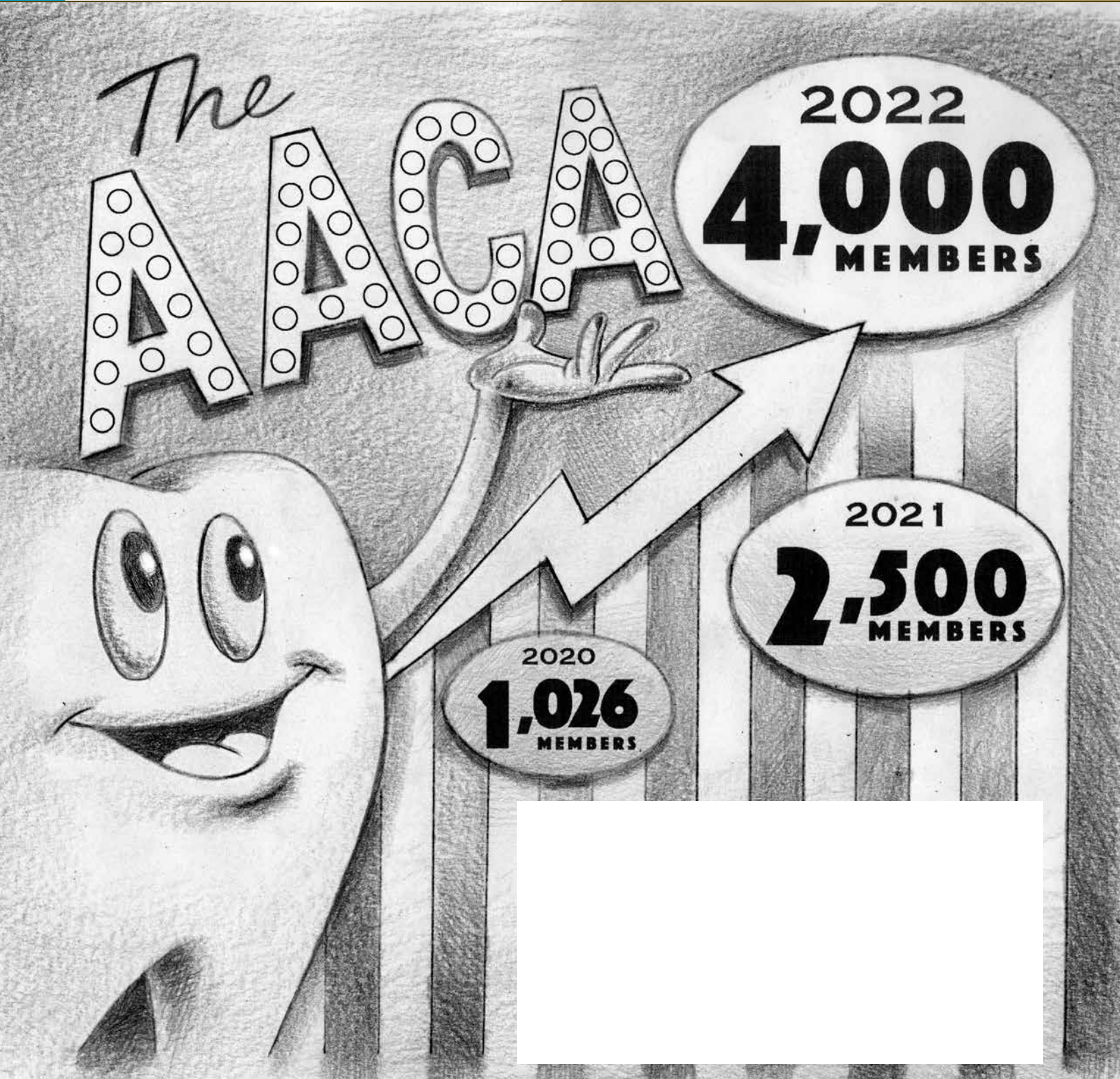


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## Guest Editorial

### The Creator of Smiles

On March 13, 2022, the AACA mourned the loss of one of its board members, Dr. Scott Methven, who lived and practiced in Wasilla, Alaska.

Scott embodied everything right about being a leader of the AACA.

He shared his knowledge about endodontics willingly and happily, he understood the importance of a dental community, and he was quick with a smile and a laugh.

Both professionally, in his dental practice, and personally, for all his friends and colleagues, he created smiles.

Professionally, he created smiles via Invisalign and cosmetic restorations, but he was best known for taking people out of pain with his incredible endodontic skills and putting smiles on their faces. He once told me he could average 5 to 6 molar endos a day—and he loved doing it!

Personally, at meetings and conventions, he would make everyone around him smile with his happy demeanor and humor.

In order to celebrate his life and career, this summer, we dedicated the AACA National Convention to Dr. Scott Methven—the Creator of Smiles. We celebrated the work that each of us does in bringing happiness and joy to the world by creating smiles with Clear Aligner Therapy. It is the greatest and most noble thing a person can do.

Dr. Scott's smiles leave an amazing legacy that changed the world for the better.

I miss you terribly, Scott, but we will continue to celebrate your work and make you proud.

*David Galler, DMD*

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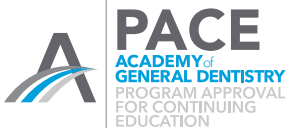
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# Case Reports

## How Invisalign With IPR Can Save the Aging Patient's Teeth

by Jamie Mellert Houck, DDS



Dr. Jamie Mellert Houck is a fourth-generation dentist who practices general dentistry in Torrance, California, and feels blessed to be practicing with her father. She is a graduate of USC School of Dentistry, Class of 2016, and is on the Board of Directors of the AACOA while also leading

the AACOA South Bay Study Club Chapter. Outside of dentistry, Dr. Houck loves being a mom and spending time with her husband and two young kids.

Susan, a health-conscious, female, 76-year-old retired spine surgeon, presented with Class 2+ mobility on teeth #24 and #25 with poor long-term prognosis. These teeth presented with bone loss. Another doctor in the practice had treatment-planned them for a bonded lingual splint and occlusal adjustment to prevent further loss of periodontal support. Upon examining the patient, I felt it was possible to improve her oral health and cosmetics through orthodontic treatment with Invisalign. We informed her of all risks and benefits, including the possibility of losing teeth #24 and #25.

### Diagnosis

The patient was diagnosed with Class I malocclusion (**Figure 1**) with severe mandibular anterior crowding (**Figure 2**), mild maxillary anterior crowding, traumatic anterior occlusion (**Figure 3**), deep bite, narrow arch forms, and generalized gingival recession. Even though the patient had meticulous oral hygiene, there was often heavy calculus buildup on the lingual walls of the lower anteriors due to the overlapping of these mandibular anterior teeth. She had many posterior restorations, all with excellent fit and occlusion. The patient had a diagnosis of osteoporosis, and so we conducted medical consults with managing specialist physicians.

The treatment plan was to correct her malocclusion with Clear Aligner Therapy in the hope of improving her anterior



**Figure 1:** pre-treatment, showing Class I malocclusion.



**Figure 2:** pre-treatment, showing severe mandibular anterior crowding.



**Figure 3:** pre-treatment, showing overcrowded and traumatic anterior occlusion.

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occlusion and the stability of her lower anterior teeth, while also repositioning teeth with the goal of gaining buccal tissue coverage. The secondary goal, after the improvement of her oral health, was to enhance esthetics with the healthier positioning of these teeth.

### Treatment

We chose Invisalign as the treatment modality to give the patient the most comfortable, cosmetic, and concise treatment option. In order to create space for the boxed-out lower laterals, we set up the ClinCheck with the maximum mandibular IPR of 0.5 mm from premolar to premolar. But, in addition to Align's typical limit of 0.5 mm per contact (**Figure 4**), we added 0.1 mm to 0.2 mm of IPR in order to properly recontour the triangularly shaped lower anteriors and minimize the potential for black triangles.

The IPR was completed with QwikStrips, SpaceFiles, and a mosquito bur to open the embrasures and recontour between teeth #24 and #25, where the greatest IPR was needed. Slightly less IPR (0.4 mm instead of 0.5 mm) was done at each of these contacts than originally planned. We used bite ramps and GAIP attachments to intrude the lower anteriors.

The patient wore aligners for 9 months. In total she wore 35 aligners: 31 treatment aligners + 3 overcorrection aligners + 1 virtual C-chain. We slowed the velocity to 0.15 mm per aligner to allow more time for bone remodeling, given the osteoporosis diagnosis. The patient changed aligners every 7 days for aligners #1-23 and every 6 days for #24-35. For acceleration, we had her use Munchies (red) for 5 minutes, 2x/day and each time aligners were seated.

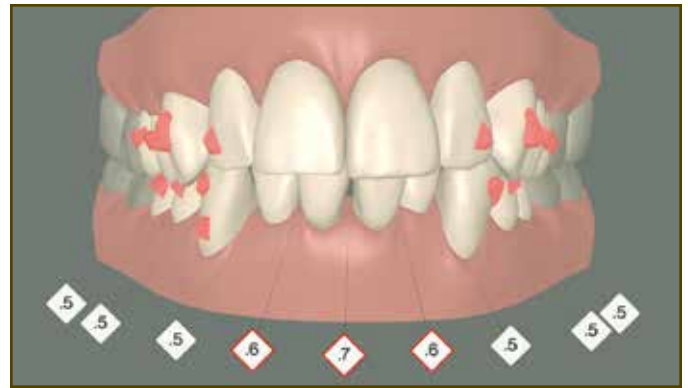
The case was completed without Refinement, and the patient was ecstatic with the results (**Figures 5-6**). At the completion of the case, the patient had a slight Class 1 mobility to teeth #24 and #25, which was a considerable improvement from her Class 2+ prior to orthodontic treatment. This slight mobility should decrease as the ligaments and bone have time to mature in this new healthier positioning, with teeth #24 and #25 slightly out of occlusal contact. She also had a much easier time keeping these teeth clean from plaque and calculus and had less gingival inflammation on the lingual surfaces of her lower anteriors (**Figure 7**).

### Retention

We finished the case with a bonded lingual wire from teeth #22 through #26 (**Figure 8**) and upper and lower Vivera retainers.

### Conclusion

The older patient population is one that many practitioners shy away from treating orthodontically; but in doing so, we are missing out on opportunities to positively impact the health and well-being of many. If this patient's traumatic malocclusion had not been corrected, it would have led to further wear and potential loss of teeth, which would in turn have necessitated less cosmetic, more invasive, and more costly solutions. With



**Figure 4:** ClinCheck, showing significant IPR.



**Figure 5:** post-treatment, showing improved occlusion.



**Figure 6:** post-treatment.

Clear Aligner Therapy, this patient was able to achieve a healthy, beautiful smile which she can take care of well for the rest of her life.

*(continued on next page)*



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**Figure 7:** post-treatment; lingual gingival inflammation much reduced on lower anteriors.



**Figure 8:** post-treatment, with bonded lingual wire for retention.

**Treatment overview**

- Treatment time: 9 months
- Total aligners: 35 (31 treatment aligners + 3 overcorrection aligners + 1 virtual C-chain)
- Change intervals: 7 days (aligners #1-23); 6 days (aligners #24-35)
- Velocity: 0.15 mm per aligner
- Acceleration with Munchie use 5 mins 2x/day
- Lower IPR
- No Refinement ■

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# The Golden Patient

by Katie Beach, DDS

*This case was a Golden Aligner Competition winner at the 2021 Gallerite Reunion in Las Vegas.*

The morning that I met Jeremy, my assistant came to me and said, “Dr. Beach, we have a patient here for an Invisalign consult, but I don’t think he is a candidate.” Well, as usual, my assistant was right! Just walking into the operatory and seeing the scan on the iTero screen, all my instincts told me to punt to my favorite local orthodontist. However, Jeremy had other plans.



Dr. Katie Beach, a graduate of Louisiana State University Dental School, has been practicing general dentistry in Shreveport, Louisiana, for the last 15 years. Dr. Beach loves being able to offer her patients an esthetic way to align their teeth, and she achieved Diamond Plus status after only 2 years as an Invisalign provider. Dr. Beach has served as a board member and Key Opinion Leader for the American Academy of Clear Aligners since 2018. In June of 2021, she graduated as an AACA Fellow, becoming one of the first 26 dentists to achieve this Fellowship.

Dr. Beach credits her success in dentistry and Clear Aligner Therapy to her amazing staff and to her husband, who is also a general dentist in their practice. Dr. Beach enjoys spending time with her family above anything else. She especially loves watching her daughter, Bella Kate, doing all her favorite sports and activities!

After I went over all the reservations I had about treating his case with Clear Aligner Therapy, Jeremy looked me in the eye and said that he believed in me and that the sole reason he’d come to our practice was for me to treat his case. WHAT? Come again? Hadn’t I just told him every reason I could come up with on why this was a bad idea?

But Jeremy’s best friend, whom I’d treated the year prior with Invisalign, was convinced I was the only one who could and would treat Jeremy. After all that, how could I say no? Would you have said no? Exactly! So this is where it began. To say I was nervous and scared would be a bit of an understatement, because at that time, I had never treated a patient whose case was as extensive as this one.

Jeremy presented with Class III malocclusion in the posterior and a very unusual alternating crossbite in the anterior (**Figures 1-2**). This case definitely did not fit the “20 in, 20 out”



**Figure 1:** Jeremy before treatment.



**Figure 2:** Jeremy’s alternating crossbite, pre-treatment..

aligner model, and I knew it would take multiple Refinements to complete. It ended up requiring 3 Refinements, totaling around 20 months’ elapsed time.

I set up the first ClinCheck, allotting space distal to the maxillary lateral incisors (**Figures 3-4**) for restoration with veneers after treatment, which would have helped with the end result esthetics. But Jeremy decided, after the first set of aligners, that this wasn’t something he wanted to pursue. After the second round of aligners, we started to run into a posterior open bite situation (**Figure 5**), the result of an anterior interference (**Figure 6**). We identified and resolved the problem and moved on.

Jeremy’s final bite and alignment (**Figures 7-10**), while definitely challenging to reach, were truly attainable thanks to his positive attitude and amazing compliance. Jeremy not only earned a new smile after Clear Aligner Therapy, but achieved a whole new level of confidence with his straight teeth. At every appointment my staff and I noticed a new Jeremy emerging.



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**Figure 3:** pre-treatment ClinCheck plan, right lateral view. The first ClinCheck plan was to leave space distal to the maxillary lateral incisors, and the spaces closed via veneers after orthodontic treatment.



**Figure 4:** pre-treatment ClinCheck plan, left lateral view. The first ClinCheck plan was to leave space distal to the maxillary lateral incisors, and the spaces closed via veneers after orthodontic treatment.



**Figure 5:** developing posterior open bite after second round of aligners.



**Figure 6:** anterior interference that was the cause of the posterior open bite.



**Figure 7:** post-treatment, right lateral view.



**Figure 8:** post-treatment, left lateral view.



**Figure 9:** post-treatment, open mouth view.



**Figure 10:** post-treatment, closed mouth view.

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 SCAN ME



**Figure 11:** the author with her Golden Aligner trophy.

He was dressing better, working out, going on dates, and smiling so much more! It was by far the most rewarding experience I have had in dentistry.

As if all this weren't worthwhile enough, I was able to showcase Jeremy's beautiful smile at GRC 2021 in Las Vegas! My friend and mentor, Dr. Andrea Dernisky, persuaded and helped me to submit his case for the Golden Aligner Competition, and I could not have done it without her. I was stunned when I heard



**Figure 12:** the heroes of this tale. Top, left to right: Lauren Wilson, patient Jeremy, Dr. Katie Beach, Kelsey Terry, Chasidy Willhelm. Bottom, left to right: Bella Kate Beach and Courtney Morris.

the news that my case made it to the top ten...then completely shocked when my name was called as one of the three winners announced on stage at the beautiful Encore Theater (**Figure 11**). That gorgeous golden trophy truly belongs to the "Diamond Unicorns," who are my amazing staff, and to Jeremy, my Golden Patient (**Figure 12**)! ■

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# Using Orthodontics to Solve Periodontal Dilemmas ✔

by Jeremy Kurtz, DDS

Samantha, a young woman in her 20s, presented to our office with an interesting dental dilemma. She had generalized spacing (Figure 1) as well as congenitally missing mandibular central incisors. Her hope was to close the spaces and replace the missing incisors with dental implants. Although her treatment goals were quite reasonable, achieving them in fact was going to be challenging for several reasons.

- 1) Proportion: The pre-treatment space between the mandibular lateral incisors was not large enough for 2 implants and proportionally sized crowns (Figure 2).
- 2) Bone: There was insufficient and underdeveloped bone in the area of teeth #24 and #25, manifesting intraorally via soft, flabby gum tissue (Figure 3).
- 3) Frenum: There was a very large frenum pulling in the area of teeth #24 and #25. This also created a significant cleft and further bony insufficiency (Figure 4).



Dr. Jeremy Kurtz is a graduate of the University of Toronto School of Dentistry. He is a general dentist who maintains a unique private practice in Toronto that focuses exclusively on Invisalign and dental implant therapy. Dr. Kurtz is a guest lecturer at various Invisalign and implant study

clubs in Toronto. He is a Diamond Plus (previously called Top 1%) Invisalign GP provider and enjoys making his patients smile with Clear Aligner Therapy.

The conventional wisdom for space management in this case would be to move teeth #23 and #26 distally to their “proper” position so as to leave proportionate space in the mandibular central incisor position. This would require extensive bone grafting and tissue remodeling surgery (because of the frenum) in the location of #24 and #25, further complicating the process of placement and diminishing the likelihood of success of the proposed implants. (It is usually better to place implants in natural healthy bone than in augmented bone areas.) Needless to say, as a general dentist whose practice is essentially clear aligner orthodontics, I have a fondness for the unconventional.

After consulting with my local periodontist, I proposed an alternative idea for treatment. Instead of moving teeth #23 and #26 distally, I would move them mesially, bringing bone with them into the central incisor position, and then leaving behind more developed bone in the #23 and #26 locations. This could potentially alleviate the need for bone grafting altogether, or at least reduce the extent of grafting needed.



**Figure 1:** pre-treatment; note generalized spacing and congenitally missing mandibular central incisors.



**Figure 2:** not enough space for 2 implants and full-sized crowns to replace the missing teeth.



**Figure 3:** insufficient bone in the locations of missing teeth #24 and #25.

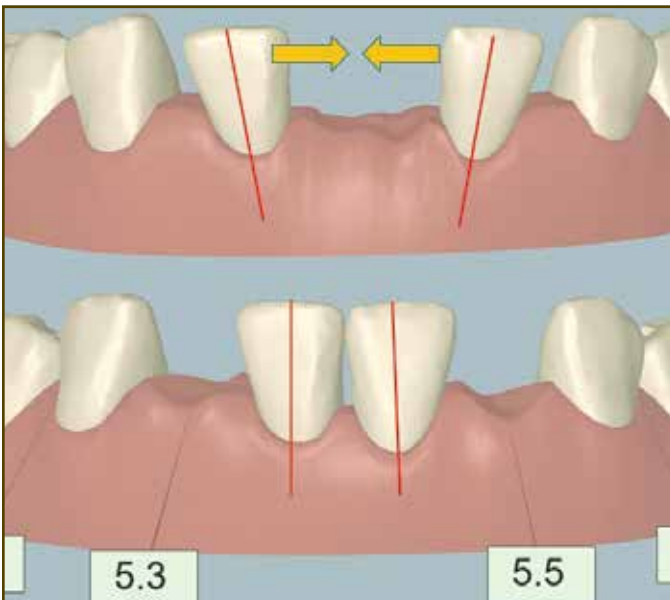
Another benefit to this method was related to the actual orthodontic movement. The roots of teeth #23 and #26 were favorably positioned by being mesially angulated, making mesial crown movement a more predictable tipping movement, with less actual root tipping (Figure 5). Torquing mesially angulated roots distally would have been far more challenging.



**Figure 4:** frenum and cleft at the location of the missing teeth.



**Figure 6:** after 24 aligners. The roots have moved mesially, bringing the bone with them.



**Figure 5:** moving the lateral incisors to central incisor positions was actually more practical.



**Figure 7:** Clear Aligner Therapy nearly complete; the new lateral incisor locations are ready for implants.

I finalized the ClinCheck treatment plan and presented it to Samantha. Given the excessive spacing, we strategically left space distal to both maxillary and mandibular canines, with intent to close them with bonding or veneers in the future. The initial treatment plan was for 30 trays, with trays switched at intervals of 14 days at first, accelerating to 10 days later in the plan. Substantial progress was visible at stage 24 (**Figure 6**): The roots were bringing the bone with them, and the frenum and cleft were less prominent.



**Figure 8:** the papilla has grown in between the teeth that were moved; no black triangle!

At that point Samantha expressed a need for more time to prepare financially for implant placement, so to slow her treatment, we ordered a Refinement consisting of 20 trays. With the Refinement nearing completion (tray 15), the bone in the now edentulous locations of #23 and #26 is thick and robust (**Figure 7**). What came as a pleasant surprise was the papilla in between the teeth that are now in positions #24 and #25 (**Figure 8**). Although the initial ClinCheck (**Figure 5**) showed a black triangle between these teeth, the now ideal position of these teeth allowed for ideal gum growth and papilla formation.

Essentially, I was able to move teeth, bone, and gum tissue to achieve a remarkable result, all with clear plastic aligners. Now Samantha is ready for implant placement and does not need any bone augmentation, or even frenum or cleft repair surgeries. Who knew that my use of Clear Aligner Therapy could accomplish what would normally require the surgical expertise of a board-certified periodontist? ■

# Practice Marketing

## Elevate Your Practice Marketing

by Gina Marcus, DMD



Dr. Gina Marcus believes that a healthy mouth is a gateway to a healthy body. She is native to Miami, Florida, and graduated from Tufts University School of Dental Medicine in Boston, Massachusetts, where she received her DMD. Dr. Marcus is a member and active participant in the American Academy of Clear Aligners, where

she serves on the board as a Key Opinion Leader and in the Miami chapter of the AACA study club. She believes that learning is a lifelong endeavor, and staying current with cutting-edge technology, materials, and procedures in dentistry is critical to her and her practice.

Dr. Marcus has been published in the September/October 2014 edition of *Today's FDA* magazine, and featured in the book *The Beauty Prescription* and the journal *Facial Plastic Surgery*.

In her free time, Dr. Marcus enjoys spending time with her family and friends, running, traveling, and listening to music.

### It's time to level up your marketing!

I wish there were a formula or recipe on how to grow a dental practice. Growth can be one of the most challenging parts of running a private practice, aside from the current staffing issues we are all experiencing. The way we market to patients has changed drastically in the 20 years I've been practicing. Patients want different things and have higher expectations. They expect to see brands they recognize: Invisalign™ clear aligners, Botox®, Sonicare®, etc.

When I first started, I tried everything out there: newspaper ads, magazines, website SEO, you name it. These methods work, but the net each one casts was either too wide or not wide enough. In today's fast-paced world where technology is rapidly evolving, you have to keep up or get left in the dust.



**Left to Right:** Kirk Merritt: New Orleans Saints, Jevon Holland: Miami Dolphins, Gina Marcus, DMD, Jerome Baker: Miami Dolphins

The days of printed ads are quickly becoming obsolete. Marketing and advertising costs are prohibitive to a new practice owner, especially in a saturated market, attempting to use these channels for growth.

Social media marketing is here to stay! It will continue to evolve and change, platforms will come and go, and hopefully the big ones will continue to improve. The best part about social media marketing is that the use of organic social media is free! People want quick, easy, and convenient. The social media space is exactly that. You can get your message out in several ways with an unlimited amount of content at your fingertips.

There are two types of social media marketing that you can use to drive business to your practice: organic and paid. "Organic social media" is the content that you post at no cost to share with your followers. "Paid social media" is content that you pay a platform to share with targeted audiences.

Organic social media marketing has almost no overhead! It uses things you already have in your practice: any iPhone, dedicated team member(s), and your desire to grow and change. There are many platforms available, with Instagram, Facebook, and LinkedIn being the most common. To get started, you need to

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Dr. Cassie Kalapsa

Dentist

★★★★★

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Jaclyne Healy

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understand who your audience is, or who you would like it to be; then you can focus on understanding what that audience wants. You have to do your homework. Follow others who are like your target audience to see what they are interested in: what brands, events, artists, luxury items, and the like. Once you have built engagement with your organic audience, you can take what you have learned and pay to boost your posts to grow your audience and attract new patients to your practice.

So, where do you start? Think about which procedure you do every day that you love. For me that's simple...Invisalign® treatment! Invisalign patients are my favorites. I never hear the dreaded "I hate the dentist," and they are always happy to see me. They also refer me the most patients who convert to Invisalign treatment. We all know internal marketing provides the best ROI out there, short of purchasing an existing practice. Did you know that the Invisalign brand has lots of marketing materials available to you to help you with your social media? If you're an Invisalign doctor and you haven't checked out the Invisalign Marketing site yet, put this article down and check it out!

I'm sure you know that Align Technology's Invisalign brand is an official partner of the NFL. I have been using this partnership and Align's NFL Player Treatment program to scale my social media game and my Invisalign treatment game. My team and I treat several NFL players and work to help them feel comfortable and at home at our practice. We always have

fun interacting with them. We take photos, post on our social media, and tag them...with their permission, of course! Typically, the players repost our content on their own because they had a great experience. You just need one NFL player patient to start; then the word gets out, just like with our regular dental patients. I have been able to grow my practice by utilizing the Invisalign brand-NFL partnership, and now I treat the largest number of NFL players in the country and in the program partnership!

Organic social media marketing requires consistency in posting, which creates trust in you and your team. Align Technology makes it straightforward to get the program started in your office with social media posts and ideas, posters, footfalls, and even team-branded aligner clamshells just a few clicks away.

Before social media, it was nearly impossible in a saturated market to advertise and market sustainably. While the best way to grow a practice remains purchasing an existing practice, there are many convenient mechanisms you can take advantage of that are beneficial to your practice growth. The only thing in your way is you! Social media can create and maintain connections with your audience and foster daily interactions, and is a "start on Monday morning" addition to your practice.

Need help? Reach out! ■

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# Practice Management

## What Is Cyber Hygiene?

by Tasha Dickinson



Tasha Dickinson is founder and chief technologist of Siligent. She has completed and installed multiple IT infrastructure projects for dentists across the US, including consulting on cybersecurity, computer architecture, and data protection. She has also worked as a product manager

for a leading industrial hardware company; evaluated and tested industrial products; worked as a management consultant for Massachusetts General Hospital; and started her own nonprofit.

She earned her BA in computer science and applied math at Mount Holyoke College, her BE in mechanical engineering at Dartmouth College, and her MBA (with a concentration in supply chain and international business) at Northeastern University. She lives with her husband (an AACA member who graduated from Dartmouth and Tufts Dental School) and their 3 kids.

***Editor's note: we received this article early this spring. We believe that the cyberattack on the ADA that occurred just a few days later makes its content especially relevant for our readers.***

We all know what hygiene is. We also know that it is an important part of maintaining a patient's health and keeping teeth in optimal condition. It's also the first place we see new problems, and where we can head off issues before they can become expensive.

So what exactly is Cyber Hygiene? In the same way you take care of your patients' health, it is an IT provider's job to care for the health of the technology you use in your office, including your network and everything that is connected to it. We work hard to clean and maintain it, watch for any problems, and conduct checkups...the same things done in your dental hygienist's chair, and every night when you brush and floss.

First up: updating the software and hardware on your network. Every computer that has access to your information needs to be checked and updated. Software is created to solve a problem, but often the creative process does not involve testing it in every way that it might be used. Over time, issues are identified, and fixes are sent out, ranging from patches for immediate security issues to feature updates. Every piece of software needs to be checked and maintained, and updated whenever a new version is available.

In addition to software, your hardware is an important link in protecting your data, and it needs monitoring too. Even daily checkups for hardware can give us a good idea of what is going on, in the same way you might take an x-ray and verify what you already suspect might be a burgeoning caries infection. Just as you explain to your patients, prevention now is better than a big problem necessitating a huge cash outlay down the road.

In addition to the hardware and software updates, your IT provider can support you with processes that can help you maintain good Cyber Hygiene. Passwords and access are critical. Creating complex passwords and saving them in a secure location (and not reusing them!) are difficult tasks to handle manually. Luckily, there are several good options that can save your valuable time. Some of these programs can even help with the issues of who has access to which passwords, accounts, and computers. Having control over these processes can help put your mind at ease and, more importantly, maintain good cyber and HIPAA standards.





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We spend a lot of time with clients on two other issues: backups and training. These are crucial steps to help you prevent and/or recover any data loss that could severely affect your business. The folks who use your technology systems are both your biggest asset and your biggest liability. Ensuring that your staff is trained and retrained regularly on security will help your business. Untrained employees will click on a link 19.8% of the time. But even among trained staff, this can still happen, so backups are the most important last step. What is your backup strategy, and are you still at risk?

For your practice as well as for your patients, regular checkups can make a world of difference! Just ask yourself: if you are brushing and flossing daily, what are you doing for your computer systems?

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# Office Management

The AACA is pleased to report that it is now welcoming office managers to membership. Office managers who join will have access to our newly launched Elite Office Management Mastermind group, led by Ashley McGowan.

## iCreate: An Office Manager Experience

by Ashley McGowan



Ashley McGowan manages Ironwood Dental in Tucson, Arizona, for Dr. Karley Schneider. While relatively new in dentistry, Ashley has management experience with a number of multinational companies and grew up watching her family manage dental practices in Austin, Texas. Ashley

attended the University of Arizona, where she studied journalism and Spanish. She was previously published in *El Independiente*, a bilingual magazine in South Tucson.

In her first year working with Ironwood Dental, the practice expanded from 7 employees to 14 and moved into a new, cutting-edge office. Ashley is focused on facilitating the rapid growth of the practice, as it prepares to expand into a brand-new space in 2023. She is also thrilled to step into her new role, publishing an office management column for the AACA.

Ashley has lived in Tucson with her husband for 10 years. In her free time, Ashley loves to play Dungeons and Dragons with her friends and to catch Texas Longhorns football games on TV.

This year, for the first time in Gallerite Convention history, office managers ran their own show. Office managers were the focus, creators, and intended audience. They were the talk of the whole convention. For the 18 AACA Elite Office Managers who helped actualize the 2022 Office Manager breakouts, the iCreate Convention at the beautiful Wynn Hotel in Las Vegas was a surprising success.



Our mission—creating a collaborative community for dental office managers to provide all forms of support and develop skills to grow and energize our practices—started with a big bang! The number of office leaders who turned out, to learn from each other and support this new direction for the AACA, far outpaced our expectations.

*“The number of office leaders who turned out far outpaced our expectations.”*

### Day one: an impressive start

To kick off the convention, the Elite Office Managers were recognized as AACA Board Members among the distinguished dentists who dedicate untold time and effort to the content and community that make up the AACA. With the largest and most ambitious convention only hours away, there was so much excitement, and so much left to rehearse.

Day one of the convention gave all of the attendees an opportunity to witness the overwhelming success of AACA members. With awards for doctors who reached Platinum and Diamond Invisalign status, completed difficult and incredible Invisalign cases, and dedicated themselves to rigorous fellowships, the opening ceremony was lengthy but humbling. The leaders behind so many successful practices filled the seats of the regal Encore Theater.

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## Marketers and mirth

Following the opening session, vendors lined the hallways waiting to discuss a number of usable options for each practice. With financing options, website design, dental assisting school, and so many new aligner products, there were numerous ways to improve innovation and efficiency in the office day to day.

By far the most memorable, and hilariously painful, part of day one was Dr. David Galler's late night comedy show. Even the great Jim Gaffigan struggled to compete with the uncontrollable anguished laughter that followed Dr. Galler's brutally relatable stories. Office managers all over the room were crying and laughing.

## Day two: the excitement continues

After a late and hilarious night, day two was the start of the breakout sessions. Eight Elite Office Managers were expertly prepared with relatable and innovative presentations, but knew very little of what to expect from the crowd. Would there even be a crowd?

Fearlessly, Alyssa Hall was the first to present her brand-new idea, "Throw Out the Goodie Bags: How to Become an Amazon Affiliate." As the first few rows in the audience began to fill, it became increasingly clear that the limited space in the half of the room set up for the attendees would not be nearly enough.

Alyssa spoke about her endeavor to help her office save money, introduce her patients to products her office truly believed in, and earn a profit in surprising ways using Amazon links. The room was buzzing with interest, and the seats, now throughout the entire conference room, continued to fill.

Following Alyssa, and now facing a packed room, JaQueah Chatman presented about her experience with toxic employees, Dr. Sarah Pless and GERALYN Jackson gave a comprehensive overview of the Canadian and American insurance games, and Carolina Leyva and Jamile Rodriguez tackled a favorite subject, the irate Karen.

Each session was an opportunity to connect on common issues and to exchange ideas with office managers attending. So many people wanted to participate in the Q & A sessions that followed the presentations that small discussion groups would often form. The need for support and conversation among office leadership was so clear.

## Prognostication and party!

Reuniting with the rest of the convention, many of us attended "The Next Big Thing," presentations from vendors with new, cutting-edge ideas. The presentations were interactive, and an interesting opportunity to glimpse where the dental industry might be heading in the years to come.

Not to be outdone by day one, day two ended in an unreal private pool party at the Encore Beach Club. After a productive and educational day, everyone let loose! Dentists were dancing, office managers were drinking, and the party was

incredible. Many of us stayed far too late for the early morning presentations to follow.

## Day three: the thrilling conclusion

The final day was filled with relevant information from the last four Elite Office Manager presentations. Deanna O'Connell opened with a presentation about her unique onboarding methods. Her Red/Yellow/Green onboarding system not only clearly communicates expectations to new hires but also communicates their ability and skill level to fellow employees.

Again, as the presentations continued on the final day, the seats filled to near capacity. Taelor Velasquez spoke about confidently handling simultaneous office emergencies, Shawn Cooper empowered attendees to "Close Like a Pro," and Roksana Schwartz and Jennifer Ziegler surprised the audience with their "Donkey, Horse, Stallion, Unicorn" internal ranking system.

As the last presentations wrapped up, and the attendees started to head home or off to their extra workshops, there was time to reflect on the value of the Office Manager breakout sessions. There was hope that those who attended could take even a piece of what they learned home to their offices and grow or energize with it. Many of the Elite Office Managers that helped develop these breakout sessions, practice these techniques every day and believe in what they can do for others.

## The takeaways

But the Gallerite iCreate Convention cannot be the end. There is still so much content and community to come from the Office Manager segment of the AACA; the convention was only a springboard.

In 2022 the AACA introduced the Office Manager WhatsApp chat, a place for constant communication with hundreds of people who can offer support, advice, a place to vent, and new ideas. Dentists are excluded. Every Wednesday, office managers from all over the U.S. (including Puerto Rico) and Canada discuss relevant questions like how to address employees that regularly ask to leave early, or which third-party finance options are best for Invisalign.

The AACA *Journal* will continue to provide articles by office managers, for office managers. These articles will go in depth on all the breakout session subjects, as well as others decided on by office managers. The breakout presentations will also be published as webinars on the AACA website.

The number of office managers and team members that attended the new Office Manager breakout sessions was amazing. What many expected to be a slow process of building interest among office managers exploded with people waiting for community and content made just for them. We can assure them that there is more to come. ■

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# Jack's Corner



by Jack Von Bulow, DDS

## That Was the Week That Was; or, Keep On Smiling or Else

"Making dentistry fun" is part of the purpose at our practice, and those words appear on a sizeable plaque attached to the wall in our reception area. And in dentistry, everyone needs to have a sense of humor; it's our first doc/patient agreement.

So, when you're working in a fairly small room and inserting four gloved hands and power tools into a small space surrounded by cheeks and a tongue of varying dimensions and mobility, in search of a tooth measured in single-digit millimeters and an ultimate work area sometimes measured in fractions of millimeters, the potential for stress might be in the air...for everyone involved.

For the last 2 years or so, I've greeted newbies without the benefit of wearing a surgical cap and gown, a shield, or loops. But since dentists always have to go to dental school and are at least slightly broken inside, just before I walk into the room I think, "What if they ask me to wear a larger mask...or a bag over my head?"

So, when I meet a new patient, things start with a conversation; it's a little one-sided.

I do most of the listening and ask a few questions about stuff happening in the patient's life, like family, work, and hobbies or interests. Couldn't tell you why sports and food seem to show up so often. I always study the patient's medical/dental history, digital x-rays, and digital scan before our sit-down, eye-to-eye meeting. And there are ground rules to cover before we start talking teeth.

One of my fave quotes of all time is Mark Twain's "It's not what you don't know that gets you into trouble. It's what you know for sure that just ain't so." But I'm out on that limb when I assume anyone walking through the door has a measure of anxiety about a visit to the dentist. My conversation sets the tone for helping new patients feel liked, listened to, and safe. I smile a lot, a surviving-dental-school self-defense mechanism (in some dental circles, I'm still known as "Smilin' Jack").

And I talk family. Even though Von Bulow sounds like a great name for a German composer or field marshal, 95% of my relatives are Sicilian; I always ask patients if it's okay if I serve

them in the context of family. I inform them of my family roots and add "Sicilians, in general, are bent on revenge and never forget." I add, "My uncles all carried knives." (They didn't.) I then pledge to be respectful, caring, and gentle at all times. Patients always give me the green light on being served as *famiglia*, and it's surprising how many Sicilians live in Temple City, California.

As I said, we aim to make dentistry fun. And I guess, in dentistry, some days are more fun than others.

So, this week, in addition to all the usual COVID-19 stuff, like patients going full-out Sicilian non-*famiglia* over insurance issues or having to see the "wrong" hygienist or having to wear a mask, we suffered a true meltdown...by me. Smilin' Jack briefly transformed into Rilin' Jack because he had to work in a treatment room he did not prefer...for TWO whole days. And, as Joseph Heller wrote in *Catch-22*, "Just because you're paranoid doesn't mean they aren't after you."

And then things only got worse. The next day, as usual, I arrived 2 hours before our morning huddle on a bone-chilling SoCal Thursday morning (37 degrees Fahrenheit!). And...the heating didn't work. And every computer was dead. And the phones weren't working. And only the truly paranoid would first check to see if they'd paid their Spectrum bill—so I did. Our own IT guy arrived after I had checked in with our Spectrum IT guy, who surmised there was no connection between the server and workstations. Our IT guy arrived and pronounced our server "mostly dead." He took our server away for home server CPR lifesaving measures. (I might add, I love the movie *The Princess Bride*.) Our IT guy attempted to deal with the phones, and it helped until yesterday.

Today, I arrived early to leave a key for our IT guy and the reconditioned, soon-to-be-extinct server. And I was doing okay for a while. I saw *State of the Union*, picked up a Havana Cappuccino, got to the office, and talked smack on Facebook. I had an hour to get to the golf course. I put the key in an envelope, and sent our IT guy a text with security instructions and key/envelope location. I set the alarm and shut the door and the security gate on the way out, but then realized I'd forgotten my hoodie (useful during the SoCal tundra weather such as on Thursday). But my key was in an envelope sitting on my desk inside the office. (The last time I locked myself out it



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was my car, and it was still running in the parking lot outside the public tennis courts. I guess I should be grateful.)

Well, I swear, for the longest time I've thought the idea of an antagonistic "Universe" was a crock made up for people who didn't like to read but still needed an answer for everything. But that was before I knew the Universe was Sicilian; it's bent on revenge and never forgets...even for a day.

As the Universe would have it, tomorrow it's Monday morning and we're having a team meeting at 7:30 am. And I'll be apologizing, repenting, and smiling.

By the way, the phones are still down.

Do you believe in miracles? ■



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