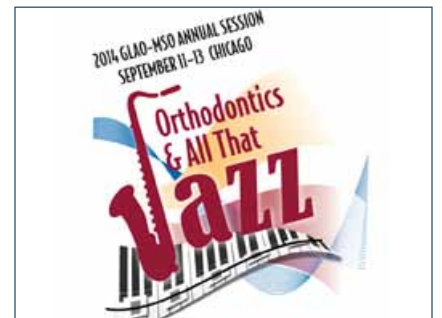


GLAO and MSO will host a joint 2014 Annual Session in Chicago this year.
Photo/www.sxc.hu

GLAO and MSO combine for 2014 Annual Session in Chicago

By MSO staff

The Great Lakes Association of Orthodontists and Midwestern Society



AD



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The Mission of the AAO Foundation, the charitable arm of the American Association of Orthodontists, is to “advance the orthodontic specialty by supporting education and research”.

Foundation funding ensures the future viability of the specialty by investing in the next generation of educators and researchers. Since 1994, the AAOF Awards Program has contributed \$9.5 million in funding, primarily in support of Junior Faculty.

In addition to support of Junior Faculty, the Foundation has created the AAOF Craniofacial Growth Legacy Collection (www.aaoflegacycollection.org) designed to preserve representative materials from the participating orthodontic collections, improving orthodontic research in the U.S. and Canada.

The latest fundraising effort of the AAO Foundation’s overall **Continued Commitment to the Specialty®** is the new *Research Initiative* focused on improving orthodontic research in the U.S. and Canada by bringing in \$5 million in new pledges, so that overtime and calculated at an average rate of return of six percent, this will result in an additional \$300,000 restricted for orthodontic research.

Please consider a pledge to support this new initiative!

For further information contact Robert Hazel, rhazel@aaortho.org, 800.424.2841, #546 or visit our website at www.aaofoundation.net

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of Orthodontists are combining efforts for a joint 2014 Annual Session to be held Sept. 11–13 at the Hilton in downtown Chicago.

The program features a premier scientific program and staff program. Doctor lectures will be presented by Drs. Roberto Justus, Katherine Vig, Thomas Cangialosi, Eustáquio Araujo and Patrick Turley and a special presentation by Paul Zuelke. The staff program includes a high-energy presentation by Bruce Manchion, CEO of Universal Training Concepts Inc., on Friday and a combined presentation on Saturday with Paul Zuelke, president and founder of Zuelke & Associates Inc., and LeeAnn Peniche, president and founder of Peniche & Associates.

The newly redesigned Hilton Chicago is located on Michigan Avenue across the street from Grant Park, overlooking the lake with easy access to the cultural museum area of downtown Chicago. The Hilton Chicago has a storied past hosting every U.S. president since Harry Truman.

Go to www.msortho.org for a schedule of events and exhibitor prospectus. Registration and hotel reservation information will be mailed to GLAO and MSO members, as well as being available on the website, by early summer.

The Great Lakes Association of Orthodontists and Midwestern Society of Orthodontists are separate constituent organizations of the American Association of Orthodontists (AAO). Together they represent more than 2,700 orthodontists in Indiana, Michigan, Ohio, Pennsylvania (west of the Alleghenies), Missouri, Illinois, Iowa, Wisconsin, Minnesota, Nebraska, South Dakota, North Dakota and the Canadian provinces of Manitoba and Ontario.

The last GLAO-MSO combined annual session held together in Chicago in 2004 attracted 591 doctors and 768 staff.

For additional information, go to www.msortho.org or contact the MSO office by phone at (636) 922-5551, e-mail msortho@charter.net or send mail to 3260 Upper Bottom Road, St. Charles, Mo. 63303.

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ClearCorrect appoints new CTO in preparation for product releases

ClearCorrect, LLC, announced recently that orthodontist Dr. James Mah, DDS, MSc, DMSc, has been appointed as its new chief technology officer to help develop improved treatment protocols, training resources and brand-new products to be unveiled this year.

"We're out to make innovative products that dentists and orthodontists love, products that are both effective and affordable. There's no one more qualified to lead that effort than Dr. Mah," said Jarrett Pumphrey, ClearCorrect CEO. "With

his extensive clinical experience and his deep knowledge of advanced dental technologies, he's a tremendous addition to our team, and we're excited to have him."

Mah is a practicing orthodontist as well as a clinical professor and the program director in orthodontics at the University of Nevada, Las Vegas. He has pioneered research and developments in 3-D imaging and modeling in orthodontics for the purposes of diagnosis, treatment planning and therapeutics as well as anthropology and forensics. He is also involved

in the research and development of 3-D facial imaging devices, intra-oral scanners, CAD/CAM applications in dentistry and cone-beam CT scanners.

Mah commented on his new position as chief technology officer: "ClearCorrect delivers innovative solutions to the dental community, and I'm proud to join the team. Together, we're improving ClearCorrect's already-great products while also working on new releases for 2014 that we're pretty excited about sharing with our providers."

About ClearCorrect, LLC

ClearCorrect works with more than 15,000 doctors, making it a leading manufacturer of clear aligners. The company offers an affordable and doctor-friendly approach, including a phase-based system to enhance flexibility and control for doctors. It recently celebrated its seventh-year anniversary and has international plans on the horizon.

For more information, please visit www.clearcorrect.com or call (888) 331-3323.

OrthoAccel Technologies expands its senior management team

OrthoAccel® Technologies Inc. announces two new additions to its senior management team: Jeff Layton as the company's new chief operations officer and Doug Bukaty as vice president of sales. Both executives have distinguished careers that include management positions at Fortune 500 companies.

As chief operations officer, Layton oversees OrthoAccel's product engineering, design, development and manufacturing as well as supply chain, quality assurance and customer service.

Most recently, he was the vice president of operations for Xtreme Power, a manufacturer of renewable energy storage systems. Layton's 25-year career also includes management positions at Dell, where he was the director of power and reliability engineering, and at 3M, where he was the plant engineering operations manager for the company's dental products division. A graduate of the U.S. Naval Academy, Layton was a nuclear submarine engineering operations officer in the United States Navy.

As the leader of OrthoAccel's sales division, Bukaty oversees all aspects of business development and revenue growth. He comes to the company from Saranova, a private, equity-backed specialty medical distribution business where he served as vice president of sales for Bound Tree Medical.

Bukaty has more than a decade of corporate experience in the orthodontic industry with past sales positions at Align Technology and Johnson & Johnson's "A" Company Orthodontics. A graduate of the University of Kansas, Bukaty also completed professional development programs at Northwestern University's Kellogg School of Management.

"Jeff Layton and Doug Bukaty are great additions to OrthoAccel's senior management team, and we know that their strong records of success in operations and sales will help fuel our next level of growth as the leader in accelerated or-



OrthoAccel Technologies Inc. has announced the addition of two key positions on its senior management team: Jeff Layton as the company's new chief operations officer and Doug Bukaty as vice president of sales. Photo/Provided by OrthoAccel Technologies Inc.

thodontics," said Mike Lowe, president and CEO of OrthoAccel Technologies, Inc.

The company manufactures AcceleDent®, the only FDA-cleared, Class II medical device that has been proven to accelerate orthodontic treatment up to 50 percent.

Lowe added, "These executives join OrthoAccel at a time of tremendous momentum as our AcceleDent product is now offered in more than 1,000 orthodontic offices in North America with plenty of opportunity for continued growth."

Orthodontists and staff members who are interested in learning more about AcceleDent, or how to offer the technology at their practice, can locate an OrthoAccel sales representative at www.AcceleDent.com/orthodontists or

by calling (866) 866-4919.

About OrthoAccel Technologies Inc.

Based in Houston, Texas, OrthoAccel Technologies, Inc. is a privately owned medical device company engaged in the development, manufacturing and marketing of products to enhance dental care and orthodontic treatment.

OrthoAccel developed and sells AcceleDent Aura, the first FDA-cleared clinical approach to safely accelerate orthodontic tooth movement by applying gentle micropulses via SoftPulse Technology® as a complement to existing orthodontic treatment.

More information can be found at www.acceleDent.com and www.acceleDent.co.uk or requested via info@orthoaccel.com.

AlignerMeter app adds an orthodontist database

Great Smiles, LLC, has released a new update to the AlignerMeter app, which is currently available for Android smartphone and iPhone users who are seeking to determine if they can benefit from invisible braces.

"This pioneering app is rapidly growing in popularity," said Michael Noorani, AlignerMeter CEO. "Since we first released the AlignerMeter app in January 2013, we have seen an incredible response! This app has generated the largest fan base of its kind: individuals who would like to determine if they're a good candidate for invisible braces and users who are seeking an orthodontist who specializes in invisible braces."

The AlignerMeter app provides iPhone and Android smartphone users with a fun and simple way to get a referral to one of the hundreds of orthodontists who are registered with the AlignerMeter orthodontist database. The application works by capturing three photographs of the individual's teeth. The app takes a straight-on view from the front, along with a photo capturing the right and left sides of the subject's smile.

Once the three photographs are captured, the AlignerMeter app sends the images to a board-certified orthodontist who examines and evaluates the photos to determine whether the subject is a suitable candidate for invisible braces. In cases where the app user is an eligible candidate for invisible braces therapy, the AlignerMeter app will generate a referral to a local orthodontist in their area, Noorani said.

Orthodontists who offer invisible braces are invited to register with the AlignerMeter orthodontist database. Membership is free, and it only takes a few minutes to sign up via the AlignerMeter app website at www.AlignerMeter.com.

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The content craze: How to do it the right way

By Angela Weber, OrthoSynetics

Content marketing has become a big thing in recent years, and this promotional technique is only poised to get bigger. When done right, content marketing is quite effective, and it doesn't need to cost much — just an investment of a couple hours each week or so. Because of its growing importance and low barriers for entry, any orthodontic practice looking to rev up its marketing should consider adopting content marketing to bring in new patients and strengthen relationships with existing ones.

But what is content marketing anyway? It basically is about the creation of articles or entertainment that a business' customers care about, and this content will directly or indirectly lead to sales. As a marketing tactic, it's nothing new. The Michelin Guide, which is well known for its prestigious rankings of restaurants, first began in 1900 to provide suggested destinations for motorists who presumably would use Michelin tires to travel. "The Guinness Book of World Records" was created to settle bar bets and spur conversations in pubs where, you guessed it, Guinness was served. It's been a long-standing practice for airlines to publish in-flight magazines that subtly promote destinations they fly to.

Like so much else, content marketing has moved online, and the current nature of the Internet has allowed it to flourish. (Content marketing can take different forms, but to keep things simple for now, just think of it as an ongoing blog posts on your practice's website.) Here are five reasons to participate in content marketing:

- **Boost search traffic to your site** — Search engines give higher rankings to sites that (a) are updated and fresh and (b) provide users with the information they are looking for. Content marketing satisfies on both counts and has replaced dubious search-engine optimization tricks like keyword stuffing.
- **Increase social media activity** — Content marketing is not social media marketing, but social media enhances your content's visibility. When you post links to your blog on your practice's Facebook page or Twitter feed, you'll give your followers something to respond to while strengthening those networks.
- **Establish expertise** — People online are searching for answers to their questions, including orthodontic ones. Why shouldn't you be the one who has the answers? Show what you know. Your content can be useful and in demand.
- **Show your practice's personality** — Unique content created by you and your staff will allow patients to get to know you better, in turn deepening relation-



Strong content marketing can boost search traffic to your site, show your practice's personality and increase social media activity.
Photo/www.sxc.hu

ships and boosting referrals.

- **Create differentiation** — If a prospective patient were choosing between orthodontists and saw your site overflowing with personality and activity and another site that was bland and static, the scales would definitely tilt to your practice's favor.

Get with the plan

The difference between social media marketing and online content marketing is that in the former the focus is on creating activity in the social networks themselves, while in the latter your practice's website is the hub (with social media helping to direct people there). There is some overlap, of course. Some content, like videos or photos, can work well both on a social network and on your own site. In the end, strong content marketing can serve as fantastic fuel for social-network engagement.

Because of the interplay between these online marketing strategies, it might seem a little unclear as to how to put it all together. That's why before embarking upon a content marketing push, it's best to start with a plan:

- **Figure out your goals** — Take a look at the five reasons above to participate in content marketing. Which ones do you find the most important? Is there another goal that's not listed? Decide what you want to achieve first. Then find a way to

quantify success. Depending on your goals, that might mean doubled web traffic, a 50 percent increase in referrals, or something else.

- **Research and gather general ideas for content** — One good place to start brainstorming is to ask your employees to make a list of the questions they hear frequently asked. What do people want to know? Think about the conversations you yourself have with patients every day, and use that to generate ideas. And certainly don't forget to ask some of your patients directly. What sort of content do they say they would they be interested in?

- **Decide what content to create** — The content you create will depend on your goals and your research. If you're going for expertise and authority, you might want to create articles to answer the questions people have, write patient case studies and offer orthodontic tips. If you're going for a more personal approach, your content would likely more center around first-person blog posts and informal videos of what day-to-day life is like in your practice.

- **Plan a content schedule** — The hardest thing about content marketing is generating quality content on a consistent basis. While a robust content marketing campaign is ideal, posting items on your blog just a few times a month is sufficient to see the benefits. Determine

what your office can realistically handle, and make sure to calibrate your goals accordingly.

- **Delegate content creation** — Will you create the content yourself, will one staff member do it, or will it be a team effort? Figure out who in your office will create the content and add the task to their list of duties. You may find some staff members will find this endeavor particularly interesting to do.

- **Decide on distribution** — Uploading content to your website and leaving it at that is OK, but to reap greater benefits, you should take advantage of social networks. The problem is there are so many of them. So poll your target audience (during the research stage) and find out which social networks they use the most. Studies also show there are more effective times than others to post for optimal engagement.

Don't expect thousands of Internet users to come flooding to the first article you post on your blog. Content marketing is not a quick fix for anything. But even if you have posted just two items a month, by the end of the year, you'll have 24 new pieces of material on your website. That content will be enough to draw attention from search engines, strengthen patient relationships and differentiate you from competitors. Content marketing requires sustained effort but rewards it, too.

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