

**SELF-LIGATION
LECTURE NOTES**

**SELF-LIGATION
HANDOUTS**

**CLINICAL TIPS
LECTURE NOTES**

**CLINICAL TIPS
HANDOUTS**

**PRACTICE ADMINISTRATION
LECTURE NOTES**

**PRACTICE ADMINISTRATION
HANDOUTS**

**MARKETING
LECTURE NOTES**

**MARKETING
HANDOUTS**

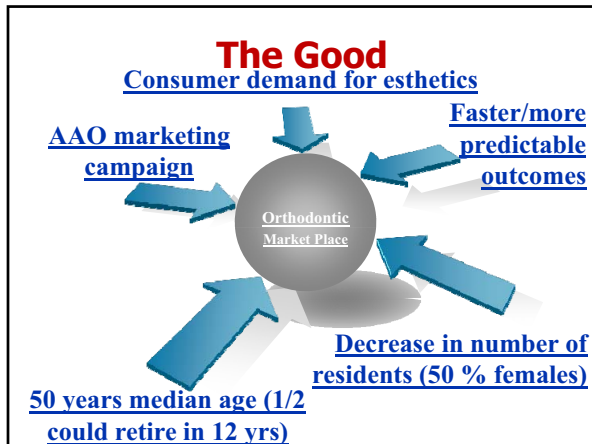
**LIFE MANAGEMENT
LECTURE NOTES**

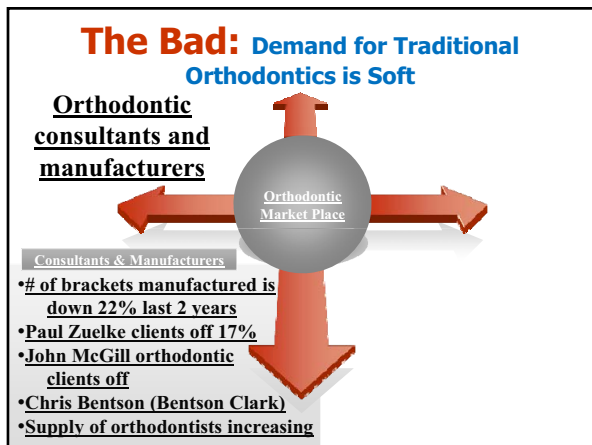
**LIFE MANAGEMENT
HANDOUTS**

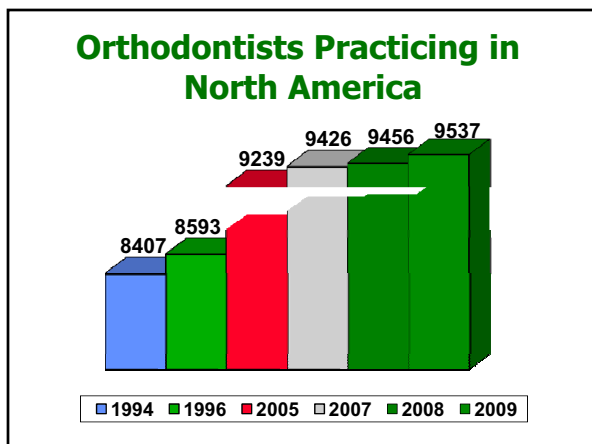
SELF-LIGATION LECTURE NOTES



- Orthodontic Marketplace**
- ❖ **The good**
 - ❖ **The bad**
 - ❖ **The ugly**







The Bad: Demand for Traditional Orthodontics is Soft

GP Market Changes

GP Market

- **Doing their own orthodontics**
- **Veneers**
- **Referring less-McGill and Bentson**

The Bad: Demand for Traditional Orthodontics is Soft

Consumer Changes

- **2 working parents**
- **TV generation**
- **Delayed gratification**
- **Consumer credit**

The Bad: Demand for Traditional Orthodontics is Soft

Practice Models

Plans

New schools: NC, HI, 2 CA, 2 AZ, II

OEC model

Jacksonville, Fla. Nevada Pomona, Calif.

Orthodontic Marketplace

❖ **The ugly : we are going to have to compete!**

But who is our competition?

Orthodontic Marketplace Summary

- ❖ **Commodity vs. healthcare**
- ❖ **Family budget: orthodontics seen as discretionary not needed healthcare**
- ❖ **We must compete in the consumer market**
- ❖ **Demonstrate why orthodontics is a better choice for consumer resources**

Orthodontic Marketplace Summary

- ❖ **Short term (next 10 years):
soft**
- ❖ **Long term:
somewhat promising**

Self Ligation

- ❖ Fry's experience
- ❖ Cases
- ❖ History of Self Ligation
- ❖ Fry's analysis of 8 bracket systems
- ❖ What we have learned
- ❖ "Why I switched to GAC"

Fry's History with Self Ligation

- ❖ 1975 Edgelock (Wildman)
- ❖ 1985 & 1989 tested Speed
- ❖ 1995 Damon Alpha Group
- ❖ 1997 converted 1/2 of practice to Damon SL
- ❖ 1997 Fry researched physiology of tooth movement
- ❖ 1998 converted whole practice to Damon
- ❖ 1998 to 2005 lectured nationally and internationally on Self Ligation (Damon)
- ❖ 2002 tried 50 cases of GAC Innovation
- ❖ 2004 tried 50 cases of "R", Smart Clip, Time
- ❖ 2005 converted to GAC (Innovation R)
- ❖ Treated in excess of 9000 cases with self ligation

Total Fee

\$5,000

100 UNITS

Total Number of Units*

= **\$50/UNIT (\$5/MINUTE)**

Income per Unit

*Unit = 10 Minutes

Diagnostic Approach

- ❖ Identify all problems
- ❖ List every possible solution to those problems
- ❖ Synthesize all options to maximize the Gold Standard (Effective/Efficient)
- ❖ Temper "your" treatment plan with what the patient wants

**Therapeutic
Diagnosis
Don't make an
irreversible
decision without
full knowledge**

**Extraction
vs.
Non-extraction**

I Teach Neither

Assumptions

- 1. There is an ideal position where lower anteriors will be stable.**
- 2. The pre-treatment width of the lower cuspids is a stable position.**

Rationale

- 1. Pre-treatment width of lower cuspids is stable**
- 2. Extraction maintains the width of lower cuspids**
- 3. Extraction = Stability**
- 4. Non-extraction = Instability**

Charles Tweed

- ❖ Retreated 100 unstable cases with extractions and presented at AAO, 1940**
- ❖ Basal bone = stability**
- ❖ Claimed greater stability**
- ❖ 5 year post retention studies?**

Stability Review

Sinclair, Little; AJO. 2004. 83:114-23
Little, Riedel; AJODO. 1988. 93:423-28,
Uhde, Sadowsky; AO. 1983. 53:240-52,
Swanson, Riedel; AO. 1975. 45:198-
203
Little; BJO. 1990. 17:235-41
Burke et. al. A meta-analysis of
mandibular intercanine width in
treatment and post retention. AO.
1997. 68(1):53-60

Burke

Meta Analysis Summary

- ❖ Results: "...extraction procedures in orthodontically treated cases have no greater likelihood for long-term stability of changes in mandibular intercanine width than nonextraction therapy."
- ❖ Conclusions: "...this study clearly supports the concept of maintenance of original intercanine width in orthodontic treatment."

Burke

Meta Analysis Summary

- ❖ Mandibular intercanine width (MIW) expands 1-2 mm during treatment
- ❖ MIW constricts to approximately the original width post retention
- ❖ MIW expanded more in extraction cases
- ❖ MIW relapsed more in extraction cases

Stability Review

Erdinc, et al. Relapse of anterior crowding in patients treated with extraction and nonextraction of premolars. AJODO, 2006; 129:775-84

Janson et al. Alignment in Class II malocclusion treated with 2- and 4-premolar extraction protocols. AJODO 2006; 130:189-95

Ormiston. Retrospective analysis of long-term stable and unstable orthodontic treatment outcomes. AJODO, 2005; 128: 568-74

DISCLAIMERS:

- ❖ I make no claim that self ligation cases are more stable.
- ❖ I make no claim that non-extraction cases are more stable.
- ❖ I do believe that more cases can be treated non-extraction with self ligation

Self-ligation has been tried before...

Why is it different today?

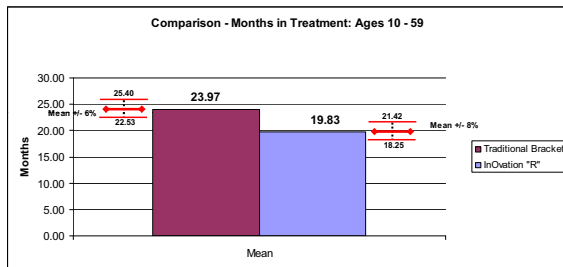
***High technology wires**

***Twin design**

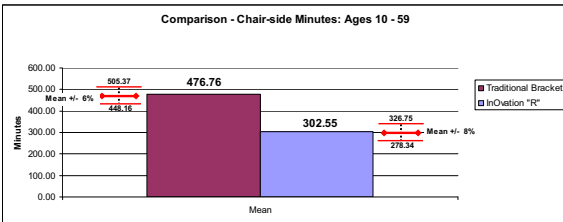
Claims?

- ❖ Shorter treatment times
- ❖ Shorter office visits
- ❖ Fewer visits

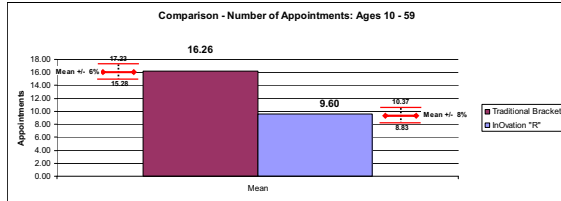
Dr. Jerry Clark



Dr. Jerry Clark



Dr. Jerry Clark



Regular Patient Visits/1998

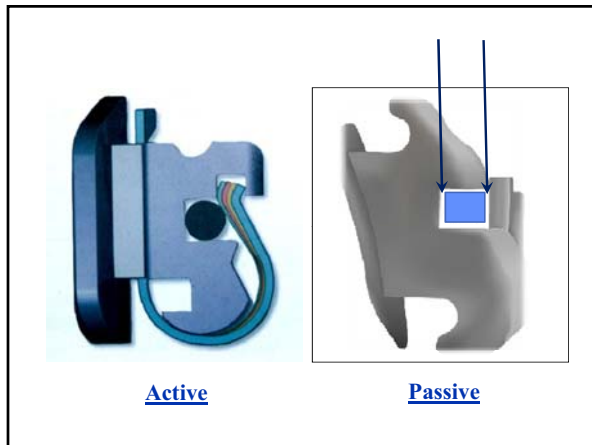
- ❖ **Damon** ❖ 14.5
- ❖ **Traditional** ❖ 18.5

FRICITION

- ❖ **The bad news**
 - ❖ Best to minimize in most mechanical systems
 - ❖ Especially true in orthodontics
- ❖ **The good news**
 - ❖ Not always a bad thing

Active vs. Passive Self-Ligation

No appliance is truly passive



Damon

Likes/Dislikes

- ❖ Twin design
- ❖ Torque control
- ❖ Oral hygiene
- ❖ Tube effect
- ❖ Lighter forces
- ❖ Fewer visits/case
- ❖ Marketing
- ❖ Patient comfort
- ❖ On time
- ❖ Esthetics
- ❖ Bracket placement
- ❖ Door breakage
- ❖ Tactile vs. visual
- ❖ Lower doors open
- ❖ Loose brackets
- ❖ Late incisor rotation
- ❖ Late space opening
- ❖ Rigid treatment sequence
- ❖ Second wire not express tip
- ❖ Multiple revisions to solve problems

In-Ovation R

Likes/Dislikes

- ❖ All Damon advantages
- ❖ Bracket placement
- ❖ Smaller tie wings
- ❖ Rotation control
- ❖ Torque sooner
- ❖ Tip control
- ❖ Fewer late spaces
- ❖ Finishing
- ❖ Occasionally hard to open bicuspid
- ❖ Can't place plastic ties diagonally
- ❖ Broken/warped clips
- ❖ Calculus hinders opening

IN-OVATION C

MTM[®] No-Trace[™]



What Have We Learned?

Spread out visits

Start cases later

**Why We Changed To
Innovation-R**

- ❖ **Staff input**
- ❖ **Former users switched**
- ❖ **Solved earlier problems**
- ❖ **Increased efficiency**

Efficiency problems

with passive

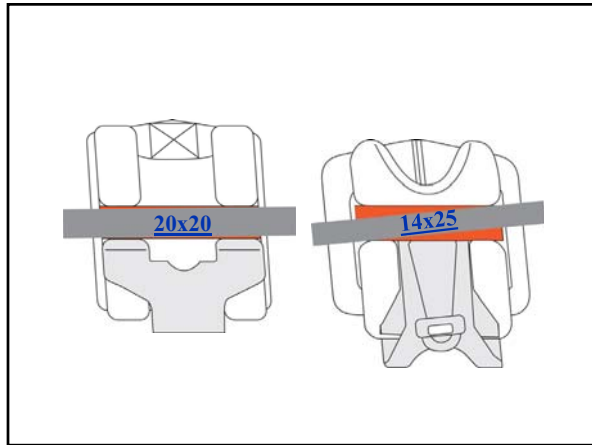
❖ **Loose brackets**

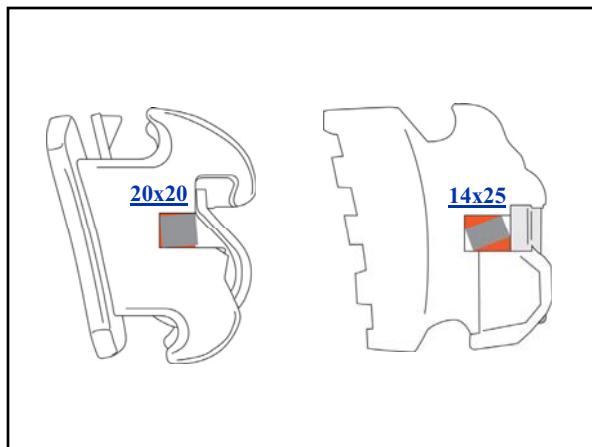
❖ **Tip**

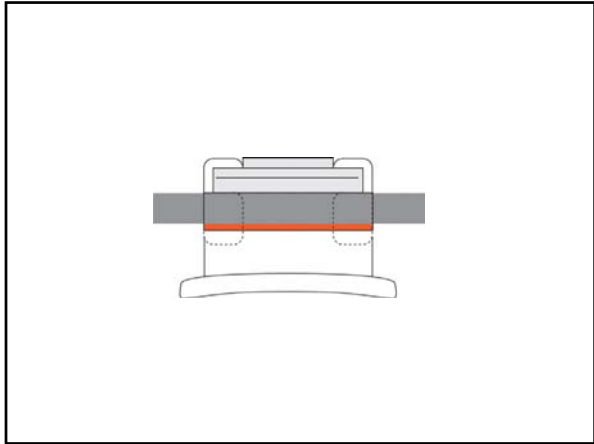
❖ **Torque**

❖ **In/out**

❖ **Finishing**

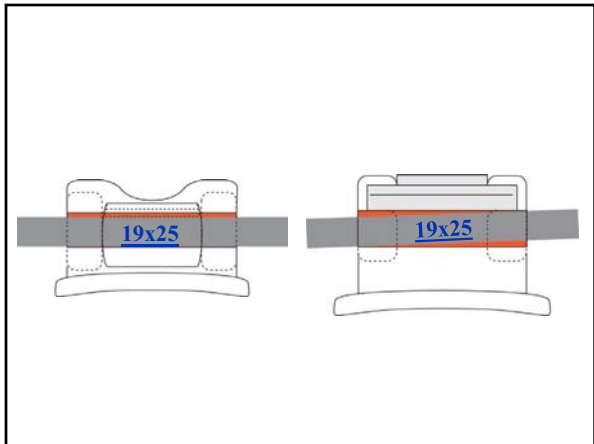






Achilles' heal of passive (finishing)

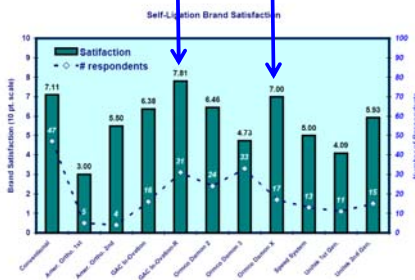
- ❖ **Late spaces**
- ❖ **Bracket placement**
- ❖ **Late rotations**



Rotation Solutions for Passive

- ❖ Tie 3-3 with steel
- ❖ Increase archwire size
- ❖ Decrease slot depth

Schulman Self – Ligating Satisfaction



Satisfactions scores on a 10 point scale.

Why We Changed To In-Ovation R

- ❖ Passive when needed / Active when wanted
- ❖ More flexibility of archwire/treatment regimens (Roth, Roncone, Alpern, Righellis, Damon etc.)
- ❖ Self ligating clear bracket ("C") and Lingual ("L")
- ❖ Convenience of GAC product line (one stop shopping)
- ❖ Cost (saved \$84,900 in 2006)

**Child
Metal**



# UNITS SCH	MTHS TOTAL	MTHS OVER/ UNDER	# EMERG	# LOOSE BRKTS	# REG APPTS
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2006

Average:	78.82	24.46	0.52	2.41	5.36	17.38
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2007

Average:	71.11	22.32	0.26	2.20	4.67	15.45
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2008

Average:	63.24	20.04	-1.49	1.80	3.55	13.92
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2009

Average:	62.93	18.20	-1.73	1.90	3.06	13.48
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**Why should I pay more for
Innovation "R"?**

Assumptions:

- ❖ Work 200 days/year
- ❖ Can cut 3 visits/case
- ❖ Can cut 5 minutes from each visit

You can:

- ❖ See 25% more patients or
- ❖ Take 25% more time off

SELF-LIGATION HANDOUTS

ROBERT W. FRY, D.D.S., M.S.

Robert W. Fry, a cum laude graduate of Graceland College in Lamoni, Iowa, earned his D.D.S. from the University of Missouri at Kansas City School of Dentistry in 1973. In addition to graduating with distinction as a member of the honor society, Dr. Fry was granted the Colgate award for his paper on *Preventive Dentistry*. He served two years as a Captain in the Army at Fort Hood, Texas. Dr. Fry went on to pursue his Master of Science in Orthodontics at the University of North Carolina, where he was elected to *Who's Who Among Students in 1976*.



In 1977, Dr. Fry founded his private practice in the Kansas City area. In 1999 Fry Orthodontics was awarded the highest ranking by the Kansas Award for Excellence. The office went on to win the award three years in a row and is the only healthcare professional to ever receive this honor. Qualifying for this award allows Fry Orthodontics to compete for the prestigious Malcolm Baldrige Award.

Fry Orthodontics continues to conduct extensive orthodontic studies, resulting in several publications. Fry Orthodontics has participated in numerous Alpha and Beta Test Projects including:

- The first ceramic orthodontic appliance
- The first Occlusal Slot Lingual orthodontic appliance
- Damon System
- Invisalign System (including an adolescent and MARA study for Invisalign)

Dr. Fry has helped develop many orthodontic appliances and techniques and lectures nationally and internationally on orthodontic treatment procedures and practice management. All honoraria from these efforts are donated to charity. He currently maintains a position of Adjunct Clinical Professor of Orthodontics at the University of Southern California (USC) and University of the Pacific (UOP). In addition to his memberships with the American Association of Orthodontics and the American Dental Association, he is a member of the Kansas Dental Association, serving as President in 1987. In 2002 he received the Martin L. (Bud) Schulman Award for highest achievement in the Orthodontic Profession. Dr. Fry serves on the Editorial Advisory Board of *Orthotown* professional journal.

Dr. Fry is very involved in local, national and international charity efforts. He has served as a member of several international medical teams, taking him to countries such as Haiti, Russia and India. Dr. Fry was selected as the Greater Kansas City YMCA Volunteer of the Year and served 2 years as Chairman of the Greater Kansas City YMCA. He was selected as Olathe Citizen of the Year for 2009 for his local community efforts.

He is a Fellow of the AAO Foundation – one of the first of ten orthodontists to demonstrate commitment at this highest level.

Dr. Fry manages practices in Overland Park, Kansas area and resides in Olathe with his wife of 40 years, Mary. They have two children. His son, Jeremy, completed the orthodontic resident at USC (2006) and now practices with his dad. Jeremy resides in Olathe with his wife, Nicki, and their children, Caroline and Lily, and William. Dr. Fry's daughter, Whitney, received a Masters in International Public Health (2006) from Tulane University and does relief work in West Darfur, Sudan.

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E-MYTH REVISITED – Gerber

PARADIGMS – Barker

“THE PERFECT ASSOCIATE” – Fry (JCO March '99)

“THE PATIENT MANAGER SYSTEM” – Fry (JCO March '98)

OPEN BOOK MANAGEMENT – Schuster

GUNG HO – Blanchard

1001 WAYS - Nelson

HALF TIME – Buford

FEELING GOOD - Burns

INFLUENCE - Cialdini

MALE MENOPAUSE – Diamond

HAPPINESS IS A SERIOUS PROBLEM – Prager

YOU CAN NEGOTIATE ANYTHING - Cohen

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16. Janson et al. Alignment in Class II malocclusion treated with 2- and 4-premolar extraction protocols. AJODO 2006; 130:189-95

A meta-analysis of mandibular intercanine width in treatment and postretention

Stephen P. Burke, DDS, MS; Anibal M. Silveira, DDS; L. Jane Goldsmith, PhD; John M. Yancey, MA, PhD; Arthur Van Stewart, DMD, PhD, FACD; William C. Scarfe, BDS, FRACDS, MS

In orthodontics, the stability of the achieved result remains a fundamental issue of concern and debate. Postretention results tend to function as a crude tool for measuring quality both in diagnosis and treatment. Tirk¹ succinctly captured this philosophy, saying: "The result of orthodontic therapy—good, bad or indifferent—is only evident many years out of retention."

One issue of treatment and stability that has traditionally created much debate is the purported inviolability of the mandibular arch form. Many clinicians and researchers believe that the mandibular arch form represents a state of structural and functional balance for the individual and that it should not be altered in treatment.

The concept of the mandibular intercanine dimension as a stable and basically inviolable measurement has been supported repeatedly in the literature.²⁻¹⁴ A substantial number of clinical studies on postretention results reflect the validity of this notion based on statistical findings.^{4,15-25} However, some in the profession contend that the mandibular arch form can be successfully expanded to increase arch length availability for the dentition. Vast anecdotal evidence^{26,27} as well as published clinical studies²⁸⁻³¹ support the success of the expansion treatment modality.

A significant number of clinicians and researchers who otherwise seek to avoid expansion of mandibular intercanine width have mentioned

Abstract

The meta-analysis technique of literature review was applied to a total of 26 previous studies to assess the longitudinal stability of postretention mandibular intercanine width. Weighted averages and standard deviations for the means of 1,233 subjects were compared for linear changes in intercanine transverse dimensions during treatment (T1), immediately after treatment (T2), and after removal of all retention (T3). Net change was defined as the difference between means at T3 and T1. Dimensional changes were also evaluated on the basis of patient pretreatment Angle classification, extraction, and nonextraction treatment modalities of each group. Paired two-tail *t*-tests were performed between T3 and T1 means on all groups at the *a priori* level of significance set at a ≤ 0.05 . Statistically significant differences were observed for the following groups: all patients; nonextraction; extraction; Class I; Class I extraction; Class II extraction; and, Class I Division 1 nonextraction. The findings of this study indicate that regardless of patient diagnostic and treatment modalities, mandibular intercanine width tends to expand during treatment on the order of one to two millimeters, and to contract postretention to approximately the original dimension. While statistically significant differences could be demonstrated within various groups, the magnitudes of the differences were not considered clinically important.

Key Words

Meta-analysis • Intercanine • Posttreatment • Postretention

Submitted: November 1994

Revised and accepted: December 1996

Angle Orthod 1997; 68(1):53-60.



Complete Package

SofScale™

Calculus Scaling Gel

DENTSPLY
PROFESSIONAL

Contents:

Five 2 mL Syringes Scaling Gel
Five Disposable Application Tips

NOT FOR INJECTION

Caution: U.S. Federal Law restricts this device to sale by, or on the order of, a dentist.

Read Directions Before Use.
U.S. and other patents pending.

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SUPPLIES MENTIONED IN LECTURE

"C removal"

<http://www.gacintl.com/UserFiles/File/09DGAC001WindowsMobile.wmv>

UOBG Buying Group <http://www.uobg.org/>

Molar buildup: Dentsply Triad Gel (GAC #25-300-04)

Sentalloy Open Coil Springs Medium (GAC #10-000-52)

Sentalloy Closed Coil Medium (GAC #10-000-02)

Square Elastic Chain (GAC #34-666-66)

Crowder Stops (GAC .018/.025 2 mm #47-602-05)

Crimpable Split Stop (GAC #47-601-22)

Transbond (Unitek)

Archwires: (GAC) Accuform, Large)

Elastics (GAC): 11-103-08 South America (class 2/3, 5/16" 6 oz.)

11-103-06 Korea (vertical orthopedic, 1/4" 6 oz.)

11-102-04 Switzerland (vertical finishing, 3/16" 4 oz.)

MARA (AOA/Pro 800-262-5221)

Forsus (Unitek)

T bar (GAC #47-601-36)

Metal separators: TP Orthodontics (354-022 C Long)

(351-022 C Medium)

(352-022 C Small)

Topical for laser: Leiter's Pharmacy (1-800-292-6773)

IPR burs

GAC- #25-550-00

Brassler- #8392-016

Complete Stripping Kit #KIT04-100-00

Orthodontic Veneer System

(Reliance, 1-800-323-4348 Order Code: OVS)

Removal bur (GAC #00-766-40)

Informed Consent for Lower Ceramic Braces

CF-571/YDG/12-05

While clear brackets are a more aesthetic treatment option than metal brackets, there are some disadvantages to choosing this method of treatment especially on the lower teeth. By signing this document, I certify and verify that I understand the disadvantages as listed below:

1. There is increased risk for tooth wear on the upper front teeth when the teeth come in contact with the lower ceramic brackets. This may be evidenced as one or more fractures or wearing-off of the biting edge of the tooth or teeth.
2. Because of the physical attributes of the lower ceramic brackets, treatment time may be longer than it would be with lower metal brackets.

We want you to be fully informed, so ask questions anytime.

Patient Name

Date

**CLINICAL TIPS
LECTURE NOTES**

Clinical Tips

- ❖ Archwire sequence and control
- ❖ Torque control
- ❖ Treatment sequence
- ❖ Other issues

Archwire Sequence

- ❖ .014 Sentalloy
- ❖ .020 x .020 BioForce
- ❖ Rebracket
- ❖ TPR (Treatment Progress Review)
- ❖ .019 x .025 Resolve
- ❖ .019 x .025 Stainless - Square Edge (PRN)

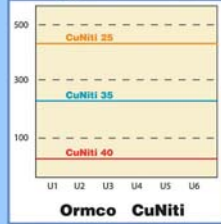
Sentalloy

- ❖ 65g, light
- ❖ 108g, medium
- ❖ 216g, heavy
- ❖ No heat variations
- ❖ Less coefficient of friction

CuNiTi

- ❖ Different temperature ranges for activation (Kusy & Whitley AJODO 2007)
- ❖ Claim less force but don't publish force levels
- ❖ No study done to compare forces

BioForce Vs. CuNiti



TPR

(Treatment Progress Review)

Advantages of TPR System

- ❖ Fewer scheduled units/case
- ❖ Shorter treatment times
- ❖ More predictable completion date
- ❖ Decreased risk
- ❖ Marketing
- ❖ Training

Resolve

- ❖ Beta-titanium developed 1980
- ❖ Manipulate like stainless steel
- ❖ 43% as stiff as stainless steel
- ❖ Coefficient of friction higher than stainless steel (clinically significant?)
- ❖ No nickle

TMA

- ❖ Beta-titanium developed 1970
- ❖ Manipulate like stainless steel
- ❖ 43% as stiff as stainless steel
- ❖ Coefficient of friction higher than stainless steel (clinically significant?)

Archwire Sequence (Damon)

- .014/.013 CuNiTi
- **.018 CuNiTi**
- .016 x .025 CuNiTi
- .019 x .025 TMA
- .019 x .025 Stainless

.018 Issues

❖ Reasons

- ❖ Loose brackets
- ❖ Ease of insertion
- ❖ Patient comfort

❖ Problems

- ❖ **Extra office visit**
- ❖ **Treatment time**
- ❖ **Cost of archwire**

Archwire Stops

- ❖ Anterior to crowding
- ❖ Smallest interbracket distance

GAC Stops

- ❖ CROWDER STOPS package of 100
- ❖ .012/.016
 - ❖ 2 mm 47-602-00
 - ❖ 3 mm 47-603-00
- ❖ .018/.025
 - ❖ 2 mm 47-602-05 (2MM ONLY)

GAC Stops

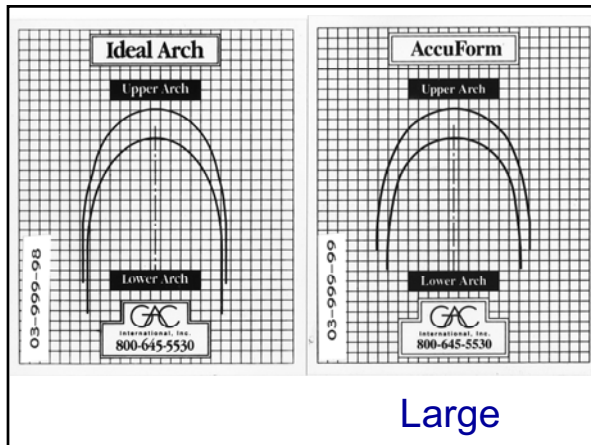
Crimpable Split Stops

#47-601-22

Transbond LR

Dr. John StClair
Dr. Mike Stephen

- ❖ Archwire stops
- ❖ Distal end protection
- ❖ Missing lateral spacing
- ❖ Hold space open/closed



Torque

- ❖ Torque-Moves roots in
- ❖ Reverse Torque-Moves roots out

POSTERIOR TORQUES

UPPER

Upper 4/5 -7 T 0 TIP
 Upper 6 -10 T 7 OFF SET
 Upper 7 -10 T 7 OFF SET

LOWER

Lower 4 -12 T 2 TIP
 Lower 5 -17 T 2 TIP
 Lower 6 -30 T 4 OFF SET
 Lower 7 -10 T 0 OFF SET

Torque Expression Of Self-Ligating Brackets

H. Badawi et. al. AJODO 2008;
 133:721-8

“We conclude that active self-ligating brackets are more effective in torque expression than passive self-ligating brackets.”

Torque Options-Upper

	High Torque	GAC Standard	Low Torque
1	+17 °	+12 °	+7 °
2	+10 °	+8 °	+3 °
3	+3 °	0 °	-7 °
4&5	---	-7 °	---
6	---	-10 °	---
7	---	-10 °	---

Torque Options-Lower

	High Torque	GAC Standard	Low Torque
1&2	---	-1 °	- 6 °
3	---	0 °	-7 °
4	---	-12 °	---
5	---	-17 °	---
6	-10 °	-30 °	-30 °
7	---	-10 °	---

Changes in torque

- ❖ Current torque Rx
 - ❖ Standard upper 1-2
 - ❖ Negative lower 1-2
- ❖ Use variable torque:
 - ❖ Non-surgical class 3
 - ❖ Missing lower incisor
- ❖ Why?
 - ❖ Active self-ligation more efficient with torque

Moderate crowding

(Non-extraction)
(Objective: Full smile, prevent incisor coupling)

- 1 +12 ° (Standard torque)
- 2 +8 ° (Standard torque)
- 3 0 ° (Standard torque)

Severe crowding

(Non-extraction)

(Objective: Decrease torque upper and lower anteriors, prevent flaring of anteriors)

1] +7 ° (Low torque)

2] +3 ° (Low torque)

2-2] -6 ° (Low torque)

Class II Mechanics

(Objective: Prevent adverse effects of class II mechanics)

1] +17 ° (High torque)

2] +10 ° (High torque)

3] 0 ° (Standard torque)

2-2] -6 ° (Low torque)

**Contact AOA/Pro at
800-262-5221 for:**

MARA lab slips

Mailing materials

Free MARA video

Free How-To-Use-the-MARA manual

Reprints of MARA articles

Names of satisfied users

Elastics (GAC)



- ❖ **South America 11-103-08**
 - ❖ (class 2/3, 5/16" 6 oz.)
- ❖ **Korea #11-103-06**
 - ❖ (vertical orthopedic, 1/4" 6 oz.)
- ❖ **Switzerland #11-102-04**
 - ❖ (vertical finishing, 3/16" 4 oz.)

Changes to class 2 mechanics

- ❖ **Fewer fixed functionals**
- ❖ **Class 2 elastics started with 2nd archwire**
- ❖ **Use Forsus or MARA if noncompliant**
- ❖ **Use MARA/Herbst in only difficult class 2 cases**

Class III - Non-surgical

(Objective: Enhance dental effects of class III growth)

- | | | |
|-------|-------|-------------------|
| [1] | +17 ° | (High torque) |
| [2] | +10 ° | (High torque) |
| [3] | +0 ° | (Standard torque) |
| [2-2] | - 6 ° | (Low torque) |
| [3] | - 7° | (Low torque) |

Class III - Surgical

(Objective: Decrease dental effects of class III growth)

- 1 +7 ° (Low torque)
- 2 +3 ° (Low torque)
- 3 +7 ° (Standard torque)
- 2-2 + 6 ° (High torque) upside down -6°

4 Extraction

(Objective: Prevent 3 dumping to the lingual, prevent incisor coupling, prevent flat profile and narrow arch)

- 1 +17 ° (High torque)
- 2 +10 ° (High torque)
- 3 +3 ° (High torque)
- 3 +7 ° (High Torque) -7° upside down

4 Extraction

(Objective: Keep extraction sights closed, prevent 3 dumping, molar interdigitation)

- 1 +17 ° (High torque)
- 2 +10 ° (High torque)
- 3 +3 ° (High torque)
- 6 -10 °* (Standard torque- 0 ° rotation)

Missing Lower Incisor

(Objective: Decrease torque upper anteriors, increase torque lower incisors, anterior guidance)

- 1 +7 ° (Low torque)
- 2 +3 ° (Low torque)
- 3 -7 ° (Low torque)
- 2-2 +6 ° (High torque) -6° upside down
- 3 +7 ° (High torque) -7° upside down

Anterior Openbite

(Objective: Decrease torque upper and lower anteriors to achieve relative extrusion)

- 1 +7 ° (Low torque)
- 2 +3 ° (Low torque)
- 2-2 -6 ° (Low torque)

TREATMENT SEQUENCE 10-09

1. Bracket upper and lower 6-6. Place .014 Sentalloy archwires. Separate lower 7's with **metal separators**. If there are collisions of any brackets in centric occlusion use buildups on lower 6's. (8 units; Schedule out 6-8 weeks)
2. Band lower 7's. Place .020 X .020 BioForce archwires upper and lower after all bracketed teeth are initially aligned. **Start elastics** if needed (3 units; Schedule out 6-8 weeks)
3. Visual rebracketing using same .020 X .020 BioForce archwires. (3 units; Schedule out 4 weeks)

TREATMENT SEQUENCE
10-09

- 4. TPR 1 (Treatment Progress Review 1)
take Pano, check rebracketing and
root resorption (3 units; Schedule
out 4 weeks)
- 5. Place upper and lower .019 X .025
Resolve archwires. (3 units;
Schedule out 8 weeks)
- 6. Removal checklist.
- 7. Exit interview with Removal Review
Sheet.

**Appointment
Intervals**

- ❖ **Schedule next
appointment as soon as
you can advance
treatment**
- ❖ **...but not sooner**

Other Issues

- ❖ **IPR**
 - ❖ **When, Where, Why**
 - ❖ **Charting**
- ❖ **Pre-removal protocol**
- ❖ **Removal**

AJODO 2006 130::26-30
CARIES RISK
FLUORIDE

IMPACTED CUSPID PROTOCOL

- 1. ID Early
- 2. Expose early with celluloid crowns
- 3. Give out risk sheet early
- 4. Bring tooth vertical before facial
- 5. Bond on lingual to 2's & 3'S to prevent intrusion of 3's
- 6. Develop better measure of progress or lack thereof.
- 7. Removal check list to guarantee bonded retainer
- 8. Possibly increase fees
- 9. Send new risk sheet to GP's

Palatal Impacted [3]

(Objective: Prevent excess torque and soft tissue loss on palatal)

[3] +7 ° Upside down

Indications For IPR

- ❖ Retract teeth
- ❖ Midline correction
- ❖ Black triangles
- ❖ Bolton discrepancy
- ❖ Class II/III correction
- ❖ Gain space

IPR Bur

❖ **GAC- #25-550-00**

❖ **Phone # 1-800-645-5530**

❖ **Cost- \$10.55**

**Removal Checklist
(8-14-06)**

1) Pt name: _____
Date: _____

2) ECD: _____

3) TMJ R _____ / L _____

4) CK 7's (RX): _____

5) EI needed? NO / YES If yes, what kind _____

6) Any Beauty Bends _____

7) Exposed U 3's? NO / YES = Bond U 2&3 Ret R / L

8) 86 Posterior Bands = L 5, 6, 7 / U 5, 6, 7 _____ initials

9) Cut lower aw D of 3's & constrict aw - NO / YES
initials _____

10) Type of retainer:
1 CLR 2 CLR HW w/FLIPPER
B-1 U L B-2 U L B-3 U L

11) Is patient having any dental work after trmt. ? NO / YES
If yes what work _____

12) Clearance from DDS and oral surgeon for implants? NO / YES

Next Appt: Removal Y / N

**Pre-Removal
Protocol**

❖ **Objectives-**

- ❖ **Removal check sheet**
- ❖ **Settle occlusion**
- ❖ **Close band space**

**Remove as many
bands as possible**

Removal

- ❖ Cement removal
- ❖ DDS (Blue form) sheet
- ❖ Removal (Pink) sheet
- ❖ Retainer types
 - ❖ Clear
 - ❖ Hawley
 - ❖ Bonded

Post Removal Conference

- ❖ Information
- ❖ Limit liability
- ❖ Marketing

CLINICAL TIPS HANDOUTS

TPR 1____ TPR 2____ Combined _____ Record in 04 screen _____ (6-18-08)

Patient name:_____ Pt. #_____ Date:_____

Dr._____ PM_____

Orig ECD_____ Chg'd ECD_____

Verify trmt. plan: OK_____ Change_____

1) Parent present:

Mom_____ Dad_____ Other_____ Pt. alone- Mail Card_____

2) Last DDS check: (seen in last 6 mths)

Y_____ N_____ Blue sheet_____ Referred new DDS_____

3) Oral hygiene:

A_____ B_____ C_____ OHR review Y_____ N_____

4) Decal marks present:

OK_____ U _____ L_____

5) Caries check: OK_____ / _____

6) Root resorption: OK_____ / _____

7) Root positioning/ marginal ridge heights/ rotations (ins/outs):

OK_____ U _____
L_____

8) Cuspid rise: RT- cuspid/ group LFT- cuspid/ group

9) IPR needed: Black tri: OK_____/_____ or OJ: OK_____/_____

10) Cross bites: OK_____/_____

11) Check 7's: OK_____/_____

12) Spaces (needed): N_____ Y_____ Tooth #_____ DDS ok'd space_____ NCR_____

If NCR was sent, record in e-card next visit to follow up if space was checked by DDS.

13) Elastics (needed): OK_____/_____

14) Check flash- if TPR 1: OK_____

15) Get patients/ parents thoughts on fullness & if happy: Exact quote.

“ _____ ”

TORQUE SHEET

Objectives for:

	<u>TC</u>	<u>DR</u>
U1'S	—	—
U2'S	—	—
U3'S	—	—
L1'S & 2'S	—	—
L3'S	—	—

CASE TYPES

1. Moderate Crowding – Standard Torque
 2. Extreme crowding - U2-2 & - L2-2
Protrusive non-extracting
Openbite
 3. Class II Mechanics (Elastics, Herbst/Mara) + U2-2, - L2-2
 4. Class III Mechanics
 - a. Surgical -U2-2, + L2-2
 - b. Non-surgical + U2-2, - L2-2
 5. Four (4) Bicuspid Extraction + U3-3, + L3'S
 6. Upper bicuspid extraction + U3-3
 7. Missing lower incisor (closed) - U3-3, + L3-3
Class 2 - align only no bite correction
 8. Missing upper laterals (closed) + U1'S & U3'S (use upper 2 brackets on upper 3's)
- + High torque
- Low torque
0 Standard torque

POSTERIOR TORQUES

UPPER

Upper 4/5	-7 T	0 TIP
Upper 6	-10 T	7 OFF SET
Upper 7	-10 T	7 OFF SET

LOWER

Lower 4	-12 T	2 TIP
Lower 5	-17 T	2 TIP
Lower 6	-30 T	4 OFF SET
Lower 7	-10 T	0 OFF SET

TREATMENT SEQUENCE

10-09

1. Bracket upper and lower 6-6. Place .014 Sentalloy archwires. Separate lower 7's with metal separators. If there are collisions of any brackets in centric occlusion use buildups on lower 6's. (8 units; Schedule out 6-8 weeks)
2. Band lower 7's. Place .020 X .020 Bioforce archwires upper and lower after all bracketed teeth are initially aligned. Start elastics if needed (3 units; Schedule out 6-8 weeks)
Rebracket using same .020 X .020 Bioforce archwires. (4 units; Schedule out 6-8 weeks)
3. Visual rebracketing using same .020 X .020 Bioforce archwires. (3 units; Schedule out 4 weeks) Check rebracketing.
4. TPR 1 (Treatment Progress Review 1) take Pano, check rebracketing and root resorption (3 units; Schedule out 4 weeks)
5. Place upper and lower .019 X .025 Resolve archwires. (3units; Schedule out 8 weeks)
6. Removal checklist.
7. Exit interview with Removal Review Sheet.

Appointments & expectations/goals of appt.	Items to be done at visit	Code & units	Next appt. code, units & weeks
Initial placement Goal: Get patient used to braces & begin initial alignment. Open space for blocked out teeth, missing teeth. Initial patient instructions.	Place brackets U6-6 & L6-6 Sep L 7's with metal seps. U & L 14R's Glue stops If needed; coils springs, bite props	30- child IP 31- adult # units: 8	Band L7's, inc U & L 20B 43 code/ 5 u / 8 wks
Band lower second molars & increase upper & lower archwires Goal: All teeth bracketed or banded Continue alignment & begin initial leveling. Start elastics if needed.	Band L 7's. Inc U & L awes to 20B's Apply chain elastic/ power thread if spaces U&L	43- band lower 7's # units: 5	Bracket eval. & reposition 41 code/ 5u/ 8-10wks
Evaluate bracket position & reposition any brackets Goal: After 20B's have worked thoroughly, evaluate tooth movement & bracket position. Have all brackets in correct position prior to the panorex.	Check to make sure 20B's have fully expressed themselves. Check tooth movement & evaluate bracket position. Have Drs. check bracket position. Rebracket teeth that need it. Reinsert 20B's & chain elastic upper & lower 6-6.	41-rebracket eval. #units: 5	TPR 1 42 code/ 4u/ 8wks
TPR 1- take pano, review treatment with parents Goal: Review treatment plan, review bracket repositioning. Try to have all bracket repositioning done at this appt. prior to going to 19R's. Review treatment with parent. Good marketing tool. Good time to communicate w/ GP if needed. Get a plan for replacing missing teeth.	Parent should be present Panorex & Fill out TPR 1 sheet, 86 bite props Eval. Bracket repositioning from last visit & redo if necessary. Change chain elastics if needed Start elastics if needed- note benchmark	42- TPR 1 # units: 4	Upper & lower 19R's 51 code/ 3u/ 8wks
U & L 19R's Goal: To have all brackets in correct spot prior to placement of heaviest wire. Place U & L 19R's-begin initial torquing & leveling	Re-check bracket placement before inserting 19R's Place straight U & L 19R's Place chain elastics Start or continue elastics	51- U & L 19R # units 4	Major mechanics/ bends 52 code/ 4 u/ 6-8 wks
Major mechanics in 19R awes Goal: Close spaces Compensating curve Torque Major elastic movement	86 archwires and place major mechanic bends	52- Major mechanic bends #units 4	TPR 2 53 code/ 5 u/ 6 wks
Treatment progress review #2- TPR 2 Goal: Review bracket placement Review treatment plan Review ECD	Fill out TPR 2 sheet Increase / decrease TQ's, CC, etc. Finishing bends (beauty bends) Continue elastics	53- TPR 2 # units: 5	Check BB 52 code/ 4 u/ 6 wks

<p>Talk with parent about trmt progress & fullness Add necessary bends Eval. IPR to retract for fullness</p>	<p>Place chain elastics</p>		
<p>Check beauty bends & elastics Goal: Make sure pt is being compliant with elastic wear. Have the necessary beauty bends in place. Make sure archwire is not getting distorted.</p>	<p>Check beauty bends Check elastics Change chain elastics</p>	<p>52- Check bends/ elastics # units: 4</p>	<p>Check TMJ 60 code/ 3 u/ 4-6 wks</p>
<p>Check TMJ Goal: Settle posterior bite Check occlusion anterior & posterior Check rotations/ heights/ spaces Check cuspid rise Close band space Prescribe correct retainers Check if patient/ parent is happy (fullness)</p>	<p>Fill out TMJ sheet Cut aw's distal lower 3's, constrict lower 3's 86 appropriate bands & remove all blue cement Chain elastics upper & lower Last beauty bends 45 elastics- if needed</p>	<p>60- TMJ ck # units: 5</p>	<p>Removal 61 or 63 code/ 7u/ 2wks</p>
<p>Removal Goal: Make sure pt./parent are happy w/ smile Equil Take braces off Remove all glue Give good fitting retainers Make it a fun experience</p>	<p>Remove braces Take imps for rets- 4 total- 2 upper 2 lower Make one set clear rets, give ret case & ret instructions Panorex Intra-orals Bonded rets if needed Celebration/ gift card/ balloon Cement check Blue/ pink sheets Tell parents to come to next visit (E.I.)</p>	<p>61- child 63- adult # units: 7</p>	<p>Exit interview 72 code/ 2 u/ 2 wks</p>
<p>Exit interview Goal: To show before photos Patient understands lifetime retainer wear. Market us- tell your friends / family</p>	<p>Fit 2nd set retainer Explain lifetime retainer wear Give survey Tell your friends</p>	<p>72- E.I. # units: 2</p>	<p>1 year retainer check</p>
<p>1 year retainer check Goal: To make sure patient is wearing retainers. Make sure their retainers fit properly.</p>	<p>Check all retainers Check if any shifting has occurred Tell them they are on their own & we are here if they ever need anything. Always wear a retainer 2-3 nights a week for rest of life If they notice rets are tight or notice shifting wear rets more often. If they lose or break rets come in soon</p>		

Next appointment scheduling protocol: See the patient as soon as you can advance treatment but not sooner.

To be done at all appointments:

- 1) Note DDS ok on white slip (verify their current DDS & that they are up to date on their dental cleanings).
- 2) If parent is not at visit to give progress report, fill out smile card to be mailed. (Have laid out on cart when Dr. check)

Pre Removal Protocol

(done at the TMJ check)

1-09

Objectives:

1. Close band space (Remove as many bands as possible)
2. Allow posterior occlusion to settle

Outline

I. Close band space Maxillary

- A. If upper 6's have brackets, remove all upper bands, run chain elastic 6-6.
- B. If upper 6's have bands, run chain elastic 7-7 & remove all other upper bands.
- C. If upper 7's have no attachments leave upper 6 bands on, run chain elastic 6-6.
- D. Completely remove cement from bands that were removed.

II. Close band space Mandibular

- A. Cut lower archwire distal lower 3's. Remove lower posterior bands. Band space will usually close on it's own within 2 weeks.
- B. If a lower posterior tooth has been removed & the space is closed, a chain elastic needs to be run lower 6-6, to keep extraction sites closed. Occasionally the lower archwire will need to be left thru the posterior, uncut.
- C. Completely remove cement from bands that were removed.

III. Settle posterior occlusion

- A. Vertical seating elastics in the anterior can be hooked to multiple teeth,
E.g.: box elastic 2-2 to close open bite.
- B. Vertical seating elastic in the posterior must be hooked to single teeth to prevent rotations in the lower posterior teeth (because the lower archwire is out).

Removal Checklist (8-14-06)

1) Pt name: _____ Date: _____

2) ECD: _____

3) TMJ R _____ / L _____

4) CK 7's (RX): _____

5) El needed? NO / YES If yes, what kind _____

6) Any Beauty Bends _____

7) Exposed U 3's? NO / YES = Bond U 2&3 Ret R / L

8) 86 Posterior Bands = L 5, 6, 7 / U 5, 6, 7 _____ initials

9) Cut lower aw D of 3's & constrict aw - NO / YES _____ initials

10) Type of retainer:

1 CLR	2 CLR	HW w/ FLIPPER
B-1 U L	B-2 U L	B-3 U L

11) Is patient having any dental work after trmt. ? NO / YES
If yes what work _____

12) Clearance from DDS and oral surgeon for implants? NO / YES

Next Appt: Removal Y / N

Patient _____ Date _____ PM DR _____

TPR1 TPR2 Removal 1st Stage Removal Other

DDS Full Name _____

Needs Referral: Near Location _____

Needs Appt for Prophylaxis

Needs Appt to help with Oral Hygiene Problem

Needs other type of Appt _____

*Average OH Score A-Excellent B-Adequate C-Below Average-Reason _____

Decalcification

None

Upper Anterior _____ Lower Anterior _____

Upper Posterior _____ Lower Posterior _____

Caries Check OK Teeth: _____

Original estimated date of completion: _____

Change of estimated date of completion: _____ Reason _____

*Actual date of completion: _____

Early Finish

On-time finish

Late Finish Reason _____

Treatment Plan

Treatment completed as planned

Leaving Class II Rt Lt Reason _____

Achieved better canine guidance with canines slightly Class II

Patient and parent decided to forgo further elastic wear

Leaving Class III Rt Lt Reason _____

An adverse growth pattern did not allow us to fully correct Class III

Missing Teeth: _____ Plan is to _____

Leaving Primary Teeth: _____ Plan is to _____

Leaving space for replacement of tooth #'s _____

Discussed Surgery _____

Build-up tooth #'s _____

Additional Concerns _____

Early Discontinuation of Treatment- Reason _____

See Doctor comment

Compliance Excellent Not Ideal- Reason _____

Question to Parent/Patient: "We pride ourselves on being on-time, did you feel that we ran on time and that (patient's name) was in and out of the office when scheduled?"

Every Appt Most Appt Rarely

Doctor comment: _____

Doctor Initial: _____

Patient/Mom/Dad/Other _____ **Comment on Treatment Progression/Results**

**Removal Review Sheet
(Updated 3/23/2010)**

Patient Name: _____

Removal Date: _____

Dentist Name: _____

Who Did Removal: _____

Who Took Pictures: _____

Where Pictures Were Taken: _____

What Camera Number: _____

Who Downloaded Pictures & Date: _____

Who Did Exit Interview: _____

ADULT

CHILD

Metal Lingual
Clear Gold / Nickel Free
Full braces with class 2 elastics
Mara Re-treat
Herbst Exposure
Transfer Partial
Forsus Eval Forsus but used elastics

Metal Lingual
Clear Gold / Nickel Free
Full braces with class 2 elastics
Mara Re-treat
Herbst Exposure
Transfer Partial
Forsus Eval Forsus but used elastics

IVA - finished in braces? _____

IVA - finished in braces? _____

1st phase

# Total units sch/ # emer. units	Case Fee (net)	Fee Div. by units	Total # mths in trmt / Mths. over or under	# Emer. Appts.	# Failed Appts.	# Loose Brkts.	# Reg. Appts.

(over trmt. = no sign, under trmt.=minus sign before #)

OT Code- circle reason for OT: (pt. is 4 or more mths over original trmt time)

C - cooperation (failed appts., elastics, etc.)

MT- Missing teeth

G- growth (late eruption of teeth, etc.)

EXP-Tooth exposure

S- Surgery

LA - loose appliances

\$- Maintenance

Other _____

YOUR RETAINERS

CONGRATULATIONS! Your braces are off....your smile is beautiful! You have now reached the retainer stage. The purpose of your retainers is to maintain the position of your teeth. Although some shifting or relapse of individual teeth is normal, wearing the retainers as prescribed will keep this to a minimum. The longer retainers are left out, the more chance shifting could occur. The retainers only maintain straightness; they seldom realign the teeth if shifting has occurred.

The new retainers may not seat fully and may cause your teeth to be a bit sore for a few days. Faithful wear will relieve this feeling.

You will receive a second set of retainers a few weeks after your braces are removed. Having two sets of retainers allows one set to be your "insurance" set should you lose or break a retainer, you'll immediately have a replacement to wear.

WEAR YOUR RETAINERS EVERY NIGHT!

Many of the factors causing crowding persist throughout life. As part of the aging process the teeth tend to shift. Therefore, it is very important to maintain retainer wear for LIFE and to always have a back up. If at any time the retainers feel tight after leaving them out, increase wear time. When the retainers feel comfortable again, you may return to normal wear schedule.

REMOVABLE RETAINER CARE:

- Brush retainers frequently when brushing teeth.
- Never boil or use hot water when cleaning retainers. (The plastic will melt or warp!)
- Do not leave retainers out of case. The safest place is in your mouth or the case. (Small children are curious, and dogs think they are delicious).
- In the event your original retainer is lost or broken, switch to your backup retainer.
- If you need your retainers checked, call for an appointment at no charge.

I understand that my retainers are to be worn for the rest of my life as needed in order to maintain my healthy smile. If I lose or break one of my retainers, I agree to: 1) Call to schedule an appointment to have a new retainer made and 2) Wear my back-up retainers in the meantime.

Patient Name _____ Date _____

POST REMOVAL APPOINTMENT OBJECTIVES

1-09

1. Get Information

- Review Removal (Pink) sheet. Find something positive to comment about (e.g. finished early, few loose appliances or failed appointments)
- Occasionally send a Removal sheet for audit

2. Limit liability

- Review lifetime retainer wear
- If lose or break retainer will do 3 things:
 1. Wear backups
 2. Call office for new retainer
 3. Get a job to pay for new retainer
- Get statement that patient/parent are happy with results
- Ask patient what they ate they weren't supposed to
- Call us if any problems occur

3. Marketing

- TC compliments results with before/after photos
- If happy with results ask them to tell their DDS
- DR. states, "This is a very sad day with you leaving. Will you send someone to replace you?"
- "Mom, now it's your turn."
- TC hand out a Share-a-smile coupon.

PRACTICE ADMINISTRATION LECTURE NOTES

Practice Administration

- ❖ E-Myth
- ❖ Time management
- ❖ Staff systems
- ❖ Overhead control
- ❖ Managing change
- ❖ Good to Great

Systems Management (E-Myth)



**EVERY FRUSTRATION
IS THE LACK OF A.....
SYSTEM**

**Quality
Orthodontics:**

**An experience you will
enjoy by yourself!**

**Patients Buy You
On Quality Of:**

- ❖ Printed material
- ❖ Office appearance
- ❖ Personality of staff
- ❖ Personality of doctor

**Patients sell
you on...**

**how you value
their time.**

TIME

- ❖ Overall treatment time
- ❖ Run on time daily

"When are my braces coming off?"

THE DIFFERENCE BETWEEN
WHERE YOU ARE AND
WHERE YOU WANT TO BE IS:

**HUMAN
RESOURCES**

Staff Systems
(3 R's)

- ❖ **Recruitment**
- ❖ **Retention**
- ❖ **Removal**

“This employee has hit rock bottom and has started to dig”

Criteria

❖ Stable marriage	❖ Stable work history in service (e.g. waitress)
❖ >25 years old	❖ Has siblings
❖ Previous work in general dentistry	❖ From small town
❖ Financially stable	❖ Never worked for orthodontist

Recruitment

- ❖ Written rating form
- ❖ Call back 2-3 weeks
- ❖ Formal background check
- ❖ Recent hiring report
- ❖ Call references
- ❖ Aptitude test

For more information on the
WOWI Online visit
www.wowi.com
or contact
Dr. Greg Neidert at
1.800.272.9694

Reasons Employees Perform Poorly

(Mcgill)

- ❖ Not involved in the decision process
- ❖ No reward for doing the job
- ❖ No opportunity for advancement
- ❖ Inadequate training

Retention

- ❖ Rotations
- ❖ Personal development meetings
- ❖ Training
- ❖ Bonus

Bonus Systems

(Changing behavior)

- ❖ **Incentives- group, individual**
- ❖ **CCI-clear, consistent, immediate**
- ❖ **Reward vs. coercion**
- ❖ **Non-democratic**

Bonus Systems

- ❖ **Sales: # of contracts**

Sensitivity

1001 Ways To Reward
Employees-Nelson

HAWTHORN EFFECT

Removal

- ❖ Sooner
- ❖ Say Nothing
- ❖ Sign-out Sheet

What to say when an employee leaves:

"Susie has decided to pursue other interests. We are sure she will be as successful with those as she was here."

Tim Twigg

- ❖ Dental Consultant 30 years
- ❖ Co-authors "Focus on Human Resources" *Dental Economics*
- ❖ Member-Academy of Dental Management Consultants (ADMD)
- ❖ Expertise-Business Development, Strategic Marketing, Communication Skills, Employment Law Compliance
- ❖ Associates: Lois Banta and Kathy Scheim
- ❖ Contact: 800-679-2760

OVERHEAD CONTROL

- ❖ **"Grace Commission"**
- ❖ **Budget**
- ❖ **5 questions?**
 - ❖ Do we really need this?
 - ❖ What was the price last time?
 - ❖ Is this the best price you can do?
 - ❖ Can we get a volume discount?
 - ❖ What are comparative prices?

DISCOUNTS

- ❖ **Referring offices**
 - ❖ Dr. Family
 - ❖ Dr. Staff
- ❖ **Multiple family members**
- ❖ **Special situations**
 - ❖ Ministers
 - ❖ Second opinions (TC decides)
 - ❖ Request
 - ❖ GP
 - ❖ Church
 - ❖ Charities

Handling Transfers

- ❖ **Sending transfers**
- ❖ **Receiving transfers**

Triangle of Embezzlement



**Managing Change
(Decrease
Resistance)**

- ❖ **Kaizen**
(Small continuous change)
- ❖ **Kaikaku**
(Larger change)

4 Key Elements

- ❖ **Constant visual reminder.**
(If you think it, ink it !)
- ❖ **Schedule review time.**
- ❖ **Make it fun.**
- ❖ **Record changes.**

Resistance to Concept

- ❖ Need big ideas
- ❖ Gripe session

Managing Change (Decrease Resistance)

- ❖ **Kaizen**
(Small continuous
change)
- ❖ **Kaikaku**
(Larger change)

Kaikaku

- ❖ Agreement on concept
(Vision)
- ❖ Divide into component parts
(Focus)
- ❖ Implement and integrate
parts (Passion)

STEW MAYNES

- ❖ 503-312-0527 (cell)
- ❖ stew@maynesinc.com

Good to Great

- ❖ Level 5 leadership
- ❖ First who...then what
- ❖ Brutal facts
- ❖ Hedgehog
- ❖ Culture of discipline
- ❖ Technology
- ❖ Flywheel vs. doom loop



PRACTICE ADMINISTRATION HANDOUTS

PATIENT CONFERENCE SHEET

Patient: _____

Completed by: _____

Date: _____

ISSUE TO RESOLVE:

RECOMMENDATION: (suggestion to solve the concern):

NEXT STEP:

- FYI only
- Patient coming for consult (resolve then):

Date: _____ Circle: Dr Fry, Dr Jeremy, Dr Wood, Dr Larissa

CALL PATIENT/ PARENT:

Full Name: _____

Home ph. _____ Work ph: _____

Cell ph: _____

CALL DENTIST: Dr. _____ Phone: _____

Preferred time to call: _____

OTHER:

Solution Sheet
1-5-09

Date of situation: _____

Patient name: _____

Submitted by: _____

Situation:

Resolution:

***** Please copy patients chart & any other patient information needed to present situation at monthly meeting *****

Sample Help Wanted Ads We've Used
HR-0204/YDG/3-06

PEOPLE WITH HEART! WE'RE LOOKING FOR YOU! Call if you are an enthusiastic, caring professional with real world medical or dental office experience, who genuinely wants to make a difference in peoples' lives. You'll start as a Sterilization Technician and advance to hands-on Patient Manager with training we provide. If you have a reputation as a compassionate, inspiring person, we want to hear from you. (913)469-9723

DENTAL ASSISTANT – Fry Orthodontic Specialists, an office characterized by teamwork, caring and service is looking for people with heart! Start as a Sterilization Technician and advance through training we provide to work directly with patients. Creating smiles with braces will be the hardest job you'll ever love.

WAITRESS – Are you an exceptional waitress who would like to work weekdays? Ready for a career change? We'll train the right person in the position of Sterilization Technician. Advance through more training we provide to work directly with patients as an Orthodontic Technician.

ADMINISTRATIVE ASSISTANT – Do you feel over qualified to be a receptionist but still enjoy that personal contact with people? Apply for our Appointment Coordinator position and enter an exciting career in the field of orthodontics. We promise you challenges and rewards.

BANK TELLER – Are you an excellent bank teller looking for a career change to a livelier, more fun environment? We have a position for financial/treatment coordinator in our orthodontic office. We'll give you lots of reasons to smile!

DO YOU ENJOY SELLING? Do you enjoy making new friends and helping people? You can do them all as a Treatment Coordinator in our office. Learn the ropes as a T.C. Tech and work your way into a satisfying and rewarding career with the training we provide. (913)469-9723

SALES ASSISTANT. Combine your verbal skills w/training we provide to work directly w/patient families. Present treatment options & finances, perform minor dental procedures & use the computer to generate dental records. Call (913)469-9723

**HR-0100 Applicant Voice Mail
Outgoing Message & Screening of Calls**

YDG/4-07

Outgoing Message:

Thank you for inquiring about a position in our office! As part of the application process, please leave us a message. In 2 minutes or less, tell us where you saw our help-wanted ad, then say your name (spell it if necessary), your telephone number, and tell us a little bit about yourself – what you might have to offer to make Fry Orthodontics a better place, OR why you are interested in working here. Also, you may send us your resume either by e-mail or fax. Our e-mail address is drfry@fryorthodontics.com again, that's drfry@fryorthodontics.com and our fax number is (913)469-6491. Again our fax line is: 913-469-6491. We will contact you if we'd like to schedule an interview.

Thanks so much!

Screening the Calls:

When applicants call, connect them with the separate voice mail box that is set aside just for this purpose. Here is what we are looking for in the messages left by the applicants:

- Voice quality
- Enthusiasm
- Clean and understandable message
- Did they spell their name?
- Are they pleasant and personable?
- Would I like to receive a call from such a person?
- Did they actually follow up and either e-mail or fax us a resume?

Develop a rating form to help you rank the callers. Review resumes of those callers to whom you gave an acceptable rating and contact them for the next step in the hiring process.

Process for Making a Peanut Butter & Jelly Sandwich
HR-8003/YDG/3-06

- Write the steps for making a peanut butter and jelly sandwich
- Assume the reader of your instructions has NEVER made a peanut butter & jelly sandwich before
- Use as few words as possible
- Do not miss any steps

YOUR NAME _____ DATE _____

**EMPLOYEE PRIVACY AGREEMENT
IN CONDITION OF EMPLOYMENT**

This agreement is made this ____ day of _____20____, by and between _____, Employee, and Dr. Robert W. Fry, D.D.S., M.S., P.A., Employer.

_____**Non-Disclosure:** Other than specifically necessary in carrying out Employee’s specific duties for Employer, Employee agrees to not at any time disclose either during employment or after termination of employment either (1) Confidential Information or (2) Trade Secrets. Employee will return all written materials, books or other data to Employer upon termination.

_____**Confidential Information & Trade Secrets:** Employees handling confidential information are responsible for its security. Although it is impossible to list all the circumstances under which information may be deemed secret, private or confidential, it is Employee’s responsibility to protect and keep private office information, patient information, and personal information.

Employee

Print Name

General Manager

Dr. Robert W. Fry

Employment at Will

This employee handbook is not an employment contract between Fry Orthodontics and the employee. This employee handbook is distributed to each employee solely for providing each employee with a written description of our practice general philosophy, policies and procedures and for no other purpose whatsoever.

The contents of the handbook and any amendments or other materials that may be distributed from time to time, may be changed by the practice at its discretion at any time.

Employment with our practice is not for a specified term and can be terminated at will, with or without cause, and with or without notice, at any time, either at the option of the employee or the employer. This employment at will policy applies to all employees. No employee or representative of the practice has the authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing.

Employee Signature

Print Name

Date

Health Hazards During Pregnancy Release Letter

It is our understanding that you are pregnant and wish to continue working in your capacity as a _____. You should be aware that scientific evidence indicates that a pregnant woman's exposure to x-ray radiation, as well as other types of health hazards, that is, chemical/toxic hazards and strenuous physical requirements, may pose a significant risk to the fetus. There is a likelihood that you and your fetus will be exposed to at least some of these risks during your pregnancy if you continue to work at your present capacity.

If you decide to continue working for us as a _____ we will certainly allow you to do so, provided you and your physician deem it safe and you are willing to assume the risks associated with such possible health hazards. If you are willing to take full responsibility for any possible consequences in assuming such risk, other than illnesses or injuries that would normally be covered under Workers' Compensation, please indicate so with your signature below.

You may request a leave of absence for pregnancy disability if you or your physician feels that continued performance of your responsibilities may present a hazard to you or the child.

Please feel free to consult with your physician and attorney before you sign this letter. Return the letter within ten days from _____.

Signature

Date

Print Name

Non-Competition Agreement

This agreement is made this ____ day of _____ 200__, as a condition of employment by and between _____, Employee, and Dr. Robert W. Fry, D.D.S., M.S., PA, Employer.

____ For a period of 6 months following any voluntary or involuntary termination, I agree not to work for another orthodontic office within a 5-mile radius of the offices of Employer.

____ For a period of 6 months following any voluntary or involuntary termination, I grant permission for Dr. Fry or his staff representatives to inform any orthodontic office within a 5-mile radius of this Non-Compete Agreement that I have signed.

____ For a period of 36 months following any voluntary or involuntary termination, I agree not to solicit patients or other employees of Employer to leave Employer.

Employee

Print Name

General Manager

Dr. Robert W. Fry

NEW EMPLOYEE CHECKLIST

- ___ W-4 Form/I-9 Form
- ___ Employment "At Will"
- ___ Employee Agreements
 - Privacy
 - Non-compete
 - Sexual Harassment
 - Permission to be photographed
- ___ Staff Phone List (Personal Calls)
- ___ Review Employee Manual (acknowledgment of receipt)
 - Conditions of Employment
 - Office Issues
 - Benefits
 - Cafeteria Plan/Health/Wellness
 - Evaluations (our Personal Characteristics)
- ___ Hours, Workweek, Weekends, On Call
 - Preferred location & day off form
- ___ Time Clock (keep hours under 40)
- ___ Pay Periods (cut-off 15th & 30/31st) Pay Day 5th & 20th
 - Direct Deposit
- ___ Required Meetings (total staff/educational/personal development)
- ___ Personal Safety & Protection
 - Safety Glasses
 - Gloves
 - Hepatitis Vaccine
- ___ Fill out medical emergency information
- ___ Position Agreement

SPECIAL NOTES _____

I understand the above are general management guidelines and may be changed as the business necessity requires. The above does not constitute a written contract and I understand my employment is for no definite period and may be terminated at will.

I acknowledge that we have discussed all the above.

Employee Signature

General Manager

Print Name

Date

Training & Mentorship Incentive Plan
Client Fulfillment Team

Result Statement: To create an environment where employees are motivated to *want* to progress through the training program and to motivate trainers to see that trainees succeed in a supportive and timely manner.

Accountable Positions: Specific employees have currently been chosen for the role of trainer for specific areas. The office organizational chart now has slots showing the trainer positions and a future goal is for staff members to “apply” and be selected for the position of trainer.

System:

All clinical staff are hired with the understanding that the job includes working directly in the mouths of patients. The trainer’s first goal is to provide opportunity for the trainee to work in the mouth (it is important to decide early if the trainee is going to be adaptable to this or not - if not, discuss with the General Manager to determine if another position in the office is available). It is also important to understand that all trainees may not be interested (or able) to proceed to an advanced level of providing patient care. Because it is an asset to the practice to have talented staff at each level; to whatever level is achievable, we will expect excellence in patient care, teamwork, and attitude.

The first few days for a new employee include time with the General Manager and Office Manager in orientation, then observation in the various areas of the office. Then training in the clinic begins. All new employees train in the sterilization area first. Following is the order for additional training:

- a) Patient Manager Assistant – receive training from the Facilities Manager
- b) Work with a Treatment Coordinator to train in the Records Room
- c) Be responsible for working in the Records Room (and as a PMA)
- d) Work with a Mentor* on a White Chair as a Patient Manager
- e) Be responsible for a White Chair
- f) Work with a Mentor on a Red Chair as a Patient Manager
- g) Be responsible for a Red Chair
- h) Work with a Mentor on a Blue Chair
- i) Be responsible for a Blue Chair
- j) Continue to mature, receive additional training as a Senior Patient Manager
(accept additional leadership responsibilities; train others)
- j) Receive additional training to be a Clinic Coordinator
- k) Serve as Clinic Coordinator

*Staff members may be considered to be a Mentor after an application process. This will involve additional training in communication and coaching as well as orthodontic treatment philosophy. Not shown on the above list are levels which would be considered above Clinic Coordinator for which any staff member would be encouraged to strive for. These include Client Fulfillment Team Leader; and, as the office grows, possibly create a new position such as a Satellite Office Coordinator.

Incentives:

1) The Senior Trainer will have overall responsibility for the success of the trainee and will be remunerated at specific progress points that the trainee achieves.

PMA & Records Room:

- a) When the trainee has completed the checklist for the PMA position and is able to work either as a PMA or as a tech in the records room unsupervised while producing photographs and retainers that are both timely and accurate, the

Facilities Manager (or other trainer) will receive **\$100.00** for both providing and supervising the training to this point.

White Level:

- a) When the trainee has completed the initial training program and begins to work with a Mentor on the White Chair - the Sr. Trainer will receive **\$250.00** per trainee
- b) We fully anticipate the trainee will be running a White Chair by their six-month evaluation. (At the 3-month evaluation, salary is increased by participation in the uniform allowance. At 6-months, it is based on personal characteristics including attitude and teamwork, as well as completion of white level training checklists and ability to work with patients.)
- c) When the trainee is able to repeatedly perform the procedures which are scheduled in the White Chair in a thorough, gentle, and timely manner, the Sr. Trainer will receive an additional **\$50.00** and the Mentor on the White Chair will receive **\$150.00** (generally this takes from 3 – 6 months).

Red Level:

- a) When the “trainee” is deemed ready to progress and is interested in doing so, trainee will begin working with a Mentor on the Red Chair. At this time, to provide incentive to take this step, the trainee’s hourly salary will be increased by a small amount. This may or may not coincide with the employees’ scheduled evaluation time.
- b) When the trainee is able to repeatedly perform the procedures which are scheduled in the Red Chair in a thorough, gentle, and timely manner, the Sr. Trainer will receive an additional **\$100.00** and the Mentor on the Red Chair will receive **\$250.00**.
- c) The trainee will be eligible for another raise after the 3-month “thorough, gentle, and on time performance” at their new level. Salary raises for the trainee on the Red Chair will be set on an individualized basis determined by performance and personal characteristics.

Blue Level:

- a) When the “trainee” is deemed ready to progress and is interested in doing so, trainee will begin working with a Mentor on the Blue Chair. At this time, to provide incentive to take this step, the trainee’s hourly salary will be increased.
- b) When the trainee is able to repeatedly perform the procedures which are scheduled in the Blue Chair in a thorough, gentle, and timely manner, the Sr. Trainer will receive an additional **\$250.00** and the Mentor on the Blue Chair will receive **\$400.00**.
- c) Salary raises for the trainee on the Blue Chair will be set on an individualized basis determined by performance, involvement in additional office projects or duties, and personal characteristics.

Further Growth:

- a) When a staff member achieves the designation of Mentor for any level, an hourly salary increase may be awarded at management’s discretion. This may or may not coincide with the employees’ scheduled evaluation time.
- b) Promotion to Senior Patient Manager and to Clinic Coordinator is at management’s discretion and is based on personal characteristics, professional abilities, teamwork attitude, and leadership.

Termination Report

Date: _____

Employee: _____

_____ Return Office Key

_____ Return "On-Call" Cell Phone

_____ Return any books or training materials

_____ Return Rental Scrubs (cost of any unreturned scrubs will be withheld from the final paycheck)

_____ Review signed agreements (Non-Competition, Privacy, Employee Manual, Employment-At-Will)

_____ Notice of Right to Elect COBRA Continuation of Insurance Coverage.

_____ Cancel or transfer YMCA membership.

I acknowledge the above has been discussed with me.

Employee Signature

Print Name

I would like to have the following comments to be made a permanent part of my personnel record:

1. Disable the account in Active Directory (prohibits LAN and WAN access):
 - a. Open active directory,
 - b. Navigate to the user's account,
 - c. Right click the account and choose "disable",
2. Navigate to the user's profile and copy any relevant documents into a temporary file for later review:
 - a. Double click the "user=\$username\$ unit=fots" icon (normally the "my computer" icon,
 - b. Navigate to c:\documents and settings\\$username\$\my documents , (where \$username\$ is the departed employee's profile name),
 - c. Click "edit, select all" and then "edit, copy"
 - d. Within the manager's my documents folder, add a new folder to contained the copied documents, open the folder, right click and choose "paste",
3. Review the documents copied in step (2) (proceed with caution on this step since there may be an element of finality if backup copies are unavailable):
 - a. Delete unimportant files,
 - b. "Move" relevant files to the profiles of users that have taken over the job function,
 - c. Rely upon backups to keep historic copies of files that are otherwise deleted from the hard disk.
4. Delete the profile (deletes the files from the hard disk):
 - a. Right click the "user=\$username\$ unit=fots" icon and choose "properties",
 - b. Click the tab "advanced",
 - c. Click the button "user profiles",
 - d. Highlight the target profile and choose "delete"
5. Delete the account from Active Directory:
 - a. Open Active Directory and navigate to the users account,
 - b. Right click the account and choose "delete"

Departed Employee Procedure

1. Disable the account in Active Directory (prohibits LAN and WAN access):
 - a. Open active directory,
 - b. Navigate to the user's account,
 - c. Right click the account and choose "disable",
2. Navigate to the user's profile and copy any relevant documents into a temporary file for later review:
 - a. Double click the "user=\$username\$ unit=fots" icon (normally the "my computer" icon,
 - b. Navigate to c:\documents and settings\\$username\$\my documents , (where \$username\$ is the departed employee's profile name),
 - c. Click "edit, select all" and then "edit, copy"
 - d. Within the manager's my documents folder, add a new folder to contained the copied documents, open the folder, right click and choose "paste",
3. Review the documents copied in step (2) (proceed with caution on this step since there may be an element of finality if backup copies are unavailable):
 - a. Delete unimportant files,
 - b. "Move" relevant files to the profiles of users that have taken over the job function,
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4. Delete the profile (deletes the files from the hard disk):
 - a. Right click the "user=\$username\$ unit=fots" icon and choose "properties",
 - b. Click the tab "advanced",
 - c. Click the button "user profiles",
 - d. Highlight the target profile and choose "delete"
5. Delete the account from Active Directory:
 - a. Open Active Directory and navigate to the users account,
 - b. Right click the account and choose "delete"

MARKETING LECTURE NOTES

Marketing

- ❖ Influence-Cialdini
- ❖ Internal Marketing
- ❖ External Marketing
- ❖ Marketing Self Ligation

Willow Creek: Reasons for Success

- ❖ What do folks want?
- ❖ How can we give it to them?
- ❖ "Sacred Cows" serve us best as hamburger

ORTHODONTIC "SACRED COWS"

"Doctoritis"

New Definition of Quality

- ❖ Were the patient's/parent's objectives met?
- ❖ Were the clinician's objectives met?

Dr. Vince Kokich

(29 Oct 2007)

"... orthodontists tend to create idealistic treatment objectives on adult patients, when the patient's dental history would suggest that idealistic may not be realistic.

I propose the creation of realistic objectives to overcome what truly needs to be corrected in the adult mouth."

Dr. Bob Keim (April 2008 JCO)

"There are numerous situations in which we may properly treat to an optimum result as opposed to the ideal result.

There is no evidence to prove that an (ideal) result is actually healthier...

Treating to an (optimum) result...clearly does no harm."

"Don't let perfection be the enemy of good."
Unknown

Dr. Bill Proffit
(JCO Dec. 2008)

**"In all health care, the maxim is, "Do no harm."
"... in a choice of simple vs. complex treatment, the patient and practitioner may ethically make the choice to do the lesser treatment."**

Not Everyone Agrees

"Doctor should dictate orthodontic treatment, not the patient"

The Bulletin Oct. 2007, Vol. 25, No. 6

"Social Six: Is this really all there is?"

Ortho Tribune Vol. 2 #8 2007

All orthodontics is compromise:

but, no one will admit it!

2 Questions

- ❖ What are we selling?
- ❖ Who is our market?

I. Reciprocation

- ❖ This is what partners do for each other.
- ❖ If roles were reversed, you would do the same for me.
- ❖ Drs. O'Keefe and Nelson

II. Commitment & Consistency

- ❖ Voluntary (uncoerced)
- ❖ Active/Effortful
 - ❖ Verbal
 - ❖ Written
- ❖ Public

II. Commitment & Consistency

❖ **Objective self awareness**

Audio, Visual, Written

“How was your visit today?”

“Did Lisa take good care of you today?”

“I see you are out on time again!”

II. Commitment & Consistency

❖ **“If you need to change this appointment, will you call us back?”**

❖ **Marketing Survey-“Was your meal exceptional?”**

❖ **“Mom, I’m sure you want Susie to have a gorgeous smile!”**

❖ **“Are you happy with your smile?”**

III. Social Proof

- ❖ Book of testimonials
- ❖ Over 25,000 treated smiles

IV. Liking

- ❖ "I like you"
- ❖ "Just like you
- ❖ "I knew you were my kind of kid."

V. Authority

- ❖ Brag wall
- ❖ Plaques and CV for staff
- ❖ Build trust by working against own self-interest
- ❖ "Because"

"We need to get you a perfect smile **BECAUSE** when you are rich and famous everything needs be just right."

VI. Scarcity

- ❖ Don't want to lose optimum time.
- ❖ March is a very busy month; let's get some times reserved.
- ❖ Risk of Delay

INTERNAL MARKETING *Hot, Fast & Cheap*

(Go for the low-hanging fruit!)



A lot of little things!

Internal Marketing (a walk down memory lane)

- ❖ Hair clips
- ❖ Eyes on shoes
- ❖ Wall covering
- ❖ Paint ceiling
- ❖ "Readers Choice"

Internal Marketing

(Other issues)

- ❖ Multiple doctors
- ❖ Fees
- ❖ Financing
- ❖ Trial close
- ❖ Cross selling
- ❖ Exit interview
- ❖ Angry patient/parent
 - ❖ Make 2 calls

**THE MOST EMOTIONAL
ISSUE IN YOUR
OFFICE IS:**

\$ MONEY \$

FEES

"How much does this cost?"

"Millions"

- ❖ 17% shop cost alone
- ❖ 10% feel high fee = "quality"
- ❖ 73% make up most of our market

Financing

- ❖ **Outside financing**
- ❖ **Schulman top
10% has more
delinquency**

TRIAL CLOSE

**“Is this a good
time for you
to do this?”**

Cross selling

- ❖ **“Do you or anyone else in the
family have an interest in
receiving treatment?”**
- ❖ **Sibs**

Unhappy Customers*

- ❖ 63% of unhappy customers for big ticket services will not complain
- ❖ If the unhappy customer does not complain it is unlikely he will do business with you again

*Technical Assistance Research Program

Unhappy Customers*

- ❖ 70% of unhappy customers will do business again if the complaint is resolved
- ❖ 95% of unhappy customers will do business with you again if the complaint is resolved quickly

*Strategic Planning Institute

Complaints are Good

- ❖ You can not fix what you do not know about
- ❖ It is likely others are having the same problem
- ❖ If they do not complain they just go away
- ❖ They are more likely to tell others of their unhappiness than happy customers are to tell of their satisfaction

**Community
Involvement**

❖ **Politics**

❖ **Civics**

External Marketing

- ❖ "Fry, there ain't no secret to success, it's just bein' nice to folks!" "Red" Wyndom
- ❖ \$500 Certificate for DDS to give
- ❖ Never pass a lemonade stand
- ❖ Sports teams
- ❖ Cricket lost

Survey

- ❖ Patients
- ❖ Referring offices
 - ❖ RDH
 - ❖ Front desk
 - ❖ Assistants
 - ❖ Doctor

Elevator Speech

Location

- ❖ Schools
- ❖ Sewers
- ❖ Barriers (highways, state lines, rivers, etc)
- ❖ Know the community (banks, ministers, etc.)
- ❖ Gold in them 'thar hills

EXTERNAL MARKETING

- ❖ External
 - ❖ GP presentations
 - ❖ News organizations
 - ❖ Car
 - ❖ Mailings

External Marketing

- ❖ **Print**
- ❖ **Radio**
- ❖ **Television**
- ❖ **Impact movie**
- ❖ **Web site**
- ❖ **"Search Engine Optimization"
(SEO)**

New Marketing Ideas

- ❖ **RDH focus groups**
- ❖ **Same day start**
- ❖ **Support out
troops**

Marketing Self Ligation to Parents

- ❖ **Full smiles**
- ❖ **On time**
- ❖ **Fewer & shorter visits**
- ❖ **Better oral hygiene**
- ❖ **Fewer emergencies**

Marketing Self Ligation to GP's

- ❖ **Staff lunch**
- ❖ **Cases**
- ❖ **Stats**
- ❖ **Lower costs**
- ❖ **Mailings**

Bottom Line

**If you can eliminate 5 min. from
each visit & 3 visits from each case
you can:**

- 1. Increase production by
25%,
or**
- 2. Decrease days worked by
25%**

MARKETING HANDOUTS

The Six Weapons of Influence

2006 Corporate Partners

Learn how these emotional triggers can make it easier for people to say “yes” to your requests.

WHY DO PEOPLE say “yes”? How can we get them to comply with our requests? I asked David Palmer, an expert on organizational development and marketing.

“Fortunately, people often say ‘yes’ or agree with requests out of mindless compliance,” Palmer told me. “They are frequently willing to say ‘yes’ automatically without thinking first. It makes their lives simpler and smoother. But what most of us are trying to overcome is the opposite phenomenon, when they’ve programmed themselves to say ‘no’ without thinking about it.”

Here’s where the emotional triggers come in. Researcher Robert Cialdini at Arizona State University describes the “Six Weapons of Influence,” as he calls them, in his book, *Influence, Science and Practice* (Allyn & Cacon, 2000).

1) Reciprocation: “The Old Give and Take — and Take.” All of us are taught we should find some way to repay others for what they do for us. Most people will make an effort to avoid being considered a moocher, ingrate or person who does not pay their debts.

This is an extremely powerful tactic and can even spur unequal exchanges. In one experiment, for example, half the people attending an art appreciation session were offered a soft drink. Afterwards, all were asked if they would buy 25-cent raffle tickets. Guess what? The people who had been offered the soft drinks purchased twice as many raffle tickets, whether or not they had accepted the drinks!

You probably already use this principle, but it is much stronger than you suspect. You can build a sense of indebtedness in someone by delivering a number of uninvited “first favors” over time. They don’t have to be tangible gifts. In today’s world, useful information is one of the most valuable favors you can deliver.

2) Commitment and Consistency: “Hobgoblins of the Mind.” Once people have made a choice or taken a

stand, they are under both internal and external pressure to behave consistently with that commitment. This desire for consistency offers us all a shortcut to action as we recall a previous decision we have already made.

When you can get someone to commit verbally to an action, the chances go up sharply that they'll actually do it. For example, before starting your next meeting, ask each person to commit to following the posted agenda. Then, if anyone goes off on a tangent, just ask them to explain how it fits the agenda. If they can't, they'll quickly fall back in line.

3) Social Proof: "Truths Are Us." We decide what is correct by noticing what other people think is correct. This principle applies especially to the way we determine what constitutes correct behavior. If everyone else is behaving a certain way, most assume that is the right thing to do.

This principle of influence kicks in even more strongly when the situation is uncertain or people aren't sure what to do. When you can show them what others like them believe or are doing, people are more likely to take the same action. On the positive side, product endorsements are the most obvious application of the Social Proof. If you want someone to do something for you, be sure to let them see that many other people are already doing it or are willing to do it.

4) Liking: "The Friendly Thief." People love to say "yes" to requests from people they know and like. And people tend to like others who appear to have similar opinions, personality traits, backgrounds or lifestyles. More people will say "yes" to you if they like you, and the more similar to them you appear to be, the more likely they are to like you.

Most people are also phenomenal suckers for flattery, even when they know it isn't true. When we have a good opinion of ourselves, we can accept praise and like those who provide it. All salespeople worth their salt have mastered the flattery tactic. They know it works, but they may not know why.

People also tend to like and trust anything familiar. The best way to build this familiarity is to have frequent,

pleasant contacts. For example, if you spend three hours straight with someone you've never met before, you would get a sense of who they are. But if you divided the same time into 30-minute segments of pleasant interaction over six consecutive weeks, you would each have a much stronger and positive knowledge about the other. You have established a comfort level, familiarity and a history with them.

5) Authority: "Directed Deference." Most of us are raised with a respect for authority, both real and implied. Sometimes, people confuse the symbols of authority (titles, appearance, possessions) with the true substance.

Some people are more strongly influenced by authority than others, and compliance can vary according to the situation. For example, it's 11:00 p.m., and the doorbell rings. Two men in police uniforms want to come in and ask you some questions. Most people respect such authority enough that they would comply, even though the Constitution says they don't have to. But if it was 3:00 a.m. and the men were in street clothes, claiming to be detectives, most of us would hesitate. The men would have to overcome our resistance with more proof of their authority, such as badges or a search warrant.

You can put this general principle to use by citing authoritative sources to support your ideas. Look and act like an authority yourself. Be sure others know that your education and experience support your ideas.

6) Scarcity: "The Rule of the Few." Nearly everyone is vulnerable to some form of the principle of scarcity. Opportunities seem more valuable when they are less available. Hard-to-get things are perceived as better than easy-to-get things. For example, the object you've almost decided to buy is out of stock. The salesperson offers to check their other stores. And guess what? A store across town has one left! Do you buy it? Of course!

Whenever appropriate, you can use the Scarcity Principle. Refer to limited resources and time limits to increase the perceived value of the benefits of helping or working with you. The possibility of losing something is a more powerful motivator than of gaining something. Let others know what they will be losing if they don't

say “yes” to your offer.

The Six Weapons of Influence are incredibly powerful and can be combined in many ways. Use them whenever you approach people you want to influence.



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Source: www.news.com

Potential Risk of Delaying Orthodontic Treatment

Tooth fracture: if your upper front teeth protrude in front of the lower teeth the uppers are more likely to be broken.

- **Periodontal (Gum) problems**: research indicates that certain bite conditions can cause gum disease.
- **Harder to clean**: severely crowded teeth are harder to clean.
- **Heart conditions**: research shows more incidence of adverse heart conditions with Periodontal disease.
- **Tooth enamel wear**: deep bite (overbite) can cause significant wear on the front teeth.
- **Jaw surgery**: lack of growth can cause the need for jaw surgery to correct certain conditions in adulthood.
- **Compromise result because of lack of growth**: most tooth alignment problems are handled more predictably in a growing patient.
- **Decreased stability**: the longer the teeth remain crooked the more relapse potential exists.
- **TMJ pain**: while the research is mixed on this point, many believe that an adverse bite can cause or worsen head and neck pain.
- **Condition worsening**: most tooth alignment problems worsen with time if not treated.
- **More costly**: as conditions worsen over time the cost to correct them usually increases.
- **Social acceptance**: research is very clear that folks with a pleasing smile are treated better in social and work relationships.

Please circle your position in the office:

Doctor Hygienist Assistant Receptionist Other _____

We want to thank you for taking the time to complete this survey. The information you share will help us continue to improve our services to you and your patients.

Rate the quality of service based on the scale below:

Always 1	Usually 2	Sometimes 3	Rarely 4	Never 5
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1. _____ Are you pleased with the overall quality of care we provide to your patients?
2. _____ Do we respond quickly to your requests for service?
3. _____ Is written or e-mail correspondence from our office to yours adequate and concise?
4. _____ Are phone communications from our office to yours prompt and concise?
5. _____ Are you pleased with the communication you receive from our office while your patients are under our care?
6. _____ Do you feel that we are sensitive to your patients' financial needs?
7. _____ Have your patients indicated that they have been treated courteously by our staff?
8. _____ Have your patients indicated to you that they are seen on time for their appointments?
9. _____ Are your patients routinely returning to you for follow-up care?
10. _____ Are your patients pleased with the final results of treatment in our office?
11. _____ Have we educated your patients adequately in caring for their appliances?
12. _____ Have we educated your patients properly regarding retention care?
13. _____ Overall, would you recommend us to other patients?
14. _____ To which office do you usually refer? Overland Park Olathe Stanley

Comments/ Suggestions:



Office Name (optional): _____

Dear Doctor and Staff,

Enclosed you will find several survey questionnaires for you and your staff members. Because we would like to provide you with the best service possible we would appreciate it if you could fill out these confidential questionnaires and return them in the envelope provided or fax to (913)469-6491 to the attention of Shaulene. The information will be compiled and you will be provided with a feedback report.

We always appreciate your suggestions and thank you for taking the time to complete and return this information. Your cooperation and frank answers are greatly appreciated as we look forward to working with you and your patients in the future.

Sincerely,

Dr. Bob Fry and Dr. Jeremy Fry

Enclosures: surveys

“ELEVATOR SPEECH”

LG-100/YDG/4-06

An “elevator speech” is a brief statement that is usually used in response to the question “Who do you work for?” OR “What do you do?” It is so named because the statement is short enough that you can visualize saying the entire thing in the time it would take during a short elevator ride.

The basic components of the Elevator Speech are:

- WHO WE ARE – Top 10 orthodontic practice in the country, over 25 yrs experience
- WHAT WE DO – Help people get a great-looking smile, feel confident
- WHAT WE DO IT FOR – Tailor to who you’re talking to (everyone from age 6 to 88)
- WHAT DIFFERENCE IT MAKES – The “so what?”

Although, we encourage you to create your own personal Elevator Speech that you are comfortable with, we want everyone to memorize this one initially:

“I work at Fry Orthodontic Specialists. We create smiles that last a lifetime for people of all ages. It’s rewarding to see how beautiful smiles can change lives!”

LIFE MANAGEMENT LECTURE NOTES

LIFE MANAGEMENT

(Let's make some soup)

Soup Ingredients

- ❖ To live
- ❖ To love
- ❖ To learn
- ❖ To leave a legacy

Life Management

- ❖ Write your epitaph
- ❖ Name your pall bearers



IDEOLOGY

- ❖ **Personal Mission Statement**
- ❖ **Family Mission Statement**
- ❖ **Corporate Core Ideology**

Play to your strength:
What turns you on, what turns you off?

FRY ORTHODONTIC
SPECIALISTS

Core Value: CONTINUALLY IMPROVE THE
WELLBEING OF OUR :



STAFF & THEIR FAMILIES

PATIENTS & THEIR FAMILIES

PROFESSIONALS COLLEAGUES

COMMUNITY

SYSTEMS

Purpose: to help you achieve The Smile Of Your Life

TAKE CARE OF YOUR
BODY

- ❖ **Eat right**
- ❖ **Exercise**
- ❖ **Laughter**

CONTROL YOUR ADDICTIONS

- ❖ **Man's early development**
- ❖ **Work**
- ❖ **Politics**
- ❖ **Alcohol**
- ❖ **Junk food**
- ❖ **Soft addictions**
 - ❖ **TV**
 - ❖ **Internet/computer games**

MANAGE STRESS

- ❖ **Good stress (Eustress)**
- ❖ **Bad stress**
 - ❖ **Accept the worst possible outcome**
 - ❖ **"That which does not kill me makes me stronger"**
 - ❖ **"This, too, shall pass"**
 - ❖ **Midlife issues: The Imperfect Storm**
 - ❖ **"Wall Bangers Society"**



"I can't do this anymore."

Series of Walls

- ❖ **Change Direction**
- ❖ **Half Time-Buffer** (Your Legacy?)
- ❖ **Feeling Good-Burns** (Beware the Perfection Addiction)



**Often "good enough",
is!**

Recommendations

- ❖ **Come out of cave**
- ❖ **Network of friends**
- ❖ **ST(MS)**
Sit and think (mostly sit)
- ❖ **Personal assistant**
- ❖ **Let some plates drop!**
- ❖ **Get professional help**

CONTROL TIME

- ❖ **Find time to plan next day, week month, year**
- ❖ **STMS (schedule it!)**
- ❖ **"90% of success is just showing up" Mark Twain**
- ❖ **Know your body clock**
- ❖ **Say "no!"**

CONTROL MONEY

- ❖ Know your market
- ❖ Save early (Einstein: the effect of compound interest)
- ❖ Be conservative (hoarders vs. traders)
- ❖ Avoid the "home run" syndrome
- ❖ Avoid taxes

CONTROL MONEY

- ❖ Poverty brings unhappiness, excess money does not bring happiness (lottery winners, research on wealthy people)
- ❖ Keep track (Income and Expense, Balance sheet, Budget)
- ❖ Income rarely exceeds the ability to adapt
- ❖ 30/70 Rule:
 - ❖ 1st 30% (church, capital investment, savings)
 - ❖ 2nd 70% (necessities and luxuries)

CONTINUAL LEARNING

- ❖ OJR (on the job retirement)
- ❖ Journals/professional reading
- ❖ Learn from those you disagree with
- ❖ Study clubs
- ❖ Personal learning
 - ❖ Books on tape
 - ❖ College courses
 - ❖ Develop second career

CONTINUAL LEARNING

- ❖ **Autobiography**
 - ❖ Personal
 - ❖ ID critical junctures
 - ❖ Photos organized
 - ❖ Personal files
- ❖ **STMS (Sit and Think: Mostly Sit)**
 - ❖ Bad things
 - ❖ Good things
 - ❖ Set new goals
 - ❖ Personal files

LEARN TO FORGIVE

- ❖ **Revenge never satisfies**
- ❖ **Learn win/win**
- ❖ **Religion helps**
- ❖ **Forgive yourself**

EMBRACE CHANGE/ CELEBRATE FAILURE

- ❖ **We grow by:**
 - ❖ Joy of winning
 - ❖ Pain of losing
- ❖ **Kaizen/Kiakaku**
- ❖ **Half Time-Buford**
- ❖ **Reinvent yourself every 10 years-Drucker**
- ❖ **Paradigms - Barker**

ASSOCIATES WHO MAKE YOU BETTER

- ❖ Pleasant, stimulating, challenging
- ❖ GP's ?
- ❖ Mentors: write them a thank you
- ❖ Male bonding
 - ❖ Difficult/risky
 - ❖ Prager article
- ❖ Employees/associates

LEARN TO LEAD

- ❖ Study Leaders (Colin Powell, Bill Hybels)
- ❖ Accept leadership rolls outside the office
- ❖ Vision, focus, passion
- ❖ By example

LEARN TO INSPIRE

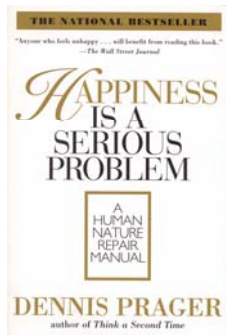
- ❖ Are inspired people more productive?
- ❖ Who inspires the leader?
- ❖ How to inspire others?
- ❖ What would your office look like if everyone was inspired?

Summary

- ❖ Happiness
 - ❖ Is a mental disorder
 - ❖ Is an obligation
 - ❖ Is designed to evaporate with time
 - ❖ Is a journey, not a destination
 - ❖ Boat metaphor

Happiness

❖ **The problem-?**



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LIFE MANAGEMENT HANDOUTS

36 Christian Ways to Reduce Stress

1. Pray
2. Go to bed on time.
3. Get up on time so you can start the day unrushed.
4. Say "No," to projects/activities that won't fit into your time schedule, or that will compromise your mental health.
5. Delegate tasks to capable others.
6. Simplify and un-clutter your life.
7. Less is more. (Although one is often not enough, two are often too many.)
8. Allow extra time to do things and to get to places.
9. Pace yourself. Spread out big changes and difficult projects over time; don't lump the hard things all together.
10. Take one day at a time.
11. Separate worries from concerns. If a situation is a concern, find out what God would have you to do and let go of the anxiety. If you can't do anything about a situation, forget it.
12. Live within your budget.
13. Have backups; an extra car key in your wallet, an extra house key buried in the garden, extra stamps, etc.
14. K. M. S. (Keep Mouth Shut.) This single piece of advice can prevent an enormous amount of trouble.
15. Do something for the Kid in You every day.
16. Carry a Bible with you to read while waiting in line.
17. Get enough exercise.
18. Eat right.
19. Get organized so everything has its place.
20. Listen to a tape while driving that can help improve your quality of life.
21. Write thoughts and inspirations down.
22. Every day, find time to be alone.
23. Having problems? Talk to God on the spot. Try to nip small problems in the bud. Don't wait until it's time to go to bed to try and pray.
24. Make friends with Godly people.
25. Keep a folder of favorite scriptures on hand.
26. Remember that the shortest bridge between despair and hope is often a good "Thank you Jesus!"
27. Laugh.
28. Laugh some more!
29. Take your work seriously, but yourself not at all.
30. Develop a forgiving attitude (most people are doing the best they can).

31. Be kind to unkind people (they probably need it the most).
32. Sit on your ego.
33. Talk less; listen more.
34. Slow down.
35. Remind yourself that you are not the general manager of the universe.
36. Every night before bed, think of one thing you're grateful for that you've never been grateful for before.

Submitted By: Thomas Daniel

50 RULES FOR LIFE

1. Life isn't fair, but it's still good.
2. When in doubt, just take the next small step.
3. Life is too short to waste time hating anyone.
4. Don't take yourself so seriously. No one else does.
5. Pay off your credit cards every month.
6. You don't have to win every argument. Agree to disagree.
7. Cry with someone. It's more healing than crying alone.
8. It's OK to get angry with God. He can take it.
9. Save for retirement starting with your first paycheck.
10. When it comes to chocolate, resistance is futile.
11. Make peace with your past so it won't screw up the present.
12. It's OK to let your children see you cry.
13. Don't compare your life to others. You have no idea what their journey is all about.
14. If a relationship has to be a secret, you shouldn't be in it.
15. Everything can change in the blink of an eye. But don't worry; God never blinks.
16. Life is too short for long pity parties. Get busy living, or get busy dying.
17. You can get through anything if you stay put in today.
18. A writer writes. If you want to be a writer, write.
19. It's never too late to have a happy childhood. But the second one is up to you and no one else.
20. When it comes to going after what you love in life, don't take no for an answer.
21. Burn the candles, use the nice sheets, wear the fancy lingerie. Don't save it for a special occasion. Today is special.
22. Over prepare, then go with the flow.
23. Be eccentric now. Don't wait for old age to wear purple.
24. The most important sex organ is the brain.
25. No one is in charge of your happiness except you.
26. Frame every so-called disaster with these words: "In five years, will this matter?"
27. Always choose life.
28. Forgive everyone everything.
29. What other people think of you is none of your business.
30. Time heals almost everything. Give time time.
31. However good or bad a situation is, it will change.
32. Your job won't take care of you when you are sick, your friends will. Stay in touch.
33. Believe in miracles.
34. God loves you because of who God is, not because of anything you did or didn't do.
35. *Whatever doesn't kill you really does make you stronger.*
36. Growing old beats the alternative -- dying young.
37. Your children get only one childhood. Make it memorable.
38. Read the Psalms. They cover every human emotion.
39. Get outside every day. Miracles are waiting everywhere.
40. If we all threw our problems in a pile and saw everyone else's, we'd grab ours back.
41. Don't audit life. Show up and make the most of it now.
42. Get rid of anything that isn't useful, beautiful or joyful.
43. All that truly matters in the end is that you loved.

44. Envy is a waste of time. You already have all you need.
45. The best is yet to come.
46. No matter how you feel, get up, dress up and show up.
47. Take a deep breath. It calms the mind.
48. If you don't ask, you don't get.
49. Yield.
50. Life isn't tied with a bow, but it's still a gift.

By Regina Brett
The Plain Dealer,
Cleveland, OH

ENLIGHTENED PERSPECTIVE

Please Read all the way to the bottom: If you will take the time to read these. I promise you'll come away with an enlightened perspective. The subjects covered affect us all on a daily basis:

They're written by Andy Rooney, a man who has the gift of saying so much with so few words. Enjoy.....

I've learned.... That the best classroom in the world is at the feet of an elderly person..

I've learned.... That when you're in love, it shows.

I've learned.... That just one person saying to me, 'You've made my day!' makes my day.

I've learned... That having a child fall asleep in your arms is one of the most peaceful feelings in the world.

I've learned.... That being kind is more important than being right.

I've learned.... That you should never say no to a gift from a child.

I've learned.... That I can always pray for someone when I don't have the strength to help him in some other way.

I've learned.... That no matter how serious your life requires you to be, everyone needs a friend to act goofy with.

I've learned.... That sometimes all a person needs is a hand to hold and a heart to understand.

I've learned..... That simple walks with my father around the block on summer nights when I was a child did wonders for me as an adult.

I've learned.... That life is like a roll of toilet paper. The closer it gets to the end, the faster it goes.

I've learned..... That we should be glad God doesn't give us everything we ask for.

I've learned..... That money doesn't buy class.

I've learned.... That it's those small daily happenings that make life so spectacular.

I've learned... That under everyone's hard shell is someone who wants to be appreciated and loved.

I've learned..... That to ignore the facts does not change the facts..

I've learned.... That when you plan to get even with someone, you are only letting that person continue to hurt you.

I've learned..... That love, not time, heals all wounds.

I've learned.... That the easiest way for me to grow as a person is to surround myself with people smarter than I am.

I've learned.... That everyone you meet deserves to be greeted with a smile.

I've learned... That no one is perfect until you fall in love with them.

I've learned... That life is tough, but I'm tougher.

I've learned... That opportunities are never lost; someone will take the ones you miss.

I've learned.... That when you harbor bitterness, happiness will dock elsewhere.

I've learned.. That I wish I could have told my Dad that I love him one more time before he passed away.

I've learned.... That one should keep his words both soft and tender, because tomorrow he may have to eat them.

I've learned.... That a smile is an inexpensive way to improve your looks.

I've learned.... That when your newly born grandchild holds your little finger in his little fist, that you're hooked for life.

I've learned.... That everyone wants to live on top of the mountain, but all the happiness and growth occurs while you're climbing it.

I've learned.... That the less time I have to work with, the more things I get done.

KEYS TO THE PRACTICE OF YOUR DREAMS

1. Hire Quality People
2. Be Systems Based (vs. People Based)
3. Delegate to the Maximum
4. Do What Patients Want (Avoid Doctoritis)
5. Be Relentless
 - a. GP Relations
 - b. Marketing
 - c. Systems Improvement
6. Give Back
7. Try Lots/Keep What Works
8. Make Tough Calls
 - a. Upset Patients/Parents
 - b. GPs
9. Only Expect What You Inspect (Statistics)
10. Don't Manage By Exception

Mistakes I Have Made

- 1. Not reinventing myself (Drucker)**
- 2. Not doing what patients want (Doctoritis)**
- 3. Not delegating enough**
- 4. Delegating too much (Visioning)**
- 5. Not moving with your market**
- 6. Taking GPs for granted**
- 7. Personality based vs. systems based**
- 8. Not giving back to the Community**
- 9. “High Tech” addiction**
- 10. Chasing gross vs. net (run it lean)**



Survey Consensus - - - 120 Orthodontists Were Surveyed

I asked male, female, group and solo practitioners, senior and junior Doctors in all areas of the USA and 10 International Practices.

THE QUESTION WAS

What Are The Top 10 Management Mistakes That Orthodontists Make?

(not necessarily your mistakes, but all orthodontists)

Doctors were also asked to provide possible solutions for these mistakes.

The solutions listed are the Doctors' words, not mine

#1 Mistake = 38% mentioned this mistake

Failure to give adequate praise, thanks, recognition or appreciation to the team

Solution – *you can build a team, you cannot buy one
go to courses, plan surprises, have a bonus system, travel
give constant thanks, praise – more than you think you ever need to
know you cannot do it without them
take a pill and just do it!*



Do It - it will pay you back 10 fold-happier team, less turnover/stress

#2 Mistake = 32% mentioned this mistake

Failure to hire the “right” people

Solution – *create a place for a great person
have the team do interviewing and hiring
be patient and wait - no desperate hiring allowed
know personality traits and how to use them
use testing (IQ and/or personality)
know how very expensive it is to hire wrong
accept responsibility for doing wrong and fix it ASAP
stick to your guns!*



#3 Mistake = 30% mentioned this mistake

Keeping the “wrong” people on board too long

Solution – *decide early and move forward
terminate earlier rather than later
help them to leave and be happier
know that energy suckers must go
have the team hire so no one person is “to blame”
learn from your mistakes
memorize this sentence:*



“I don’t know how we are ever going to get along without you, but starting tomorrow, we are certainly going to try.” ☺

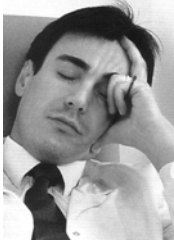
#4 Mistake = 23% mentioned this mistake
Failure to provide the team with goals, personal accountability, performance evaluations and feedback

Solution – *do annual performance evaluations (One on One's)
train yourself first, then train the team
have productive, regular effective staff meetings
involve the team in the practice goal setting process
hire someone to help you do this
reward great performance*



#5 Mistake = 22% mentioned this mistake
Failure to delegate, think you can, or should, do it all

Solution – *hire the right people in the first place
be specific with training and requests
know who's practice it is anyway
support them in front of others
reward great performance and praise them
train and then empower the team to do more*



*walk your talk
develop more trust
let it go Buddy!*

#6 Mistake = 21% mentioned this mistake
Failure to establish an organized, effective Internal/External marketing plan

Solution – *have a marketing committee - the Dr is not it
meet regularly to discuss, plan and implement
go to meetings, listen to tapes, ask others so you learn more
hire others (consultants) to help you
develop the plan and then stick to it!
promote or perish!
turn your team loose*



#7 Mistake = 20% mentioned this mistake
Failure to be a real LEADER of the team

Solution - *pay attention to the practice goals, numbers and pulse
set a good example in all areas
read, go to courses, listen to tapes
get a coach or mentor to train you
ask others for feedback on how you are doing*



#8 Mistake = 20% mentioned this mistake

A poor or negative attitude/moodiness exhibited by the Doctor

Solution - *know that ego, arrogance and “Doctoritis” get you nowhere
look in the mirror clearly and honestly
set a good example
admit your weaknesses to yourself and to your team
ask your team for help, assistance, coaching
hire others to help you get better – you’ll be glad you did
read, take courses, get counseling
be more grateful*



#9 Mistake = 17% mentioned this mistake

Avoiding conflict or confronting of the team

Solution - *learn conflict resolution skills
talk openly about all things
be firm yet still be kind
terminate people early on
do people a favor by being honest and real
“grow some balls” ☺*



#10 Mistake = 15% mentioned this mistake

Failure to hold regular, effective team meetings

Solution - *learn how to do it well
set the time and stick to it!
follow written agenda
stay on focus and on time
have complete notes taken and distributed
rotate the facilitator
don’t think you have to lead them yourself!*



- #11 Mistake = overall poor communication (11%)
- #12 Mistake = failure to have a written vision, mission statement, purpose to follow (10%)
- #13 Mistake = failure to establish and follow an office budget (10%)
- #14 Mistake = criticize the team in public-be too harsh, hurt feelings, de-motivate (9%)
- #15 Mistake = failure to run the practice as the business it is (8%)
- #16 Mistake = complacency - resistance to change (8%)
- #17 Mistake = failure to pay quality attention to dental referrals (7%)
- #18 Mistake = allowing gossip/miscommunication to ruin team cohesiveness (6%)
- #19 Mistake = treating the team like workers rather than family (5%)
- #20 Mistake = inadequate or non-existent training protocols (5%)



*What a difference a day makes is a great saying we all know.
Rearrange some words and try what a day a difference makes !*

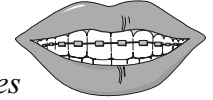
Who Is This Woman Anyway?



Rosemary Bray has spent more than *30 years* employed in the dental profession, with experience in general dentistry (12 years), periodontics and orthodontics (18 years).

Her last 16 years were as *Office Manager* and *Treatment Coordinator* for Dr. Dennis McKee's San Diego orthodontic practice. She left in 1998 to begin her self-employment as a speaker and consultant in Orthodontics and Dentistry and she just had her 10 year anniversary.

She was one of the founding members of the *Pacific Coast Treatment Coordinators Study Group* and also of the *San Diego Dental Office Managers Study Club*.



She taught oral hygiene and dental care to *400 children* from *37 different countries* at the International Community School of Zurich while she and her family lived in Switzerland for four wonderful years. A tooth brushing program was instituted in the primary school curriculum as a result and her program is still on going today. Those children are brushing! ☺



She has lectured *nationally and internationally* on behalf of the American Association of Orthodontics, several orthodontic companies, various dental societies, ortho and dental study groups and for her own workshops and seminars. In 2011, she will be the Staff Program Chair for the AAO Annual Session in Chicago.

Rosemary has been a member of the *National Speaker's Association* and is Past President and a currently a Board Member of the *San Diego Children's Dental Health Association* (a non-profit dental clinic in San Diego which treats approximately 500 indigent children each month). This is a last resort care facility which relies on donation alone to operate. In 2007, they began to finally provide orthodontic care as well as quality dental care!

She is a visiting *Clinical Instructor* in the orthodontic department of the University of the Pacific, School of Dentistry in San Francisco where she donates her knowledge and experience to the future orthodontists studying there and she speaks at many ortho schools as a gift back to the profession.

She has been on the Board of Directors for the American Association of Orthodontics Foundation (**AAOF**), which supports and promotes education and research in orthodontics. Rosemary also served on the Education Committee for the Pacific Coast Society of Orthodontists (**PCSO**) and assists in planning Annual Sessions for that society.



Rosemary is self employed as an *office trainer and consultant* specializing in

New patient exams, TC Training	Internal and external marketing
Outstanding customer service	Verbal and written communications skills
Team relationships, motivation, incentives, retreats and team building	



She gives *personalized office retreats and seminars* and is available for speaking engagements to a variety of professional groups. A popular lecture is her Appreciation Seminar to thank your referrals for supporting your practice. Visit her website at (www.rosemarybray.com)for details on programs, workshops and lectures that are open to the public. She travels the world in the name of teeth and smiles and today she is honored to be here, in Kansas City, with you!

Her life and the lives of her family have been enhanced through the profession of dentistry and orthodontics and she continues to thank you for that every day.

7 Secrets to a Happy Retirement

by Sydney Lagier
Thursday, July 22, 2010

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Some folks transition seamlessly into a happy retirement and get right to the business of enjoying their new lives. But other people have a tougher time entering the retirement years. Some of these folks may wonder whether they are really cut out for retirement at all. Here are seven traits happy retirees share.

Good health. Enjoying good health is the single most important factor impacting retiree happiness, according to a 2009 Watson Wyatt analysis. Retirees in poor health are nearly 50 percent less likely to report being happy, trumping all other factors including money and age.

A significant other. The same study found that married or cohabiting couples are more likely than singles to be happy in retirement. The news gets even better for couples enjoying retirement together. Retirees whose partners are also retired report being happier than those with a working partner, according to research conducted earlier this year at the University of Greenwich.

A social network. The Greenwich study also found that having friends was far more important to retirement bliss than having kids. Those who have strong social networks are 30 percent happier with their lives than those without a strong network of friends. Having kids or grandkids had no impact on a retiree's level of contentment.

They are not addicted to television. After you retire you will have lots of time to fill. If you want to be happy in retirement, don't fill that time with endless hours of television. Heavy TV viewers report lower satisfaction with their lives, according to a 2005 study published by the Institute for Empirical Research in Economics in Zurich. The same results were found again in 2008 by researchers at the University of Maryland. In that study, a direct negative correlation was found between the amount of TV watching and happiness levels: unhappy people watched more TV and happy people watched less.

Intellectual curiosity. Adults over 70 who choose brain-stimulating hobbies over TV watching are two and a half times less likely to suffer the effects of Alzheimer's disease, according to Richard Stim and Ralph Warner's book *Retire Happy: What You Can Do Now to Guarantee a Great Retirement*. Not only will shunning TV make you happier, it will make you healthier. Good health will in turn make you happier -- a not-so-vicious cycle.

They aren't addicted to achievement. The more you are defined by your job, the harder it will be to adjust to life without it. According to Robert Delamontagne's book *The Retiring Mind: How to Make the Psychological Transition to Retirement*, achievement addicts have the most difficulty transitioning to retirement.

Enough money. Of course you'll need enough money to support your chosen lifestyle in retirement. But beyond that, more money will not make you happier. The Watson Wyatt survey found that the absolute amount of money you have for retirement is less important than how your retirement income compares to your income before retirement. If you have enough to continue your pre-retirement lifestyle, you have enough.

If you don't have the traits necessary for a happy retirement, don't despair. There's good news for you, too. Consider a retirement that includes a little work. Researchers at the University of Maryland found that retirees who go back to work either full or part-time are healthier. The benefits don't depend on how many hours you work. Even temporary work has the same positive impact on health. If you can't find a paying job, don't worry. A growing body of research shows that retirees who volunteer reap the same benefits of health, happiness, and longevity. And since a happy retirement is a healthy retirement, you'll be set up to enjoy both.

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