

PCSO takes to SoCal



The PCSO and the WIOC will join for the PCSO's 78th Annual Session in Anaheim, Calif., from Oct. 2–5. Photo/www.freeimages.com

78th Annual Session held in conjunction with the WIOC

By Sierra Rendon, Managing Editor

The Pacific Coast Society of Orthodontists and the World Implant Orthodontic Conference will join together for the PCSO 78th Annual Session from Oct. 2–5 in Anaheim, Calif.

The meeting offers four days of education, networking with colleagues and

social events that will highlight the many attractive features of Southern California, event organizers said.

Whether you're looking for innovative information on orthodontic treatment, practice management information, team building for your entire staff or hands-on learning opportunities, the PCSO/WIOC has them scheduled for this meeting.

Session topics range from "Zipping Past the Tipping Point with Mini

Screws" with Dr. S. Jay Bowman to "Vertical Control Through TADs — How We Create the Beautiful Face" with Dr. Yanheng Zhou to "Effects of Orthodontic Treatment with Implant Anchors on TMJ" with Dr. Yasuo Watanabe, in addition to countless others.

The PCSO's planning committee, which put together the schedule for this year's event, include Drs. Ronald Jawor, Lili Horton, Frank Beglin, Terri Yoshikane, Robert Meister and Ms. Karen Moawad. Aiding them from the WIOC is Drs. Ravi Nanda, Peter Ngan and Flavio Uribe.

A special networking opportunity will take place at the PCSO and WIOC 2014 Welcome Party.

The event will take place at the Richard M. Nixon Library & Museum from 6–10 p.m. Friday, Oct. 3. The evening will include dinner, dancing and a chance to tour the grounds, which includes Nixon's childhood home, and many exhibits. Dress code is cocktail attire, and tickets for the evening are \$95. Transportation will be provided from the Marriott Hotel and Convention Center.

Next year's session will take place in Palm Springs, Calif., from Oct. 22–25.

For more information, please visit www.pcsortho.org or www.wioc2014.com.

CASE STUDY

Optimal timing for management of impacted canines

By Dr. Michael Mayhew

In this article, I present a case with blocked maxillary canines emphasizing optimal treatment timing and treatment mechanics utilizing a non-extraction approach and Damon™ System appliances.

Introduction

The pendulum swing for extraction versus non-extraction treatment has definitely taken a non-extraction direction in recent years. This has placed a new emphasis on arch length development or arch enlargement techniques. This emphasis appears to have an esthetics-savvy public demanding and appreciating orthodontic treatment plans that are directed at avoiding extractions and potentially creating broader and fuller dental arches.

It is the orthodontist's challenge to complete diagnostic evaluations for each patient individually and to determine the optimal timing and treatment plan for them. Patients with impacted dentition and late mixed dentition offer a particular challenge when assessing treatment timing relative to growth potential, tooth extractions due to inadequate room for tooth eruption and potential time in treatment.

Self-ligation orthodontic appliances have stimulated discussion and challenged conventional wisdom about orthodontic treatment planning, clinical mechanics, outcomes and stability. Treatment theories are predicated on the appliances and wire interactions providing a more efficient method of force application and resultant orthodontic alignment.

The mechanical interaction of the wire/bracket interface coupled with hard and soft tissue adaptation is stated to "develop" arch width and resultant arch length. It is hypothesized that this combination of arch dimensional and alignment changes promotes the need for fewer extrac-

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Preventive, pre-orthodontic treatments can be undertaken and completed much sooner than — or, if necessary, even in conjunction — with braces and can produce outcomes superior to those achieved using a single-treatment method. Photos/Provided by Myofunctional Orthodontics

Pre-orthodontic options for 21st-century parents

By Daniel Elliott
Myofunctional Research

As a matter of routine, when accepting an orthodontic treatment plan, parents are required to acknowledge their children's teeth could be damaged during treatment. At best, unless they commit to permanent use of a retainer, patients

can expect almost definite relapse, and worst-case scenarios may include enamel damage, root resorption or in the case of corrective jaw surgery, painful lifelong complications.

Unfortunately, though, while parents are becoming more aware of the risks and limitations of traditional orthodontics and generating impetus toward more stable, less invasive treatments, often they are not being fully informed of all the available options.

Despite this increased recognition regarding the shortcomings of traditional orthodontic treatments and escalating demand for contemporary options, the causes of malocclusion remain somewhat clouded from parents. In order to make an informed decision regarding their children's oral health and decide which treatment is most suitable, these causes must be highlighted.

Three in four 21st-century children will experience malocclusion and parents, as well as the dental professionals advising them, have traditionally attributed this to hereditary factors. However, research demonstrates that rather than genetics, the aetiology of malocclusion is predominately environmental.

The most current evidence, which is often not presented to parents during orthodontic consultation, reveals the majority of malocclusions are caused by incorrect jaw development.

This incorrect development restricts the space available for erupting teeth and prevents them from growing into their ideal natural position. For the best part of the last century, the easiest fix for this problem has been to extract healthy permanent teeth, then use braces to align the remaining teeth into underdeveloped jaws.

Unfortunately, for countless orthodontic patients, these mechanical treatments are focused on the symptoms of malocclusion but fail to address the underlying causes, and relapse is the most predictable outcome.

An increasing number of dental professionals have accepted the necessity for new treatment methods, which address the causes rather than just correct the symptoms of malocclusion.

These practitioners recognize that in addition to environmental factors (such as the modern diet), inhibited jaw development is being caused by poor myofunctional habits including thumb sucking, reverse swallowing and mouth breathing.

Once these myofunctional causes of malocclusion have been identified, the potential for natural growth is unlocked and myofunctional treatment methods, which can produce more stable results without relying on heavy mechanical forces, become possible. Additionally, these preventive, pre-orthodontic treatments can be undertaken and completed

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21st-century parents are increasingly enthusiastic about treatment systems that package myofunctional habit correction, arch expansion and dental alignment into one integrated system.

much sooner than — or, if necessary, even in conjunction — with braces.

In fact, combining pre-orthodontic preventive treatment with less invasive orthodontic techniques can produce outcomes superior to those achieved using a single-treatment philosophy.

As a result of improved awareness regarding their children’s oral health care, 21st-century parents have become increasingly enthusiastic about less invasive, more preventive treatment methods and legally should be presented with all available treatment options.

Although patient compliance with functional appliances and myofunctional therapy techniques has historically restricted the widespread acceptance of these treatments, modern techniques have addressed these concerns. There are now treatment systems that package myofunctional habit correction, arch expansion and dental alignment into one integrated system that satisfies the parental demand for modern, early pre-orthodontic techniques.

Assure: One primer, all surfaces

One of the most frustrating aspects of chairside orthodontics has been the process of consistently bonding to artificial and atypical enamel surfaces. Over time, specific products were developed to bond to various substrates such as porcelain, metal, plastic and atypical enamel.

Unfortunately, these products were specific to one surface. For example, 4-META was used as a metal conditioner. Plastic surfaces were treated with a combination of methylmethacrylate, amine and resin. Porcelain crowns required a silane treatment in addition to a caustic hydrofluoric acid etching agent. Confusion often arose as to the various products and protocols needed for each substrate due to a lack of frequent repetition with these special bonding procedures.

In 1998, Reliance Orthodontic Products introduced Assure™ Universal Bond Resin to the orthodontic profession. Assure allowed clinicians to successfully bond to metal, composite and enamel (wet or dry; normal or atypical) with no additional primers. Furthermore, Assure is compatible with any light-cure, dual-cure or chemical-cure paste — regardless of manufacturer. Most importantly, Assure’s hydrophilic properties bond very well to both normal and atypical contaminated surfaces, making it a fixture in most orthodontic practices.



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The treatment of adults can create a need to bond to dentin and bleached enamel. Assure Plus bonds to both surfaces. Simply acid etch the dentin for 30 seconds, rinse and dry but do not desiccate, leave the dentin moist. Then apply two coats of Assure Plus, lightly dry, light cure and place bracket with the adhesive of your choice.

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Where are you now? Where would you like to be?

By Roger P. Levin, DDS

In a recent speech, a Fortune 500 CEO said that most strategic plans fail because the top decision-makers do not start in the right place. They are unable to answer the question, “Where are we now?” Without this information, business leaders cannot choose the right path to move forward.

The same principle applies to orthodontists. For doctors to make the best business decisions, they must be in possession of accurate business data about their practices.

The most effective method for doctors to acquire the correct information about their practices is through a performance analysis.

During the last five years, 75 percent of orthodontic practices have suffered production declines, according to the Levin Group Data Center.™ Today, as more ortho practices struggle to gain new patients, the *business* of orthodontics has taken on far greater importance than in the past.

Prior to the great recession, nearly all ortho practices grew steadily year to year. There was an abundance of patients, and competition wasn’t as fierce. Success came naturally.

Since then, the economic landscape has changed. To operate a financially

successful practice, orthodontists need a higher level of business knowledge and skill than in the past. The best source for gaining such knowledge is the prudent use of outside business experts.

Just as parents and patients rely on an expert (i.e. the orthodontist) for diagnosing orthodontic problems, doctors should do the same when it comes to the business side of their practices. An accurate diagnosis — both in orthodontics and business — is the first step to designing an appropriate treatment plan.

One option that many orthodontists have turned to is Levin Group’s “Practice Performance Analysis™.”

This evaluation is conducted by a certified practice analyst, who observes the practice first-hand, reviewing critical practice data, interviewing the doctor and key staff members and, ultimately, uncovering the root causes of production declines and poor performance.

When you look at your practice today, what do you see? Levin Group’s certified practice analysts — who are highly trained and experienced in evaluating ortho practices — are adept at zeroing in on key performance figures. What they see for nearly every practice is the potential to increase production significantly.

Equally important, our expert analysts pinpoint exactly why that potential has not yet been actualized by the practice. Every practice is analyzed against the “9

Areas of Expertise,” which are critical to ortho practice success in the new dental economy. These are:

- Production
- Collections
- Team building
- Scripting
- Case acceptance
- New patient experience
- Treatment coordinator
- Scheduling
- Marketing

In addition, the evaluation includes a SWOT analysis, which defines Strengths, Weaknesses, Opportunities and Threats. Widely used by companies of all types, this powerful analytical tool provides an excellent picture of a practice’s status, broken down into these four categories:

- **Strengths** — Positive factors inside the practice, e.g., well-liked staff, superior technology, strong referral network
- **Weaknesses** — Areas that need to be improved in the practice, such as chaotic schedule, excessive overdue debonds, unattractive office décor
- **Opportunities** — External situations that the practice can take advantage of, like office space available in an excellent location, new potential referral sources, specialized training
- **Threats** — Conditions in the market that are or could be hurting the prac-

tice’s business, e.g., new practice opening down the street, fewer referrals from GPs, etc.

Orthodontists typically don’t have key advisors to talk to and work with who understand ortho practices and the business of orthodontics in great depth. Having a business expert in your corner can help you break out of a production slump and start the process of growing your ortho practice once again.

About the author

DR. ROGER P. LEVIN is the founder and CEO of Levin Group, Inc., a leading orthodontic consulting firm. A nationally recognized speaker, Levin pres-

ents practice-management seminars throughout the country. View his schedule at www.levingroup.com/orthoseminars.

As part of its educational mission to dentistry, Levin Group provides a free “Tip of the Day” to more than 50,000 dentists, specialists and team members. To help orthodontists improve the business performance of their practices, Levin Group offers the Practice Performance Analysis. For more information, visit www.levingroup.com/analysis.



3 online tips to increase new appointments

By Diana P. Friedman, President, CEO
Sesame Communications

In today’s connected world, your future patients depend on the Internet to manage almost every aspect of their lives. However, the tremendous expansion of the Internet makes reaching and engaging with them a constant challenge.

According to business intelligence firm Domo, every minute 571 new websites are created, more than 100,000 tweets are sent, and Facebook users share 684,478 pieces of content.¹

Here are three ways to ensure your practice rises above the persistent noise to connect with prospective patients and convert them into new patient appointments.

1 Tailor your website for an amazing patient experience: In the connected world, prospective patients will form an immediate opinion of you and your services based on what they see and experience online. To ensure your website will drive new patients to choose your practice, ask yourself the following questions:

- Do I have a functional website? If not, your practice is invisible to the connected world.

- Does my website appeal to patients? Make sure your website reflects the vision of a developer who has taken a re-



Get smart online to create a stream of new patients. Photo/Provided by Sesame Communications

search-based approach to designing sites with prospective dental patients in mind.

- Is my website optimized for mobile devices? As of January 2014, 87 percent of smartphone users accessed the Internet using their phones.² If your website does not automatically optimize, your prospective patients will likely head to a competitor.

One last piece of advice — dental practices are unique businesses. If you decide it’s time to work on your website, use a reputable vendor with deep roots in designing sites specifically for the dental industry.

2 Make SEO a priority: Once you have your website in order, you need to make sure prospective patients can find it. Eighty percent of traffic to a website

begins with a search query, and 61 percent of searchers consider local results to be more relevant than standard search results.³ This makes search engine optimization (SEO) efforts a must. A key here is to use a firm well versed in local SEO strategies within the dental industry to achieve lasting results.

3 Energize your social media efforts: According to a recent study, Internet users spend more time on social media than any other Internet activity.⁴ Embracing a social media presence enables you to spend time effectively forging genuine relationships with prospective patients. In terms of where to invest in social media: Facebook, YouTube and LinkedIn are three places where you should focus your efforts. If your practice wants to attract

more new patients, it is important that you be active and engaged on these three social media channels.

Final thoughts

The Internet is your best source for reaching prospective patients — and focusing on these three strategies will help your practice create connections that convert into new patient appointments.

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DIANA P. FRIEDMAN, MA, MBA, is president and chief executive officer of Sesame Communications. She has a 20-year success track record in leading dental innovation and marketing. She has served as a recognized practice management consultant, author and speaker. She holds an MA in sociology and an MBA from Arizona State University.



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