

The Progressive Orthodontist

CHANGE IS GOOD!



Enfant Terrible

Dr. Marc Ackerman

Q2 2018

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- BY DR. ANDREA FONT RYTZNER

SECCIÓN EN ESPAÑOL
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Dr. John McManaman

It's that time again. It seems like only yesterday we were in San Diego but the world has changed dramatically in the last year. Change is good and even if you don't think it is, change is unavoidable and unstoppable (so you may as well decide that it's good!). Practice sales/consolidation, delivery systems, industry giants pivoting, miniaturization/cost reduction in 3D printing, decentralization and the race to be the first company other than Align to effectively/efficiently print aligners (as opposed to printing models) are the crux what is driving change in orthodontics today. The face of the industry will be determined by how these things play out. Your success or failure will be dependent on how well you can observe, adapt and implement.

This is a great time to be alive and the opportunity in orthodontics has never been greater. But you have to be smart. You have to think for yourself. You have to do what makes sense instead of what we have always done if you want a shot at long term success. Just like we were

told as kids, "Knowing is half the battle" and this is why it's so vital to pay attention, ask questions and not take anything for granted. We all have the tools to succeed and basically all start out the same after residency. What we do from there is dependent on our mindset and the actions that spring therefrom. The goal is simple in broad strokes but certainly depends on individual wants. The goal is to serve as many consumers as possible, render excellent treatment as efficiently as possible, do so with the lowest possible overhead, enjoy life while amassing as much after-tax wealth as possible and, most importantly, have plenty of time to spend with our families and those we love. It's simple but not easy. This issue is full of content from new/different providers who have the information we need to help us achieve our goal. There are many ways to get there and you'll have to decide which to take but knowing IS half the battle.

See you in DC!

-Ben

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Ben Burris graduated from The Citadel in 1994 with a BS in biology, spent time working in Washington DC after graduation, received a Rotary International Ambassadorial Scholarship and spent a year in Wellington NZ at Victoria University, graduated dental school with a DDS from The University of Tennessee in 2001, and graduated orthodontic residency in 2004 with an MDS from The University of Tennessee. In his short 13 year career Burris' practice grew to over 20 locations which he sold in April 2017. After the sale Burris is effectively retired and living in Orlando, Florida with his wife and two children. He is building what he calls a lifestyle office where he plans to offer braces for 3000 dollars and Invisalign for 2000. Burris (and others) expect his new office and unheard of price point to revolutionize how orthodontics is delivered and engage a significant percentage of the population in orthodontic treatment. Burris founded S4L.org, TheProOrtho.com, OrthoPundit.com among other institutions in orthodontics and is a driving force for change in the orthodontic profession. Burris and Dr. Marc Ackerman recently released a book, *Straighter: The Rules of Orthodontics* and do a two-day course in Orlando of the same name.

Feel free to connect with Dr Burris so you can get a better understanding of who he is and what he does.

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NATHAN HARRIS

Nathan Harris is an intellectual property attorney with Lando & Anastasi, LLP in Cambridge, Massachusetts. He assists individuals, startups, and established companies with their trademark, patent, domain name, and copyright issues. Nate can be reached at nharris@lalaw.com.



DR. MARC ACKERMAN

Dr. Marc Ackerman specializes in the orthodontic treatment of children with dentofacial deformity, intellectual and physical disabilities and sleep disordered breathing. He received his DMD from the University of Pennsylvania School of Dental medicine in 1998 and his certificate in Orthodontics from the University of Rochester-Eastman Dental Center in 2000. Dr. Ackerman later completed his MBA in Executive Leadership at Jacksonville University Davis College of Business in 2009. Dr. Ackerman is the Director of Orthodontics at Boston Children's Hospital and teaches residents in both pediatric dentistry and orthodontics for Harvard School of Dental Medicine.

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Jeff Behan is a communications and consumer marketing specialist. He is a fun and relevant speaker whose subject matter focuses on internal/external communication, connecting with existing and prospective patients, referral-building and practice branding. Over his career, he has worked with a diverse array of clients including Intel Corp. and Delta Airlines in addition to numerous dental and orthodontic companies (Align Technology, Ormco, Henry Schein and OraMetrix.) He is the principal member of VisionTrust Communications, a company known for custom marketing solutions that serves over 1,000 orthodontic practices around the world. Jeff is also a founding board member of VisionTrust International, an international NGO serving orphaned and neglected children in 17 countries around the world, and he is currently serving as Vice President of Smiles for a Lifetime, providing free orthodontic treatment to deserving kids in North America.



DR. DEREK BOCK

Dr. Derek Bock grew up in Massachusetts, near Cape Cod. He remained on the East Coast for his undergraduate studies at Stonehill College. After receiving his Bachelor of Science as a double major in biology and chemistry from Stonehill, Dr. Derek continued his studies at the prestigious Tufts University School of Dental Medicine in Boston. He received his Doctorate of Dental Medicine from Tufts University in May 2003. Following his dental school graduation, Dr. Derek completed his post-graduate training in orthodontics at the University of Illinois at Chicago. He completed a three-year residency in orthodontics and obtained his Master of Science in oral sciences. In addition to his residency, Dr. Derek also completed a one-year fellowship in craniofacial orthodontics at the University of Illinois Craniofacial Center. It was during this fellowship that Dr. Derek received additional training in dealing with orthodontic problems as they relate to children with craniofacial syndromes, especially cleft lip/palate. Dr. Derek is an avid golfer, loves running, cycling and competes in triathlons, and is an accomplished guitar player. He and his wife, Dr. Anokhi, enjoy outdoor activities with their four children.



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Carla DeLoach and Jordan DeLoach Hurlburt are partners of the estate planning law firm DeLoach, P.L. Carla is a graduate of Stetson University and holds an LL.M. in Taxation from the University of Florida. She is certified AV Preeminent with Martindale-Hubbell. Jordan is a graduate of the University of Florida and holds an LL.M. in Taxation from New York University. She is board certified in Wills, Trusts, and Estates. Both Carla and Jordan are graduates of ACTEC's Florida Fellows Institute's inaugural class. Their practice emphasis includes estate and succession planning, probate, and trust administration.





ANGELA WEBER

Angela Weber is the Chief Marketing Officer for OrthoSynetics a company which specializes in business services for the orthodontic and dental industry. She leads a team of marketing professionals dedicated to developing and implementing cutting-edge strategies and solutions for their members.

Angela has over 15 years of experience in the advertising industry with a vast knowledge of current and past trends, philosophies and strategies for marketing within the healthcare industry. Angela has a proven track record of driving new patient volume through innovative marketing practices.

Angela holds a B.A. in Mass Communications from Louisiana State University and an M.B.A. from the University of New Orleans.

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Adam Witty is the Chief Executive Officer of Advantage|ForbesBooks. Witty has built Advantage|ForbesBooks into one of the largest business book publishers in America, serving over 1,000 Members in 40 U.S. states and 13 countries. Witty is a sought-after speaker, teacher, and consultant on marketing and business growth techniques for entrepreneurs and authors and has shared the stage with Steve Forbes, Gene Simmons of KISS, Peter Guber, and Bobby Bowden. Witty has been featured in The Wall Street Journal, Investor's Business Daily, USA Today, and more.



BRIDGET BURRIS



Bridget Burris is no stranger to orthodontics. For over 11 years she and her husband have grown and run one of the largest groups of practices in the country. Having extensive experience in every position in an orthodontic office except chair side assisting, Bridget knows how to train employees to maximize their efficacy and how to teach the customer service delivery that is so essential in the modern practice. Bridget also knows how to grow an orthodontic practice from small to massive in a logical, stepwise manner because she's DONE IT! Multiple times.

Bridget's knowledge and acumen is only surpassed by her incredible ability to communicate and get others to do the same. Her unique skill set allows her to enter an office, identify the problems, prioritize issues and form a logical implementation plan; but, most importantly, she is then able to communicate the plan to the owner and employees to get consensus and even enthusiasm for how all parties can get where they want to be! No one else in the industry has the experience, wisdom or pragmatic, solution based approach that Bridget brings to your practice. Her results speak for themselves.

URIYAH ROBINSON



As product line manager for CS OrthoTrac, Uriyah Robinson is dedicated to working with orthodontic practices to ensure that Carestream Dental's practice management software meets their unique needs. Uriyah has more than 10 years of experience in product management and strategy, and his most previous role was as strategic marketing manager at Bard Medical.

DR. KEITH DRESSLER



Dr. Keith Dressler is an avid entrepreneur who has over 30 years' experience as a practicing orthodontist. In 2000, Dr. Dressler co-founded OrthoBanc, LLC a cloud-based automated accounts receivable platform, that is currently serving over 4,000 healthcare providers. Dr. Dressler also co-founded Elite Physician Services, a national healthcare patient finance company, which grew to over 200 million in sales before it became the Citi Health Card in 2003.

PETER STRAUSS



Peter J. Strauss is the founder and managing member of The Strauss Law Firm, LLC, located on Hilton Head Island, South Carolina. He is also the founder and CEO of Hamilton Captive Management, LLC, one of the most admired and respected management firms in the country, as well as numerous other insurance companies.

Peter is a graduate of the New England School of Law, holds an LL.M. in estate planning from the University of Miami, and is currently enrolled at Harvard Business School.

JIMMY NICHOLAS



Jimmy Nicholas is the founder of Jimmy Marketing who helps orthodontists predictably attract more new patients into their practice. For more information about Jimmy Marketing, visit www.JimmyMarketing.com. Jimmy will be sharing more data and information about how to stop losing patients to your competition on an upcoming live webinar. For more details on the free webinar and to register visit www.MorePatientsIn2018.com.

DRS. MATTHEW & COURTNEY DUNN



Dr. Matthew Dunn grew up in a small town outside of Saginaw, Michigan. He attended the University of Michigan for his BS, DDS and MS (Orthodontics). Aside from orthodontics, Matt is an avid football fan (he bleeds Maize and Blue), loves to explore new restaurants, go to the movies and spend time cheering his kids on at swim meets.

Dr. Courtney Dunn graduated from the University of Michigan Dental and Orthodontic programs in 2001 and 2004. She received the Milo Hellman award for her research and has presented at many local and national meetings. She is a diplomate of the American Board of Orthodontics, holds leadership positions in the Arizona Dental Association and is past president of the Arizona State Orthodontic Association. She spends most of her free time being a proud swim mom. Together, they run a private practice in Phoenix, AZ. They have three children that keep their lives busy and exciting.

BRIAN WATSON

Brian Watson is a bond attorney at Watson Sloane Johnson PLLC (Orlando, Fla.), where he focuses his practice on bond finance, and in assisting clients with the formation of corporations and other business entities and contract negotiation. He may be reached at (407) 622-6751 or by email at b.watson@wsj-law.com.



RYAN YOUNG

Ryan Young is an architect, visionary and family man. Like many, he is a transplanted Floridian by way of the northeast – growing up in Jersey and earning his master's and undergraduate degrees in architecture from Northeastern University in Boston. Once he settled in Central FL in 2001, he started a commercial construction company called Interstruct Inc., which helped embed him into the cultural fabric of Orlando and contribute to the city's renaissance over the last decade.



DR. DAVID PHELPS

Dr. David Phelps owned and managed a private practice dental office for over twenty-one years. While still in dental school, he began his investment in real estate by joint-venturing with his father on their first rental property in 1980. Three years later, they sold the property and David took his \$25,000 capital gain share and leveraged it into thirty-one properties that produced \$15,000 net cash flow fifteen years later.



DR. FRANCISCO GARCIA

Dr. Francisco Garcia has been delivering outstanding orthodontic care since 2009. Dr. Garcia continues the legacy of almost 40 years of presence in the community of Kendall and its surroundings. Being one of the longest established offices in the greater Miami area serving already the third generation of patients that pioneering Kendall orthodontist Dr. Howard Sacks started almost 40 years ago.

Dr. Garcia graduated with Honors from Boston University with a DMD degree and completed his orthodontic specialty training at the University of Nevada. Dr. Garcia is a "Specialist in Orthodontics and Dentofacial Orthopedics" and completed a 2 year Post-Doctoral training from an accredited Orthodontic Program.

He also has a background in dental research and has presented multiple times in dental meetings including the International Association of Dental Research (IADR). And the (AAO) American Association of Orthodontists yearly meeting.



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Tim Twigg is the owner and President of Bent Ericksen & Associates, a national Human Resources and Employment Compliance Consulting firm. Rebecca Boartfield is a Human Resources and Employment Compliance Consultant with Bent Ericksen & Associates with over 15 years of specialty employment compliance and human resources management expertise.

For over 30 years Bent Ericksen & Associates has been the "go-to" resource in Human Resources and Employment Compliance for health care practitioners. The company provides comprehensive products and ongoing consultative support services that help practitioners easily and safely navigate the tricky HR and Employment Compliance landscape.

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Multiple health crises suffered by his daughter, Jenna (leukemia, epilepsy and a liver transplant at age 12), caused David to leave the practice so that his time could be spent with his daughter. Unfortunately, a divorce and failed practice sale provided additional set backs that he had to work through.

Today, David is a nationally recognized speaker on creating freedom, building real businesses and investing in real estate. He authors a monthly newsletter, "Path to Freedom" and hosts "The Dentist Freedom Blueprint" podcast. Freedom Founders Mastermind Community has grown to over fifty members, providing the pathway to freedom for many professional practice owners.

DR. ANDREA FONT RYTZNER

Dr. Andrea Font Rytznar grew up in Palma de Mallorca, Spain and graduated dental school in Complutense



University in Madrid after an exchange year in Ludwig Maximillians University in Munich, Germany. She continued her education at Case Western Reserve University, completing her Masters and a 3-year Orthodontic Specialty Residency. She lives and practices in San Antonio, Texas. Currently a director in the Texas Association of Orthodontists and a Board-Certified Orthodontist, music, history and travelling are her other greatest passions.

DR. GRANT DUNCAN

Dr. Grant Duncan (BDS, MSc) is based in Adelaide, Australia. Member of RACDS, Pierre Fauchard Academy, International College of Dentists, ADA, ASO, AAO. Top 1 % Black Diamond Invisalign provider. A number of teaching and membership affiliations, but probably best known internationally as the co-founder of The Invisible Orthodontist (TIO), an international community growing their practices by claiming the expert Invisalign space in their communities.





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Expanding Your Base Through Teledentistry

By Dr. Keith Dressler

Teledentistry is still only vaguely defined, but it has enormous potential to widen your base of potential patients, increase same-day starts, and maximize your profits. That's what it's done for my practice, anyway.

"The traditional work environment is changing, but many adults still find it difficult to take time away from work unless it is an emergency."

Two new teledentistry codes released by the ADA went into effect on January 1, 2018. They are D9995 teledentistry - for synchronous, real-time encounters (think video chat) and D9996 teledentistry - asynchronous; information stored and forwarded for subsequent review (think selfies and texts).

More and more adults are looking to solve smile and orthodontic issues they may have had since childhood or have become more pronounced as an adult. Their challenge more often than not is scheduling. The traditional work environment is changing, but many adults still find it difficult to take time away from work unless it is an emergency. And it's not just the nine-to-five that has challenges; those working second and third shift positions also find it difficult to connect with healthcare providers. Teledentistry can help solve that issue.

Smartphones and their high resolution cameras provide excellent pictures suitable for performing cursory exams. Many patients who may be too embarrassed to come into your office for a physical exam are very willing to snap a few photos and text them to you for evaluation. The idea of texting, either through traditional texting or Facebook Messenger, is less nerve wracking for patients and gives them the freedom to make inquiries at their convenience.

In recent months, I have acquired more than 100 new patients, mostly adult and

mostly after traditional business hours. In fact, the most active time I've been receiving new patients is between 9:30 p.m. and 11 p.m.

"Many patients who may be too embarrassed to come into your office for a physical exam are very willing to snap a few photos and text them to you for evaluation."

In other words, I'm getting potential patient inquiries at night, while I'm sleeping.

Thanks to a series of Facebook ads, I can easily educate the patient on the types of pictures needed, and direct them to text the images directly to my business landline—which is able to receive text, images and Facebook messages—and then



Comments

 **Dr. Keith B. Dressler**
Orthodontist
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store them in Rhinogram, a new, HIPAA-compliant growth tool I helped create and use in my practice. Those ads are linked to my Facebook business page, where patients can send in the images, which I receive through Rhinogram, whether they choose to text them directly from their phone or use Facebook Messenger.

Since I've started encouraging patients to send me these images, I have gained 15 to 20 new starts per month. They are mostly adults who would otherwise never have contacted me or anybody else. Of the people who have contacted me, about 20% need to be referred to a general dentist

before I can start working with them. But most of them are easy Class I cases that I can take care of in 10 to 12 months.

Because I've engaged with patients digitally, it's easy to answer all of their questions about cost, insurance, duration, and number of visits, and then send them the necessary paperwork. All this is done before they ever visit the office, so a same-day start on their first visit is the norm.

With each new start bringing \$3,500 to \$4,500 per case, it's easy to see how I am able to add approximately \$80,000 of new patient revenue coming from previously unreachable patients. 🗨️

"Since I've started encouraging patients to send me these images, I have gained 15 to 20 new starts per month. They are mostly adults who would otherwise never have contacted me or anybody else."



Aligning Your Brand: Selecting and Securing a Trademark

By Nathan Harris

Many practitioners probably don't give a lot of thought to naming their practice. But new patients will encounter that name well before they meet you, and current patients will refer to your practice name when sending friends and family your way. Your practice name, logo, and/or motto—your trademarks—play a huge role in defining your brand, and are likely some of your most visible and enduring assets. Selecting and securing a strong trademark that distinguishes your practice from others is a must. Here are a few points to consider:

SHOULD YOU REGISTER THE MARK?

While you do not need to register your trademark in order to use or enforce it, a federal trademark registration through the United States Patent & Trademark Office (USPTO) offers many advantages. A trademark registration gives its owner the right to stop later users of the mark on similar goods or services. The registered-trademark symbol (“®”) itself is often a powerful deterrent to would-be infringers. A trademark registration increases the monetary damages available to the registrant in an infringement lawsuit, and creates a legal presumption that the registrant is the legitimate owner of a valid trademark.

SHOULD YOU PROTECT YOUR MARK IN ALL ITS FORMS, OR IN A PARTICULAR STYLE?

Registering a word or phrase in “standard character” form protects that wording in any and all fonts, typefaces, colors, and capitalization schemes. Yet the mark may also be registrable as part of a “design mark” that may include

other design elements, such as a logo, font, or particular color scheme. When budget allows, registering a mark in both standard character and design forms provides the broadest protection.

“You will save time and money in the registration process by confirming in advance that you can adequately show how you are using the mark.”

IS THE MARK DISTINCTIVE?

To be registrable, a trademark must be distinctive of the covered goods or services. Distinctive marks, including “coined” terms (EXXON for oil) and arbitrary terms (APPLE for computers), are among the strongest types of mark. Suggestive marks, which require some thought or imagination to understand their relation to the goods or services they cover (NOBURST for liquid antifreeze), are also considered strong. On the other hand, terms that are descriptive (APPLE PIE for scented potpourri) or that are primarily merely a surname (SMITH’S, or GOULD HOTEL) can only be registered after proving that consumers have come to associate the mark with your services.

ARE THERE PRIOR USERS OF THE MARK?

A mark cannot be registered or used when it would create a likelihood of confusion with someone else’s earlier trademark rights. In the United States, trademark rights can be created by simply using the mark in commerce; the owner of an unregistered mark can enforce that mark against later users. For that reason, you cannot rely solely on a search of the USPTO trademark database to determine whether the trademark you’ve chosen is already taken. A trademark attorney can help you conduct a thorough search for any prior uses of the mark(s) you are considering.

ARE YOU CURRENTLY USING THE MARK?

A trademark cannot be fully registered in the United States unless and until it is “in use”—for example, after your practice opens its doors to patients. But a trademark application can be filed based on either current use or a bona fide intent to use the mark within the next six months. In the latter case, you must actually begin using the mark before the USPTO will issue a registration.

HOW WILL YOU PROVE YOU ARE USING THE MARK?

Before registering your mark, the USPTO will require a specimen of use that shows how you are using the mark in performing or marketing your services. Acceptable specimens may include, for example, a photograph of your practice’s signage or other displays of the mark, or a screenshot of your website that prominently features the mark, identifies

the services you offer, and provides means for contacting the practice or making an appointment. You will save time and money in the registration process by confirming in advance that you can adequately show how you are using the mark.

WHO OWNS THE MARK?

A trademark must be used by either the owner/registrant, or the owner's licensee. A discrepancy between who owns the mark and who is using it may lead to loss of the trademark and cancelation of the registration. Individuals come and go from practices, so giving one or more of them ownership rights in a mark is inviting a future dispute as to who owns the mark. If your practice is organized as a corporate entity, the trademark should generally be filed in the name of that entity.

HOW WILL YOU REFER TO THE MARK?

The USPTO often researches how an applicant uses a potentially descriptive mark, so be wary of language on your website or in marketing materials that may give rise to a descriptiveness rejection. For example, if your trademark is "STRAIGHTEST SMILE," a promise on your website to "give patients the straightest smile around" could be pointed to by the USPTO or third parties as evidence that the mark is descriptive. Also consider using the TM symbol with the mark before it is registered. While it has no legal effect, that designation lets the world (including would-be infringers) know that you consider the mark to be a source identifier.

An experienced trademark attorney can help you pick a mark and guide you through the process, as there are many traps for the unwary in registering and enforcing a mark. Selecting a distinctive, protectable mark will avoid issues down the road, allowing you to focus on your patients while continuing to build goodwill in your brand. 🎲





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Embracing Innovation: How Becoming an Early Adopter is the Key to Practice Growth

By Dr. Grant Duncan

Harvard Business professor, Clayton Christensen, in his seminal book *The Innovator's Dilemma*, says:

“Breaking an old business model is always going to require leaders to follow their instinct. There will always be persuasive reasons not to take a risk. But if you only do what worked in the past, you will wake up one day and find that you’ve been passed by.”

The question becomes, is this in fact what we are witnessing right now in the orthodontic profession? Are we at an historical crossroads where the profession is dividing along lines drawn between the old and new ways, with the new ways being driven by innovations associated with disruptive technology?

With innovation comes risk and opportunity. Psychologists tell us that only 10% of the population is ‘hardwired’ to receive, assimilate and act upon new information. As a general comment, it is far easier to do what you have always done in the past. This becomes the great risk. But, great opportunity can be reaped by those who are early adopters.

However, early adopters have their own dilemmas. With the technology revolution, what technologies do you adopt, when, and what should be left on the shelf for now. How do you weather the reputational storm of being an early adopter? German philosopher Arthur Schopenhauer (1178-1860) wrote about the 3 stages of truth.

“All truth passes through three stages. First, it is ridiculed. Second, it is violently opposed. Third, it is accepted as being self-evident.”

An early adopter of disruptive technologies must accept that they may fall into the early stages of Schopenhauer’s truth. Ridicule and vitriol have been the path for many early forward-thinkers. It takes courage to stay the course. And, unfortunately, you are never recognized via the third stage of truth, as self-evidence implies the ability in all of us to recognize ourselves as the primary driver of change.



So, is there a roadmap to early innovation adoption? Can you change the way you process and act upon information? Yes, you can, but it is a difficult journey for most.

I apply four key tenets when assessing any new idea or product.

OPEN YOUR MIND

The first hurdle is purely psychological; people naturally want to stick with the tried and true, and as orthodontists we see the value in replicating proven methods. However, it's critical to identify new technology as an opportunity rather than a threat.

“If 10% of people have an entrepreneurial mindset, hungry to learn and ready to be the movers and shakers, my best advice is to cultivate innovation by changing your belief system”

Open belief systems are the holy grail of successful business leadership. At The Invisible Orthodontist (TIO) we talk a lot about this. This is often the biggest hurdle in helping our doctors grow their practices. It may come as no surprise, but nearly every orthodontist I have ever met believe he or she is in the 10% innovator group.

BE CURIOUS

Read journals, be active in forums and go to meetings. Visit the trade displays, cultivate relationships with key opinion leaders and known innovators, set Google Alerts for areas of interest, all the while applying the 10% rule. I call it ‘starting from a position of yes.’ The 10% are the

‘yes’ folks, carrying the burden of being constantly inundated with ideas and opportunity. The 90% start from a ‘no’ position. It won't work; it won't work in my area, my practice, with my patients, my staff or my referring dentists. When you start from a position of ‘no,’ it is very difficult to progress new ideas.

ENGAGE WITH INNOVATORS

Talk to those who have tried it. Reach out to developers and other early adopters to better understand the innovation landscape, and seek their opinions on the product and integration. Ask thoughtful questions and collect as much information as you need to feel comfortable with taking the risk.

ENGAGE WITH KEY STAKEHOLDERS

Once you have decided on a course, you can only move forward with stakeholder engagement. You need to be able to tell your story, parlay your dreams with passion and excitement. Staff, patients and referring doctors need to become believers too, and excitedly get on your innovation bus.

But be warned. Failure is the innovators companion. ‘I welcome failure’ is a seemingly asinine comment. But in truth, it strikes at the very core of the early adopter. You must be prepared to fail, as failure comes from effort. It is easy not to fail if you are not trying to change. If you want to adapt to the changing landscape, not everything you will do will be successful. Wear your failure with honor, as this is where the most learning is done.

In summary, early adopting can best be described as a skill: the skill of not just adopting but also adapting new technology. It means reviewing technology and implementing it rapidly and thoughtfully. It means challenging your belief systems, welcoming failure, sometimes wearing a target on your back, being curious and engaging. It means being a leader.

So now you've adopted a new technology. What's next?

“Failure is the innovators companion. ‘I welcome failure’ is a seemingly asinine comment. But in truth, it strikes at the very core of the early adopter. You must be prepared to fail, as failure comes from effort.”

BE THE BEST

Become the expert in your community, as most patients seek out quality. Your patients will find you, your reputation will grow, and with this, so will your business.

TELL YOUR STORY

Develop programs and systems to build the 3 pillars of practice referrals; dentists, existing patients and the wider community. They all need to hear your expert story. Build a marketing program with at least 50 different strategies functioning in harmony. Multiplatform, multimedia, multi-targeted.

These philosophies are really what led my son Nick and me to create The Invisible Orthodontist (TIO). A little over ten years ago I went to an orthodontic meeting in Las Vegas where I took a hard look at my willingness to be an early adopter. I realized that embracing a new technology – Invisalign – was a remarkable opportunity to differentiate myself and gain a real advantage over my competitors.

At that point, I made the decision to become the Invisalign expert in my area, and to be an early adopter. Embracing that technology allowed me to go from 10 case starts in the year 2000 to 100, and eventually to more than 500 cases per year. As I shared my story with colleagues, I learned that many orthodontists were

experiencing the same problems and looking for new ways to grow.

That's when the Invisible Orthodontist was born. I wanted to help build a community of entrepreneurial orthodontists who understood and embraced the expert strategy, a community willing to share, to leverage the awesome experience and intellect of its members, and a group supported by online and offline management systems. Clinical, marketing, digital, web presence, supportive software, live expert consultancy, staff training, and finally innovation leadership. Our team of developers and consultants are world leading in their respective areas, only working in the orthodontic space with runs on the board to prove it.

The Invisible Orthodontist (TIO) has now become a global network of specialist orthodontists who have dedicated themselves to innovation and clinical expertise, with a focus on the practice of clear aligner technology. We are the biggest aligner users in the world,

responsible for starting over 15,000 cases in 2017. Our latest market entry is the United States, where we are looking forward to growing our international community and building more successful practices. As our U.S. membership grows, we expect our case volume to multiply to upwards of 80,000 patient starts a year.

The goal of TIO is a simple one; to help orthodontists gain and retain expert orthodontic statuses within their individual communities.

“Register to join our free webinar to find out how Google is impacting your practice in 2018.

Visit <https://doctor.theinvisibleorthodontist.com>”

So, are you an early adopter? Do you want to not just survive the risks ahead, but actually thrive in this increasingly competitive marketplace? Here is a test. What do YOU know about The Invisible Orthodontist (TIO), Dental Monitoring, ULab, Spark, inBrace, reputation management software, conversion rate optimized digital strategy and patient relationship management software? Just to name some of the concepts that TIO is partnering with in our quest to grow the orthodontic expert space.

To find out what one of the world's biggest innovators, Google, is doing that is impacting your practice in 2018, join our free webinar with David Nelkin, TIO's Global Head of Digital Strategy by visiting <https://doctor.theinvisibleorthodontist.com>. You can also email TIO's US National Manager, Brooke Simons-McIntyre, at brooke@theinvisibleortho.com to learn more about TIO membership. 📧





Could Convenience Be The Key?

By Jeff Behan

If you participate in any online groups for orthodontists, chances are you've participated in, or at least lurked around, a discussion about how the profession will compete with Smile Direct Club and other "do it yourself" options. This latest disruption comes at a time when the traditional collegial relationship between GP's and Orthodontists has already changed the competitive landscape and competition between specialists is at an all time high. All this competition has many orthodontists feeling like the future is grim.

You may have noticed that I'm not as "everywhere" lately as I usually am. I've taken a break from many of my usual speaking engagements and done less writing than normal. I've used the extra time to focus on the future state of orthodontics, specifically thinking about how the profession can position itself for success against new, disruptive approaches and increased competition like those described above. I don't believe the answer is lowering your price, though many have already taken that step. Instead, I believe the answer will require a shift in the new patient acquisition model used by orthodontists for decades.

My favorite definition of effective marketing is, anything we do that makes it easy – and desirable – for people to take the action we want them to take. As simple as this sounds, many small business owners (orthodontists) have a tendency to do what the other guy is doing without really knowing why. Instead, every marketing initiative, whether it's a Facebook promotion, website design or a radio ad, should be developed using the following process:

1st – Determine what response, or action, you want your audience to take.

2nd – Ask and answer the question, "What can we do that will make it easy for them to take that action?"

3rd – Ask and answer the question, "How can we make it desirable for them to take that action?"

The above approach applies to any form of marketing and advertising where you want to encourage a direct response, like scheduling a consultation, referring a friend or a patient, liking or sharing a post, writing an online review, etc. Speaking of scheduling a consultation, I believe that the best way to compete with SDC and other disruptive competition is to shift the new patient acquisition model away from its reliance on the in-person initial consultation. It's time to reimagine the way people move from prospects to patients.

Competition almost always drives prices down. It's a reality of our consumer society. However, virtually every segment of the consumer goods and services world striates into segments from high to low. Some find the shortest path to remaining competitive is to lower their price, but it's important to not confuse price with affordability. Those market segments that have figured this out continue to see their prices rise, while they focus on affordability and ease of purchase.

I don't believe SDC and GP's offering orthodontics automatically translates to orthodontists having to lower their fees to remain competitive. Instead, we need to make sure our message focuses on quality and affordability. Then you need to make it easy for the consumer to be your patient... even before they are your patient. That's right, convenience. In the traditional model, consumers have to spend time researching options, researching providers, researching benefits and, once they've done all that, they have to schedule a consultation (often with multiple providers) to find out what their treatment will entail and what it will cost. Compare that to SDC's message where consumer's make the purchase decision and start their treatment without ever leaving the couch. That's convenience.

In terms of quality – you're in charge. Unless you deliver poor results and/or a negative patient experience, you should be able to associate quality with your practice. In terms of affordability, you can stretch payment plans out long enough to offer a competitive monthly payment. So let's talk about convenience, the almost magical element that can make or break your success.





For the 50% of the population that actually has a dentist, the GP wins king of the mountain for convenience. After all, they can provide that service right in their office – no need to see a specialist. Then along comes Smile Direct Club with the powerful one-two marketing punch of convenience and low cost. Only the orthodontist has the ability to address the magic three elements of quality, affordability and convenience if s/he is able to unlearn the traditional approach to new patient acquisition.

At first glance, the “virtual” consults now being offered by some progressive orthodontists is a move toward convenience, but in reality, it’s more about convenience for the orthodontist than the consumer because the call to action remains the same as it’s always been; to schedule and attend an in-office consultation. What I’m suggesting is more radical than that.

We all know people born after 1980 are very tech savvy. They’re skilled at online research and highly dependent on online information in the selection of service providers. They are also now in the “sweet spot” for orthodontic marketing so their decision-making process should inform every facet of orthodontic marketing. One of the keys to how they prefer to communicate is that they would much rather text than talk. Maybe you’ve added

text chat to your website. Maybe you’ve even given out a mobile number so you can chat with prospective patients, but have you changed the call to action away from “schedule a consultation”? If not, I think it’s time to embrace a change in your approach.

If you can engage them early in their online search, creating an opportunity to connect with them and engage in SMS conversations with them, you win. If that online conversation includes specific details about their smile and what their treatment will entail, you can literally skip the new patient consultation, conduct the entire “sales” interaction via SMS and only schedule them for a records appointment once they’ve decided to start treatment with you.

For close to a year now, we’ve been working with our Australian partner (the creators of Dental Ed) to build a consumer-oriented smile uploader and digital marketing platform. We’ve run simple ads on Instagram with our “upload your smile” camera as the primary call to action on our landing pages. The results have been stunning and we’ve found that the secret to success is NOT to ask the inquirer to schedule a consultation, but rather to do the whole interaction via mobile. People love it – and they’re going into treatment.

Our uploader isn’t like others that are intended to replace initial records. That’s a classic example of a strategy designed to make doctors’ lives easier. There’s nothing wrong with that, but it’s not easy or desirable for a consumer to use cheek retractors and upload 6 complicated photos when all they need to do is send you a snap of their smile so you can build rapport and trust with them and uncover their motivation for seeking treatment. Plus, you’re building a valuable database for further marketing in the process.

Xerox, Dr. Pepper, Snapple, Buffalo Wild Wings and dozens of other brand-name companies have failed to stay relevant in our fast-changing world. Consequently, they have ceased to survive as independent companies and are now mere possessions of stronger, more flexible firms. Some of yesterday’s superstars like Toys R Us are closing up shop altogether. And the forces that are affecting those big companies are affecting your company as well. I think the best way to stay relevant (to remain desirable) is to never be a slave to the last seven words of any business, “That’s the way we’ve always done it.” I’m on a crusade to change the way orthodontists capture new patients. Hope you’ll keep an open mind. 📷

With all the change taking place in orthodontics it's always interesting to hear from industry leaders and understand their views on where we are now and where they think this thing is going. The Progressive Orthodontist knows it's vital to understand the challenges facing dental business owners as information and understanding are the keys to making the right decisions going forward. The way we have always done it has never been less likely to be a good plan in the short or long term. This is no time for irrational sentimentality or blind traditionalism! Enjoy.

Featuring Dr. Denny Mauro and Dr. Ryan Streight

Interview with Dr. Denny Mauro



Denny Mauro was born and raised in Oakmont, PA. He completed his undergraduate studies at Penn State University, his dental training at the University of Pittsburgh and his specialization in Orthodontics at Jacksonville University. He has had the unique opportunity of having practiced as an associate, a sole owner of a multi-location practice, and as a partner in a multi-location practice.

“We constantly evolve. Never allow yourself or your practice to get stale.”

PROORTHO: WHAT'S BEEN THE BIGGEST CHANGE IN ORTHODONTICS IN THE LAST COUPLE YEARS?

MAURO: The biggest change in Ortho in the last couple of years is, in my opinion, the advent of “at home orthodontics”. This is something that many had talked about as the probable course for aligner therapy to follow, however, I don't think that most thought it would come about this soon. With advancing technology, we may see an even bigger shift toward DIY orthodontics. At the moment, more and more companies are advertising aligner therapy, reaching more of the population and broader demographics than ever before. Such a small percentage of the population seek out orthodontic services at the moment that the increased awareness could translate into big things for most offices. Listening to the chatter out there, it is certainly scary for some, but if you position yourself correctly things should work out to your advantage. This doesn't necessarily mean you have to change your core beliefs of what orthodontics should be, however, it does mean that you may have to adapt to the changing needs and wants of those seeking treatment if you want to grow. The correct positioning is different for everyone.

PROORTHO: WHAT'S ONE THING YOU'D WARN A RESIDENT ABOUT IF YOU COULD REALLY GET THEIR ATTENTION AND HAVE THEM LISTEN?

MAURO: Always continue to further your education once you have finished residency. Check the ego, find a mentor and really learn from them. I know with the high amount of student loan debt that most doctors are incurring now it is certainly more difficult to do, but save up to go to meetings, join study groups. 99.9% of us come out of school and in our minds, we are ready to take on the world of orthodontics, not fully realizing that we don't know what we don't know. It takes time, energy, effort and money, but when you realize that you can become better tomorrow than you are today, it really is an amazing thing. The biggest thing is to find what you really believe in and totally embrace it, from treatment philosophy to the feel of your practice. If you can find a mentor that holds those same beliefs, learn as much as you can from them and never be afraid to ask questions! There are tremendous resources available in the orthodontic world, some of the greatest orthodontists in the world are more than willing to share successes and failures. Learn from them!

PROORTHO: WHAT'S THE BEST THING YOU'VE DONE IN YOUR PRACTICE IN THE LAST YEAR AND WHY?

MAURO: Wow, that's a really tough question to answer. From a practice philosophy standpoint, we've really made it a point to focus on our commitment to “give where we live”; supporting foundations, organizations and causes in our local and surrounding communities.

We do this not only in the form of monetary donations but by donating our personal time as well. The obvious and easiest way for an Orthodontist to be charitable is by giving away treatment and we try to do that as much as we can. Becoming an integral part of the fabric of your community is extremely rewarding. Clinically, we have made it an ongoing pursuit to make treatment as convenient as possible, increasing efficiencies to decrease the number of appointments needed to make it through treatment, decreasing number of “extra care” appointments, while not compromising on the finished product.

PROORTHO: ARE YOU WORKING MORE OR LESS OR THE SAME NUMBER OF DAYS SEEING PATIENTS NOW COMPARED TO LAST YEAR AND THE YEAR BEFORE? WHY?

MAURO: I am working a bit less, as far as clinical hours compared to last year, however, the admin time is the same, if not a bit more. We have 3 partners and a fantastic associate in the practice. This certainly made it easier to cut back my clinical schedule while not decreasing availability for our patients. The big reason WHY I made the decision to cut back clinical hours was to be able to do more fun things with my family more often! My typical schedule is Mon-Thurs. Having a 3-day weekend opens up the possibility of some really fun, quick getaways. My family is taking advantage of it and loving it.

PROORTHO: IS YOUR PRACTICE GROWING, FLAT OR DECLINING? WHY?

We are growing and the reasons are definitely multifactorial. First and foremost is the fact that we have an

amazing group of people working their hardest to ensure a fantastic experience for our patients. It makes things a bit easier when you have a place that people look forward to going to. Secondly, we constantly evolve. The most certain way to decline is to be doing everything the same exact way that you were doing it two years ago. Never allow yourself or your practice to get stale. As a practice, we have added two new offices in the past 5 years, which is certainly a factor in growth. I'm really excited about some new ventures coming in the future too. Our marketing team has really done a great job of increasing our brand awareness which is always important, especially in areas where there is increasing competition. Most importantly, as I said above, it's giving back to the community that I feel has the biggest impact. When you take great care of people, when they really know that you care, everything else tends to fall into place. 🎲



Interview with Dr. Ryan Streight



Ryan Streight grew up in Norman, OK. He went to college at Washington University in St. Louis, graduated dental school from Oklahoma in 2008 and finished his orthodontic residency from Tennessee in 2011. He joined a private practice in his hometown in 2011. They have 3 locations in Oklahoma: Norman, Mustang, and South Oklahoma City. He and his wife Lara have 3 kids age of 7 and under, Aubrey, Max and Natalie. He likes just about everything especially having fun!

PROORTHO: WHAT'S BEEN THE BIGGEST CHANGE IN ORTHODONTICS IN THE LAST COUPLE YEARS?

STREIGHT: I think there is an increased awareness of orthodontic treatment in the general population. We have seen arise in the demand for treatment amongst all ages and with that some of the focus is on the desires and needs of the patients themselves. I think at home orthodontic treatment has brought to light the need to customize our treatment to the individual. I think our job is to listen to each individual

patient, educate them on pros and cons and deliver with quality results to the best of our ability. I think the shift to more customized, sometimes limited treatment, has been a major one for our profession. With technology changing quickly we are seeing countless products coming forth each year. Digital customized treatment is becoming more important. Esthetic treatment options are becoming more important. Adapting our philosophies and our primary goals as clinicians to fit these changes and treat the ever growing population interested in orthodontics is paramount in order to thrive in a market that is seeing more and more at home options, more DSO options, and more non specialists increasing treatment options for patients. We live in an On-Demand economy and it is different than the world in which our predecessors in the profession were able to practice.

PROORTHO: WHAT'S ONE THING YOU'D WARN A RESIDENT ABOUT IF YOU COULD REALLY GET THEIR ATTENTION AND HAVE THEM LISTEN?

STREIGHT: I don't tend to follow all the doom and gloom we see in our profession. With social media there are tons of ways to get information from numerous people in the profession and sometimes you have to be careful with that. It's easy to focus on the negativity or to compare your situation to all others. Be careful that you aren't falling into two traps I see people fall into: 1) The "it's different here" trap. Don't limit yourself thinking you can't do something you see others doing because you think your environment is different than theirs. 2) The "they are doing it so I should do it" trap. Also don't assume because someone else is doing something successfully (business or clinical) that it will work for you. As Dr. Seuss says, "Today you are you. That is truer than true. No one alive

is more youer than you". Be you. Practice where there is a need or practice where it is saturated and you want to live. In the end, just make your choices and own them and don't focus on negativity.

PROORTHO: WHAT'S THE BEST THING YOU'VE DONE IN YOUR PRACTICE IN THE LAST YEAR AND WHY?

STREIGHT: It is hard to pinpoint one thing in the past year that would stick out as the "best" thing we did. So many little things happen that lead to big positive changes. And it is different if looking at the business, the clinical, or the personal aspect of the practice. I think focusing on clinical efficiency over the past few years is really starting to have a positive impact on the practice. It seems small but buying dental loupes with a headlight and really focusing time and energy on bracket placement and the mechanics of my bracket system have helped me to run more efficiently and finish treatment ahead of time. I have a multi doctor, multi location practice, and the focus on bracket placement and treatment mechanics has been beneficial. The average treatment time in my office has changed from 22 months to 18 months and average number of visits have dropped as well. I think overall that little thing has had the biggest impact on the practice.

PROORTHO: ARE YOU WORKING MORE OR LESS OR THE SAME NUMBER OF DAYS SEEING PATIENTS NOW COMPARED TO LAST YEAR AND THE YEAR BEFORE? WHY?

STREIGHT: In 2017 I worked less and took more time off. The majority of that is due to having a partner and an associate doctor to help share the treatment of the patients. But also some of that is more efficient scheduling and being properly staffed to see the patients. Also part of that is due to efficiency in treatment time.

A lot of things add up to being able to see more patients in a normal day, not having people going overtime in treatment and having other docs there to work when you are off. Scheduling efficiency can lead to a lot more free time for doctors. The answer isn't always to add an associate. Sometimes you can spend time tweaking your schedule template and being fully staffed can help run efficiently with a full schedule. It all depends on where you are at the time. If you aren't working as much as you want, focus on patient acquisition and getting exams filled. If you are working more than you want, focus on schedule template and treatment efficiency.

PROORTHO: IS YOUR PRACTICE GROWING, FLAT OR DECLINING? WHY?

STREIGHT: My practice continues to grow. I feel fortunate to be an orthodontist. I think there are many variables at play when an office is growing, flat, or declining. I've been fortunate to have a practice that has always grown steadily over my whole career. I think it is important to be aware of why this might be happening. Some might be my practice location. Practicing in Oklahoma isn't like practicing in LA, New York etc. I think most of it has to do with keeping patients happy. Creating a positive environment and producing quality results goes a long way. More so than marketing, even though I do fair bit of that too. I think any way you can connect with your community and create place people want to be you will see growth happening. The ROI is hard to measure and you may even incorrectly attribute the growth to some thing you did deliberately. I typically tell people, just be kind, be nice to people, keep people happy, be yourself, and make others feel important and valuable. It is more than just moving teeth around. 📺





BRACE YOUR PRACTICE FOR HYPER GROWTH: Gain More Patients By Publishing A Book

By Adam Witty, CEO & Founder of Advantage|ForbesBooks

If you Google search “orthodontist” in your local city, chances are you’ll be presented with over forty different options. How would a potential patient know that your practice is the best one out of the bunch? How would they choose your name? These are the questions that every orthodontist ponders when they’re trying to separate themselves in a crowded marketplace.

Undoubtedly, we all want our name and our practice’s name to show up first, loaded with hundreds of five-star reviews and accreditations. Naturally, you would think that these are the attributes required to garner a quality lead flow for new patients. However, no matter how many accolades you have on your résumé, it’s not enough to separate you from every other orthodontist in the market. So, what do you need to have?

AUTHORITY

The power of authority is unrivaled, even when you have every professional accreditation attached to your name. Take Dr. Dustin Burleson, who is not only board-certified, but is also a member of the American Association of Orthodontists, American Cleft-Palate-Craniofacial Association, American Dental Association, Missouri Dental Association, Greater Kansas City Dental Society, and the Charles H. Tweed International Foundation for Orthodontic Research.

“In the world of medicine, it is really hard to stand out above the crowd,” says Burleson. “Our government, the media, and many others are intent on portraying orthodontics—and medicine, for that matter—as a commodity where it is largely the same wherever you go and

whomever you receive treatment from.”

Dr. Burleson refused to believe that. So, he sought to build up his authority and gain the trust of his patients so he could stand out amongst his saturated, competitive market.

TRUST: WHY IT’S NEEDED MORE THAN EVER BEFORE

When you grow your authority, your patients’ trust grows with it. But before you’re seen as the authority in your field, you need to have trust. Trust is the heartbeat of your business. Without trust, your practice will fail.

Trust is more essential than ever before due to today’s world of rising uncertainty. Between the polarized political landscape and the breakneck speed of technology and its growing incursions into our lives, it’s not surprising that, for many of us,



our trust in others—from political and religious leaders all the way down to the folks next door—has hit what feels like an all-time low. Nowadays, when people are first exposed to news, their reaction almost immediately jumps to skepticism.

In today's tumultuous world, people are yearning for trust in every decision that they make in their life. Having authority creates trust, and when a potential patient trusts you, there's no shopping around or kicking the tires. They make their decision around the value and service you're bringing them. Your authority means they can trust you. You're the orthodontist to go to.

What happens when there's a low level of trust or no trust at all? You're not seen as a reliable advisor. You become just another sales person—someone trying to put money in their pocket. Your patient will make his or her decision based on price, because you're merely a commodity with nothing to differentiate you from the other dozens of orthodontists in your community.

Think about it, before someone is willing to spend their hard-earned money at your practice, they've got to believe that you will do exactly what you say. Patients have got to trust you. How do you build that required trust between patients? In a word: authority.

When you and your practice are seen as more trustworthy, you speed up the sales cycle and take price completely out of consideration. You have a value proposition that sets you apart, and people will buy on value rather than making a choice based on price.

THE BUILDING BLOCKS OF AUTHORITY MARKETING

Authority matters because authority speeds trust. If you're looking to have your practice make an impact in your community, authority and trust are the key ingredients. But, let it be known that authority doesn't just happen to you. It doesn't just creep up on you in the night, it must be strategically manufactured by utilizing the building blocks of authority marketing.

Authority marketing is the strategic process of systematically positioning a person or an organization as the leader and expert in their industry, community, and marketplace to command outsized influence over all the competitors. To put it more simply, when you create a deliberate plan to implement authority marketing and then perfectly execute it over time, you'll command influence over your competitors and be propelled into new business growth.

“Being a published author and utilizing authority marketing strategies is the recipe for ultimate success.”

When you're competing in a crowded marketplace, such as the orthodontic community, it's all about the influence you and your practice possess over your competition to magnetically pull prospects to choose you.

“From the beginning, I understood authority marketing and how it could benefit me and my practice,” says Dr. Burleson. “Furthermore, I knew that I needed a trusted team to help me with this because I needed to focus on caring for my patients.”

One of the very first things you can do to be seen as the authority in your marketplace is to publish your own book. Patients are looking for the expert in orthodontistry, so when you have a published book laying out on the coffee tables of the waiting room, it will be easy for that patient to automatically instill trust in you and think, “Wow, they really know their stuff!” Having your own book is one of the best business cards you can give out, and it encourages a potentially untapped patient base to learn more about you and your practice in an organic way.

Being a published author and utilizing authority marketing strategies is the recipe for ultimate success. When done

right, your practice will catapult itself to new heights it's never seen before. By implementing the seven pillars of authority marketing—1. Branding and Omnipresence, 2. Content Marketing, 3. Events, 4. Lead Generation, 5. PR & Media, 6. Referral Marketing, and 7. Speaking—along with your published book, your authority status will speed up the process of turning prospects to loyal patients.

John Cotton, founder of Dental Team Performance, spoke on the power that came along with publishing his book and utilizing authority marketing.

“The book was an accelerator of the strategies and tactics we were already using. Certainly, the credibility and visibility of my company and myself personally has been a huge impact on enhancing everything that we've done,” Cotton explains. “Every key performance indicator that we have measured in years past has improved significantly since the publishing of my book. We have strategically used my book to grow my business.”

GETTING STARTED ON YOUR PATH TOWARD AUTHORITY STATUS

Published authors use their books to become the authority, celebrity, and expert in their industry, marketplace, and community. When utilizing the seven pillars of authority marketing, book authorship creates powerful lead generation magnets through advertising, securing favorable media attention and publicity, promoting a cause or philanthropy, and gaining fame and fortune.

When you combine the power of having a published book and authority marketing, the results are incredibly powerful.

Today, Burleson Orthodontics & Pediatric Dentistry is the market leader with four locations in the Kansas City metro area. Burleson has authored two books that he uses to generate new patient appointments in his offices. He mailed copies of his books to all the television and media outlets in Kansas City and

has scored regular guest appearances on Kansas City local stations such as ABC, CBS, NBC, and FOX to discuss braces and children's health.

"If I look at the marketing I do for my practice, the lion's share falls into the category of authority marketing," says Dr. Burlison. "Parents make purchase decisions for their children's healthcare based on credibility and trust. We have built higher levels of credibility and trust which have resulted in growing patients, growing office locations, and growing a practice that I am proud of and enjoy working in."

"Parents make purchase decisions for their children's healthcare based on credibility and trust."

Potential patients are looking for an orthodontist they can trust in to care for themselves and their family members and to deliver a beautiful, healthy smile. In today's competitive marketplace, authority is a necessity to thrive and grow year after year. Don't get left behind in the hustle and bustle of a saturated marketplace. Stand out amongst the crowd by building your authority status today.

Advantage|ForbesBooks has helped over one thousand CEOs, entrepreneurs, and professionals publish their books and implement authority marketing to take their practice to the next level. They do the writing, designing, and marketing for you, so you can focus on the care of your patients. They are the only publisher on the planet that makes marketing, growing your practice, and building your authority with a book its number one priority.

To get started on your path of authority, please visit forbesbooks.com/ortho18 to apply to be the next ForbesBooks author and learn how they can help take your practice to new heights in 2018! 📖





HOW DO YOU STACK UP AGAINST THE COMPETITION?

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My Team is Costing Me a Fortune!

By Drs. Matt & Courtney Dunn

Nobody warned us that some of the biggest stresses in running an orthodontic practice would be related to our team rather than the patients or the clinical aspect of orthodontics. This beautiful practice we imagined and subsequently built, wouldn't run properly without the right people working within its walls. The team we build is essential to running a successful practice. But, once you add people to any equation, complications undoubtedly arise. Team members are humans with emergencies, feelings, immune systems, expectations and opinions. On top of that, they have families to support and expect to be compensated fairly for a job well done. But what is fair? There can be a huge disconnect between what the doctor is willing to pay and what the employee expects. So, what do you do when this happens to you?

WHILE THERE ARE CERTAIN EMPLOYEES WHO ARE REALLY GREAT AND WE WOULD HATE TO LOSE THEM, NOBODY IS IRREPLACEABLE.

It's one of those nightmare situations where your highest paid and most critical employee asks for a raise. They are your right-hand person and patients love them, but their request is unreasonable. This is the time when most of us panic because we can't function without them. We feel like we are being held hostage. "Pay up or I'm gone." Do not let your emotions take over in these situations. You need to do what is fiscally responsible for the practice. Every person is replaceable. And while losing this person could be

extremely painful in the short-term, you will be fine in the long-term. In certain situations, you may even be better off in the long-run. And don't worry if patients love this employee. If you replace them with another friendly person, hardly anyone will even mention it – we promise.

"Don't forget that the experienced people need to be "untrained" from the way they used to do it at their previous office in addition to the training on how to do the things in our office."

DO NOT OVERPAY FOR MEDIOCRITY.

So, here's another common situation. You have an assistant ask for a raise. This person is an OK employee, and things are running pretty well in the clinic. But, they aren't an awesome employee – they just kind of clock in and out, never going above and beyond. If you lose this person you will be short-handed for sure. So many of us cave and give this person a raise, just to make our life easier. You don't want to train someone new and be shorthanded for a while. But, you are essentially encouraging their mediocrity. Obviously, you are OK with their job

performance or you wouldn't have given them a raise – right? This can lead to a slippery slope with your entire team. If this person asks for a raise tell them what they need to do to get one. Once you see a more consistent performance, then increase their pay.

GOOD EMPLOYEES WITH ORTHO EXPERIENCE RARELY HIT THE OPEN MARKET. YOU ARE GENERALLY SIFTING THROUGH OTHER PEOPLE'S REJECTS AND MALCONTENT'S. THERE ARE, OF COURSE, EXCEPTIONS. BUT, DON'T BE AFRAID TO HIRE WITHOUT EXPERIENCE.

Training someone new is a huge pain. Especially if you lose someone right before a traditionally busy time in the office. It seems so easy to require experience. We imagine this person seamlessly jumping into our practice and start working. Sure, there will be a few tweaks here and there, but it will be easier. Now there is the reality. Most of the time with experienced employees, there is a reason they are looking for a job and it usually isn't the reason they stated in the interview. Think about the last couple of people who left your office – would you hire them again? In our experience, the majority of people who have orthodontic experience need almost as much training as someone with no experience so hire for personality and work ethic (if you can gauge that in the interview). And, don't forget that the experienced people need to be "untrained" from the way they used to do it at their previous office in addition to the training on how to do the things

in our office. So, what we're saying is that the training is going to happen with almost any new hire regardless of level of experience. So, don't limit your hiring pool!

DO NOT HIRE PEOPLE WITH UNREALISTIC SALARY EXPECTATIONS NO MATTER HOW GOOD THEY APPEAR TO BE. THEY WILL NEVER BE SATISFIED.

You think you've found the perfect candidate for the job. He's friendly, competent, confident and the team likes him. But, then you ask the final interview question, "What do you expect in terms of compensation?" And his answer has you floored. It's not only more than you wanted to pay, it's significantly more than you feel comfortable paying. Plus, he's already planned a vacation in June, so he will need that week off as well. What do you do? Before dispensing our advice, we would first like to state that we have no issue with someone negotiating their salary or stating what they think they are

worth. But, if this ideal candidate wants too much money (especially if you know the norms for the area), it's probably a red flag. First of all, because any time we've ever hired the aforementioned person, they've never been worth what we were paying them. Secondly, they will see this as a starting salary and continue to want more and more and more. And this leads to our next point.

DO NOT GIVE AUTOMATIC RAISES JUST BECAUSE SOMEONE SURVIVED ANOTHER TRIP AROUND THE SUN.

We think evaluating employee performance is essential. We've always been a fan of yearly, written evaluations in conjunction with a one on one meeting with the doctor for every team member (although we've recently changed this – that's a topic for another day). In the past, we've also discussed pay at this meeting. Then we started to notice a trend. We would evaluate each employee, but their focus was mainly on how much more they

were going to get. Everything else seemed to get lost. So, one year we decided to stop tying employee pay with our yearly evaluations. If someone felt they deserved a raise, they needed to meet with us during the year and explain why they felt they should earn more. The ball was in their court to prove to us why they are awesome and has proved to be a better system.

"If this ideal candidate wants too much money, especially if you know the norms for the area, it's probably a red flag."

We hope this helps and just remember that you aren't alone in your day to day stresses. We're all in this together! 🎲



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i-CAT Next Generation



HOW TO MAKE YOUR NEXT MOVE THE BEST YET

By Angela Weber, CMO OrthoSynetics

You're successful at what you do because you're always thinking ahead. And when you're not thinking about how to move your practice ahead, you're doing it – whether it's updating your website, sprucing up your office waiting room, or buying the latest equipment. After all, you know small changes like these can have a long-term impact on your practice for years to come. And we know that what you're looking for isn't just a quick fix, but more ways to stay head, and gain even more ground.

Therefore, in the hopes of giving you the advantage you're looking for, I've polled a few of my colleagues at OrthoSynetics to create a collection of "how tos". The latest tips and tricks on everything from driving new revenue and marketing to making smarter business decisions and investments.

So, let's get to it.

QUICK TIPS FOR STAYING AHEAD

KEEP THOSE PATIENTS COMING

By: Angela Weber, CMO OrthoSynetics

♦ HEY, I KNOW YOU

Marketing, put simply, is getting your message in front of the right audience at the right time. You need to be where they are, talk to them – get out into the community. Get involved. Then give them a reason to take notice of your practice and choose you over the competition. Basically, they need to care. Give them a reason.

♦ A MARKETING PLAN IS MORE THAN A "NICE TO HAVE"

A lot of practices say they do marketing, but a post here or there on social media won't do the trick. Neither will a few local sponsorships. You need to think about marketing as a long-term investment, just like your equipment. Marketing needs to be consistent to have any type of impact. The more you get your name out there, the more people will be talking about you. The more they talk about you, the more you're top of mind. And the more they'll recommend you to their friends.

Word of mouth is money in the bank. To get it, you need to increase your visibility with a diverse marketing plan. Consumers are more plugged in and seeking out service providers in a variety of ways. It's important not to silo your marketing efforts.

♦ YOU NEED TO SPEND MONEY TO MAKE MONEY

Overall you should be spending at least 3% on marketing. If you want your practice to grow more, you'll need to invest in the right marketing mix. To know that kind of information, you'll need to track your success – what's working – what's not. Don't just jump on the latest marketing bandwagon, get to know your customers so you can give them content they want, and marketing they'll pay attention to.

♦ ACTION YIELDS RESULTS

If you've spent years driving awareness for your practice, it's time to turn awareness into action. Make sure that a sufficient portion of your marketing

efforts are armed with a strong Call to Action (CTA). Don't leave your audience interested, but unsure of what do next—to get results the CTA needs to be easy and clear to understand.



BUY SMARTER. SAVE MORE.

By: Kim Delle, Procurement Director
OrthoSynetics

♦ REDUCING COSTS WITHOUT REDUCING QUALITY

While analyzing supply invoices from potential clients interested in reducing supply costs, I noticed most practices pay a different amount for the same product from the same supplier. Crazy, right? But it's true! How to fix it: track the product price – do your research and make sure they charge you fairly for each order you place.

♦ KEEPING SUPPLY COSTS DOWN WHERE THEY BELONG

The best way to do this is to use a purchasing system which identifies each item, price and supplier and generates purchase orders for you. This will allow you to see if you were shipped, billed, and received exactly what you ordered against the purchase order you placed. Sadly, suppliers will often send a practice two items instead of one and bill them for two without anyone even realizing it. A good rule of thumb: make sure to check your purchase order against your invoice.

♦ CHECK THE INVOICE PRICE AGAINST THE PURCHASE ORDER PRICE

Sometimes the price on your invoice can differ from the price you agreed to pay on your purchase order. If this is the case, don't let it slide. Contact the company immediately and let them know a mistake has been made on pricing. After all, this is business, and mistakes like this can affect your bottom line.

♦ WASTE NOT, WANT NOT

By using a purchasing system, you'll be able to quickly identify places where you're buying too much or buying too little of a specific supply. This can help you order more efficiently. Just make sure to choose a purchasing system that's easy to use and maintain so your staff will be able

to use it without any problems. Another bonus of a good purchasing system: it frees your staff up for other duties, like giving your patients more attentive care.

4 AREAS TO PROTECT AGAINST LOSS OF REVENUE

By: Sandy S. Luparello, Senior Director
Practice Financial Services

♦ TIME IS MONEY; PROCESS YOUR CLAIMS IN A TIMELY MANNER

Monitor un-submitted and rejected claims reports and process them on time. This is important because neglecting these reports, will lead to delays in filing and could result in the claims becoming denied by the patient's insurance company. And you know what that means – you'll have to write off those balances that would have otherwise been paid by insurance.

♦ MISTAKES HAPPEN. LOOK OUT FOR THEM

Do a monthly review of discounts and balance adjustments on patient accounts to make sure mistakes don't happen or haven't happened. Why? Employee theft can be easily hidden through these types of adjustments. It's important to meet with your team to determine what the appropriate percentage threshold is for discounts and adjustments.

♦ ACCOUNTS SHOULD BE CURRENT & UP-TO-DATE

Prior to treatment your staff should ensure every patients' account is current and up-to-date. If it isn't, make sure your staff knows to make it that way before treatment can begin.

♦ MAKING PAYMENTS SHOULD BE AS EASY AS PIE

Consider extending call center hours, offering payment reminders via text, or creating other payment options to make the collection process easier on everyone. Especially, your staff.

♦ IT'S 5 O'CLOCK SOMEWHERE, BUT THE DAY'S NOT OVER YET

At the end of every day your team should be balancing the patient ledger – double checking all cash, check and electronic payments. Unreconciled payments will increase the risk for payments posted to the patient's ledger, but not deposited in your respective bank account. This means you could lose revenue because the transactions posted are not processed successfully - and nobody wants that.



BUDGET LIKE A BOSS

By: Don Caputo, SVP of Client Relations

♦ WORRY ABOUT THE “WHAT IFS”

Times have changed and so should your financial awareness. Forecasting and budgeting tools don't just measure the success of a practice, they prepare for “what if” scenarios. Anticipating your future best prepares you for the unknown and allows for quick spending adjustments to minimize the impact to cash flow. It can also help prepare you for positive things like an expansion or remodel.

♦ MASTERING THE VARIABLES

It may seem straight forward, but creating accurate forecasts does require some analytic expertise to master the

different variables within a practice. More tools are becoming available that can help simplify the forecast-to-actual comparison for practices. Just make sure you're considering them thoroughly before making a significant time investment.

♦ PLANNING IS EVERYTHING

Once you've created a proposed forecast based on specific practice trends and historic growth patterns, you can begin to predict possible revenue and expense outcomes. Once you've determined that, the forecast can then become a budget plan. Just remember to check your budget and your plan on a quarterly basis to make sure you can implement changes as needed. This will keep your plan nimble and your finances in check.

♦ IMPROVEMENT IS A PROCESS

By using a comprehensive actual-to-budget plan you can clearly identify missed goals and begin improving your process. Contract starts, conversion rates, expense control and monthly year-to-year revenue comparisons are key metrics that influence budgetary results. And to see the real benefit, you need to review these monthly with your whole team. To maintain financial discretion, present these statistics in a percentage format. Also, getting buy-in from your whole team during the initial forecasting process is important. Not only does it establish trust, it also promotes personal investment, helping your practice achieve the goals you set together – as a team.

Have questions you'd like answered? Email aweber@orthosynetics.com or stop by AAO Booth #2137. 🎲



Traveling Through Brazil & Peru

By Dr. Ben & Bridget Burris

BRAZIL – MANAUS, BARCELLOS AND THE JUNGLE!

It's been a lifelong dream of mine to go Peacock Bass fishing on the Amazon River. This year I finally got the chance! We flew out of Miami to Manaus on American Airlines where we were met by our guides and taken to a local hotel. We took a commuter flight from Manaus to Barcellos where we boarded the Blackwater Explorer – the boat we would live on for the next week while traveling the Rio Negro up towards the equator. The Blackwater Explorer is awesome, holds up to 16 fishermen and has an incredible crew to take care of everything you could need. Though Bridget, the kids and I were not their typical clientele, the guides and crew took excellent care of us and spent a good deal of effort making sure the kids had a great time.

The fishing was fantastic. Peacock Bass are everything you've heard they are – numerous, relentless and beautiful. Typically we would take two small boats for the family each day. I'd leave early to fish and Bridget and the kids would join

me later in the other boat for some family fishing time. In this way I was able to get my fishing fix without forcing the family to be out in the heat and sun all day long. It worked extremely well and we all got to do exactly what we wanted to do. About four days into the trip I had to stop fishing for Peacocks. I was bruised from knee to shoulder on my right side, my right arm was numb (when it wasn't burning) and I was truly afraid I would hurt myself if I kept up the 150-200 bass per day pace the guides had me on for four days straight. If I go again I'll do some warmup for several months ahead of time. It doesn't seem like much but with the amount of casting and the aggressive reeling/lure action, the repetitive motion and the furious strikes can take their toll so preparation is a good idea.

The kids enjoyed catching peacock bass but their favorite activity was spending time on one of the many sand bars in the river, swimming and catching piranha. We did all three things in the same area and I was proud of the kids for not buying into the popular, irrational fear of these

infamous fish. Plus, they are quite tasty! We did several shore lunches and had a wide array of fish expertly cooked for us both in the jungle and on the Blackwater Explorer.

At the end of the week the Blackwater Explorer docked in Barcellos and we took a flight back to Manaus where we spent 24 hours before catching the flight to Miami. Since we had time in Manaus we decided to make the most of it. We got to see and feed the pink dolphins, visit a local tribe's traditional village and checked out the fish market in Manaus. All three were awesome and worth the effort should you find yourself in Manaus.

I am so happy we decided to go to Brazil as a family. Though many suggested this was not a trip appropriate for the family, we had a blast and I'm so glad that our kids got the chance to see and experience the Amazon basin for themselves. Don't wait. Go see for yourself and take the family with!

P.S. Acute Angling is who we used for our trip. It was excellent all around. Find them at acuteangling.com.





PERU - LIMA, CUZCO AND MACHU PICCHU

“Trip of a lifetime” is thrown around a great deal. As orthodontists we are very fortunate that we have the time and resources to support our families, support great causes AND to travel the world. Never take that for granted! If you’re looking for an awesome trip for the family we can’t recommend Peru highly enough. Whether you go for a quick trip to Machu Picchu or you take some extra time to see more of Peru, go! We flew out of Orlando through Panama City to Lima on Copa Airlines. Lima is pretty much like any modern city and we didn’t really spend any time there because of this. After spending the night in a hotel right next to the airport we took a Latam Airlines flight to Cuzco. Now, I have to admit to a serious error on my part and a good bit of ignorance at this point in the game. I’d heard of the altitude issues and sickness from people who visit Machu Picchu but I didn’t get it. I’d looked up the altitude of Machu Picchu and it was only about 8000 feet above sea level so I was confused and unconcerned since we spent the week before in Beaver Creek, CO. What I failed to realize is that the jumping off point for just about any trip to Machu Picchu is Cuzco and Cuzco sits at 11,200 feet above sea level and you can certainly feel it! The local tea and pure oxygen are said to help but we didn’t really partake – probably mostly because of my lack of respect and knowledge! I’d certainly plan on doing so for at least the first couple days were I to go again. Sleeping the first night was the biggest issue but after a couple days we acclimated.

Cuzco is a great, historic and interesting city. We thoroughly enjoyed our time exploring the central city (where our hotel was located) as well as the field trips we took to surrounding areas such as the local ruins, the Moray salt pans and the sacred valley. After a few days in Cuzco we took the train to Aguas Calientes –

the town at the foot of the mountain where Machu Picchu is. There are several ways to get to Machu Picchu and many choose to hike overland for several days but we really enjoyed the train. Be sure to get the upgraded tickets that put you at a table in a car with huge windows on the sides and top as it is certainly worth the extra money to get to see the scenery on the way. Once in Aguas Calientes we boarded a bus that took us up close to Machu Picchu. After a week-long buildup in Peru and a lifetime before that I was worried that laying eyes on Machu Picchu would be anticlimactic. I am happy to admit that this worry was unfounded. As an avid traveler I’ll admit that some places live up to the hype and others do not... this was much more the former than the latter! We will let the photos speak for themselves though they still don’t do it justice. Suffice it to say that you need to go see this for yourself and take your family with you. I’m interested to see what impact these experiences will have on our kids as they grow and learn. We can only imagine that having a relatively broad experience base and world view will be a huge advantage but time will tell.

Travel well!

P.S. This is who we used to plan our trip. He did an excellent job.

James Gilmore
 Travel Advisor
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 (Mon-Fri 8:00 a.m. - 7:00 p.m.)
 james@incas.expert 📧







The Cost of Failing to Plan Your Estate: A Reality Check

By Carla A. DeLoach, Esquire and Jordan DeLoach Hurlburt, Esquire

We all possess the secret hope of a long healthy life, marked by a comfortable, worry-free retirement. If we imagine our passing, it's undoubtedly in our sleep surrounded by loving family members, who are independent, productive members of society. Perhaps these hopes, coupled with the unwelcome thought of death, lead many to assume there will be time later to address their estate plan, putting it off until "tomorrow."

REALITY CHECK

Your spouse is leaving the hospital after tough discussions with the doctor regarding your impending long and difficult recovery from the bike accident. The accident affected many of your functions, and you have extreme difficulty speaking and communicating. Your paychecks are deposited directly into a bank account titled in your name alone. Although you have online access for the account, your spouse (being the less "tech-savvy" of the two) does not have your username and password. In the meantime, time is of the essence; money needs to be transferred into the family bill paying account.

PLAN AHEAD

A properly executed Durable Power of Attorney grants your spouse access to accounts titled in your name, providing authority to deposit funds payable to you, transfer funds from your individual accounts, and establish new accounts, among other things. The Durable Power

of Attorney is a passport to financial navigation during incapacity and removes the need for court intervention. Financial decisions can be managed privately, eliminating an additional burden of stress, legal costs, and complexity.

REALITY CHECK

Though a model of fitness, you suffer a life-snatching heart attack. Overwhelmed and grief-stricken, your spouse attends to funeral decisions sooner than she ever feared. Faced with the reality of suddenly being alone, your spouse begins to assume responsibility for finances only to learn that your name, alone, was listed on several community bank accounts. Your spouse needs to renew the vehicle registration for your car but the DMV refuses, demanding paperwork that she does not have in her possession. In the midst of this unthinkable circumstance she receives an e-mail from your daughter (her step-daughter), the one who always liked your spouse, asking for a copy of your Will. Your spouse goes to the safe and finds drafts of unsigned documents, prepared prior to your marriage. The drafts do not include your spouse as a beneficiary or personal representative¹. Your spouse is overcome by a flood of questions. Will I have assets to live on? Will I have to share "our" assets with other beneficiaries? Who is in charge? How will I pay the mortgage? What happens to all of our household belongings? Your spouse is forced to hire an attorney immediately, using the limited cash in your family

bill-paying account. Your children are upset and lashing out and hire a different attorney to represent them.

PLAN AHEAD

Having faced the tough decisions, you and your spouse signed wills and trusts. Sticky questions related to children from prior marriages and the division of wealth have been explored and your intentions are in writing. Though struggling with your loss, your spouse has the necessary documents to access accounts and update titling. Your personal representative and/or trustee has clear authority to handle all financial affairs in your absence, and has a roadmap for the asset division, which provides for your spouse and children. Court oversight and legal fees are minimized. The family is communicating and is focused on grieving your loss instead of fighting with one another, unsure of your intentions.

NEXT STEPS

Estate planning can be a daunting task. But, as you can see, procrastination and delay can be costly. The right estate planning attorney can guide you through the process seamlessly. State law governs the law surrounding incapacity and death. So, it is important that you contact a local attorney who is licensed to practice in your home state. And, as an increasingly complex area of the law, it is prudent to retain an attorney who limits his practice to estate planning.

¹ In many jurisdictions, the "personal representative" is referred to as the "executor;" this individual manages the estate of a decedent, administering all court interaction, paying final debts, and distributing assets to the appropriate beneficiaries.



It is not uncommon for an estate planner to offer a complimentary initial consultation, which provides you with an opportunity to review your concerns and objectives while communicating crucial background information about your family. Do not be surprised if the attorney requests a completed information worksheet in advance of the meeting. The more information you provide, the more equipped the attorney will be to give tailored guidance and counsel. Naturally, you should expect to provide personal data (addresses, dates of birth, social security numbers, etc.) But, you should also be prepared to provide answers to questions such as:

- ◆ Are you a United States citizen or resident?
- ◆ Do you own a business?
- ◆ Do you own real estate that is not occupied by you?
- ◆ Have you been divorced?
- ◆ If you have been divorced, do you have pending obligations to your

former spouse as a result of the divorce?

- ◆ Did you and your current spouse enter a pre/postnuptial agreement?
- ◆ Do you have minor children?
- ◆ Do you have a child with special needs?
- ◆ Do you have existing estate planning documents?
- ◆ Have you or your spouse made prior gifts to trusts or individuals?

The question list above is not exhaustive. But, it is representative of what you should anticipate. Finally, you should expect to provide the estate planning attorney with a complete financial statement. Detail is crucial in this regard. The nature, value, and titling of your assets have a significant effect on the planning required. A good estate planner will review your financial statement with an eye toward tax consequences (income, gift, and estate), asset protection, and spousal protections, among other things. He will review beneficiary designations and ensure your plan is cohesive.

Again, the more the estate planner knows, the better equipped he is to help you solve your planning problems.

As estate planners, we know all too well the reality many face who do not address their estate plan. The outcome is trying and inevitably more complex, costly, and confrontational than necessary. Take the first step and contact a local estate planner. Provide the detailed information requested and sit down to discuss your objectives. From there, the estate planner can provide his planning thoughts focused on your unique facts and circumstances.

Be on the lookout for our next article about things you should consider in crafting your estate plan. We'll explore the befuddling questions: Will v. Trust? Beneficiary Designations? Income tax considerations? Spousal rights? For more information visit : www.deloachplanning.com



This Critical Data Is Saving Orthodontists Millions of Dollar

By Jimmy Nicholas

Before you can fix any problem in your practice, obviously you must first know about the problem. Furthermore, you must always monitor and measure what you expect. Overall, I have found many orthodontists do not monitor their phones and they usually do not know what percentage of their calls are going unanswered.

"Think about the Mom who is calling orthodontic offices after dinner at 7:30 pm and gets a live person at your office. Everyone else she called didn't answer. You easily stand out and rise above your competition by simply answering the phone."

In the last twelve months we have monitored and listened to over 12,000 new patient phone calls for orthodontists. The number that always frustrates me the most is seeing the number of missed calls that some orthodontists are experiencing. We have seen an average range from 0% to as high as 55% of new patient phone calls going unanswered, with an overall average of 13% of calls going answered in each practice.

Recent statistics from Forbes magazine show that 80 percent of callers sent to voicemail do not leave messages because they don't think they'll ever be heard. In today's marketplace, people want and demand instant gratification. If you are looking to attract as many new patients as possible, you must answer the phone live.

You should also strongly consider answering the phone before and after your normal practice hours. Most likely, your competitors won't be which means more patients for you. When most orthodontic offices close around 5 pm, our data shows calls continue to come in until about 8:30 pm.

Think about the Mom who is calling orthodontic offices after dinner at 7:30 pm and gets a live person at your office. Everyone else she called didn't answer.

You easily stand out and rise above your competition by simply answering the phone.

HOW MUCH IS NOT ANSWERING THE PHONE POTENTIALLY COSTING YOU?

With each orthodontist missing on average 50+ calls per month and an average treatment cost of \$5,000 * 12 months = \$3 million of potential lost production, just by not answering the phone. Granted, not every missed call is a new patient lead, but let's just say a mere 15% of them were, this would still be a \$450,000 problem in the typical practice.

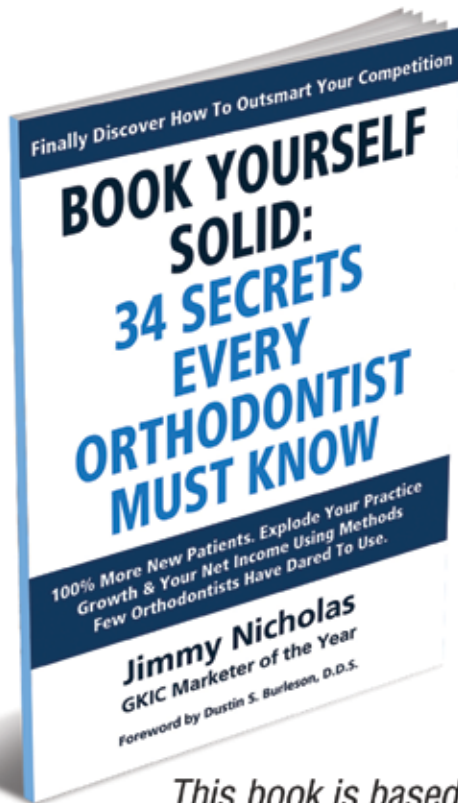
SOME GOOD NEWS...

As orthodontists become more aware of the number of missed calls and the percentage of missed calls, we have seen as high as a 78% improvement. It is no shock that we also see more than double new patient appointments booked when missed calls decrease more than more than 10%.

Bottom line, the more phone calls you answer, the more new patients you will have starting treatment with you, instead of losing them to your competitors. 📞



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- ✓ How to hold every marketing dollar accountable in both your online and offline marketing
- ✓ & More...

This book is based on data from over 12,000 new patient phone calls placed to orthodontic practices located in various sized markets, ranging from small rural areas to big cities.

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Bond Financing is the Best Kept Secret for Orthodontic Practices

By Brian Watson

Many orthodontic practices throughout the United States are often faced with the need to obtain long-term financing for capital projects, including the financing or refinancing of the acquisition and/or construction of their office facilities, as well as the financing or refinancing of equipment for their facilities.

What many of the owners of these orthodontic practices don't realize is that bond financing through the public capital markets may be an alternative way to finance these projects, saving hundreds of thousands of dollars or more for the practice. Most owners may simply look for traditional bank financing, or in some cases federally assisted programs such as small business loans that are backed by the SBA. Alternatively, orthodontists can leverage the credit of their banking

relationships to access the public capital markets in order to lower their overall cost of borrowing. In most cases, the owners may still be able to maintain the relationships with their existing banks and lenders, but if structured in the correct manner, bond financing can be a win-win for both borrower and bank or credit union.

Letter of Credit secured bonds may be used to finance or refinance the acquisition, construction and/or equipping of new and expanded locations for orthodontic practices throughout the United States and may also help those practices purchase their office facilities that are currently being leased. Some advantages of this bond structure include lower interest rates, resulting in payments substantially less than similar payments

on conventional financing, and, unlike conventional construction loans, they generally do not require subsequent conversion to permanent financing. Bond financing can also be used to extend the terms and amortization of the debt well beyond the term and amortization of conventional loans. In addition to the costs of acquisition, construction, and equipping of the facilities, bond proceeds may also be used to finance interest during construction, and the expenses of bond issuance.

In order for the orthodontist practice to issue bonds to be purchased by the public debt markets, those bonds must have an investment-grade rating issued by one of the primary rating agencies (Standard & Poor's, Moody's or Fitch). An investment grade rating is what allows





large institutional buyers, including money market funds, to buy and hold the bonds that are issued by the orthotist practice. Most very large companies in the U.S. that already carry an investment-grade rating regularly access the public debt markets for their borrowing needs.

"The borrower has more ability to tailor the bond structure to provide a much longer maturity than traditional financing, and more flexible repayment of principal."

Assuming that most orthodontic practices do not carry their own investment-grade credit rating, they can nevertheless obtain an acceptable rating on their bonds through leveraging the credit of

a larger financial institution by using a letter of credit issued by such a financial institution. Even if the orthodontist works with a bank or credit union that doesn't have its own investment-grade rating, as long as the financial institution is a member of a Federal Home Loan Bank, then the financial institution can leverage the rating of the Federal Home Loan Bank to provide credit enhancement for the bonds. The bonds are then secured solely by the letter of credit issued by the bank or financial institution, and in some cases, the Federal Home Loan Bank, and the bondholders would have no recourse to the orthodontist practice whatsoever. Unlike other securities that may be issued by private companies, the orthodontist practice would not have any financial disclosure requirements to the bondholders, and the orthodontic practice would not be required to provide any personal guaranties or any other security or collateral to the bondholders other than the letter of credit. Just like a traditional loan, any covenants, disclosure, collateral or security

requirements would remain between the Borrower and its bank or financial institution that is the provider of the letter of credit.

The orthodontic practice then pays the interest on the bonds at a low interest rate, which when added to the fees paid to the bond trustee, remarketing agent and letter of credit issuer, typically results in a below-market rate for the orthodontic practice. In addition to lower rates and fees, a bond issue secured by a letter of credit also provides the borrower with more flexibility than traditional financing. The borrower has more ability to tailor the bond structure to provide a much longer maturity than traditional financing, and more flexible repayment of principal. The bonds can also be repaid in part or whole at any time without penalty.

There are financial and legal considerations related to the use of bonds, so be sure to check with your accountant and bond counsel, both of whom can help you maximize the effectiveness of these resources. 🎲



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NEW! SPANISH LANGUAGE CONTENT

The Progressive Orthodontist Magazine has readers from all over the world. Mapping the hits on the free digital version shows the orthodontic hot spots around the globe! As such we are in the process of being more inclusive, and well, progressive. In this issue and all subsequent issues Dr. Garcia will provide Spanish language content – something we should have done long ago!

Dr. Garcia speaks 7 languages and we will rely on him to help us more effectively translate and distribute the magazine to our friends worldwide.



Progresando en Español

By Dr. Francisco Garcia

Quiero comenzar esta primera entrega agradeciendo al Dr. Benjamin Burris y a su excelente equipo responsables de redacción, edición y producción de esta revista por haberme otorgado el privilegio de colaborar en la misma como editor en español. Es primera vez que la revista decide incorporar una sección en español que esperemos sea de su agrado y abra las puertas a la discusión de tópicos relevantes en el área de la ortodoncia.

No es para nadie un secreto el marcado crecimiento de la población hispana en los Estados Unidos. Este crecimiento lamentablemente no ha ido de la mano con la presencia de suficiente personal hispanoparlante en todas las áreas del sector salud especialmente en la odontología y sus especialidades, por ello independientemente de la ubicación dentro la unión americana es de vital importancia que todas las áreas de influencia de las ciencias de la salud continúen el desarrollo de programas

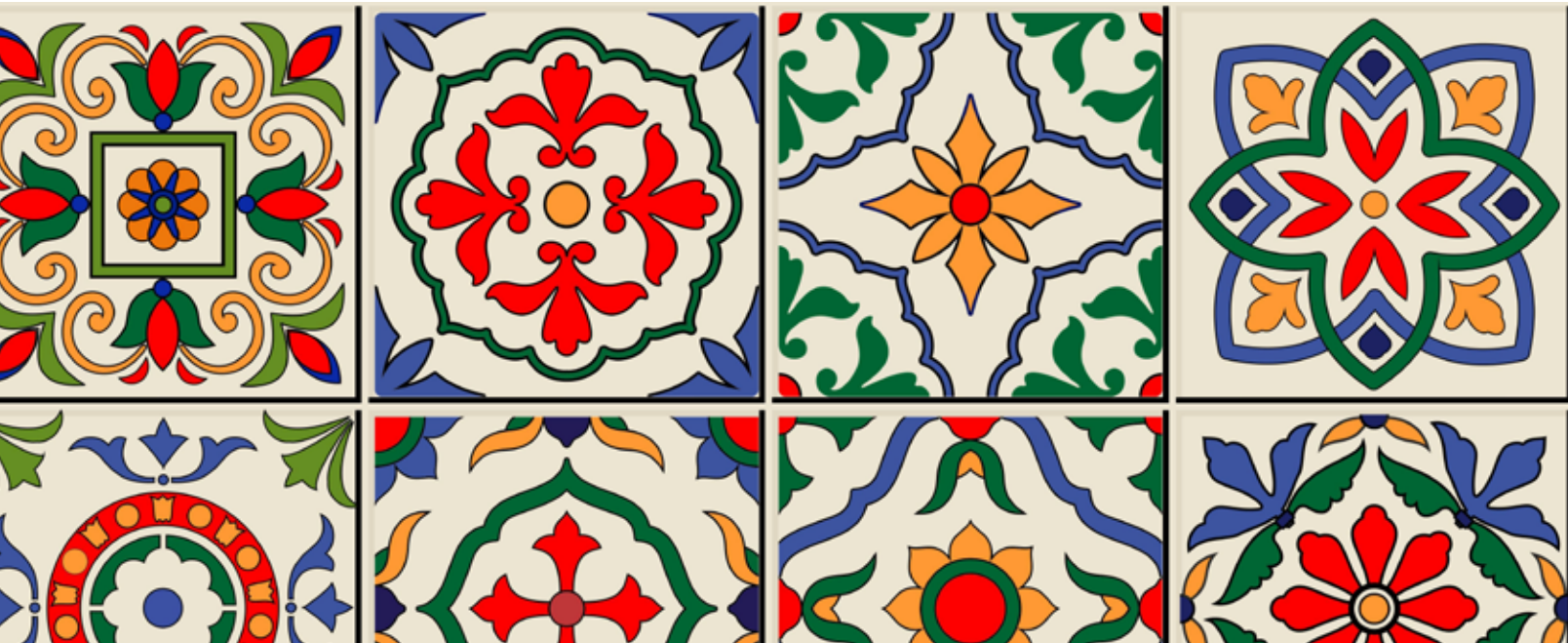
de entrenamiento de personal, así como facilitar el acceso a la salud a través de mecanismos que disminuyan las barreras tanto idiomáticas como culturales.

De la misma manera es un reto y una oportunidad dorada para la población hispana considerar las ciencias de la salud como opción profesional a todos los niveles. Administrativo, como auxiliares en las clínicas y hospitales, así como en la formación profesional como dentistas, médicos y profesiones afines. Esta constituye entonces un área de vital importancia para todos aquellos profesionales que participamos activamente como entidades prestatarias de servicios a nuestros pacientes y sus familiares.

El perfil demográfico de los estados unidos refleja que aproximadamente para el año 2050 uno de cada 3 personas en los Estados Unidos será de origen hispano llevando así el porcentaje de hispanos en referencia a la población total de 15%

en el 2008 a 30% en el año 2050, en un periodo similar de tiempo los hispanos casi triplicaran su número de habitantes de 46.7 millones a 132.8 millones del 2008 al 2050 y la fuerza laboral será en su mayoría una representación de todas la poblaciones "minoritarias" esto contrasta con la fuerza laboral anglosajona la cual parece perder porcentualmente presencia en función del tiempo.

Este comportamiento demográfico por parte de la población hispana se debe fundamentalmente a dos razones principales; la primera es debido al fuerte movimiento migratorio sostenido desde hace varias décadas desde los países latinoamericanos en búsqueda de mejores condiciones de vida así como a una política migratoria muy receptiva que hasta hace pocos años permitía con poco esfuerzo a cualquier inmigrante de las naciones hispanas radicarse en los EEUU y optar a trabajos que en poco tiempo le permitían al inmigrante y su familia



subsistir de manera digna en un país de una economía pujante. La segunda razón no menos tangible es el número de hijos y según los resultados más recientes de los censos se refleja que los hispanos tienen la mayor cantidad de hijos en relación con los demás grupos étnicos que conforman la población americana.

Sin embargo y como se menciona al inicio del artículo. La penetración de población de origen netamente hispano dentro de la fuerza de trabajo en el área de la odontología ha sido escasamente representativa y constituye una necesidad imperante y de vital importancia para poder responder a la creciente necesidad de atención “EN ESPAÑOL”.

Ahora bien, este no es el único reto o la única transformación que deba sufrir nuestra especialidad en las próximas décadas, aprovechamos y abrimos pues la posibilidad del debate a otros elementos de vital importancia y que llegaron para transformar de forma indetenible el panorama de lo que hemos entendido como la forma tradicional de la prestación de servicios de ortodoncia en las últimas 40 décadas de la misma.

Menciones algunos de ellos que ya están presentes en la arena del ejercicio de nuestra profesión. Por ejemplo, la llegada del “plástico” en sus diferentes formas, comenzó hace más de una década con

un producto por demás conocido a los Ortodontistas, la alineación con termo formados sobre modelos de impresiones dentales alterados con fines de lograr movimientos dentales con variaciones del retenedor “Essix” y es así como surge la compañía Invisalign y su competencia ClearCorrect. Avancemos hasta hoy en día comienzos del 2018 y analicemos solo un par de variables que nos permitirán tener una visión más clara de lo que ha de suceder en el próximo bienio.

Invisalign posee ya en su poder más de 4 millones de casos tratados y a partir de ellos una innumerable cantidad de puntos digitales de movimiento dental que ni el más prestigioso de los estudios científicos publicados por algún investigador hasta la fecha puedan remotamente ambicionar, es decir existe la posibilidad de enumerar variables en una búsqueda de este “Big Data” y obtener inmediatamente resultados obtenidos en modelos tridimensionales de casos ya tratados entendiendo nuevamente mejor que ningún otro estudio publicado hasta la fecha las características biomecánicas del movimiento dental ortodóntico de cientos de miles de casos clínicos existentes en esa data.

Habiendo llegado el “plástico” para quedarse afrontamos ahora otro reto aún más grande y que tiene que

ver directamente con una estrategia corporativa de Invisalign donde se escucha que la empresa abrirá más de 1 mil centros para modelar con el scanner “itero” directamente al consumidor dejando a un lado por primera vez la participación del especialista y atendiendo directamente una demanda directa al servicio por una fracción del costo de los honorarios que actualmente se cotiza en las clínicas tradicionales. En otro momento conversaremos sobre un producto piloto que ya se hace conocido también, el famoso “Smile Direct Club”.

Sin embargo no todo es negativo ya que las cifras de atención a la población que recibe ortodoncia es tan solo una mínima fracción en comparación a un mercado que de muchas maneras esta desasistido y que aun continua respondiendo de forma muy positiva y exitosa para los modelos de atención donde el especialista va más allá de resultados excelentes demostrando un compromiso o una presencia comunitaria más fuerte, modelo este último que es indiscutiblemente un ingrediente indispensable en el éxito de muchísimos colegas en momentos de inevitables cambios como los que vivimos ahora.

Sean todos bienvenido a esta nueva sección en español de la revista Progressive Orthodontics. God Bless 🇺🇸





Enfant Terrible

Dr. Marc Ackerman

Dr. Marc Ackerman has a great deal to smile about. His pioneering work on smile has reoriented how orthodontists look at and treat their patients. Over the past two decades, Marc has been committed to questioning the status quo in orthodontics and has produced a catalog of books, book chapters, journal articles and essays that have upended some of the most warmly held beliefs in the specialty. He is the father of enhancement orthodontics and early on in his career he predicted the cultural shift from orthodontic patient to orthodontic consumer. We sat down with Dr. Ackerman in order to gain some insight into his orthodontic journey and what he sees coming in the future.

PROORTHO: YOU'RE A THIRD GENERATION ORTHODONTIST. TELL US WHAT THAT MEANS TO YOU AND HOW IT COLORS YOUR WORLDVIEW.

ACKERMAN: The first thing that comes to mind is a quotation by the philosopher Samuel Taylor Coleridge. He made the observation that "If men could learn from history, what lessons it might teach us! But passion and party blind our eyes, and the light which experience gives us is a lantern on the stern which shines only on the waves behind." Orthodontics' inability to critically evaluate its past and then apply meaningful lessons to the present is the reason why the specialty finds itself out of sync with the consumer. Contemporary orthodontists suffer from the tyranny of

a glorified past and are monomaniacal in their attempt to extend the present. The mentality of we don't need to change, it's the consumer's mind that needs to be changed is a dangerous groupthink that's in no person's best interest.

My orthodontic world view has definitely been shaped by lessons that I have learned from the near 100 years that my family has practiced orthodontics. I first want to share a story from the early days of my grandfather Leon Ackerman's orthodontic career. He graduated from the Dewey School of Orthodontics in New York City and within several years of practice he found himself in the height of the Great Depression. Orthodontic treatment at the time was reserved for the wealthy and relatively speaking was

"depression proof." My grandfather was the prototypical neophyte orthodontist. He was convinced that he was doing something wrong clinically and that's why his practice was not as busy as he would have liked. One day, he decided to arrange a visit to the practice of Dr. Allan G. Brodie in Newark, New Jersey. Leon practiced in Elizabeth, New Jersey which played second fiddle to Newark at that time. He arrived at Brodie's office to find none other than Brodie sitting in his small waiting room reading comic books without a patient in sight. Here was Angle's protégé and someone who would ultimately train a generation of orthodontic educators, relaxing with the hope that the phone would ring with the prospect of a new patient. My grandfather suddenly realized



DR. LEON ACKERMAN WAS VERY INNOVATIVE IN HIS 50-YEAR ORTHODONTIC CAREER. ON THE SHELF BEHIND HIM IS A FILM PLAYER THAT HE USED AS A COMMUNICATION TOOL FOR PATIENTS IN THE EARLY 1960'S.



TO THIS DAY, MANY PAST PATIENTS AND COLLEAGUES IN ELIZABETH, NEW JERSEY REMEMBER DR. ACKERMAN AND HIS SILVER ROLLS-ROYCE.



DR. JAMES ACKERMAN WAS ALSO FAR AHEAD OF HIS TIME IN ORTHODONTICS. HE DEVELOPED THE FIRST PEDO-ORTHO COMBINED RESIDENCY PROGRAM IN THE U.S. AND IS SEEN HERE AT THE DEDICATION OF THE PEDO-ORTHO CLINIC AT THE UNIVERSITY OF PENNSYLVANIA WITH PRINCESS GRACE OF MONACO.

that his own practice situation didn't seem as grim after all and took solace from the experience. The long-term lesson for him was that practice success is determined by action and hard work versus inaction and hoping for the best. During his 50-year career, Leon was an innovator and early adopter of technology. He was the first to equip each treatment room with a small television that patients could watch during their appointment.

My father, Jim Ackerman, also practiced for 50 years. There is not enough space in this article to share the dozens of lessons that I learned from my father but I would like to talk about one conversation in particular. After graduating (or being paroled) from the orthodontic residency program at Eastman Dental Center, I returned home to join Dad in practice. The first year was tumultuous, humiliating, and frankly more work than I could have imagined. At the end of the year Dad, having been an orthodontic chairman for some time earlier in his career, presented me with an orthodontic certificate. It was bittersweet. He said something like, "when you joined the practice I was appalled by how little they had taught you in residency and I can now say that you are a very proficient modern orthodontist." The last part emphasized that my residency was a "classical" approach to orthodontics rather than a contemporary one. We enjoyed a good laugh and reflected on the highs and lows of the year, and then Dad dropped the introspective bomb. He said, "Marc, I've always thought about how much easier and perhaps more fulfilling my orthodontic career would have been if I had just believed all the orthodontic bullshit! I can see that you don't believe it either so I want to caution you now about pissing off the guild because their wrath is like no other." For those readers who know me, I am not one to shy away from controversy. His thinking was colored by his past experience with controversy.

Twenty years earlier, my father launched the first combined pediatric dentistry-orthodontics residency at the Children's Hospital of Philadelphia. Coming out of the seventies, the fruits of fluoridation were being realized with caries rates declining and the orthodontic focus was on growth modification. Dad thought that the clinician most able to meet the needs of the child of the future was a super-specialist in both pediatric dentistry and orthodontics. In hindsight, this was a strong theory that proved weak in practice. However, the lesson here is not in the actual innovation of the combined residency but in how it was met by the specialty. Orthodontists frothed at the mouth with rage and launched a campaign predicting the decline of the traditional orthodontic practice. When fear mongering is aimed at the wallet it is usually quite effective. Having gone through a similar experience with orthodontic cannibals, I have great respect for my father and am very appreciative that he tried to save me from my own pragmatic approach to orthodontics.



THE JIM ACKERMAN-BILL PROFFIT COLLABORATION HAS LASTED 50 YEARS AND PRODUCED CLASSIC CONCEPTS LIKE THE ORTHOGONAL ANALYSIS, ENVELOPE OF DISCREPANCY AND THE SOFT-TISSUE PARADIGM IN ORTHODONTIC TREATMENT PLANNING.

PROORTHO: SPEAKING OF PRAGMATISM, YOU WROTE A BOOK A DECADE AGO - ENHANCEMENT ORTHODONTICS - THAT CAUSED A GREAT DEAL OF UPSET IN THE INDUSTRY. TELL US ABOUT THAT AND HOW YOU THINK ABOUT ENHANCEMENT TODAY. ALSO, YOU COINED THE TERM SMILE ARC IN AN ARTICLE IN 1998 AND IT HAS CERTAINLY CAUGHT ON. TELL US ABOUT HOW YOU CAME UP WITH THE TERM AND WHAT YOU THINK ABOUT THE PROGRESSION FROM IDEA TO A MANTRA.

ACKERMAN: Early on in my dental school experience at the University of Pennsylvania, I learned that the most innovative things in dentistry were a result of the cross pollination of ideas. Penn had always been an avant-garde institution and over the years gained a reputation for clinical innovation and the production of super-specialists. I was particularly interested in periodontal prosthesis which was the brainchild of Dr. Morton Amsterdam. In the 1950's, no second thought was ever given to extracting periodontally or restoratively compromised teeth. Amsterdam came to the conclusion that all available therapies should be employed to save as much of the natural dentition as possible. He unified aggressive periodontal therapy and advanced restorative dentistry, creating a new paradigm for treating the mutilated dentition.

While I was a third-year dental student, I had the good fortune of hearing the world renowned perio-prosthesis graduate Dr. David Garber speak at a Penn Alumni meeting. He showed magnificent restorative cases and in particular many of them involved the anterior portion of the dentition. As he went slide through slide presenting before and after photographs, I noticed that all of the images were of the cropped smile. Being a brainwashed

dental student, I started to think to myself what is he hiding? Why aren't we seeing the occlusion in these cases? Well, after going home and processing what I had seen, I realized that he was showing how a patient evaluates success in anterior restorative treatment. They look at their smile in the mirror and not retractor shots! This was a breakthrough moment for me. Upon consultation with my father, we embarked on taking a series of digital videos of patients speaking and smiling before and after treatment in his practice. My senior year of dental school, I initiated a research project to investigate the characteristics of smile and the result of orthodontics on the posed smile. We paid a computer software company to develop a Mac and PC compatible app to measure smile characteristics called the SmileMesh. Some years later when I published a 2002 JCO article on smile, the software was available as a free download on the JCO site.

It was during the time that I was writing up the manuscript that I coined the term smile arc. To be fair, the term lip parallelism had been used in removable prosthetic dentistry for decades but had not been incorporated in orthodontic diagnosis and treatment planning. Smile arc seemed like a better term for describing this smile characteristic. That 1998 paper was the first to demonstrate that standard bracket position for the straight-wire appliance and the associated treatment mechanics almost always flattened the smile arc as well as intruded the maxillary incisors reducing incisor show at smile. I entered orthodontic residency on a mission to further study smile. Although I ultimately was allowed to focus my research on occlusal plane rotation in orthognathic surgery cases and its effect on smile characteristics, it had been a 24-month battle with my chairman about whether or not the smile was relevant to orthodontics. I distinctly remember one conversation in seminar when I was told

that smile has nothing to do with success in orthodontic treatment.

After about five years in full-time private orthodontic practice, I had gathered enough clinical material to write a book. My good friend and mentor Dr. Orhan Tuncay opened the door for me to make a book pitch to Blackwell Publishing. The rest is history. *Enhancement Orthodontics: Theory and Practice* came out in 2007 and it has gone from initially being considered a novelty to becoming a cult classic over the past decade. I'm very proud that I had the opportunity to write that book and am thankful that many of our colleagues finally "get it".

I have very ambivalent feelings about what smile arc has evolved into. As you say, for some it has become a mantra or even an orthodontic raison d'être. Orthodontists cannot operate without an "ideal" in mind and in the case of the smile arc, many feel smile arc consonance equals ideal. Well I can tell you from experience, not all consumers want a consonant smile arc and in fact some even have asked for a flat smile arc as the goal of treatment. It boggles my mind that there is even a bracket system marketed specifically for protection of the smile arc.

PROORTHO: TELL US ABOUT YOUR LATEST BOOK, STRAIGHTER: THE RULES OF ORTHODONTICS.

ACKERMAN: *Straighter: The Rules of Orthodontics* is a book about attitude and its effect on your orthodontic practice. It is based on both Ben Burris' and my own failures over the years and the lessons we learned along the way. When I got out of residency, there was a clear delineation between clinical decision-making and practice management decision-making. I was under the impression that if you treated your cases to exceptional finishes and demonstrated clinical success, economic success was assured. Well, let's say that I learned that this wasn't true

the hard way. After reading Siddhartha Mukherjee's *The Laws of Medicine: Field Notes from an Uncertain Science*, I decided that after two decades of practice it was time to write about lessons learned. The unifying concept was that clinical and practice management decisions are not mutually exclusive. If you read the book, you'll get a sense for why we chose the term rules over laws and how we arrived at our current philosophy of practice. For me, this book is the natural sequel to Enhancement Orthodontics.



THE MARC ACKERMAN-BEN BURRIS COLLABORATION HAS THUS FAR PRODUCED THE BOOK STRAIGHTER AS WELL AS A NUMBER OF THOUGHT PROVOKING ESSAYS ON THE ORTHOPUNDIT BLOG.

PROORTHO: YOU RECENTLY FOUNDED THE AMERICAN TELEDENTISTRY ASSOCIATION WITH AN IMPRESSIVE ADVISORY BOARD. TELL US ABOUT THAT.

ACKERMAN: Outside of clinical practice, The American Teledentistry Association is my main focus right now. The mission of the ATDA is to increase access to dental care through advocacy for and the implementation of innovative teledentistry guidelines and solutions. I have assembled an advisory board composed of experts in telehealth, technology, dental support organizations, patient advocacy and the legislative branch of government. I encourage readers to visit our site (www.americantedentistry.org) and read about our Board and familiarize themselves with the facts about teleorthodontics. What I have found is that most of the teledentistry "experts" in orthodontics don't know what they are talking about. These ultracrepidarians are more concerned with protecting the status quo than truly appreciating the potential of the current teleorthodontic model and how it's good for orthodontics. I remember when Invisalign launched just prior to my orthodontic residency program. Orthodontists wrote editorials and gave lectures railing against tooth movement with plastic and how the

direct to consumer marketing channel was going to destroy the profession. We all know how that worked out. Today, the uproar against doctor-directed at home clear aligner therapy is just as silly. This mode of orthodontic delivery is safe, effective, affordable and provides access to consumers who have heretofore been shut out of traditional in-office orthodontic services.

PROORTHO: MANY LONG STANDING INSTITUTIONS IN THE HEALTH PROFESSIONS ARE STRUGGLING FOR RELEVANCE IN THE CONTEMPORARY LANDSCAPE. WHAT DO YOU THINK ABOUT THE AMERICAN BOARD OF ORTHODONTICS' DECISION TO DO AWAY WITH THE TREATED CASE COMPONENT AS PART OF THEIR EXAMINATION?

ACKERMAN: You know, that's a great question. I published a paper in the AJODO with my good friends the Rinchuse Brothers twelve years ago critically appraising the clinical portion of the ABO examination. Not only did we present evidence for how the exam was internally and externally invalid but we proposed a solution that fulfilled the criteria for being board certified. I am thrilled that the ABO has finally accepted our alternative model for board certification. They say imitation is the greatest form of flattery.

However, I truly think that board certification is no longer relevant in the consumer driven orthodontic paradigm. My friend Joe Ghafari once quoted an old French/Middle Eastern proverb, "the caravan has passed but the dogs are still barking." Almost all orthodontic services are elective and an objective measurement of treatment outcome will never be found. That is largely due to the fact that orthodontists and consumers will never agree on what constitutes success in orthodontic treatment.



DR. MARC ACKERMAN ADVANCED THE PRACTICE OF RECORDING SMILE DYNAMICS WITH DIGITAL VIDEO. AFTER ANALYZING MANY PATIENT VIDEO CLIPS, HE COINED THE TERM SMILE ARC.

From a selfish point of view, I am glad to see that the ABO plaster model occlusion measuring stick is going the way of the central incisor band. Having one's orthodontic acumen evaluated by a little mind with a little tool, completely robs one of their dignity.

PROORTHO: TELL US ABOUT YOUR DAY TO DAY PRACTICE AT BOSTON CHILDREN'S HOSPITAL.

ACKERMAN: I practice four days a week at Boston Children's Hospital. My patient demographic is as follows: 25% children with intellectual/developmental disabilities, 25% medically compromised children and 50% well-children. My clinical concentration and expertise in orthodontics has also been the treatment of patients with intellectual and neurodevelopmental disabilities. I am a member of the Down Syndrome Team in Developmental Medicine at Boston Children's Hospital. In light of the fact that sleep disordered breathing is a common comorbidity for the IDND population, I co-founded the multidisciplinary Program for Sleep Apnea and Sleep Surgery (PSASS) with colleagues from otorhinolaryngology and pulmonology at Boston Children's Hospital. In 2012 I was appointed the Editor in Chief of Special Care in Dentistry journal, the peer-reviewed publication of the Special Care Dentistry Association and served in this capacity until 2016. Through editorial publications in the journal in 2013 and an editorial in the Journal of Clinical Pediatric Dentistry in 2014, I have raised awareness in the professional community about the access to care crisis for patients with IDND. I direct the orthodontic component of the Boston Children's Hospital/Harvard School of Dental Medicine residency in pediatric dentistry. I am responsible for the didactic seminar series and clinical preceptorship in orthodontics. The PGY2 residents spend one day per week in my clinic performing clinical diagnosis and orthodontic treatment of patients. Each spring semester I teach a board review course (growth and development section) in preparation for

the American Board of Pediatric Dentistry qualifying examination.



DR. ACKERMAN AND ONE OF HIS MANY SPECIAL NEEDS PATIENTS.



DR. ACKERMAN WITH ONE OF HIS BUDDIES FROM THE BOSTON CHILDREN'S HOSPITAL CRANIOFACIAL PROGRAM.

PROORTHO: ANY ADVICE FOR RESIDENTS AND RECENT GRADUATES?

ACKERMAN: Find a mentor. Visit as many offices as you can. Try your best to avoid the bias of cognitive anchoring by opening your mind to different approaches to orthodontics than what you learned in residency.

PROORTHO: WHAT DO YOU THINK THE PRACTICE OF ORTHODONTICS WILL LOOK LIKE IN 5 TO 10 YEARS?

ACKERMAN: If I had to make a single prediction, it would be that the price of orthodontic treatment will go down considerably for the consumer. Long gone are the days of incrementally raising fees year in and year out based on self-serving and irrational formulae. Alternative channels for purchasing orthodontic services will continue to grow and the consumer of the future will no longer care if they are seen in a traditional bricks and mortar office as long as they have a safe, effective and economical alternative. 🎲

Selected Bibliography

Research Investigations

1. Ackerman, JL, Ackerman MB, Brensinger CM, Landis JR. A morphometric analysis of the posed smile. (1998) *Clin Orth Res* 1:2-11.
2. Ackerman MB, Brensinger C, Landis JR. An evaluation of dynamic lip-tooth characteristics during speech and smiling in adolescents. (2004) *Angle Orthod* 74:43-50.
3. McNamara LJ, McNamara JA Jr., Ackerman MB, Baccetti T. Hard and soft tissue contributions to the esthetics of the posed smile in growing children seeking orthodontic treatment. (2008) *Am J Orthod Dentofac Orthop* 133:491-9.
4. Ackerman MB, Thornton B. Posttreatment compliance with removable maxillary retention in a teenage population: A short-term randomized clinical trial. (2011) *Orthodontics (Chic.)* 12(1):22-27.
5. Sonis A, Ackerman M. E-space preservation. (2011) *Angle Orthod* 81:1045-9.
6. Allareddy V**, Ackerman MB, Venugopalan SR, Yadav S, Nanda VS, Nanda R. Longitudinal trends in discharge patterns of orthognathic surgeries: Is there a regionalization of procedures in teaching hospitals? (2013) *Oral Surg Oral Med Oral Pathol Oral Radiol* 115:583-8.
7. Waldman HB, Ackerman MB, Perlman S. Ethics, changing populations, and the dental profession. (2015) *Ethics & Behavior* 25: 271-8.

Other Peer-Reviewed Publications

1. Ackerman MB. *The Full Coverage Restoration in Relation to the Gingival Sulcus.* (1997) *Compend Cont Educ Dent* 18:1131-8; quiz 1142.
2. Ackerman MB, Ackerman JL. *Smile analysis and design in orthodontics: diagnosis and treatment planning in the digital Era.* (2002) *J Clin Orthod* 36:221-236.
Selected as a classic article in the 50th Anniversary issue of the Journal of Clinical Orthodontics. Kravitz, N. *Commentary* (2017) *J Clin Orthod* 51:602- 605.
3. Ackerman MB. *The myth of janus: orthodontic history faces orthodontic progress.* (2003) *Am J Orthod Dentofacial Orthop* 123:594-6.
4. Sarver DM, Ackerman MB*. *Dynamic smile visualization and quantification. Part I: Evolution of the concept and dynamic records for smile capture.* (2003) *Am J Orthod Dentofacial Orthop* 124:4-12.
Selected for the B.F. Dewel Award (2004) for the best clinical paper of the previous year by the American Journal of Orthodontics and Dentofacial Orthopedics.
5. Sarver DM, Ackerman MB*. *Dynamic smile visualization and quantification. Part II: Smile analysis and design.* (2003) *Am J Orthod Dentofacial Orthop* 124:116-127.
Selected for the B.F. Dewel Award (2004) for the best clinical paper of the previous year by the American Journal of Orthodontics and Dentofacial Orthopedics.
6. Ackerman MB. *Evidence-based orthodontics for the 21st century.* (2004) *JADA* 135:162-7.
7. Ackerman MB. *Orthodontics and its discontents.* (2004) *Orthod Craniofacial Res* 7:187-8.
8. Ackerman JL, Keane ML, Ackerman MB. (2004) *Orthodontics in the age of enhancement.* *Aust Orthod J* 20:3A-5A.
9. Ackerman MB. *Gatekeepers of scholarship.* (2005) *Orthod Craniofacial Res* 8:18-20.
10. Ackerman MB. *Obsequies for an opinion masquerading as fact.* (2005) *Am J Orthod Dentofacial Orthop* 127:531-2.
11. Ackerman JL, Kean MR, Ackerman MB. *Evidence-bolstered orthodontics.* (2006) *Aust Orthod J* 22:69-70.
12. Ackerman MB, Rinchuse DR, Rinchuse DR. *ABO certification in the age of evidence and enhancement.* (2006) *Am J Orthod Dentofacial Orthop* 130:133-40.
13. Ackerman JL, Ackerman MB, Kean MR. *A Philadelphia Fable: How Ideal*

Occlusion Became the Philosopher's Stone of Orthodontics. (2006) *Angle Orthod* 77:192-4.

14. Ackerman JL, Proffit WR, Sarver DM, Ackerman MB, Kean MR. *Pitch, Roll, and Yaw: Describing the spatial orientation of dentofacial traits.* (2007) *Am J Orthod Dentofac Orthop* 131:305-10.
15. Rinchuse DJ, Rinchuse DJ, Kandasamy S, Ackerman MB. *Deconstructing evidence in orthodontics: Making sense of systematic reviews, randomized clinical trials (RCTs) and meta-analyses.* (2008) *World J Orthod* 9:167-176.
16. Ackerman M, Rucker B, Wells A, Wilson J, Wittmann R. *IT strategic audit plan.* (2008) *Journal of Technology Research [Internet].* 1:1-10. Available from: <http://aabri.com/manuscripts/09163.pdf>
17. Ackerman MB, McRae MS, Longley WH. *Microsensor technology to help monitor removable appliance wear.* (2009) *Am J Orthod Dentofac Orthop* 135:549-51.
18. Ackerman MB. *Selling orthodontic need: Innocent business decision or guilty pleasure?* (2010) *J Med Ethics* 36:275-78.
19. Ackerman MB. *Technology and the art and practice of dentofacial enhancement.* (2011) *Orthodontics (Chic.)* 12: 89-90.
20. Ackerman MB. *The human capital crisis in orthodontics.*(2012) *J Am Coll Dent* 79: 21-3.
21. Ackerman MB. *Technology, evidence and the future of Special Care in Dentistry.* (2013) *Spec Care Dentist* 33: 1.
22. Ackerman MB. *First impressions: How to "Wow" students into special care dentists.* (2013) *Spec Care Dentist* 33: 47.
23. Ackerman MB. *People with intellectual disabilities must be designated a medically underserved population.* (2013) *Spec Care Dentist* 33: 207-208.
24. Ackerman MB. *Dentistry at crossroads: The access to care crisis for patients with special needs.* (2013) *Spec Care Dentist* 33: 261.
25. Ackerman MB. *Calling all special care dentists: scientific article and case reports wanted!* (2014) *Spec Care Dentist* 34: 55.
26. Ackerman MB. *What is the difference between health and disability?* (2014) *Spec Care Dentist* 34: 105.
27. Ackerman MB, Waldman HB, Perlman S. *Indebted to the bank or the profession? New doctor debt and its effect on access to care.* (2014) *Spec Care Dentist* 34: 161-3.
28. Waldman HB, Ackerman MB, Perlman S. *Increasing use of dental services by children, but many are unable to secure needed care.* (2014) *J Clin Pediatr Dent* 39: 9-11.

29. Ackerman MB. *Specialist envy: Is special care dentistry a dental specialty or a dental special interest group?* (2016) *Spec Care Dentist* 36: 3-6.
30. Ackerman MB, Burris BG. *The way it was, the way it ought to be, the way it is, and the way it will be.* (2018) *Am J Orthod Dentofac Orthop* 153:

Non-peer reviewed publications/materials in print

1. Ackerman MB. *Bigots beware: History will not forgive or forget you.* (2017) *The Progressive Orthodontist Magazine.*
2. Ackerman MB. *Made to measure: The dubious relationship between eugenics and orthodontics.* (2018) *The Progressive Orthodontist Magazine.*

Book Chapters

1. Ackerman MB. *Digital video as a clinical tool in orthodontics: dynamic smile design in diagnosis and treatment planning.* Chapter in *Monograph: 29th Annual Moyers Symposium-Information Technology and Orthodontic Treatment.* Volume 40: University of Michigan Press, 2003.
2. Ackerman MB, Sarver DM. *Database acquisition and treatment planning.* In Miloro M, Editor: *Peterson's Principles of Oral and Maxillofacial Surgery, Second Edition, Vol. 2,* Hamilton, Ontario, 2004, B.C.Decker Inc.
3. Sarver DM, Ackerman MB. *Orthodontic diagnosis and treatment planning of the smile.* In Romano R, Editor: *The Art of the Smile,* Berlin, 2005, Quintessence Publishing.
4. Ackerman MB, *Facial Esthetic Examination and Analysis.* In Tuncay OC, Editor: *The Invisalign System.* Berlin, 2006, Quintessence Publishing.
5. Ackerman MB (Guest Editor). *Orthodontic Aligners (Review).* *Current Practice, Volume 17, Number 1, Spring 2010*
6. Ackerman MB, Sarver DM. *Orthognathic database acquisition.* In Miloro M, Editor: *Peterson's Principles of Oral and Maxillofacial Surgery, Third Edition, Vol. 2,* 2012, PMPH-USA.

Books

1. Ackerman MB. *Enhancement Orthodontics: Theory and Practice.* Ames, IA, 2007, Blackwell Publishing.
2. Ackerman MB, Burris B. *Straighter: The Rules of Orthodontics.* Orlando, FL, 2017, Ackerman & Burris Publishing.



KRAKOW: A POLISH JEWEL

By Dr. Andrea Font Rytzner

When you think of traveling around Europe, perhaps other typical stereotype cities come to mind. A city full of life, history, and art. I had the pleasure of visiting the second largest city in Poland in late November with a friend. An authentic jewel in the middle of Europe.

In the past years, inter European travel has increased. Certain destinations in Europe have had a peak in tourism, partly due to low-cost airlines such as Ryanair that make it affordable to travel. If you are planning a trip to Europe, a very cost-effective way to travel around Europe would be to investigate low-cost airlines and explore what countries/cities they fly into (Ryanair.com and Wizzair.com)

I grew up in Europe and have had the privilege of traveling extensively around several countries. However, planning the trip to Krakow was slightly different than what I was used to planning. I was going to stay in the same city for a few days, which would allow me to get to know the city better. I was ashamed to find out that I didn't really know that much about the country of Poland and decided to investigate a little about one of its main cities and its surroundings before heading there.

ABOUT THE CITY:

Krakow became a city of European importance in the 14th century, especially after establishing Krakow University, one of the oldest Universities in Central Europe. It flourished in the 15-17th century.

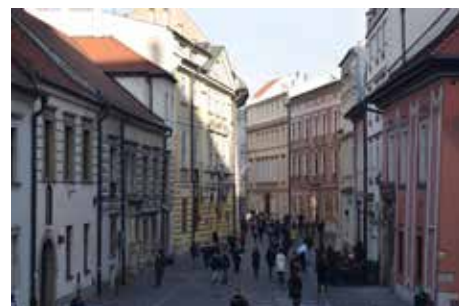
Now, it has an extremely large student population, as well as Erasmus students from all over Europe, therefore creating an international diversity to the city. Erasmus is the largest educational exchange program in the world, where you can study and learn from a different perspective and integrate culturally, socially and educationally in another country.

Historically, the city's limitations have changed more than once, since several towns were once independent and have merged over the centuries to become constituents of what we know today as Krakow. I will talk about the historical districts of the Medieval Old Town, where the Main Square is located, Wawel Hill and Kazimierz as well as what day trips you can take around the city.

Every time you go to visit a different city/country, the free walking tours or a sightseeing bus tour will probably offer you the best overview of the city. Personally, I enjoy the free walking tours, usually a 2.5-3h walking tour



OLD TOWN CITY CENTER



SIDE STREETS NEAR THE MAIN SQUARE



OLD MEDIEVAL CITY WALL WITH LOCAL STREET ART DISPLAY

with a guide that you tip at the end what you consider appropriate, since the guide will be paid by the tips of the group – a good estimate would be around 10 euros a person. I would also highly suggest finding a tourist information center and get some maps of the city and some useful information. In this case, the tourist center is located just outside the main square.

Krakow is an inexpensive city, I recommend accommodation close to the Main Market Square, since a lot of the walking happens around that area or in the Jewish Kazimierz. We stayed at an Airbnb in Kazimierz that allowed us to go walking to the Main Square, a beautiful 15-20min walk.

I did two free walking tours: the first one covered the Old Town and Wawel Hill and the second one was exclusively in Kazimierz, the beautiful Jewish historical district. All the Old Town tours start from the Main Square, there are several companies

that do this. Usually they have two different departure times every day. Check online, as times change depending on the language or the day of the week.

MEDIEVAL OLD TOWN/ HISTORICAL CENTER:

You can easily spend a whole day wandering the streets that border the Main Square. Street art vendors surrounding the city walls, little shops and cafés wrapping around the plaza. In the Square, there are a few important buildings that you can go inside and visit. The Gothic St. Mary's Basilica stands out, where you can appreciate the largest wooden altarpiece in the world, designed by Veit Stoss, as well as hourly listening from the outside to the traditional trumpeter that plays from the top of the tower. Careful if you go in tourist season, it gets crowded around mass times. They also have scheduled live concerts inside the Basilica, I would

recommend you get tickets in advance since these are popular and may get sold out.

The square is one of the biggest main market squares in central Europe, bigger than Brussels, Munich, or Prague. In the center of the square you see gigantic Renaissance building, the Cloth Hall declared UNESCO World Heritage Site since 1978. The building used to be a trade center exporting lead, salt, textiles, imported silk, spices, leather.

The building itself now hosts a couple of museums and you can see vendors at the street level under the building arches and shops at the sides of the building which is perfect for souvenirs! You can find the National Museum of Krakow filled with great art and you can probably view the two large rooms in less than 1 hour. Inside the museum which is on the 2nd floor of the building, so the entrance might be a little tricky to find, there is also a small terrace café, where you can appreciate the view of the square.



STREET ART IN KAZIMIERZ



VIEW OF WAWEL CASTLE FROM THE RIVER

The peculiar thing is that underneath the street level, you will find the Rynek Underground museum, a hi-tech museum that opened not too long ago in 2010 after they discovered tunnels in an excavation in 2005. There seems to be a maximum number of occupants at a time, so make sure you write your name in the list, and they will give you a time slot. We were running out of time, so I didn't get to experience Rynek Underground museum, but reviews were pretty good, and it gives an oversight of the history of the city and its culture.

Depending on the season you are thinking of going, the square will have different activities planned. As the cold approaches central Europe so does the Christmas spirit. The typical Christmas markets, warm gluhwein - a spiced warm wine, local artisan crafts, vendors and street food flood the market square. Music fills the streets and the place is buzzing with people wanting to enjoy the Christmas spirit despite the cold.

The University is just a few streets away from the main square. The free guided walking tours also take you there and explain the history of the Krakow University while walking around some of its premises. Founded in 1364, the second largest University in central Europe (after Prague), also known as Jagiellonian University, honors incredible alumni such as Copernicus, two Nobel Prize literature recipients, and Pope John II.

You can actually walk in front of the Bishop's Palace gardens which is

about a 5-10min walk from the main square, the second largest palace in Krakow after Wawel and famous its "papal window" and for it being the residence of Cardinal Karol Wojtyla before he became Pope John II.

The Wawel Castle is also walking distance from the city center. It is worth the walk up the Wawel Hill since the castle represents several architectural styles that are typical in central Europe: a mesh of medieval, renaissance and baroque styles. The once residential castle is now one of the most important art museums in Poland. It is also important because it is a center for the conservation of art pieces. Unfortunately for me, you needed a special ticket on the Sunday that we went because it was open and free to the public. The old historic free walking tour finishes here, which is perfect if you take the early tour, so you can now go inside the church located at the top of Hill and enjoy the museum.

As far as restaurants around the historical center, I encourage you to go make reservations at the restaurants that are on the main streets that lead to the square. You cannot go wrong! Food is incredible, inexpensive fancy food, we were extremely impressed with the ambiance of the restaurants. I had never had polish food before and I was delighted! Try local beers, pierogis, Zurek, soup in rye bread, and meats that are well prepared and always with a touch of something sweet.



NATIONAL MUSEUM OF KRAKOW ART GALLERY



CLOTH HALL IN THE MAIN SQUARE AT CHRISTMAS TIME



WAWEL ROYAL CASTLE AND ROYAL CHURCH



FOLKLORE LOCAL STREET MUSICIANS



THE OLD SYNAGOGUE, KAZIMIERZ



ST. JOSEPH'S CHURCH

KAZIMIERZ:

Kazimierz was founded by King Casimir III, the same king who founded the University and built the Castle, and it is known for its Jewish community, history, and culture. I believe it is important to know the history of such a remarkable district since it will play an important part in World War II. Jewish and Polish lived peacefully side by side in Kazimierz when it was first founded. In the 15th century, Jewish prosecution began across Europe, and Krakow was no exception. They built walls around the city and was thus known as the Jewish City. The walls were only surrounding part of the district, but more than half of its inner population lived within the walls. Jewish scholars and artists lived here, and it became the center of the religious and the cultural Jewish community.

At one point in time, there were over 120 synagogues in Kazimierz. Some of them are still there and are worth the visit to appreciate the architecture both from the exterior and interior. You can visit the Old Synagogue which is the oldest synagogue in all of Poland and is now part of the Jewish History Museum, exhibiting Jewish life and culture. The High Synagogue which has photographic exhibits of which some are permanent, some are temporary as well as other exhibits. There is also quite a large bookstore inside where you can find books if you're interested in the Jewish culture, tradition or World War II. There's also the Remah Synagogue, located in the center of the district and a good

start point for a walking tour if you're going by yourself with no guide on 40 Szeroka St. The Old Jewish Cemetery is located right next to it and is visible through the gates and walls as you walk around the block. Many tombstones were hidden and saved in the basement of the Synagogue, so Nazi's couldn't sell them or place them as paving stones at the entrance of death camps.

When Krakow was acquired by Austria in the 18th century, Kazimierz became a district of Krakow, and was no longer an independent city, many rich families left the overcrowded district center and moved to Podgorze, a nearby district across the river. During World War II, Podgorze was turned into a ghetto, overcrowded. Unfortunately, most people were either killed when the ghetto was liquidated or got sent to the death camps.

You can walk across the Vistula River towards Podgorze, a beautiful walk across one of the several bridges that connects with the center of Kazimierz. We crossed with the walking tour and had enough time to take great pictures from the bridge. The great St. Joseph's church is located here. You can walk around Podgorze, where the old ghetto was established. There are touching inscriptions at street level in some buildings that still remain standing. You can also find the last fragments of the remaining part of what used to be the old ghetto walls at 25 Lwowska St. and 62 Limanowskiego St.

In 1941, the borders of the Podgorze ghetto were closed and over 15,000

Jewish were confined to 320 buildings where 3,000 used to live, centered around the Peace Square. The ghetto was exterminated in 1943. The peace square, now named Plac Nohaterow Getta, hosts a monument honoring the ghetto victims, giant bronze chairs, yes, you can sit on them and take a picture. In the corner of the square where the chairs are located, you can still see the only Pharmacy run by a Polish man named Tadeusz Pankiewicz, that provided all kinds of help to the people in the ghetto as well as a cover for the Polish resistance that tried to help Jews in the ghetto. It has now become a tiny museum honoring the hero and his personnel, but I didn't get to go inside because it had already closed. I recommend checking times online, as it depends on the day, but it's usually open every day till 5 pm.

In the eastern side of the district, you will find Schindler's Factory and the Museum of Modern Art which in my opinion was not worth the time since it was extremely arbitrary

art. Personal recommendation to visit Schindler's Factory, now an interactive museum. Famous for Steven Spielberg's movie Schindler's List in 1993, an event that has boosted tourism in Kazimierz. The museum is pretty extensive, and goes over life in Krakow before it became the Nazi headquarters outside German territory, where Nazi's were deployed to the city, how life was during these hard years, what was Oskar Schindler's role, what inner battles and struggles were going on during the time and all the political movements around important events. Excellent museum for World War II lovers.

There is so much to see, it's almost overwhelming to decide what museums you want to visit. Most of the smaller museums we ran into while we were walking around. I would suggest doing the walking tours (it's a must!!) and then you can plan to go back and see what you enjoyed. I would recommend to just get lost in the streets of Kazimierz and get

seduced by the ambiance of the streets, the excellent Jewish restaurants, the new artsy café's and lounges, the bohemian lifestyle, the local stores and street art, the respect for the culture and the history of its buildings. A piano bar, where your tables used to be old sewing machines, or an old Jewish house, where every room is kept as it once was and has lounge style seats in each room making it a unique and cozy bar.

Highly recommend traditional Jewish restaurants, Klezmer Hois or Starka, at Josepha 14 St. are excellent options, where they serve their own flavored Vodka. Ask for recommendations to your server, they will suggest certain vodkas to accompany certain foods. Call in advance to make reservations. Tip: if you didn't make reservations, still go to the restaurant, they only book every table once a night, so you might still get a table if people are leaving at the time you walk in.



OSKAR SCHINDLER'S DESK, LOCATED IN THE SCHINDLER'S FACTORY MUSEUM



POLISH DINNER AT STARKA RESTAURANT

WIELICZKA SALT MINES :

Good for half a day trip. Either plan it in the morning or around lunchtime, otherwise it gets too crowded with tourist buses that get dropped off. You can go by public transport, but its only 20-25 minutes by taxi which is inexpensive, although the tour buses take you there too. Opened in the 13th century, they have stopped producing salt in 2007 but are currently under renovations. It is one of the world oldest salt mines operating still. Underground chambers, lakes, art and a way of life. Part of the UNESCO World heritage. Do not go if you can't go downstairs. You need to go down over 300 steps of stairs to get in, don't worry, the elevator takes you up! Very well organized and the entrance already comes with a tour included.

AUSCHWITZ:

Plan for almost a day tour. You will find some tours combine with the salt mines, but it ends up being a 12h day. I preferred to explore the city and go to the Salt Mines on my own, so I wouldn't be rushed. We didn't go to Auschwitz because we had already seen a camp when my friend and I lived in Germany, and as we were on a tight schedule, we opted not to go. I would suggest taking a bus tour because it is over an hour and a half away from the city. If you know you are going in advance, check their website to book a guide online. They have limited spaces. It is a shocking and emotionally sad journey. There is a museum included once you get inside.

I was impressed by this country, its history, and its culture. I didn't know about Krakow, it's well-dressed men, beautiful women, polite society, and impressive food. I will go back. 🎲



ONE OF THE LARGEST CHAMBERS IN WIELICZKA SALT MINES DEDICATED TO ST. KINGA



ST. KINGA'S CHAPEL



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In Through The Out Door

By Dr. Derek Bock

For those of you reading this with any age, or admiration for classic rock, you might be thinking that I've gone nuts and I'm about to talk about Led Zeppelins' 8th

studio album! This couldn't be further from the truth. I would like to discuss how I've used regular record review on my cases to glean insight into mechanical success and failures. For those that have tuned in to one of my Orthodontic Study groups over the last 4 years (The Pragmatic Orthodontist Elite, The Pragmatic Orthodontist Clinical Discussions, The Pragmatic Orthodontist Business Discussions) you'll recognize the repartee over pristine photography. I've successfully leveraged better than average photography to share clinical techniques and outcomes to large groups of orthodontists. I've also leveraged the same photography in progress and final case presentations to 'win with a wow' and grow my business with referrals and directly to the consumer. I will write a future article in the ProOrtho on just this, but for now lets get back to the point.

I would like to discuss how my own personal review of these records (photographs, radiographs, study models) at numerous points throughout treatment, has allowed me to really improve my clinical outcomes and develop a process that has not only made me more efficient but has allowed me to scale with growth. I'd like to discuss and show 3 cases that allow me to elaborate on different aspects of record review and how they can help us become better clinicians and orthodontic artists.

Long term follow up of these patients also allows you see how the face matures into the finished result. Sometimes we miss familial trait queues at presentation that become apparent with time. Seeing how these traits express in your finished product is a good retrospective treatment planning and mechanical assessment. The retrospective analysis is the only way you'll get 'in through the out door'. Analyze your finished cases retrospectively and evaluate the potential alterations to the treatment plan. These 'out the door' cases will allow you to formulate fresh perspective in your treatment planning process and help those cases that are about to get 'in'. This perpetual learning process should never end if we wish to improve our outcomes. We only get closer to perfection if we make a consistent effort on improvement.

ROUTINE CASES (PATIENT 1):

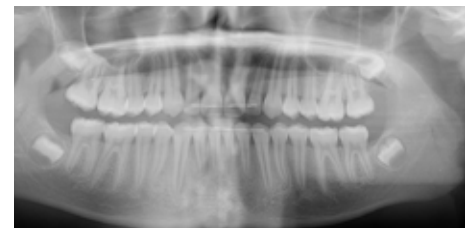
When I talk about routine cases, I mean every day mild to moderate Class I, II, III cases that are treated with braces or invisalign with/without elastics. These cases come in many different sizes/shapes and compromises. I am by no means saying that we should aim to render compromised treatment as a blanket excuse for not treatment planning the ideal. What I mean is that we're dealing with an imprecise mechanical system applied to a living biological system; perfection DOESN'T exist. You better damn well believe I shoot for perfection on every patient but understand the limitations and the fact that I've never gotten there or ever will. I'm ok with that. This first case is an 11 year old 4 month pubertal female with a mild Class II Skeletal malocclusion due to an asymmetric mandible. She subsequently has a mild maxillary compensated can't with some constriction. The patient was presented with the asymmetry at the new patient exam and the possible solutions. The parents didn't wish to discuss surgery, TAD's or fixed functional orthopedics to attempt a large skeletal disharmony. We treatment planned the patient for a Haas Palatal expander and Damon PSL braces with asymmetric elastics. The progress and final photos give the opportunity for me to review my mechanics to make sure that the response is appropriate and we're going in the right direction. It also allows us to address the progress directly with the parent in a small patient conference along the way to remind them what we are/ aren't accomplishing. We have a 5 minute progress case presentation the appointment after the records are taken. This allows me time to review the records, study the movements and report on findings to my team. The progress case presentations are given by either the treatment coordinators or the clinical leads in a private consult room before their adjustment visit.



INITIAL



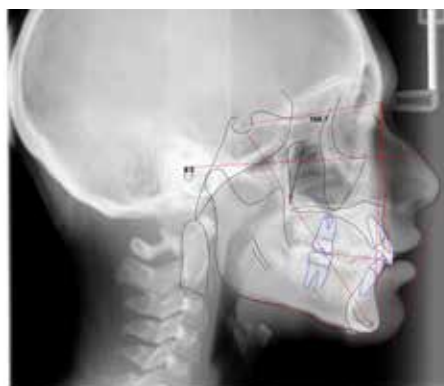
PROGRESS



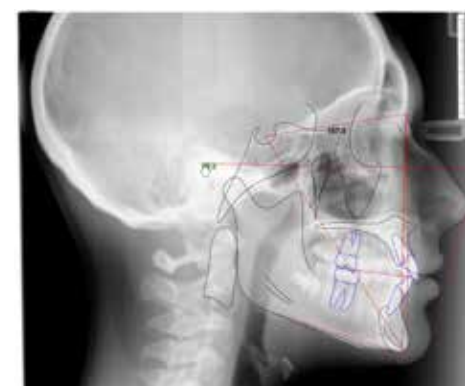
FINAL



FINAL RETENTION



INITIAL CEPH

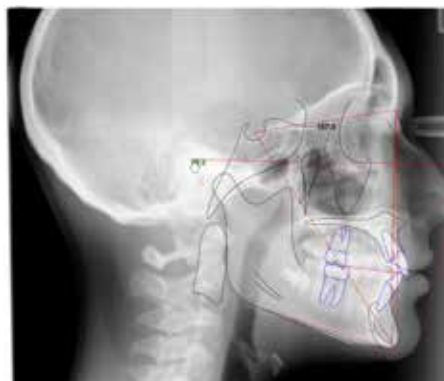


FINAL CEPH

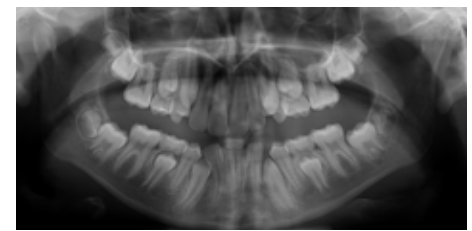
COMPLEX CASES (PATIENT 2):

Modern day progressive orthodontics can get complicated and sometimes go sideways. Sometimes, the patient/parent will dictate treatment recommendations and reject surgery or extractions so we must get creative and work in a different biomechanical envelope. This is one such case (patient 2). A pre-pubertal Class II div 2 collapsed malocclusion with 100% overbite and severe crowding. This is one of those cases where the face screams non-extraction but there are significant hurdles in creating that much arch length to resolve the crowding.

These cases are typically longer in treatment time and have the tendency without an organized process of record review and reporting to get 'lost'. Lost patients typically end up over treatment time with compromised results. This patient had arch development with the help of a Haas palatal expander and Damon PSL brackets. We expanded skeletally and advanced dentally to create arch length. When you're creating 16+ mm of arch length in each arch it's important to map out your incisor torque ideals and a concrete plan on execution. Without progress and final record review to study and demonstrate the movements, it's impossible to know what you've executed. For the first 1,000 cases of my career I used to use a Dolphin VTO to predict my movements (incisors advancement/retraction and skeletal guesstimates) and then compare them to my executed results. This was labor intensive but extremely valuable in my learning process and day to day 3D conceptualization of orthodontic movements. It breaks down a very subjective artistic interpretation of orthodontic biomechanics into real visual metrics.



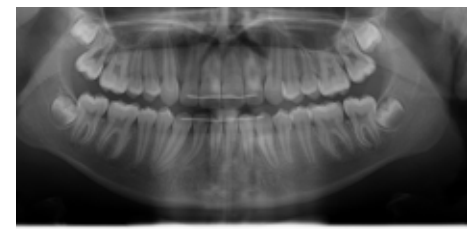
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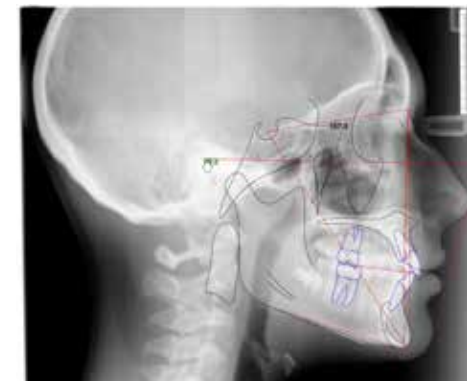
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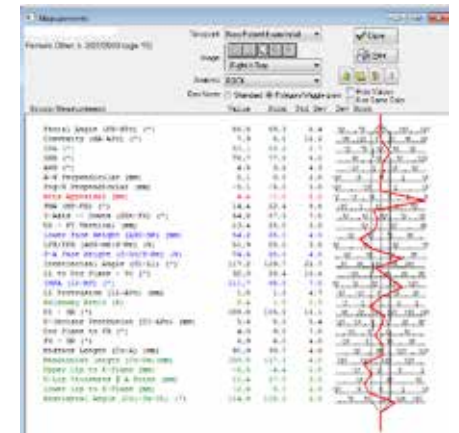
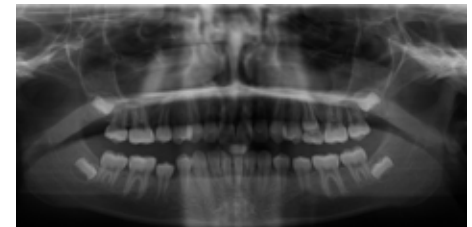
FINAL RETENTION CEPH

FUNCTIONAL CASES (PATIENT 3):

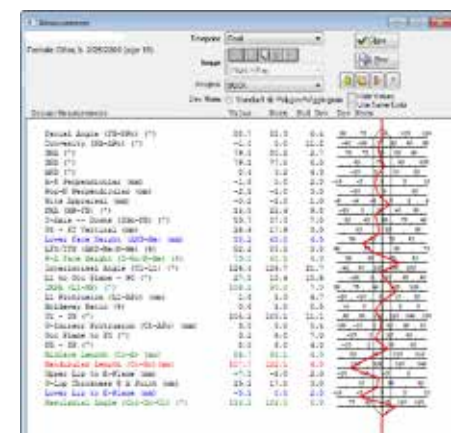
Functional Orthopedic Assessment is critical to discern where the correction is coming from; i.e. skeletal vs dental. We often times pontificate about where the AP correction is coming from but we never take the time to go back and review the actual results. Serial records in AP orthopedic cases really lets you see what the outcome was of the appliance that you used, and it allows to you follow the long term maturity of the face that you impacted. This patient was a 12 year 6 month old pubertal female with a hyper-divergent skeletal Class II relationship. I elected to use a fixed MARA appliance from AOA in addition to the Damon PSL system. I decompensate the dentition for 4-7 months before scanning the patient for the appliance. They come back 3 weeks later for insertion and continuation of fixed appliance therapy. As you can see I overcorrect these patients and often bring them to edge/edge or a reverse overjet situation. It's important to have the documented cases to show parents the process and steps involved in the treatment. The high quality records allow you and your staff to access this database for education and explanation along the way.



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SALARY VERSUS HOURLY: Which Way Is Best?

By Tim Twigg and Rebecca Boartfield

Questions about whether it is better to pay employees hourly versus a salary are quite common. There are pros and cons to both approaches, as well as advocates on both sides of the fence. Some consultants recommend paying staff on an hourly basis, while other industry consultants advocate for staff to be paid a salary.

Who is right? Well, that depends upon your specific circumstances. There is no one right method for compensating employees so long as the rules, when applicable, are followed. Each employer should determine this based on his/her own business needs and management philosophy. Regardless of which way you choose to compensate your employees, it is important to make sure that you adhere to applicable wage and hour requirements.

Before discussing the relative pros and cons of each method, let's define some terms that are important in understanding the issues.

HOURLY COMPENSATION

This is as straightforward as it gets. This method simply pays employees for each hour, or portion thereof, worked. This is easy to understand and administer.

SALARY COMPENSATION

Payment on a salary basis means that an employee receives a predetermined amount of compensation on a regular basis, such as weekly, bi-weekly, or monthly. This is usually regardless of the number of hours worked by the employee each week, or each pay period.

EMPLOYEE CLASSIFICATIONS

Under the Fair Labor Standards Act (FLSA), employees fall into one of two categories: exempt or non-exempt. Methods of compensation, such as salary or hourly, do not determine a legal classification of employee.

EXEMPT CLASSIFICATION

Exempt employees do not receive overtime pay; they are exempt from the overtime pay requirements and calculations. Don't you wish you could arbitrarily make every employee exempt? Not possible. This classification applies to executive, managerial, supervisory, administrative positions, or governmentally-defined professional positions that typically require special licensure. To qualify, there are specific rules regarding the amount of time spent managing/supervising/administrating, the numbers of people managed/supervised/administered, and the type of managerial/supervisory/administrative duties and authority that must be met. Most employees do not qualify for the exempt classification because of the strict rules.

NON-EXEMPT CLASSIFICATION

Non-exempt employees receive overtime pay at all times, when it is worked, regardless of their method of compensation; they are not exempt from the overtime pay requirements and calculations. This classification applies, by default, to any and all employees who do not meet the guidelines or definition of exempt, as outlined by the FLSA and/

or state laws and thus applies to almost all employees.

Note: All of the FLSA's requirements for exempt status are extensive, specific, and stringent and cannot be covered here in detail. Suffice to say that at least 95 percent of all dental staff is non-exempt. For specific questions about the criteria or one of your employees, call our office.

*"It is not as simple as
just pay everyone a
salary."*

OVERTIME TRIGGERS

On a federal level, the overtime trigger is 40 hours in a week. Anything over 40 hours in a week must be compensated at time and one half. Some states, like California, have daily overtime triggers in addition to the federal weekly requirement. Be sure you are in compliance with both, if applicable.

Many employers fall prey to the myth that: "if I pay someone a salary, then I don't have to pay them overtime." This couldn't be more false. The method of compensation has no bearing on overtime requirements. Simply paying an employee a salary does not exclude you from having to pay him/her overtime. "Salaried" is not a category for overtime purposes.

The determining factor for overtime is employee classification as mentioned above. Exempt employees are excluded

from having to be paid overtime. While non-exempt employees, regardless of the method of compensation, must be paid overtime.

EXEMPT EMPLOYEES

An important detail for exempt employees is that they generally must receive their compensation in the form of salary. There are provisions that dictate what the minimum salary must be, which may be significantly increasing in the coming months. Generally, exempt employees must be paid for the full day even if they've only worked part of a day. Full day deductions are strictly limited with rules that must be followed before doing so.

NON-EXEMPT EMPLOYEES

There is no rule that says non-exempt employees have to be paid a certain way. They can be paid a salary whether that's a daily, weekly, or monthly. They can also receive their compensation in the form of a daily rate, an hourly wage, piece rate, or commission. So long as you are paying a non-exempt employee at least minimum wage, you may compensate them at a rate and method of your choosing. Non-exempt employees must only be paid for time actually worked. This means that when employees are late, have to leave early, or take time off during the day, whether that's a half or a full day, they are not required to be paid.

Unlike exempt employees who all have to be paid the same based on their classification, non-exempt employees need not all be compensated in the same manner. You can have some employees be paid hourly, some daily, and some a salary depending on what you think will be best for your practice.

While exempt employees are protected from a variety of salary reductions for work not performed, non-exempt employees are not. If a salaried, non-

exempt employee fails to work the full schedule required, then his/her salary can be reduced by the appropriate number of non-work hours. Be sure you have clearly established policies, in writing, explaining that you will avail yourself of this right to avoid confusion and arguments.

SO...SALARY OR HOURLY?

As you can see, this question truly only applies to non-exempt employees. For this classification of employee, we do recommend hourly pay because it is simple, straightforward, easy to understand and administer.

On the other hand, paying a non-exempt employee a salary often does have a psychological value for the employee. And, it can be administratively easy if overtime isn't worked or time-off deductions don't exist.

If you decide to pay your non-exempt employees a salary, be clear how many hours per week the salary is based upon. It can be any number up to 40 hours. As mentioned, you can dock the employees pay. Make clear how you're going to handle this when the employee works less than the defined schedule. In other words,

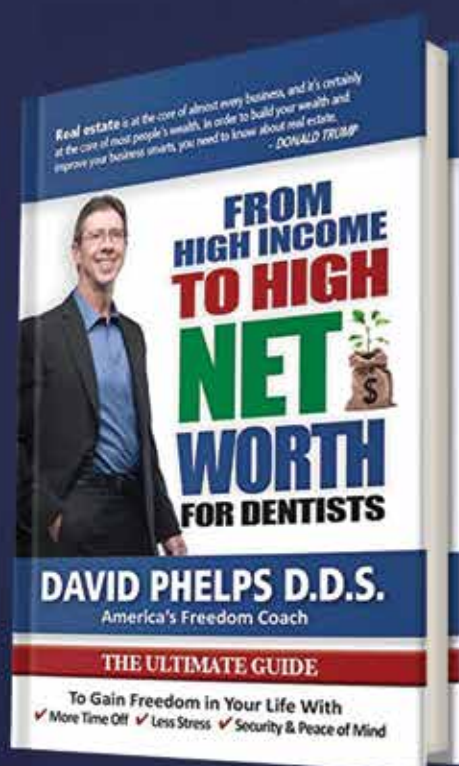
what will you do if you define the salary as 34 hours per week and the employee only works 28 unexpectedly? Similarly, if the employee works more than the defined schedule, you must increase their pay. In other words, a salary based on 34 hours must be increased if the employee works 38 hours. And don't forget that any hours over applicable daily and/or weekly overtime triggers must be paid at time and one half. All of which you should have in writing to ensure everyone is on the same page.

CONCLUSION

As you can see, there are many misconceptions and misunderstandings about paying employees on a salary basis, especially as it relates to non-exempt employees and overtime. It is not as simple as "just pay everyone a salary." In fact, when you get right down to it, the cons can outweigh the pros depending on your circumstances. Be sure you know the rules: 1. Classify your employees correctly. 2. Follow wage, hour and overtime requirements. 3. Have any and all exceptions clearly defined in writing to avoid liability and misunderstandings. 🎮



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Why All Dentists Need a Retirement "Plan B"

By Dr. David Phelps

"This was never part of the original plan..."

I had laid out my entire life in advance. "I've got this—the sky's the limit." Blessed with good intellect and a work ethic to boot. Failure was not an option. A perfect family. A perfect life. A perfect professional practice career.

But there I was. Sitting on the small, vinyl, padded bench in Jenna's hospital room. The IV machine humming, holding several bags of fluids and meds, dripping into the tubes and through the needles that ran into her small and bruised hand.

Jenna, only twelve years old, is asleep; her body still trying to recover from an exhaustive six hours of surgery removing her cirrhotic and failed liver and replacing

it with the gift of life—a donor's liver.

Away from my busy and stressful practice, I had a lot of time to think at that hospital. No cell phone access. Disconnected from the rest of the world, nothing else mattered. All of the daily "stuff" that had seemed so paramount wasn't even a blip on my radar. All of my education, wisdom, and experience; even all of the money I could earn—none of it mattered. None of it could make a difference.

I could only hope. Hope and pray that Jenna would recover and I would get a second chance. A second chance to be a father—a real father who would be present, not absent. Not preoccupied with "stuff."

Would there be a "someday?" A day in the future when I could spend quality time with Jenna?

It was during Jenna's initial weeks of transplant recovery while spending day

after day at Texas Children's Hospital in Houston, that I made a critical and life-changing decision.

A moment of truth. I would no longer practice dentistry.

CREATING A PLAN B

While a senior in college, I began reading books about investments (I always had a knack for planning ahead). I read books about stock market investing and some about real estate. Comparing the two, real estate won hands down. It was a tangible asset that I could control. Investing in the stock market made no sense to me.

During my first year of dental school at Baylor College of Dentistry in Dallas (1980), I talked my dad into being my co-venture partner in acquiring a two-story brick rental house (an estate sale) in a solid Dallas neighborhood. We followed the fundamental rule of real estate; buy the worst house in a good neighborhood.



JENNA FIGHTING CANCER



DAVID GRADUATING FROM DENTAL SCHOOL



THE FIRST HOUSE DAVID BOUGHT WITH HIS DAD

I learned how to manage this first asset for rental income. After graduation from Baylor in 1983, we sold the house and split about \$50,000.00 in capital gain profit (capital gains are taxed at a much lower rate than ordinary, or active income).

The epiphany for me was in realizing that I made a capital profit of \$25,000.00 from this one real estate asset during the same period of time that I worked many, many hours as a waiter at night and on weekends with much less to show in net income.

Why should I work for money all of my life when I could acquire good capital assets that would work for me whether I worked or not?

I began to understand that if I could acquire enough assets, I wouldn't have to work as hard...maybe not at all.

By continuing to purchase and invest in real estate, I was transitioning from working for money to investing money in capital assets that would produce cash flow, preserve and build wealth. This was my "Plan B."

HERE'S WHAT I LEARNED...

Network or connections are the most important factor in orchestrating a secure financial future. It is also the most underutilized capital asset. Who you know

is essential. Creating relationships is the hardest part of making real estate a viable investment and also the reason why so many novice investors fail. They try to do it all themselves. It takes time and work to establish these critical relationships. Many underestimate this crucial piece!

EVERY DENTIST SHOULD:

◆ **Take An Honest Assessment Of Your Life.** Are you fully living your mission? You have one shot at life... don't waste your life trying to live up to the expectations of others.

◆ **Develop a "Plan B".** What would happen to your family if you were injured and couldn't keep trading time for dollars?

◆ **Consider The Future.** Many practice professionals are realizing that the traditional model for retirement: "Work hard, pay taxes, save" isn't delivering on its promise. Don't wait until the sunset of your career to face your future and get serious about building the life you want. Time is your most precious asset.

I believe you should take charge of your own life, instead of letting others take charge of it for you.

To Your Freedom!

DAVID... WHY DO YOU DO WHAT YOU DO?

Other dentists ask me, "David, why aren't you retired?"

What they mean is, "If you did so well with real estate and dentistry, why are you still going at it?"

Fair question. It's true that I don't need to do...anything, really.

For me, I do what I do because it's the most significant way I can invest my time. Ever since I sold my dental practice and replaced my active income with annuity-based investments, (my plan B) I've had a burning mission to help other practice pros escape the hamster wheel and achieve real freedom to live their purpose. For themselves and their families.

That's how the Freedom Founders Mastermind was born. It's designed for people like me, like you - hard working, dedicated, responsible. But who also want to take a different, more secure and sustainable path...a path I call "creating a Plan B" - it's the "opt-out" plan.

FREEDOM FOUNDERS IS DEFINITELY NOT FOR THE MAJORITY

◆ It's not for the rank and file who are afraid and want to keep the status quo.

- ◆ It's for those who are committed to transforming their lives and their families.
- ◆ It's for those who are committed to going against the grain, knowing that the majority is almost always wrong.
- ◆ It's for those who don't listen to the hype of the mainstream.
- ◆ It's for those who listen to their conscience and walk to the beat of a different drummer.
- ◆ It's for those who want a freedom lifestyle and aren't satisfied waiting for "someday."

That's only going to be about 2% of the entire professional practice population. Truth is, that's probably not you.

If you think differently, find out for sure at: freedomfounders.com/freedom

I believe that the greatest risk is taking no action at all.

UPDATE ON JENNA

Today, she is in college working towards an associates degree in occupational therapy. A published author, speaker... she's got the world by the short hairs. Pretty good for a kid who, at age sixteen, was reading and writing at a second-grade level. She suffered through intense

chemotherapy as a very young child to fight high-risk leukemia and suffered epileptic seizures from age eight to twelve. She missed the first thirteen years of a "normal" kid's life.

Courageous, driven, tenacious, a fighter. My girl. 🎲



JENNA HOLDING A PUBLISHED COPY OF HER BOOK "GET UP!" WITH HER PROUD DAD.



JENNA, A HUGE BAYLOR BEARS FAN



JENNA, A PUBLISHED AUTHOR AND SPEAKER, SHARES HER STORY TO INSPIRE OTHERS.



As Demands in the Orthodontic Market Continue to Evolve, Innovative Software to Improve Workflow is Paramount

By Uriyah Robinson

THE ORTHODONTIC MARKET CONTINUES TO EXPERIENCE RAPID GROWTH, WHICH PRESENTS NEW CHALLENGES TO PRACTICES

Increasing pressure on the price of treatment, a rising number of teen and young adult cases and new treatment options, such as clear aligners, to name just a few. Competition for prospective patients has only become more intense as practices seek ways to rise to the challenge and stand out with enhanced marketing strategies and elevated patient engagement.

However, it's never enough to simply get patients in the door; to truly standout, orthodontic offices need to offer a streamlined practice experience and superior patient care. Providing those things often comes down to practice workflow—the behind-the-scenes best practices and activities that make an office run smoothly. Practice workflow can't be enhanced with the flashiest marketing or the coolest rewards program, but the most efficient practice management software. Fortunately, there are several

ways that practice management software could be used to improve workflow and thus address some of the growing trends in the industry.

TRACKING CLEAR ALIGNER TREATMENT

Clear aligner treatment has become one of the ways for orthodontic practices to distinguish themselves in a competitive field. Aligners require shorter appointments and less chair time, which appeals to teens and young adults seeking orthodontic care.

The screenshot displays a patient's record for Billie Smith. The interface includes a patient profile, medical alerts, and a treatment history section. A prominent feature is the 'Aligner Tracking' tab, which shows a progress bar for 'Upper Tray' and 'Lower Tray' treatments. The progress bars indicate the status of each tray, with green bars representing delivered trays and yellow bars representing trays still in tracking. The 'Upper Tray' section shows 20 trays, with 15 delivered and 5 in tracking. The 'Lower Tray' section shows 20 trays, with 15 delivered and 5 in tracking. The interface also includes a 'Today's Appointment' section with a procedure for 'Adjust 3U' and a 'Next Appointment' section with a procedure for 'Adjust 2U'. The 'Aligner Tracking' tab is highlighted, showing a detailed view of the treatment progress.

THE ALIGNER TRACKING TAB IN THE NEW TREATMENT CARD ALLOWS CLINICIANS TO SEE AT A GLANCE WHERE ALIGNER PATIENTS ARE IN THEIR TREATMENT.

In addition, several manufacturers market their aligners directly to consumers, which means patients come into the practice asking for them by name. However, while offering clear aligner treatment can certainly make a practice more attractive to prospective patients, tracking aligner treatment can be cumbersome. Although some aligner manufacturers provide propriety tracking software, it often doesn't integrate with a practice's management software, so clinicians must exit one platform to track treatment in another. It can be even more of a hassle for offices that treat multiple patients using different aligner brands, as they must learn multiple workflows. Whether using one brand or many, practices struggle to track aligner treatment typically

though some form of inconsistent note writing or ad hoc reporting in their practice management software, which can create workflow inefficiencies, redundancies and variation across the practice.

"Most important, simplifying aligner tracking keeps doctors from wasting valuable time hunting data and gives them more time to focus on the patient and their care."

To combat this pain point—and to provide orthodontists and their patients with flexibility in their treatment options—there is a need for clear, consistent aligner tracking. Instead of looking through treatment notes and one-off reports, it's critical that universal aligner tracking is available directly within the clinical chart so doctors and staff can access a thorough visual overview of the treatment pathway and progression of aligner patients. By centralizing the information most important to aligner treatment, users can confidently identify which tray a patient is currently wearing; how many trays were sent home; the progression of treatment; and whether the patient is in refinement. Improving the software experience by adding universal aligner tracking eliminates the need to scroll through months of treatment notes or switch between software applications. This quick, high-level overview of which trays are needed for the day could even streamline workflow for multi-office orthodontists, as it's clear which trays are needed for the day at which location. Most important, simplifying aligner tracking keeps doctors from wasting valuable time hunting data and gives them more time to focus on the patient and their care.

Easy-to-access universal aligner tracking also gives other team members more confidence when interacting with patients. For example, if a tray is lost or a patient has questions about treatment, the front desk staff can easily navigate clinical

The screenshot displays a patient insight panel with the following data:

Appointment Compliance:		No Show	0	Broken Brackets	0
	Cancelled	5		Wires	0
	Changed	2		Lost Appliances	0

Notes:

700 - Debond U/L, 404 - Insert Hawley, 703 - Del Bonded 3-3, 204 - Records Final

Notes

RB L DEL L3-3 U HAWLEY FINAL RECORDS
NA: CK RETS, take final pano, I forgot to take it at rd

13 AS: (6) MC, DR: (1) JS

09/03/2016

A FEATURE OF THE PATIENT INSIGHT PANEL, INFORMATION ABOUT APPOINTMENT COMPLIANCE, BROKEN BRACKETS AND LOST APPLIANCES IS EASILY VIEWABLE SO CLINICIANS CAN HAVE MEANINGFUL CONVERSATIONS WITH PATIENTS ABOUT POSSIBLE TREATMENT DELAYS.

information within the software they're already familiar with. Instead of, "One moment, I need to find your information [closes practice management software, opens aligner software, scroll, scroll, scroll]..." the conversation becomes, "Ah, yes, you're supposed to be on tray #9." The latter scenario is more professional and keeps patients from milling around the front desk or waiting on the phone. Consolidating aligner treatment tracking in a practice's management software leads to an improved user experience, more efficient treatment and better patient engagement.

"With this improvement to practice workflow, office staff can easily identify issues and stress the importance of compliance and its impact on case time."

KEEPING PATIENTS COMPLIANT WITH TREATMENT

Admittedly, clear aligners give patients more autonomy, so ensuring patients stay compliant with treatment is more important than ever, but compliance is a crucial issue for every patient. Patients with extended treatment time drain practice resources and—with the increased pressure on the cost of orthodontics—unhappy patients and parents want to know why

treatment is taking longer or costing more. Most of these extended cases come down to compliance, or lack thereof. Therefore, having the ability to view patient compliance is a workflow must when interacting with patients. When information taken by the front desk can be collected automatically—such as when an appointment is rescheduled—and compiled in the treatment card, that saves time and valuable practice resources. Once documented, clinical staff have the ability to easily check patient compliance without navigating away from the practice management software. The ability to quickly see a patient's compliance while chairside provides opportunities for team members to have meaningful conversations with patients and their guardians on how to streamline treatment time, such as working harder to keep appointments.

CREATING THE RIGHT RESOURCE FOR THE RIGHT JOB

Considering all the demands on today's modern orthodontic practice, Carestream Dental made improving workflow a priority when updating the treatment card in CS OrthoTrac v14. The analysis and design team took a unique "user-centered" approach to the CS OrthoTrac clinical space, directly engaging orthodontic practices for feedback. High-fidelity working prototypes of the treatment card were demonstrated and tested to validate the design intent of the proposed solutions. For example, after researching the common challenges

that practices face when tracking clear aligners, the analysis and design team created and tested a solution to see how efficiently staff members could get up to speed on a patient's aligner progress at a glance; essentially, eliminating valuable time combing through inconsistent clinical notes. As practice management consultant Mary Beth Kirkpatrick of impact360 says: "The unique aligner tracking system is fresh and new and will be important in tracking trays, revisions and treatment progress." To help practices address the issue of compliance, the new treatment card of CS OrthoTrac v14 includes an enhanced patient compliance section, which gives users an expanded real-time snapshot of the patient's broken appointments, rescheduled appointments, damaged wires, broken, etc. With this improvement to practice workflow, office staff can easily identify issues and stress the importance of compliance and its impact on case time.

Evolving patient demographics, increased competition and rapidly changing technology will continue to challenge orthodontic practices. However, improving workflow with practice management software could be a simple way for offices to stay ahead of the curve. CS OrthoTrac v14 was designed specifically to tackle these challenges to not only enhance practice workflow but improve the quality of care for doctors and patients. 🎮

**All patient data shown is fictitious and for illustrative purposes only.*

DENTAL REFERRALS ARE DEAD... ARE YOU PREPARED?

URGENT!

**How to Survive When Dental Referrals Go Away Completely...
On-Line Training Event Reveals**

**How to Protect Your Practice from Dentistry's Downward Spiral
and Bullet-Proof Your Income with Sustainable Practice Growth**

Listen. Dental and orthodontic competition in your market is getting worse. There are more and more practices jockeying for your new patients. General dentists doing Invisalign. Smile Direct Club going straight to the consumer. Patients who wait or put off treatment. Your own employees who are unwilling or untrained to convert new patients into starts and referrals. This all adds up.

If you're anxious about where your next new patients will come from, view our online training at

DFYTraining.com

We decided a long time ago that we didn't want to compete with all of the other orthodontists in our town trying to get referrals from general dentists. We don't like any referral source that can go away overnight. Like Buffet, we prefer a "castle on a hill, surrounded by a moat."

When we finally got serious about securing the new patient flow in our practice, we turned to the one reliable source of "raving fans" that we knew could produce results: our internal list of patients who had referred a friend or family member. In your practice, 80% of your referrals can be traced to only 20% of your patient list. **Knowing how to mine that list is like knowing how to mine for an unlimited supply of gold. *It's that powerful.***

Recently, we held an on-line training event where we demonstrated how we have used these same patient referral strategies to grow our practice from two locations to seven in the last five years, with less than 20% of new patients coming from dentist referrals.

- ✓ The best way to safe-guard your practice from the corporate dentistry takeover
- ✓ The key ingredients to stimulating referrals from your patients.
- ✓ The simple trick to grow your online patient reviews.
- ✓ The "dirty little secret" that will help you get rid of expensive 3rd party reviews systems, appointment reminder companies, and patient rewards programs
- ✓ The power that comes from generating new patients with zero reliance on general dentists.

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Design-Build Firm Fast-Tracks New Model of Ortho Practice in Orlando

By Ryan Young

The Smiley Face Ortho office in southwest Orlando that I designed and built for Dr. Ben Burris is an expression of his longtime commitment to providing affordable orthodontic care for patients from every socioeconomic background. Burris is nothing if not passionate about access to care, a topic he has spoken on internationally and written about extensively on his blog at orthopundit.com.

Burris found me through a referral from another client, an attorney for whom my company Interstruct had just designed and built a 6,000 square-foot office. What made us a fit for Burris was not only the personal recommendation, but the fact that orthodontists' offices are a specialty for my architectural firm. We have designed and built more than fifty dental and ortho offices in Florida and Texas over the past 10 years, moving through these projects quickly and easily.

When I got out of architecture school at Northeastern University in Boston, I went straight into construction. Everything I have learned about construction and design has been tailored to the commercial market. I was working as a general contractor even as I went back to grad school and sat for my exams.

Approaching the design of ortho clinics grounded in the experience of creating built environments was instrumental in the direction my firm has taken. We started by building these offices and then learning the intricacies and standards of each step of patient care from examination and labs to surgery.

Then we started designing the offices, too. We have engineered the way that we do our design work based on the wealth of knowledge gained from designing and building so many of these projects.

"This job progressed rapidly. We met last fall and soon after that introduction, Burris and his staff walked my team through the space. He had a good idea of what he wanted in terms of the layout and he shared his vision for Smiley Face Ortho."

Enter Dr. Burris. We connected through the referral not long after he moved from Arkansas to Orlando in 2017.

When he lived in Arkansas, Burris owned about 20 clinics throughout the state. He sold those practices and "retired" to Central Florida to enjoy the climate and time with his family. As it turned out, retirement was not in the cards. And that's where we intersected.

Arkansas is 29th in the nation for population growth, while Florida is third.

Now living in Orlando, Burris observed an opportunity for a new practice on the west side of town, which has seen astronomical growth. Not only would it be a new practice but for Burris, it would be a new model of practice, too. In Arkansas, he provided both orthodontics and general dentistry, and his clinics had a broader scope of services.

In 2017, Burris conceived of an office with a fun, appealing vibe that could handle a large patient load and provide affordable orthodontic treatment. "How?" you may ask. He determined that no other dental services would be offered: it was to be strictly ortho, which would lower the overhead of carrying a wider range of equipment and specialized employees.

This job progressed rapidly. We met last fall and soon after that introduction, Burris and his staff walked my team through the space. He had a good idea of what he wanted in terms of the layout and he shared his vision for Smiley Face Ortho.

Smiley Face Ortho would have a large, open concept with modern design, bright colors and cool lighting. It would also be loud, with the base bumping and tunes pumping all day long. The office would have two recording booths where kids could create, edit and share videos for social media. If this sounds like Hard Rock: Ortho Edition, you aren't far off. Universal Studios is a short drive away.

At the site, I walked around with him and he pointed out where he wanted things. I took detailed notes and afterwards we returned to the office and

massaged those notes, with his solid ideas of what he wanted to do in the space, into design plans. We were able to draw from all of our experience and working knowledge of the technical standards pertaining to this kind of medical office so that we could fast-track the project.

Soon after that walk-through, we presented a design and construction proposal. He engaged our services and we started design work immediately. Construction documents were approved and submitted for permit by mid-January 2018 and Smiley Face Ortho is expected to be complete by April.

It's super important for these doctors to have somebody who is experienced and understands the process. Ortho offices are very specialized environments with particular needs. People want to know that we've done this 50 times before and that they are in good hands from start to finish.

Interstruct completely understands all the little details of designing and building an ortho office. We know the needs of water, gas and electric and the unique back-of-house needs to support specialized equipment. It can be really difficult for an architect who is new to this kind of project to grasp the details. There are standards for everything: operatory sizes, clearances for chairs, x-ray equipment, and even the swing of lighting arms.

Interstruct comes to the table with all of this knowledge that allows us to sit down with a doctor, get very conceptual information from them and then translate that into a well defined plan and layout. We are able to move forward quickly and with confidence.

We also understand that relationships are core to the success of ortho projects. Interstruct has tight and lasting relationships with all the regional dental

suppliers. These vendors keep us educated on all the advancements in equipment, so our architectural design work factors in developments in the industry.

On this project, we coordinated with Henry Schein Dental, with whom we often work. Once we get the preliminary plan, we look to them to help us lay equipment out and confirm dimensions and clearance for the specific pieces. Steven Symes, the Henry Schein equipment and technology rep on this project, was super fast and efficient.

He was able to coordinate with us fluidly for fast-paced decision-making, even though almost all the communication between the team members on this project took place electronically. Symes was one part of a solid team that started with an idea and will become fully realized when we hand Dr. Burriss the keys to his office. 🏠





Establishing a Captive Insurance Company

By Peter Strauss

Anyone who has founded a business appreciates how much time, effort, and expertise is required to make it successful. Establishing a captive insurance company is no different; you might be tempted to throw up your hands and forgo it. After all, insurance is not your core competency.

That could be a mistake.

"I generally recommend that businesses engage the services of an advisor to help launch the captive insurance company and another to manage its operations."

A client sent me a message one day that changed my life. He told me that he had just heard about captive insurance and wanted to see what I thought about opening a captive for his business. I had never heard of captive insurance but I told him I would look into it for him. The more I read, the more incredulous I became. I got back to my client, telling him it seemed too good to be true. He was adamant that this was the future for his business, he was adamant that I should be the one to help him. Looking

back now, it seems like an easy choice. Captive insurance changed the course of my career; it changed the lives of so many of my clients.

If you're like most business owners, you probably pay an insurance company to cover the risk of your business. You may not even know there's another option.

Consider this: what if you could substantially improve your risk management program, insure the risk of your business, reduce your out-of-pocket expenses and create another source of revenue? You would do that in a heartbeat, wouldn't you?

The captive insurance industry has matured sufficiently to the point that there are now many capable service providers who can help you analyze your insurance needs, launch and license your captive insurance company, arrange for reinsurance, and manage the captive.

When implementing a captive insurance plan, it is critical to focus on both its appropriate establishment and its ongoing operation; these are two distinct areas of expertise. I generally recommend that businesses engage the services of an advisor to help launch the captive insurance company and another to manage its operations.

For example, my law firm focuses on the implementation and coordination of a captive and then works with a captive manager once the company is licensed. I recommend retaining a lawyer who is well-versed in captive insurance to engage the services of an independent,

fully-credentialed underwriter and an independent, fully-credentialed, third-party actuary.

"Once that determination is made, your advisor will likely work with a captive insurance service provider or insurance actuary to design insurance policies that cover key risks in your business and improve your overall risk management program."

The underwriter will evaluate the risk inherent in your business and identify areas that should be insured. The actuary will price the risk that will be considered for your captive insurance company to provide coverage for your underlying business. Together, they will identify the coverage that can be underwritten by your own captive insurance company and how much in premiums you can pay for such coverage.

Armed with that information, your attorney, accountant, or advisors should be able to determine whether it makes sense to proceed with a captive insurance company. Once that determination is made, your advisor will likely work with a captive insurance service provider or insurance actuary to design insurance policies that cover key risks in your business and improve your overall risk management program.

An important decision to make is the jurisdiction in which your captive insurance company will be licensed. Jurisdictions vary in their costs, the time it takes to form your captive, and regulatory requirements. The jurisdiction that will ultimately be chosen should be the result of a detailed discussion with your attorney and captive manager.

Once the captive is established, you would typically sign a long-term contract with a captive manager to handle its day-to-day operations. As a business owner, you're aware of the risk involved in any long-term contract and the amount of due diligence necessary before entering into any such arrangement. This is where the services of an experienced professional advisor can be invaluable.

Curious? Take my online assessment at our website <https://peterjstrauss.com> to identify whether or not your company features some of the key qualities that are found in successful captive insurance company owners.

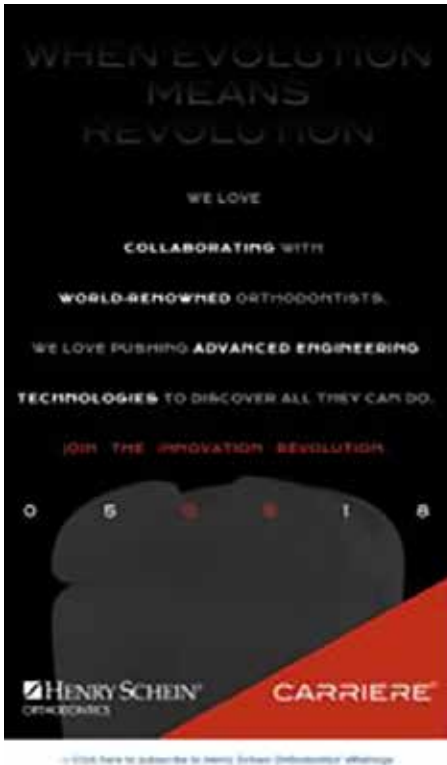
Forming a captive insurance company could change your life, it certainly changed mine! 📧



Technology Will Not Fix What Ails Orthodontists

By Dr. Ben Burris

I received this unsolicited email a couple days ago.



Honestly, I'm not sure what the phrase "When evolution means revolution" even means but I do know one thing – the "evolution" of "advanced engineering technologies" will not help the vast majority of orthodontists solve the number one problem facing practices in 2018. I also know that this is not the first company to effectively use groupthink and newspeak to captivate a fanatical fan base of orthodontists who believe what is "new" and what is "cool" and what "all their friends are doing" (creating community is a big part of the game) is their ticket to a successful orthodontic business/practice. In fact, when I met with the man in charge of Henry Schein Orthodontics' educational programs about a year ago and tried to explain (unsuccessfully) why teaching orthodontists how to run a business was better for orthodontists and for those selling to orthodontists in the long-term, I was told in no uncertain terms that he was responsible for the success of Damon Brackets and that he would do it again at HSO. I don't know about the veracity of the first half of his statement but it would appear he fully

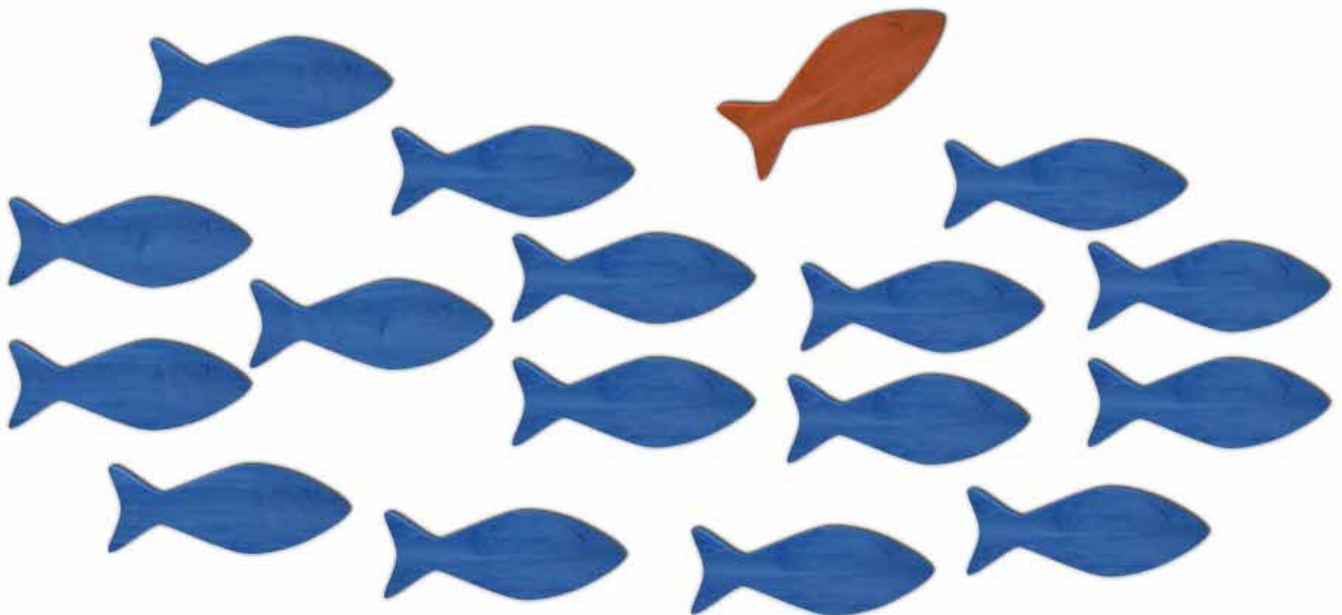
intends to try and replicate what Ormco does so well in his new position at HSO.

Hopefully by now you've figured out the number one problem facing modern orthodontists is a lack of new patient flow and a lack of case starts. I've said it over and over and unless your practice is at the far right of the Bell Curve then I shouldn't need to remind you of the lack.

Here's another question I have for the true believers who pay 10 bucks a bracket more than you have to or hundreds of dollars per case for a device that adds a step and just simulates the Class II elastics that we have done for decades on regular old brackets/aligners :

How does buying something off the rack that anyone else can buy at any time make you and your practice special?

This is the conundrum I just cannot crack. Does it make sense to build your practice that you spend hundreds of thousands of dollars setting up on the branding and market position you get from a company who will gladly sell the exact same brackets, branding and support to your nearest orthodontist or general practitioner competitor?



In my younger days I desperately wanted to do what the cool kids did and I followed the crowd when it came to self-ligation among other “innovations”. But as we get older and more experienced shouldn't we become wiser as well? How does spending all that extra money on something patients do not care about help your practice? (no, they don't care about your brackets no matter what the company says, no matter what you think and no matter how often you tout said brackets them). What would happen if you used that same money on effective marketing that appeals to new customers instead of brand name tech that appeals to us orthodontic nerds?

"As we get older and more experienced shouldn't we become wiser as well?"

How does spending all that extra money on something patients do not care about help your practice?"

In an era when new patients are hard to come by and brackets are available from hundreds of vendors and incredibly cheap, does it make sense to focus on things rather than people?

I think not.

Look, if you have all the new patients you want and you are happy with your results then, by all means, buy the cool brackets and other doohickeys that supposedly finish cases faster (finishing faster doesn't help you it just makes financing harder – especially when you have more overhead from buying expensive brackets and other stuff) or gives you more capacity (when you already have excess capacity – look at all those empty chairs...) while lightening your wallet. This handful of orthodontic practices who have all the new patients they want is a very small segment of orthodontists so if you find yourself in the not so unique position of needing to improve your new patient flow then perhaps it's time to stop listening to the cool kids and start looking out for the best interests of your practice, your patients, your team and your family? If you think really hard about this you can figure out

what that is – no one knows better what's good for your practice than you do.

Just a thought.

P.S. To be clear, this is not just about brackets and intra-oral doohickeys. It's not just about the two companies mentioned here. This piece is about questioning why you spend time and money on anything that doesn't appreciably improve your ability to render treatment to a broader pool of potential customers (which should be our goal as individuals and as a profession). If you want to solve what ails you then focus on what ails you instead of what is appealing and familiar to us by our nature and our training. Most of the best ideas/strategies/techniques for doing so are freely available, free to implement and incredibly effective. Implementation is the key, however, and this is much more difficult than just ordering some new technology that promises revolution. 🚀

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Brush Up On Your Reading

Straighter: The Rules of Orthodontics



Drs. Marc Ackerman and Ben Burris are announcing the publication of their book...

Straighter: The Rules of Orthodontics

It is a radical departure from the traditional approach to clinical decision-making and practice management. Drs. Ackerman and Burris reject the warmly held idea that these two areas are mutually exclusive. The book rests on the premise that orthodontics is in large part elective and falls under the category of enhancement healthcare. With that in mind, the authors suggest that orthodontists treat consumers rather than patients and these consumers are seeking an orthodontic intervention that is effective, efficient, fair priced, and easily accessible. Readers will gain insight into the current market trends in orthodontics and learn how to modify their mindset and office systems to align with the needs of the consumer.

For more information about the book, check out orthopundit.com