IACA
The International Association of Comprehensive Aesthetics
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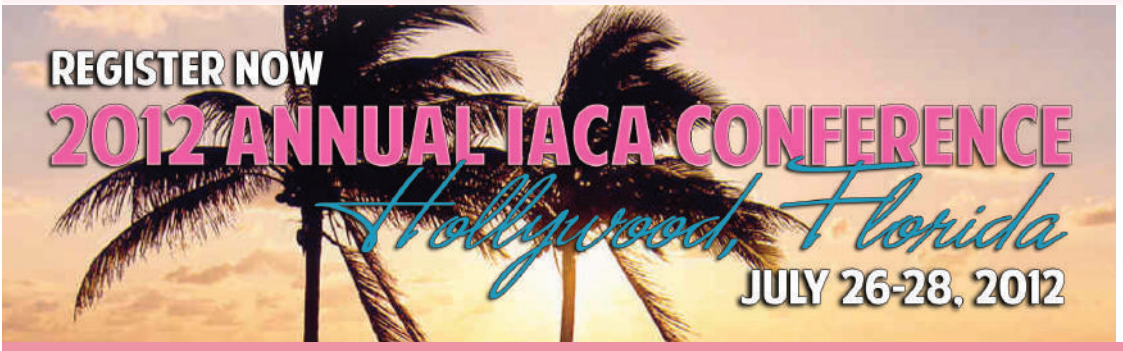
The Aesthetic Occlusion Connection

# NEWSLETTER
Volume VI, Issue III




IACA

2012 IACA Newsletter
Presented By:



## Randy's Raves

**I'm Proud**

Well the New Year is here, and for me, like most of you, it's time for goal setting and New Year resolutions. Most people will sit down and set goals for their practices and for themselves. I know with the "type of dentist" the IACA attracts, most of you are probably done with your goal setting. But, as for resolutions: I have heard they are meant to be broken so most people don't make any, they just think about them. In reality, a resolution is a "commitment" that you make, usually to yourself. It is totally different from goal setting.

This year's resolution, or commitment from the IACA is to become an organization that is much better than in the past. It is to become an ever-emerging force in dentistry. It is to be more than just a "tooth doctor." Someday the phrase: "Oh, you're not a doctor, you're a dentist" will be obsolete. No one person can make this change alone. It takes strength and power to make change. Strength comes in the numbers. Strength comes in the commitment. We can be that force of change if everybody believes in our passion and pursuit to become better than we are and better than we've ever been.

Your IACA wants to embrace the entire aspect of dental care. Not just teeth! We want to develop the research and scientific end of dentistry. We want to develop the psychosocial end. We want to develop the aesthetic end. We want to develop the occlusal end. We want to develop the total health aspect, and we really want the family and personal end to grow in great magnitude. Our goal, as a board, is to give you more than you expect, make a change in dentistry, and make a change in each and every one of us. Please get on board and help us stay accountable to our New Year's resolution!

I am proud to be,

Randy Jones, President of the greatest organization in dentistry!

### 2012 Board Of Directors

Dr. Randy Jones
Dr. Prabu Raman
Dr. Dan Jenkins
Dr. Anne Maree Cole
Dr. Mark Duncan
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Dr. David Buck
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## Practice Swings
HELPFUL TIPS FROM PRACTICE CONSULTANTS

"You can't manage what you don't measure. Unless you measure something you don't know if it is getting better or worse." Hygienist communications and treatment in your perio department should be monitored. Insurance codes help give a real indication of what your patients are accepting in case presentation. What are you measuring?
**Jill Taylor, RDH, BS, LVI Hygiene consultant**

Practical: Management framework for your practice spelling out how you run your practice. A much-appreciated guide for the team to prevent misunderstandings.
Legal Protection: When done well, comprehensively and kept current, it is your best defense of your positions and your good faith attempt to stay on top of your legal responsibilities to your employees. Guided by an HR Professional, you will be aware of all state and federal requirements and your policies and procedures will be compliant. Don't take chances copying someone else's manual; the rules change according to number of employees, your state and your type of business.
***Ginny Hegarty, SPHR***
**Dental Practice Development, Inc.**

"Relationships FIRST!" People do business with people they like. Your Patient's don't care how much you know until they know how much you care!
**Sherry Blair, LVI Director of Team Programs**

Learn the three "R's" of patient loyalty.
It's well known that the longer patients are "loyal" the more profitable they become. Why? The answer has to do with the three "R's" of patient loyalty. They are:
RETENTION - An ongoing relationship with patients creates a steady stream of revenue over time. RELATED SALES - Loyal patients generate "related sales."Over time the profits generated from related sales is greater than it is from selling to new patients. REFERRALS - "Positive" referrals are the best kind of marketing - and they are free! Research suggests that satisfied patients are likely to tell at least five other people about a good experience and that when patients are asked to provide a referral most of them do so gladly.

Of course the fourth "R" would be RECOGNIZING THE RIGHT PATIENT. More on that later...
**Ashley Johnson, JD; Ashley's Coaching**

# Abstract Alley

Sahag Mahseredjian, DMD

## Nocturnal heart rate variability is lower in temporomandibular disorder patients than in healthy, pain-free individuals.

***Eze-Nliam CM, Quartana PJ, Quainn AM, Smith MT, J Orofac Pain. 2011 Summer; 25(3): 232-9***

Source:Center for Mind Body Research Department of Psychiatry and Behavioral Sceinces, Johns Hopkins University School of Medicine, Baltimore, Maryland 21224, USA.

Abstract:

Purpose: To determine whether patients with a painful myofascial temporomandibular disorder (TMD) have diminished nocturnal heart rate variability (HRV), a marker of autonomic nervous system (ANS) dysfunction, relative to healthy, pain-free controls.

METHODS: Participants with myofascial TMD and healthy, pain-free volunteers underwent nocturnal polysomnography studies during which HRV indices were measured. Multiple linear regression analyses were used to determine whether TMD status exerted unique effects on HRV.

RESULTS: Ninety-five participants (n = 37 TMD; n = 58 controls) were included in the analyses. The TMD group had a lower standard deviation of R-R intervals (89.81 ± 23.54 ms versus 107.93 ± 34.42 ms, P  .01), a lower root mean squared successive difference (RMSSD) of R-R intervals (54.78 ± 27.37 ms versus 81.88 ± 46.43 ms, P < .01), and a lower high frequency spectral power (2336.89 ± 1224.64 ms² versus 2861.78 ± 1319 ms², P = .05) than the control group. The ratio of the low-frequency (LF) to the high-frequency (HF) spectral power was higher in the TMD group (2.47 ± 2 versus 1.38 ± 0.65, P < .01). The differences in RMSSD (91.21 ms versus 112.03 ms, P = .05) and LF:HF ratio (0.71 versus 0.32, P < .01) remained significant after controlling for age and psychological distress.

CONCLUSION: Myofascial TMD patients revealed lower nocturnal HRV than healthy, pain-free controls. Further research should focus on processes that address this ANS imbalance, which may potentially lead to effective therapeutic interventions.

(HRV measures fluctuations in autonomic inputs to the heart. Both an autonomic withdrawal and a saturated high level of sympathetic input lead to diminished HRV.)

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# EDITORIAL

***Dan Jenkins, DDS, LVIF, FACD, FICD, CDE-AADE***

*Certified Dental Editor - American Association of Dental Editors*

### *Dental Education…for Who?*

Most of the IACA members have spent many years learning about dentistry. In fact, the IACA's primary goal is education in all things related to dentistry. The IACA also promotes the education of the public about dentistry through educational techniques like "Prime Speak" so the non-dentists can make educated decisions about their treatment and accept the best treatment "for them."

One of my concerns is that the general public is not receiving enough dental education through their current informational sources. Obviously the mass media feel that people should know more about the Kardashians' personal lives than neuromuscular treatment methods that would relieve people from their headaches. It appears that people would rather hear about politics, murders, scandals, images on burned pieces of toast, and of course who is going to win on American Idol than learn about the latest available treatments to improve their own quality of life! I'm sure the news media are well aware of what the public wants to hear. While I may feel that it is the journalistic responsibility of the main media to educate the public regarding important dental developments I doubt that this will change due to the financial demands of media's advertisers and stock holders.

This leaves the education of the public to dentists. Many years ago the American Dental Association proposed a fifty dollar dues increase to conduct an educational campaign across the USA. Their membership voiced strong opposition and it was dropped. Perhaps they could not afford the additional fifty dollars? Or perhaps they were concerned that the message sent would be one they would not agree with? Currently the ADA is once again getting ready to educate the public…and I commend their effort. I do hope the message educates more than just the idea of visiting their dentist every six months - Fred Joyal of 1-800-DENTIST has done that for many years!

My hope for the IACA membership is to also be involved in educating the public – including dentists. I know some of our members submit articles to their local newspapers that contain great information that non-neuromuscular dentists cannot offer. I know the other dentists read those articles. Some might even Google the IACA, or if our web address www.theIACA is mentioned, they can come to this web site and learn more about us. They may decide to attend the annual IACA meeting and begin to learn about neuromuscular dentistry for themselves – and their patients.

Another way to educate the public and dentists about the IACA is through research. The IACA board of directors has decided to develop a research committee. Once studies are completed they can be submitted to various appropriate journals – but also to the news outlets. I invite you to take an Internet stroll through the subjects listed on your IPS. When you see some of the less than stellar articles you have to conclude that they are really hurting for better content.

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# A New Training Model

## ..Training for the team, by the team.

By Michael Sernik, DDS

It is now possible to build an ultra-high performing practice from the inside out without the need to travel or onsite consulting. The focus is on seriously building up the core of a practice from the inside...strengthening the team.How to strengthen the core of the practice. There are 3 core processes that need to be enshrined. The Daily Huddle, The Weekly Meeting, and On-site Training Sessions. When you have mastered them, you'll wonder how any practice could have survived without them. The Daily Huddle is a 5-10 minute meeting that happens in the morning, before seeing patients. Many dentists do them, but doing them well requires a lot of attention. One of its many purposes is to identify any problem from the previous day, take note of it and bring it up at a weekly meeting.The Weekly Meeting is where problems are brainstormed by the whole team, and solutions are implemented. With this approach, it's possible to learn to pre-empt problems so that they never recur. A text book could be written on exactly how to run these meetings well and it's impossible to overstate the importance of the Daily Huddle and the Weekly Meeting. The typical time allocated for a Weekly Meeting is 1.5 hours per week.Training Sessions can be incorporated into most weekly meetings. Training time is typically 15 - 60 minutes per week. How long to allocate, depends on the type of training program and the needs of the practice.Most dentists do not have time to manage the logistics and create the content of Training Sessions or Weekly Meetings themselves and so an excellent solution is to promote a team member into the role of Training Manager. Having a Training Manager tends to shift the responsibility of training and development from the dentist over to the team. The team becomes much more involved, and shows more initiative. The role can be rotated amongst the team.

Roles of your Training Manager

1. Makes sure the information in the huddles was added to the weekly meeting agenda.
2. Schedules the weekly meeting in the agenda.
3. Makes sure there is appropriate training material prepared for the training session.
4. Monitors the actions from the training sessions
5. Reports to the practice owner showing the team's actions and a progress report.

A new type of internal training.

An evolved dentist can work with the training manager to put together a training agenda so the team can be skill-building every week.

Some suggested topics to run internal training sessions on could be:

Gathering information over the phone
Handling telephone shoppers
Building trust and rapport with patients
Uncovering patient concerns and roadblocks to treatment
Discussing insurance and finances with the patient
Running on time and supporting each other during bottlenecks

Of course, creating all these sessions internally can be quite a burden for the busy clinician… but there is an alternative.

Primespeak.com team training sessions

Fortunately, primespeak.com delivers a comprehensive training program directly to your practice.

Primespeak.com has developed short, animated, "edutainment" video training sessions called Primers.

Primers contain the central message and then guide the team through short, constructive training activities.

Each Primer results in the implementation of Daily Actions that are actually created by the team. It's the application of the Actions that creates the real success.

Primer Topics include:

-How to never be rejected
-Advanced telephone skills
-How to run huddles and weekly meetings
-Scheduling the perfect day
-How to motivate an apathetic patient
-Skills for the new patient coordinator
-Developing a proactive courtesy mindset
-Building rapport quickly with WKY techniques
-Ethical diagnosis in dentistry

Additional Leadership training for the practice owner is also available on topics such as:

-How to hire and fire
-Buying and selling a practice
-Creating a passive income practice
-Transitions options
-Team management

…and the list goes on covering every conceivable aspect of running a dental practice.All online training is monitored by a Primespeak Course Coordinator who is freely available for support. Each month the training manager will have a brief call with the Course Coordinator to check in on the training needs of the practice, and to offer support and guidance.Primers can be accessed anytime and so can be viewed at a time that works with the daily schedule at will. With an economic monthly fee and a one month risk-free trial, it contains the entire communications skills content of the Primespeak communications course plus all the leadership skills necessary to run a world-class practice. Being a monthly subscription with a simple opt out ability there is minimal risk.his program has been beta-tested by around 50 LVI practices in North America and is now available to all IACA members.

Visit primespeak.com to register your interest or to learn more. You can also contact the primespeak.com US office at 800-410-8149 any time.

Dr Michael Sernik is a director of primespeak.com, specializing in advanced verbal skills training that covers every aspect of creating a world-class dental practice.

*Editorial-* CONTINUED FROM PAGE 2

The bottom line on why dentistry as a whole is kept at such a low priority in the media is the lack of education, (ignorance), about dentistry. In fact, a lot of dentists lack the education about many developments in dentistry. Ten years ago I met two dentists who were fifteen years out of dental school who said, "If I didn't learn it in dental school…I don't do it!" They were not using all porcelain crowns, porcelain onlays, lasers, or even placing posterior composites – let alone doing neuromuscular craniomandibular disorder, (CMD), treatments!

Members of the IACA are very blessed to have found an organization that is concerned with educating its members about the latest developments in dental care. But with education comes responsibility to our fellow human beings. We should feel responsible to not only treat our own patients with the best treatments; we should also feel responsible to educate the public through our marketing, our personal contacts, our other dental organizations, and our research. If you feel deficient in conducting research I encourage you to contact the IACA research committee through the IACA and they will guide you. Please submit any ideas you may have for research so the committee can consider them. Perhaps you and some of your fellow dentists in your area could join together to conduct a research project? You could advertise the need for patients for the study – once cleared for human research! You could involve non-IACA dentists in the study and it may educate them regarding what we are about in the IACA?

I truly hope the ADA's proposed public education campaign is successful in educating people that dentists are not carpenters in the mouth. I hope their efforts raise the public perception of the profession, not the "trade," of dentistry. I wish them the best and openly offer the support of the IACA Newsletter in their endeavor. However, I even more so encourage our own IACA members to get involved in our own educational endeavors for the public – and for our fellow professionals in dentistry. Dental education is needed for everyone!




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*Abstract Alley-* CONTINUED FROM PAGE 2

## Health risk from occlusal interferences in females.

*Kirveskari P, Jämsä T. Eur J Orthod., 2009 Oct; 31(5):490-5. Epub 2009 May 28.*

Source

Institute of Dentistry, University of Turku, Finland.

Abstract:

The purpose of the present study was to test the effect of elimination of occlusal interferences on the incidence of requests for treatment of symptoms in the head and cervicobrachial region. One hundred and twelve females 45 years of age or under, were randomly divided into a treatment group (n = 54) and a control group (n = 58). The former underwent occlusal adjustment and the latter grinding that did not affect occlusal contacts. The treatments were repeated every 12 months over a period of 4 years. The outcome variable was a spontaneous request for treatment. Statistical analyses included chi-square tests for categorical variables and a t- or Wilcoxon ranked sum test for continuous variables. Poisson regression was used to compare the risk of seeking treatment between the groups. The cumulative incidence rate of treatment requests was 2/54 in the treatment group and 11/58 in the control group. The relative risk was 5.12. The 95 per cent confidence limits were 1.14 and 23.1, respectively. The difference between groups was statistically significant (P = 0.0336). Systematic elimination of occlusal interferences significantly reduced the incidence of requests for treatment of symptoms in the head and cervicobrachial region. (This is in contrast with the view that there is no, or at best, an insignificant health risk from occlusal interferences.)

## FUTURE IACA MEETINGS

2012 Annual Conference
The Westin Diplomat
July 26-28, 2012
**Hollywood, FL**
Click Here to Register

2013 Annual Conference
Telus Convention Center
August 1-3, 2013
**Calgary, Alberta**
Click Here to Register