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ORLANDO, FLORIDA
July 30th - Aug 2nd **2008**

Details

2008 IACA Newsletter
Presented By:



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HARDING HEADLINER



Well, it is time to put a bow on IACA Orlando and present to the membership what will be the best IACA Conference to date. The IACA Board and team have worked very hard to put together four days that will be both educational and exciting. We could not be happier with the city, the venue, the speakers as well as the growing list of activities surrounding the meeting.

Last year after the IACA meeting in Chicago I was quoted as saying that the IACA sent a "ripple" through the entire dental world. There was a buzz for months following the 2007 Conference on various forums and chat rooms regarding the meeting's success and how unique it was to all of dentistry. Many of our sponsors who attend virtually every meeting had never experienced a group of dentists and team members who were so positive and excited about learning. Well this year you had better get ready for a **tidal wave** to hit the dental world! That is how excited we are about this meeting.

Some of the highlights that include some of the best and brightest speakers in dentistry are "A Conversation with the Legends of Aesthetic Dentistry" including the likes of those pioneers who you know simply from their last names, Nash, Rosenthal, Jackson and Dickerson. There will also be the much anticipated "last road lecture" from Dr. Dickerson. This all morning general session is getting so much attention we had to add a special ticket so attendees could bring their families to hear what all the excitement is about! This really is a morning you would not want to miss.

In conclusion, I encourage everyone to continue checking the IACA website (www.TheIACA.com) for workshop registrations as well as some fantastic excursions like "a night in the park" and many other great activities. Thanks for your support in helping us make the IACA the best organization in dentistry. See you in Orlando! – **Jim Harding, DDS**

NOTES FROM YOUR EDITOR

Dan Jenkins DDS, FICD,
American Association of Dental Editors, Certified Dental Editor

Hard Decision

As dentists we find out quickly after graduation from dental school that we have many hard decisions to make. We have to decide where to practice, to associate or go solo, what equipment and supplies to use, who to hire, and endless more choices.

*Now, another hard decision is here – what courses to take at the annual IACA meeting in Orlando. The first day will be easy to start with – we knew you would not be awake enough to give too many choices! Tom Flick will get you inspired not only for the day but for a long time after you go back to your office. This is one reason why it is important to have your team members there, they will be inspired too. Each day will start with all of us meeting together for a great meeting such as an occlusion panel and a panel of aesthetic legends. However, on Saturday, the last day, the final day will be the last and final lecture by Bill Dickerson outside of the campus of LVI. It is common knowledge that this lecture is going to be worth the whole trip and expenses – everything else during the week is a warm-up for Bill's lecture on "The Road to Success – Talent is Never Enough." **CONTINUED PAGE 3***

WEBINAR SERIES

Obstructive Sleep Apnea

Kent Smith, DDS

Tuesday

October 17, 2008 5pm Pacific

Members: Free Non-Members: \$95

the board of directors

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Getting Patients to Reject Treatment

Brett Taylor, BDS

I know what you're thinking: "This guy is an idiot. I don't want my patients to reject treatment. I do everything I can to get them to say yes. A patient saying yes is the holy grail of dentistry. That's how things get done, that's how the bills get paid. Move them forward to yes. I like yes. Yes feeds the kids. I've even got three books, two videos and an autographed boxed set of twenty cassettes gathering dust somewhere that all tell me the customer has to say yes. Are you completely insane?" Quite possibly yes, but that's another story.

I forgive your skepticism; I used to think the same thing. It's an old encyclopedia sales technique actually. You get the customer to say yes and keep them saying yes. "Do you care about your kids? Yes. Do you want your kids to be successful? Yes. Do you think education is important? Yes. Do you think good education will make them more successful? Yes. Would you do anything to help your kids? Yes. So you want to buy these encyclopedias don't you? And so it goes.

The problem with "Yes" is it implies acquiescence, surrender if you like. Yes is the affirmative answer to a proposition. Stick with me here this is important. If I say yes to you it means you have suggested something to me. Do you want the crown? Yes. I'm agreeing with you. Me agreeing with you is no where near as powerful, or as effective, as me figuring out for myself I want the crown.

You see, a sale is all about setting a trap. Yes is just the successful execution of the trap. The encyclopedia salesman (please let there be someone reading this old enough to remember an encyclopedia salesman) makes you answer questions with a yes until he gets to the only yes he really wants to hear: "Yes I'll buy." The only reason you're buying however is because you're trapped. If you don't buy it means you don't love and care about your kids, and you just told him you do.

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Abstract Alley - Sahag Mahseredjian, DMD

Differences in the Fatigue of Masticatory and Neck Muscles Between Male and Female, Ueda, H.M, et.al. Journal of Oral Rehabilitation, 2002, June; 20(6): 575-82.

Studies on eight male and eight female volunteer faculty members at Hiroshima University which were in good general health with normal horizontal and vertical skeletal relationships, no severe malocclusions, or complaints of TMJ dysfunction were tested for fatigue and recovery in occlusal bite forces. The muscles studied were the Masseters and the Sternocleidomastoids.

The study indicates a significant difference in the recovery ratios between both sexes for both sets of muscles. The males had a better recovery ratio and this may indicate why more women have TMJ Dysfunction symptoms than men.

Attitudes Toward Dental Appearance in the 50 and 60 Year Old Subjects Living in Sweden, G.E. Carlsson, LDS, Odont Dr/PhD, et.al. Journal of Esthetic and Restorative Dentistry, Vol 20, Issue 1, pp 46-55, Feb, 2008.

The aim of this study was to ascertain the differences in attitudes toward dental appearance between two large samples of 50 and 60 year-old subjects in Sweden. The response to the statement, "To have beautiful and perfect teeth is very important for how you are treated by other people," was that 73% of the 60 year olds agreed, while only 64% of the 50 year olds agreed. To the second statement, "Minor esthetic imperfections of the teeth have no importance, only they function well," 90% of all the subjects agreed.

The study also indicated that several variables were significantly associated with the statements. Along with age and gender, education and self-assessed dental problems were most important. They concluded that "Attitudes toward the importance of dental appearance differed both between genders and age groups in these population samples living in Sweden."

2008 Conference



Make your room reservations now at the Swan and Dolphin



FUN IN THE SUN

Hello Florida is the IACA's preferred destination management company that offers tours and activities, discounted attraction tickets, transportation and dining to all IACA attendees. Also, join us for the [IACA night at the park](#), Thursday, July 31 from 4 - 9:30 PM

FUTURE MEETINGS

2009 Annual Conference
The Westin St. Francis
July 30 - August 1
San Francisco, California

2010 Annual Conference
The Westin Boston Waterfront
July 22 - 24
Boston, Massachusetts

2011 Annual Conference
Grand Hyatt on the Bay
July 28-30
San Diego, California

LASER TIPS

by peter pang, dds, fagd

Recently, there seems to be some interest concerning low level laser therapy (LLLT) sometimes referred to as a “cold laser” or “soft laser”.

Claims have been made ranging from stimulating collagen growth, reducing post- extraction pain, improving wound healing, enhanced orthodontic movement and reduced muscular and joint pain.

Typically, the low level lasers or therapeutic lasers are classified by the FDA and ANSI as Class III R and Class III B depending on available power of the unit and whether the beam is visible or not.

The science & technology has been in use for 30 years and has been utilized in various aspects of health care including but not limited to dermatology, physical therapy and dentistry.

Typically the wavelengths utilized operate in the visible to near infrared region (540nm-904nm). However, there has been evidence that all the laser wavelengths provide some degree of therapeutic benefit. This is more than likely why laser procedures seem to heal more comfortably with little to no inflammation. A few thought provoking studies for you to consider:

Pourzarandian *JPerio* 2005 showed that the Er:YAG (i.e.—Versawave) using very low energies (3.37J/cm²) and compared to controls had fibroblasts with more nuclei and collagen fibrils.

Kreisler *J Clin Perio* 2003 with an 809nm laser showed increased fibroblastic proliferation up to 72 hours after LLLT using 1.96-7.84J/cm².

Fibroblasts are the predominate cell type in gingival connective tissue. Research articles evaluate the fibroblastic activity, appearance, and numbers to help determine the biocompatibility and biomodulation of various treatment modalities.

Prates *J Photochem Photobio* 2007 was able to show us when using a 660nm laser at 9J/cm² + a bacterial specific photosensitizer, a 97-99% bacterial kill of *A. Actinomycetemcomitans*.

Still other studies have shown decreases in prostaglandins and cytokines with therapeutic lasers. Sometimes when using a therapeutic laser locally, we can also see some systemic benefits as well. Sound like “hocus pocus?” What happens when we swallow an aspirin or rub sugary cake frosting onto the gingiva of someone with hypoglycemia - A systemic reaction from a localized event? Yes indeed.

“In the right light, in the right time Everything is Extraordinary” --Aaron Rose

For more information on all the dental laser wavelengths, attend the Academy of Laser Dentistry's Scientific Conference, April 10-12, 2008 in San Diego. www.laserdentistry.org

Dr. Pang holds Advanced & Educator status with the Academy of Laser Dentistry and has been published in several journals. He also is a Fellow of the Academy of General Dentistry, Sustaining member of AACD and holds memberships in IACA, IAO and ADA. He is an LVI Graduate and a visiting faculty member at LVI.

REGRETS continued from page 1...

This lecture is so unique and important that some have requested to bring their children to hear it.

Other subjects you should check out, (well, mainly ALL of them!), are about teamwork, obstructive sleep apnea and other airway issues, Neuromuscular workshops, and Omer Reed, (doesn't matter what he is talking about – it's worth going!) Smile designs, pain patients, laser crown lengthening, Prime Speak –a unique way for case presentation, Neuromuscular orthodontics, and office management improvements are other choices.

Last year, everyone who was at the Chicago meeting made some type of decision as during the classes there was virtually no one hanging around the exhibit booths during courses. This year will be even better. If you need help making a decision work it over with your team to help decide who will go where. Of course, DVD's of the courses will be available again – but just like watching the World Series it would definitely not be the same as being there. (How do you ask a question to a TV screen?)

I wish you peace while you make these hard decisions. At least it was easy making the decision to GO to the IACA meeting in Orlando – right? You ARE going – right? You HAVE registered – right? I WILL see you there – right? Of course!

Getting Patients to Reject Treatment continued from page 2...

In dentistry we don't want to trap people. The door to door salesman doesn't care if you get buyers remorse because he's got his money, and he'll never see you again. However, we're going to see our patient again, and the unhappy one's we get to see more often than most. If they're disgruntled about a buying decision it's pretty hard to get them grunted again.

Just between you and me, things sometimes go wrong in dentistry. I know that shocks you but it's true. Crowned teeth sometimes need root canals, veneers sometimes chip and pain patients sometimes don't get better as quick as we'd like. It's never happened to me of course, but you hear stories about other people. If you've cleverly convinced someone to have something done and something goes wrong, who do you think they blame? Themselves? I don't think so. They blame you because YOU told them they needed it, you told them it would help, you sold them, and now you are responsible.

"So what's all this got to do with patients rejecting treatment?" you ask. Well everything. If you've got a patient having complex (that's code for expensive) treatment done you want them doing it because they WANT it, not because you SOLD it to them. If THEY want it then they own any possible complications of getting it done. If YOU sold it then you own the complications. Getting them to want it is the key. But as we all know getting patients to want treatment can be hard, which is why we fall back on the old habit of convincing them.

The key is not getting them to WANT something however, it's getting them to reject the things they don't want; rejecting the wrong solution, rejecting the wrong treatment, and I'm including no treatment here because doing nothing is a valid treatment planning option. People don't always know what they do want, but they generally know what they don't want.

So how does this really work? Well in my practice we follow the PrimeSpeak protocol. As part of the process I discuss with the patient the things I see and experiences I've had with other patients in similar situations. By the time I get to the point of talking about treatment options the patient is fully briefed (in a PrimeSpeak way) about what's going on, and what could go wrong as a result of doing nothing. It takes three days to learn so don't think I can explain it all in a paragraph. From here, provided I've "educated" the patient about their condition properly, the process is simple. The first option I offer the patient is no treatment. The reply is invariably an emphatic "no, we can't leave it, I don't want my teeth to break and lose them, we have to do something". Option 2 is generally a short term solution to which the answer is "no, I don't want to have to worry about this again in a few years, I want it fixed properly". And so the battle is won. The wrong treatment has been rejected. If they reject doing nothing, and reject a short term solution, then all that is left is the long term solution. By rejecting what they don't want they come to understand what they do want. They figure it out for themselves. We haven't sold it to them. They own the problem and they own the solution, and to me that is the real holy grail of dentistry.

I hope you're a little interested in how this all works because it really has been the best thing to happen to my practice. You have no idea how relaxing treatment discussions can be when it's the patient requesting treatment not me trying to sell it. If you want to know more, the father of PrimeSpeak, Dr Michael Sernik will be speaking at this years IACA on "Getting a no that really means yes". It'll be a cracker of a talk provided you can understand the Australian accent. Don't worry though; interpreters will be on hand for the accent impaired. Hope to see you there.

MY WIZARD OF OZ - THE GENIUS OF JAWS

The pain in my jaw was awful; I could no longer bear it,
I kept looking and looking for someone to repair it.
Every specialist I saw wanted to get at it with a knife,
My reply was the same, "Not on your life!"

The chronic pain I was in, was unending and deep,
I could no longer eat and I sure couldn't sleep!
Like the Dark Knight had driven his sword thru my head,
I wanted to stop living and take to-my bed.

I was teetering at the edge and ready to fall
When Dave checked the internet and made a cold call,
He pleaded with the voice at the end of the line,
The voice was Amy who seemed genuinely kind.

Amy calmed him and injected him with hope
For this problem, with which we could no longer cope,
Amy seemed to think I had enough cause
To meet with my very own Wizard of Oz.

The Wizard as I know him is Dr. Prabu Raman
Who convinced me my problem was not so uncommon.
He's not the kind of Wizard working behind a curtain,
He's the Genius of Jaws, of this, I am certain!

So the Wizard and his staff applied their magic,
Reversing-my path which had become-quite tragic.
The Wizard, Melissa, and all of the crew
Were a well oiled machine and knew just what to do.

I'm no longer praying to the gods of pharmacology
To slap a band-aid on my problematic physiology.
I no longer wish I could just end it all
Since the Wizard caught me in mid-free fall.

The light at the end of the tunnel is in view
I'm eating and sleeping like I used to do.
Even though there is still work-to be done,
If anyone can heal me, the Wizard Raman's the one!

By: Lisa Hamilton-Snow

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