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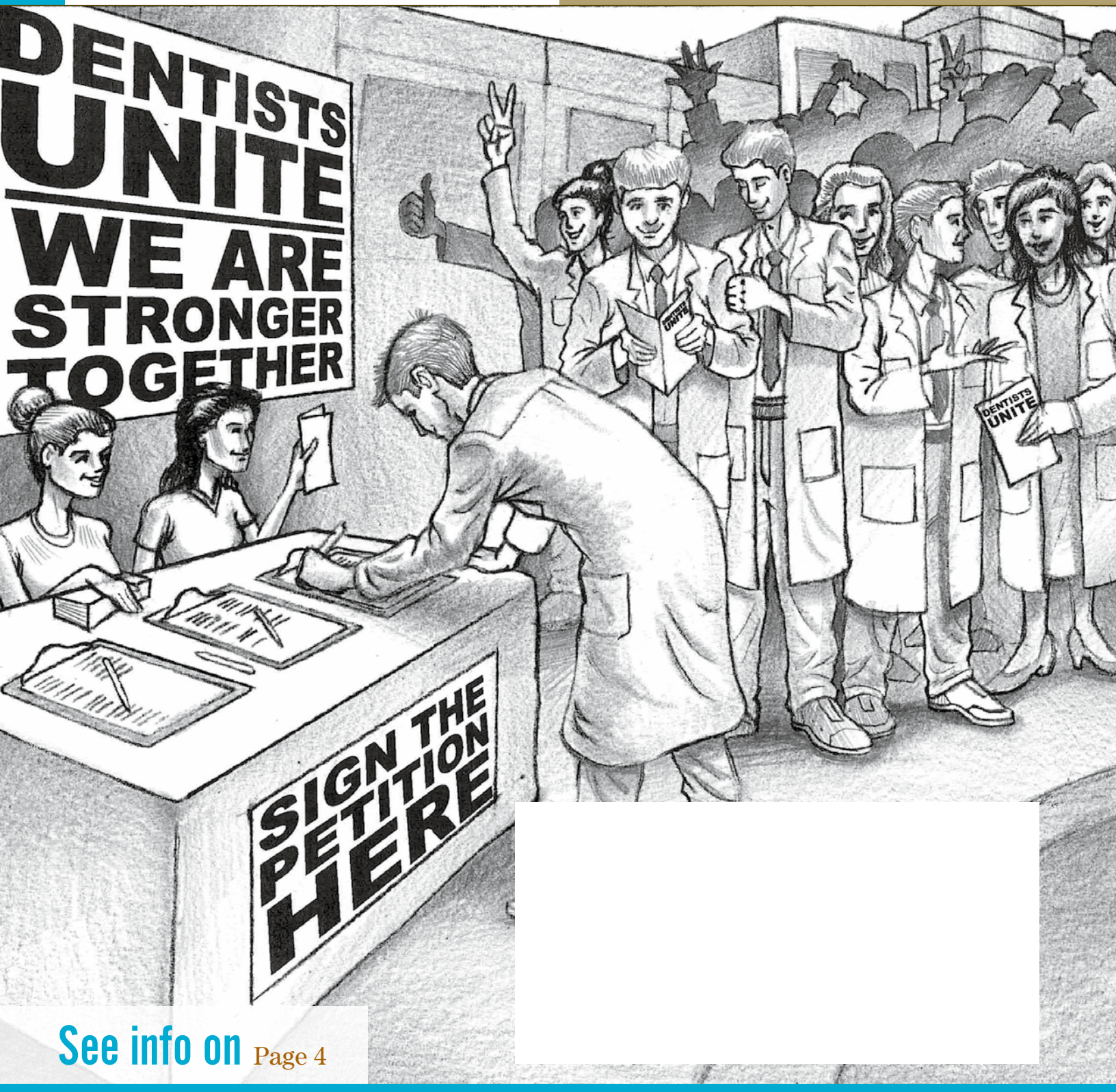
SUMMER 2023

the Journal

American Academy of Clear Aligners

The Academy for Clear Aligner Therapy



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the Journal
American Academy of Clear Aligners

Dr. Jeffrey Galler
Editor

Editorial

Can't We All Get Along?

Recently, the American Academy of Orthodontists (AAO) posted videos on social media, suggesting that a smart consumer would be better off seeing an "orthodontist" rather than a "dentist."

I found them confusing. Isn't an orthodontist a dentist? I had to watch several of those videos before I understood that the AAO was trying to steer potential patients to its own members, rather than to general dentists who provide orthodontic services.

The AAO probably feels threatened by general dentists, like our American Academy of Clear Aligners (AACA) members, who have successfully incorporated clear aligner orthodontics into their practices.

But are all orthodontists better qualified than AACA members?

First, note Dr. David Galler's remark (page 4) that it's foolish to claim that freshly graduated orthodontists are more qualified than general dentists who have attended hundreds of hours of Continuing Education and have treated thousands of cases.

Second, many of our members report that they have successfully treated quite a few clear aligner patients who have erroneously been told by orthodontists that their malocclusion could only be treated successfully with traditional, metal braces.

Third, is it ethical for an orthodontic association to disparage general dentists? According to the American Dental Association Code of Ethics (Section 5 – Veracity), "In order to properly serve the public, dentists should represent themselves in a manner that contributes to the esteem of the profession. Dentists should not misrepresent their training and competence in any way that would be false or misleading in any material respect."

Finally, there are so many patients in North America with malocclusions that all dentists would benefit from increased public awareness.

Historically, when better-educated general dentists incorporated more periodontal treatment in their practices, referrals to periodontists increased tremendously; likewise, when better-educated general dentists incorporated more endodontic treatment in their practices, referrals to endodontists increased tremendously.

Let's work together for the benefit of our patients and our practices.

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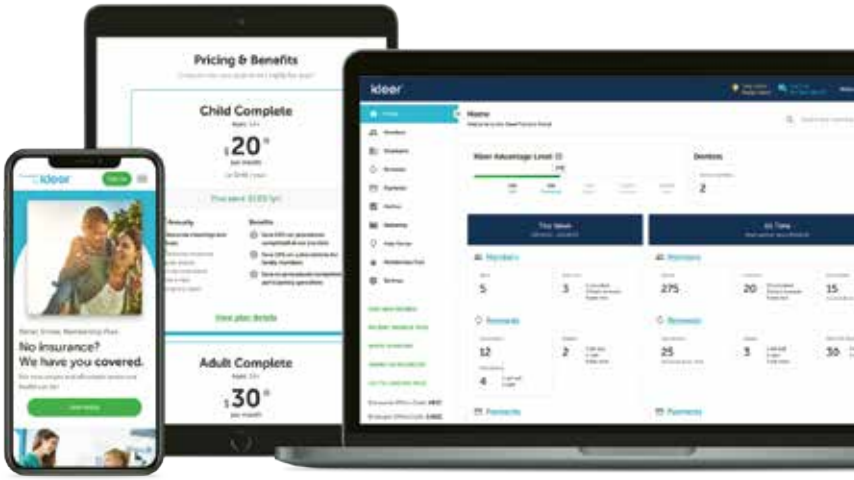

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AACA News

Open Letter to the American Association of Orthodontists From General Dentists and Orthodontists

by David Galler, DDS

Why this petition matters

To the American Academy of Orthodontists:
On June 6, 2023, your well-respected organization posted a distasteful video on social media titled "Who Will Accept the Golden Aligner?" In your video, you depict a scenario in which a prospective patient is asked to choose between her family dentist and an orthodontist for her Clear Aligner Treatment. The video then mocks her by proclaiming, "It is the easiest choice of her life," and announces that the winner is the orthodontist. There is no discussion of experience, total lifetime case volume, or individual educational history. The video generalizes that every orthodontist has more training, ability, and experience than every general dentist.

The American Academy of Clear Aligners (AACA) finds this to be very misleading, and stresses that generalizations that any group of clinicians is superior to another group of clinicians are untruthful. Would we say a first-year non-Board-certified orthodontist has more training than a general dentist with hundreds of hours of CE and thousands of cases under his or her belt? Shouldn't each dentist be judged by prospective patients on his or her individual merits?

In today's complex digital world of multifactorial approaches to oral health, would we not agree that Clear Aligner Treatment also encapsulates knowledge of ortho-restorative smile design, airway, and functional bite concerns? Does every orthodontist have higher-level training than every general dentist in all these areas as well? Certainly not!

This video not only undermines the hard work and dedication of general dentists, but also creates a divide between dental professionals. Instead of mocking other dental professionals, we should be working together to promote oral health care and educate the public about the benefits of a healthy occlusion. The clear aligner market is rapidly growing, and it is important for all dental professionals to be educated on this technology.

We urge the AAO to take down this video and instead work with the AACA to help expand the clear aligner market by educating the public about its benefits. According to a survey conducted by Harris Poll on behalf of Invisalign, 74% of adults believe that an attractive smile is important for career success.

The overall market for patients in need of orthodontic treatment in North America is estimated to be more than 300 million people. In 2022, only 1 million of these 300 million prospective patients began Clear Aligner Treatment. The opportunity to work together and grow the overall market is tremendous. Simply put, we are stronger together.

The AACA and AAO should be working together to educate their members on the best practices of collaboration between general dentists and orthodontists. If all general dentists and orthodontists focused on eliminating malocclusion, the world would be a much happier, healthier place.

Sincerely,
Dr. David Galler
President, American Academy of Clear Aligners

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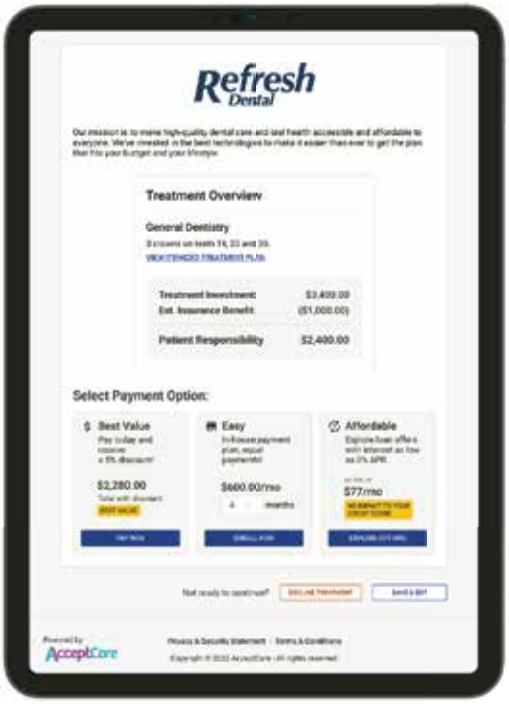

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Case Reports

Amazing New Digital Treatment Planning Tools for Invisalign: Invisalign Smile Architect and ClinCheck CBCT Integration

by Jeremy Kurtz, DDS

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 old adage for carpentry is "measure twice, cut once." The same is true for treatment planning for complex and comprehensive orthodontic-restorative cases. Many of my past articles have focused on comprehensive cases, especially for pre-implant orthodontic movements.

(See, for example, "Using Invisalign and iTero to Plan and Treat a Comprehensive Orthodontic and Implant Case" in the Fall 2017 issue of this *Journal*; "Using Invisalign to Create Ideal Space and Proportions for Implants and Crowns" in the Fall 2018 issue; "Lateral Thinking: Making Space for a Congenitally Missing Lateral Incisor With Invisalign" in the Summer 2021 issue; and "Using Orthodontics to Solve Periodontal Dilemmas" in the Summer 2022 issue.)

Until now, the ClinCheck treatment-planning software has allowed us to plan only our orthodontic movements. Once this was done, we then had to imagine what our restorative treatment would look like. Did we create enough space and the correct proportions for our final restorations? Did we create enough room to minimize unwanted tooth preparation? Did we create enough root space for ideal implant placement? We would have to rely on our clinical experience, judgment, and "guesstimation." The difficulty remained: how would we

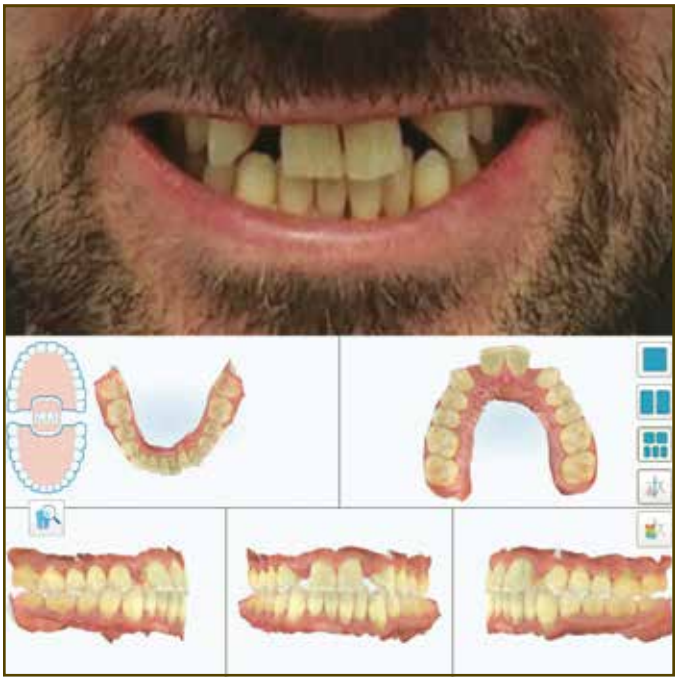

Figure 1: initial presentation.

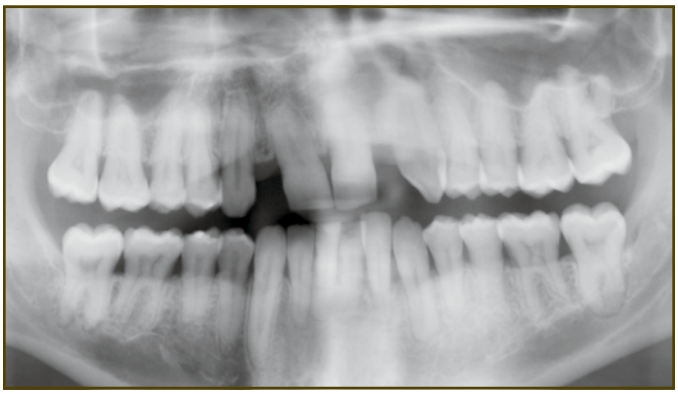

Figure 2: patient had undergone traditional orthodontics. The roots around missing teeth #7 and #10 were converging and there was insufficient room for implant placement, the lateral incisor spaces created were too small, and his central incisors were uneven and not esthetically pleasing.

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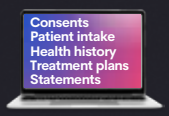
DR. LINDSAY COSTANTINO
UCLA School of Dentistry continuing lecturer, AACA member

Asprodental was designed by a dentist for dentists. I was able to cancel many subscription services (appointment reminders, texting, payment plan billing, anywhere access to our schedule, prescription orders, etc) and have all of these features easily accessible in one easy-to-use dental charting system. The software just makes sense and their service is top notch.

DR. ADRIANN HOOKS
Invisalign Diamond level provider, AACA member, Align faculty



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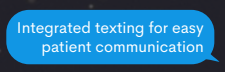

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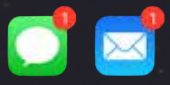

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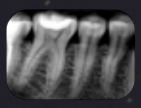
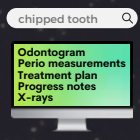
Eliminate busywork by automating appointment and hygiene reminders via text and email.



X-rays on the cloud

Cloud access to x-rays, images, and CBCT scans opens the door to mobile and tele-dentistry.



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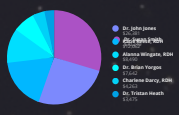

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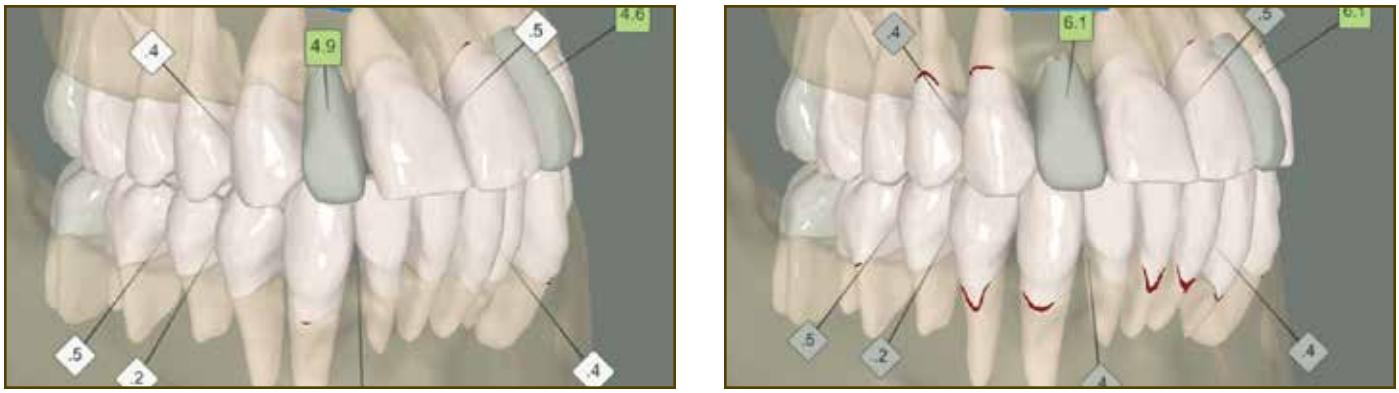

Figure 3: CBCT image merged with the ClinCheck allows visualization of the roots on the patient's right side, in their initial position and in their intended final position.

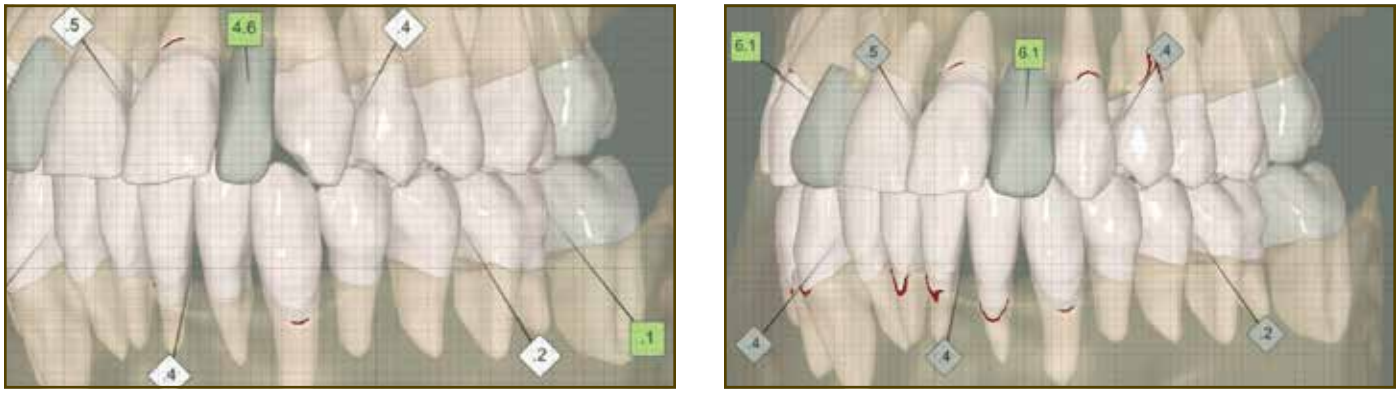

Figure 4: CBCT image merged with the ClinCheck allows visualization of the roots on the patient's left side, in their initial position and in their intended final position.

communicate our treatment plan and restorative vision to the patient and to the dental lab?

Chuck, a patient in his 30s, presented in my office (**Figure 1**). He was missing his maxillary lateral incisors and had previously undergone orthodontic treatment with traditional braces for 2 years. At the end of his treatment, he was advised that the roots around the missing teeth were converging and there was insufficient room for implant placement (**Figure 2**). In addition, the lateral incisor spaces created were too small and not proportionate to create esthetic restorations; and in general, his central incisors were uneven and not esthetically pleasing.

Needless to say, Chuck was disheartened, and had remained so for the past 5 years. He was not willing to undergo any more traditional treatment with braces. He came to me in the hope that Invisalign treatment and advances in Clear Aligner Therapy could now help him.

Luckily for Chuck, Align Technology had recently released two new treatment-planning technologies that would be invaluable to both him and me.

1) **CBCT integration in ClinCheck:** With a full-mouth cone beam computed tomography (CBCT) image merged with the ClinCheck, the roots of the teeth can now be visualized both in their initial positions and in their intended final positions (**Figures 3 and 4**).. No more guesswork is required to plan the correct root torque and root movement orthodontically. In addition to visualizing the movement,

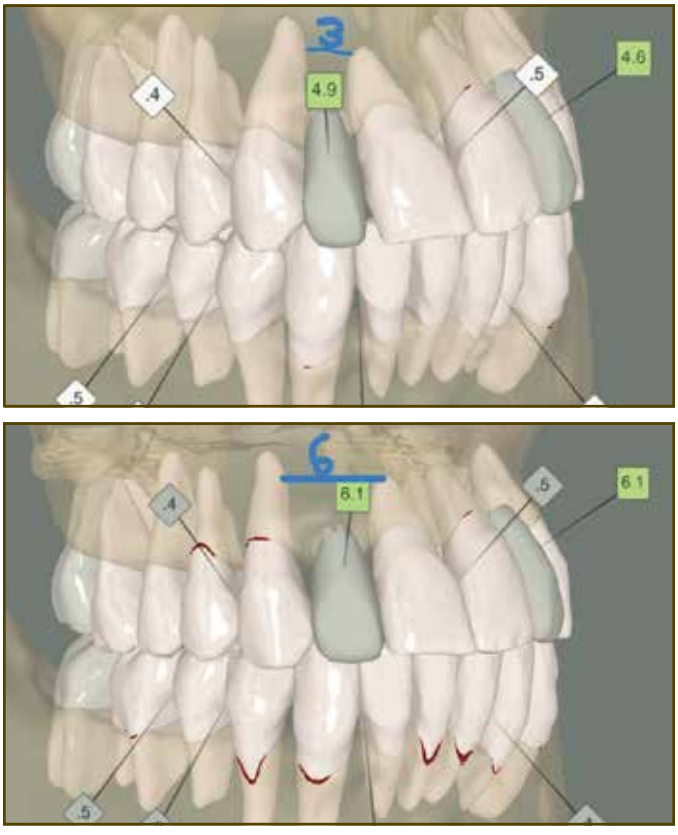

Figure 5: the planned movement in this case was to increase the interradicular space between tooth #6 and tooth #8, from 3 mm to 6 mm.

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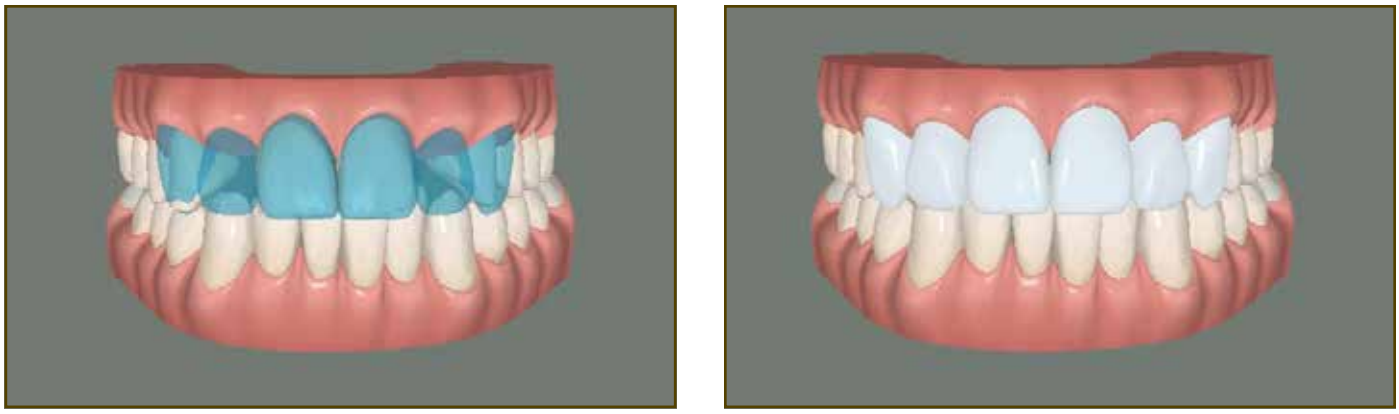

Figure 6: not only can we now plan the orthodontic movements, but we can also plan and superimpose the future restorations directly on the ClinCheck.

Figure 7: the final simulation of both the orthodontic movement and the final restorations can be visualized with an "in face" visualization.

this allows the clinician to assess the movement for difficulty and predictability. [The planned movement in this case was to increase the interradicular space from 3 mm to 6 mm (**Figure 5**).]

2) **Invisalign Smile Architect:** Not only can we now plan the orthodontic movements, but we can also plan and superimpose the future restorations directly on the ClinCheck (**Figure 6**). In addition, the simulation of both the final orthodontic movement and the completed restorations can be visualized with an "in face" visualization (**Figure 7**). This is extremely helpful for the dentist and patient to understand the final treatment goals. Of course, it makes closing cases much easier as well, and really adds a "wow" factor to case presentation.

   Using Smile Architect, facial lines appear over the patient's face. These lines aid the clinician by superimposing the smile line and the shape of the teeth. This feature gives the clinician full restorative control, based upon the patient's smile and occlusion. This allows for customization of the final restorative results. In addition, any tooth reduction and addition that may be needed can be visualized in the ClinCheck restorative plan (**Figure 8**).

These advances in digital dentistry make treatment planning and treatment much easier and more predictable then ever before. Case presentation is simplified and becomes exciting for both the dentist and the patient. This really takes the "complex" out of complex and comprehensive treatment planning, allowing us to predictably help patients like never before. Truly amazing! ■

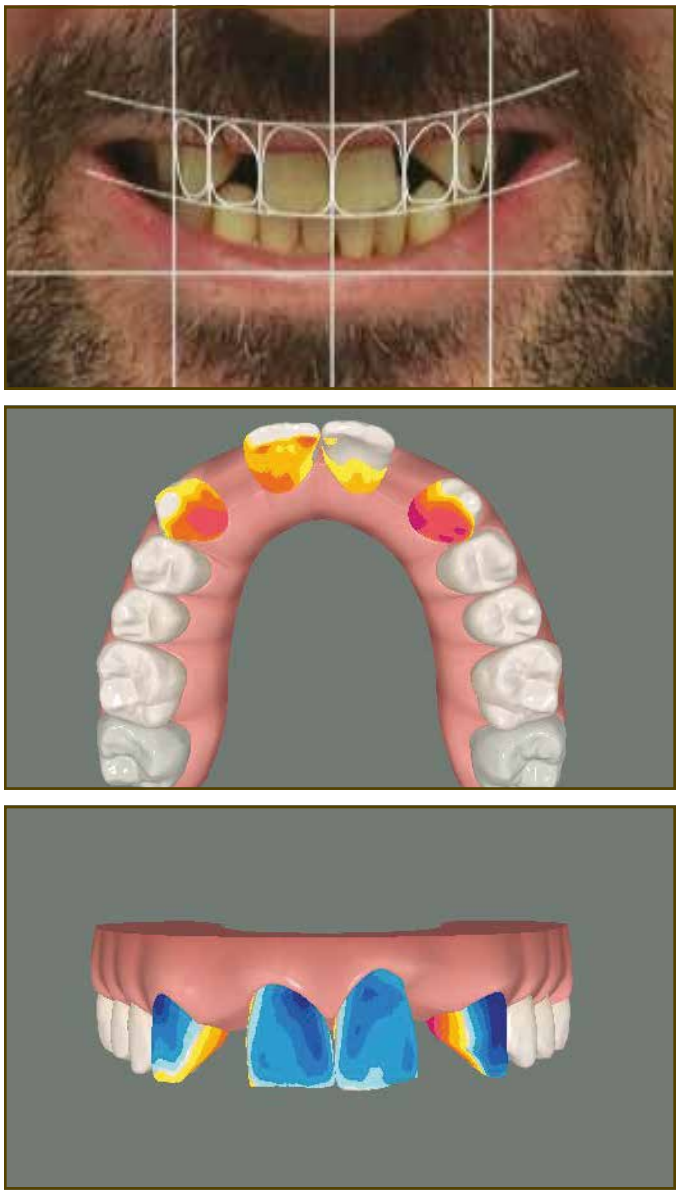

Figure 8: any tooth reduction and addition that may be needed can be visualized in the ClinCheck restorative plan.

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Is Invisalign a Viable Treatment Option for Patients With TMJ or Sleep Apnea?

by Keith Hollinger, DMD

Orofacial pain, commonly referred to as temporomandibular joint pain or TMJ, is a multifactorial disorder that affects 5% to 12% of the population.[1] The contributing factors include a history of trauma, posture, habits, stress and anxiety, sleep, and airway patency. One significant factor is the patient's occlusion.

The debate goes on about how much of an effect occlusion has on temporomandibular joint health and happiness.[2] Something I have noticed in my specialty practice is that a large percentage of patients with a chief complaint of facial and/or jaw pain have some degree of malocclusion. This ranges from slight malalignment to crossbites and even teeth being completely blocked out of the arch. A common denominator that I see is that nearly every one of these patients has some degree of anterior interference. Got red on the iTero occlusogram? You've got anterior interferences.

Dr. Keith Hollinger has been in practice since graduating Tufts University School of Dental Medicine in 1993. He spent his first 2 years with the Indian Health Service branch of the U.S. Public Health Service, providing much-needed treatment to the Navajo Nation. In 1996 Dr. Hollinger returned to Massachusetts, where he worked as an associate before becoming a partner in his own practice. In 2018 he chased his passion and founded Central Connecticut Orofacial Pain and Sleep Medicine. In January of this year, Dr. Hollinger closed on the sale of his private practice, and he is now exclusively changing the lives of sleep apnea and orofacial pain patients. Dr. Hollinger is an American Academy of Clear Aligners board member and chair of the Connecticut Study Club, and has spoken at the annual AACA convention.

I describe this to patients in terms of the foot and the shoe. The maxilla is the shoe, and the mandible (the foot) has to fit inside it. Think about putting on a shoe that is a size or two too small. This jams your toes at the front of the shoe, with no room to wiggle or get comfortable. Wear that shoe long enough and your whole foot or even leg can hurt. When the malocclusion locks in the lower jaw and causes these anterior interferences, it produces an analogous cramping effect. There is no wiggle room for the mandible. The joint and muscles keep seeking a comfortable position, but the lower anteriors keep crashing into the upper anteriors. Are patients clenching or bruxing because of their stress and anxiety? Maybe to some degree. Are they bruxing because their joint and muscles can't find a comfortable position, because the mandible can't fit inside the maxilla? In my experience, very often.

I reviewed 22 patients I have recently treated. All were treated with Invisalign. All showed a significant reduction in their orofacial pain symptoms. Many of them experienced complete resolution of their symptoms, as indicated by visual analogue scale (VAS), symptom review, and no longer requiring treatment.

Case 1

Kelly presented with a chief complaint of headaches she had been experiencing daily for the previous 3 months, as well as left ear pain. She also complained that she felt her teeth didn't line up, and indicated that her top front teeth always hurt. Her occlusogram shows heavy anterior contact and a deep overbite (**Figure 1**).

The patient consented to treatment with Invisalign. Her treatment comprised 14 aligners, and her symptoms were completely resolved. Her ear and headache symptoms began resolving with her first set of aligners, and she has remained symptom free (**Figure 2**).

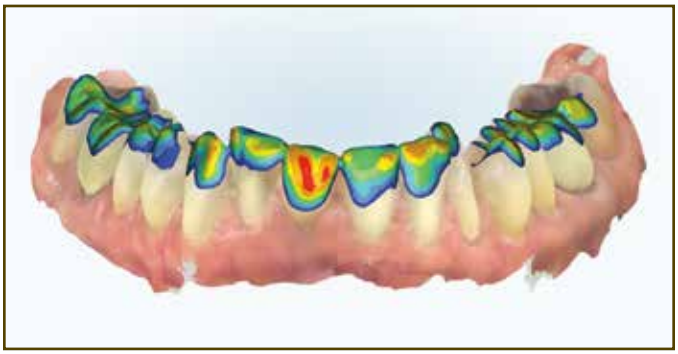

Figure 1: Kelly, pre-treatment. Note the heavy contact on tooth #26.

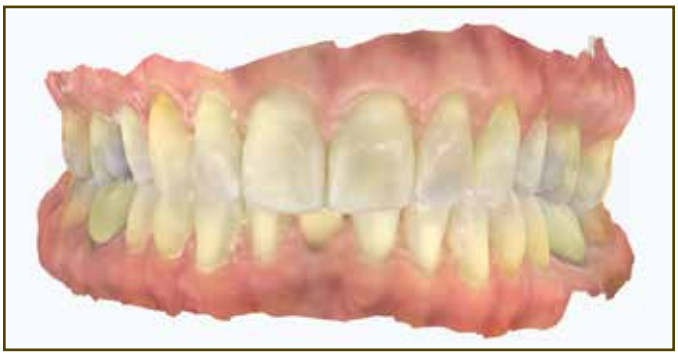

Figure 2: Kelly, post-treatment: reduced overbite, anterior contacts clear, and overall better occlusal relationship.

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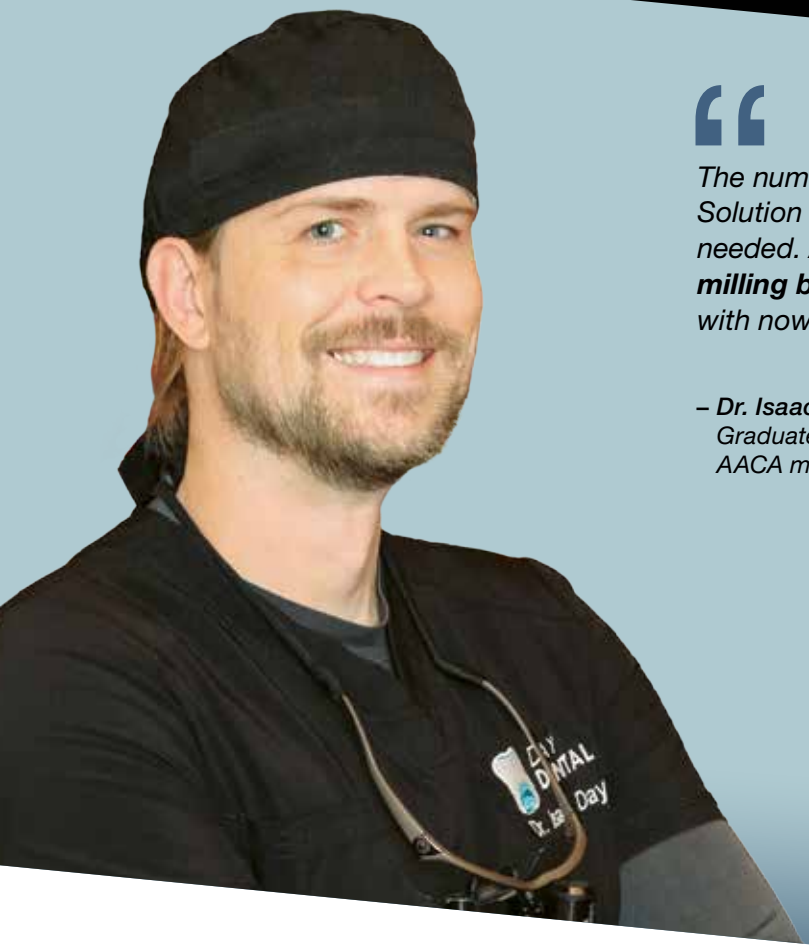

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*– **Dr. Isaac Day** | Alberta, Canada*
Graduate of University of Alberta
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Case 2

Jillian presented with a chief complaint of bilateral jaw and facial pain, headaches, and a left eye that twitched. Her upper incisors were vertical and she had incisor interferences (**Figure 3**).

We initiated Invisalign treatment, using a total of 17 aligners. Jillian did not get complete resolution of her symptoms from Invisalign alone (as noted above, this is a multifactorial disorder), but her symptoms were significantly reduced. Her eye twitch resolved, her headaches disappeared, and her jaw pain diminished to merely "occasional" (**Figure 4**).

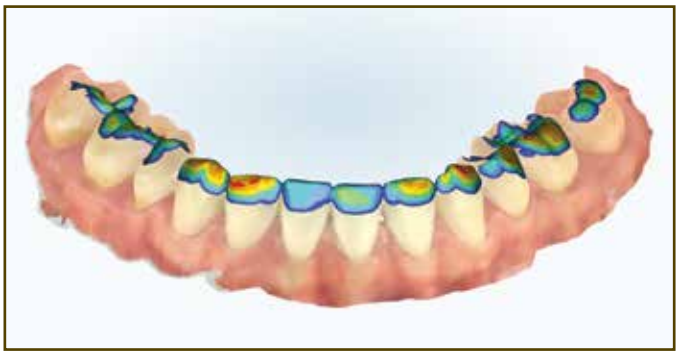

Figure 3: Jillian, pre-treatment. Note occlusion on tooth #26.

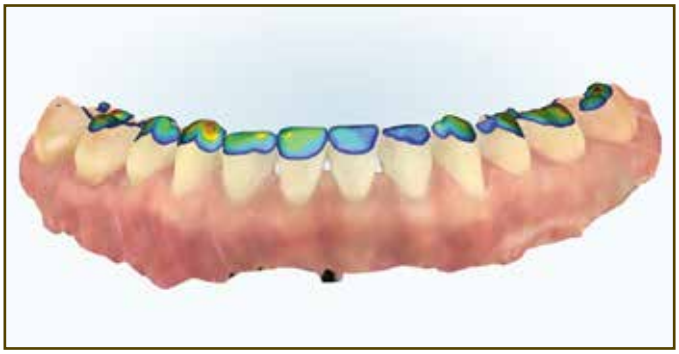

Figure 4: Jillian, post-treatment. Note balanced occlusion without anterior interferences.

Case 3

Jeff presented with a chief complaint of left side jaw pain and headaches for "several months." His occlusogram showed heavy incisor contacts, as well as tooth #6 in complete crossbite (**Figure 5**).

Jeff's initial course of Invisalign treatment entailed 21 aligners. He was not the most compliant of patients, so that we needed a Refinement on the maxilla, using 9 additional aligners. Jeff is happy with his results and reports no longer suffering facial, jaw, or headache pain (**Figure 6**). ■

Figure 5: Jeff, pre-treatment, with tooth #6 in full crossbite.

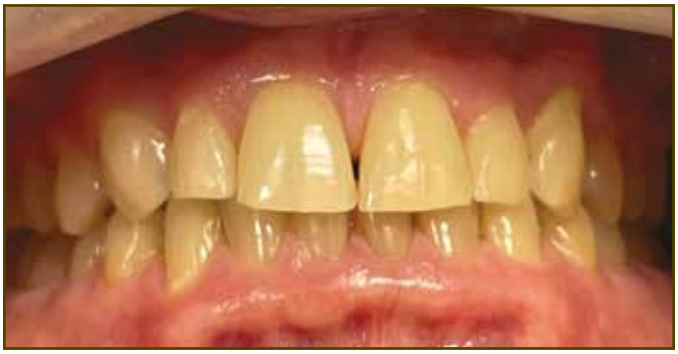

Figure 6: Jeff, post-treatment. Crossbite is corrected.

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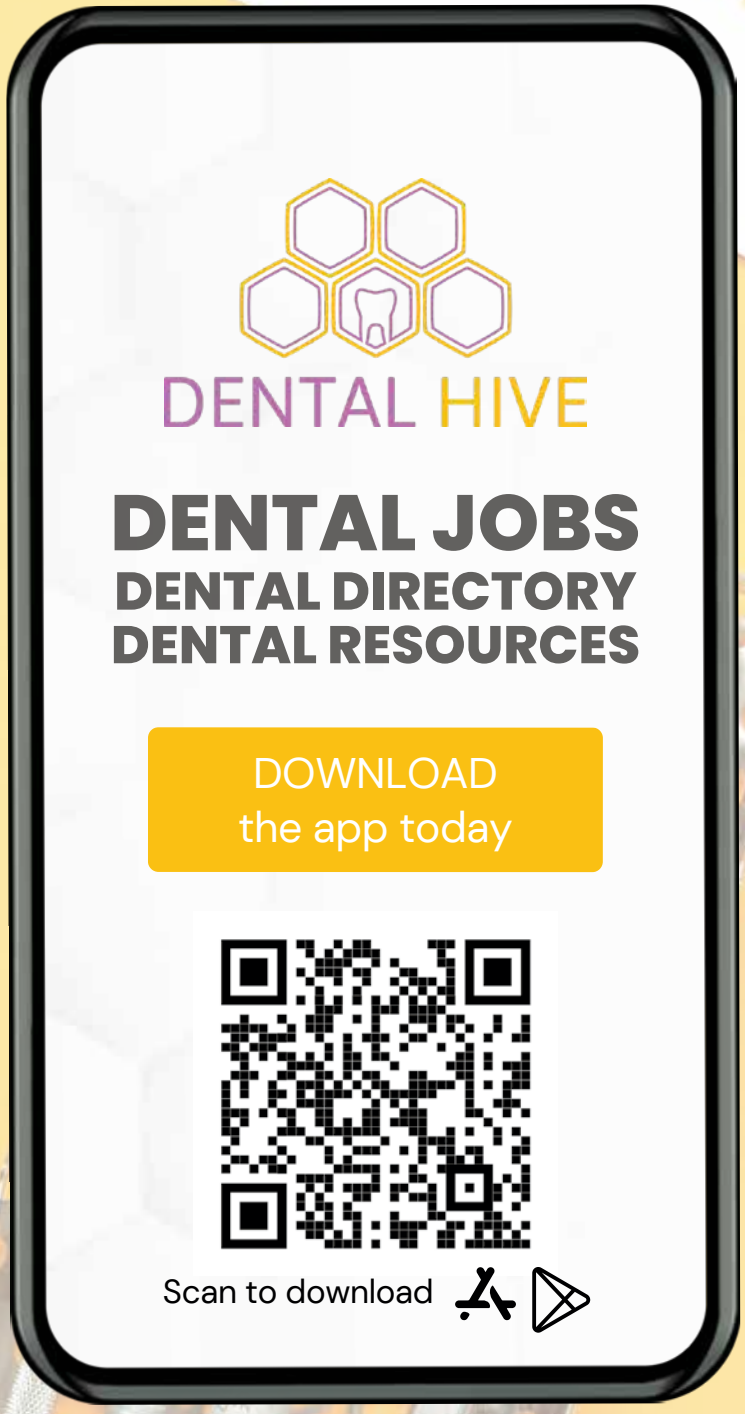

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Office Management

The Cancellation Epidemic

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.

On the heels of the worst pandemic in generations, the dental field is facing its own epidemic of mass cancellations. According to the Health Policy Institute, 85% of dentists reported to the American Dental Association in 2022 that cancellations were the primary factor preventing their practices from keeping full schedules, ultimately hurting their production. Office managers across America are looking for solutions and support in facing this issue head on.

Traditional cancellation policies and fees are not effective against this new strain of last-minute phone calls and no-shows, and the overall trend of poor patient accountability. Many office managers report patients bucking against their usual tactics, some going so far as writing one-star Google reviews because offices attempt to enforce cancellation policies the patients themselves have signed. This is a financial and morale nightmare!

The quest…but no holy grail

Amid this scheduling tribulation, the AACA Elite Office Managers set out to address cancellations differently. They collectively discussed what their offices do and how it does or doesn't work. After hours of talking about the problem and considering numerous ideas, the group still lacked a perfect solution.

Indeed, there is no single solution. But there are strategies and systems that all the managers found helpful when facing unpredictable cancellations. The AACA's Executive Director Steven Forsythe hosted Elite Skills Training Sessions, bringing the best from those discussions to office managers across America, on November 18, 2022. With so many offices experiencing the cancellation epidemic, there was much to discuss.

The first priority in every office when addressing the cancellation pandemic is to pinpoint the issue. Why are your patients canceling appointments? If you are not already doing so, have the front office team start tracking the reasons for late cancellations to identify commonalities. There may be fixable internal problems, like ineffective confirmation systems or inaccurate patient contact information.

Confirming is crucial

Many offices use automated confirmation systems. These can be efficient, but it is important that they be set up to capture as many responses as possible. If there is not a consistent and effective confirmation system in place, your patients may just be forgetting the time they committed to an appointment.

Adjustments to the time of day when messages are sent, or how many days in advance you start sending messages, or even the wording of confirmation messages, can have an effect capturing confirmation responses. What works best will differ

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from office to office, but once an effective confirmation system is in place, all members of the team that answer the phone need to understand the cadence of confirmation messages.

If patients are not forgetting, they are likely prioritizing other commitments over their dental appointments. This is the crux of the cancellation epidemic. How do we train our patients to prioritize their dental appointments? The best way to train patients is to have firm, practiced systems and protocols in place.

An easy, but essential, protocol to establish is to have the team notate cancellations in the patient accounts. This will empower employees who answer phones to quickly address regular cancelers and keep the office's response consistent. Ensure that cancellation notes are easily accessible, in one place, and that all team members know where to locate these notes. If employees are searching through multiple pages to find all the patients' cancellations, they will not be able to accurately hold patients accountable.

Rockstars and nightmares

An excellent way to keep track of regular appointment cancelers is to create a patient categorization system inside the practice management software. For example, patients that rarely miss appointments, show up on time, do not leave outstanding balances, and are generally loyal may be labeled "rockstars." Patients that make most of their appointments, call when they are running late, and pay their bills when they receive the statements may be "average." Lastly, those patients that show up late or not at all, push back against recommended treatment, argue about fees, and cancel often may be "nightmares."

Readily identifying these patients will not only help you make decisions about how to address cancelers, but will also help your team members strategize their schedule far ahead of time. They may double-book those "nightmare" patients, or start calling them well in advance for verbal confirmation to try to prevent the last-minute cancellation and schedule hole before it begins.

There may be a place in each patient account to enter a "Title" or similar identifier that can be used for this categorization system. But ensure this does not appear on any patient-facing correspondence before proceeding.

The value of a script

Although this is not a new strategy, establishing strong scripts for different situations with the team members who answer the phones will help train patients, because they will be receiving a consistent response. Here are a few helpful tips to use in crafting these scripts:

- Use the authority of the provider when speaking to patients about their appointments. For example, "Mr. Jones, Dr. X is very sorry to hear you won't be keeping your appointment today; he wanted to take care of that tooth for you."
- Remind your patients that the provider's time is in demand. A patient who cancels at the last minute should have to wait a longer period of time to be seen again. Try "Our office has an extremely high demand, so our next appointment is in 2 months. Is there any way for you to keep your scheduled appointment?"
- Help the team plan for true patient emergencies and tragedies, too; these responses speak volumes to your team's culture. Something like "Mr. Jones, our office is truly sorry and hope the well-being of your family is OK. We'd love to send a personal card from our team, with your blessing" will leave a lasting impression. The scripts should attempt to keep the appointment when appropriate, communicate the office policy, and always end with a reappointment.
- Patient registration is also an excellent time to train your patients with a consistent script. The team should explain how each appointment will be confirmed, ask the patients their preferred method for these confirmations, and disclose the consequences of missing appointments. Explain the expectations clearly from the first appointment.

Despite clear communication about the confirmation process, it is still important to have a policy for those appointments left unconfirmed less than 24 hours before the appointment. Whether those looming unconfirmed appointments are left untouched on the schedule or canceled without mutual communication with the patient, there is no one correct way to handle those possible holes, but the team should have a protocol to follow.

A blow to the wallet?

Even with strategic scheduling, a solid confirmation system, and strong scripts, some patients will cancel or no-show. While reactionary or punishing policies are not typically effective deterrents, a cancellation fee for no-shows is still appropriate. The hope is that the fee will either train the patients not to no-show again, or prevent them from rescheduling.

Be consistent and realistic when applying cancellation fees. If they're applied too often, it will create an accounts receivable nightmare for the office, as these fees often sit unpaid. But offices that make too many exceptions for canceling patients will only embolden them to cancel again.

In some states it may be possible to use cancellation fees more effectively, because offices are allowed to keep a credit card on file for contactless payment. Potentially, this allows offices to charge a card on file for cancellation policy violations, further discouraging patients from canceling at the last minute. When applying this policy, it is important to follow local laws and clearly explain to patients what their card will be used for.

Keep on it

Crafting the best cancellation protocol in every office will be an ongoing process. Regular reviews with the team and reevaluations to ensure the protocols still effectively address the issues in the office will be necessary. Again, there is no one

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solution, but there will always be strategies for the team to train patients to value the time they schedule, as well as to be prepared when those late cancellations are unavoidable.

Role-plays are an excellent way to hold the team members accountable and build their confidence with the cancellation scripts. Everyone on the team, including doctors and hygienists, should be on the same page and using the same verbiage when talking about the cancellation protocol.

Front office team members should know these scripts backwards and forwards. Incorporate the scripts into their job expectations. Practicing will make the conversations much easier with real patients, who will respond better to calm and confident team members.

The person who is most comfortable with these conversations and most in tune with your schedule may be your schedule guru. This person can be instrumental in keeping the schedule full because he or she knows how to convincingly keep an appointment and has the most knowledge of patient availability to quickly fill holes. Train and incentivize this person if possible. The team member with the most control over the schedule should be empowered to take ownership of it.

Keep office leadership involved in crafting the living cancellation protocol. As offices grow and change, so will their patients' behavior and needs. Holding meetings with leadership and administrative staff where patient cancellations can be discussed will ensure that necessary updates and tweaks are being made quickly and communicated with the whole team. Everyone should stay open to changing and trying new methods while working through this cancellation epidemic.

Worst-case scenario

As a last resort only, get consistent late cancelers out of the practice. Consult the practice owner and be sure to make the necessary communications with dismissed patients. Do not let patients devalue the practice's time: those unfilled appointments will add up.

The most important piece of information is that offices out there suffering though this cancellation epidemic are not alone. If all of the 85% of dental offices who are struggling through this phenomenon committed to changing patient accountability together, the epidemic would end. The AACA office managers can be catalysts.

Stay committed to the protocols, follow through, and remember: there is a supportive office manager community. The AACA Office Manager WhatsApp is a rich source of information and a dentist-free place to vent about office struggles. Office managers are invited to exchange their frustrations and new ideas. There is no single solution, but your practice, your patients, and your team are worth all efforts to grow and improve. ■

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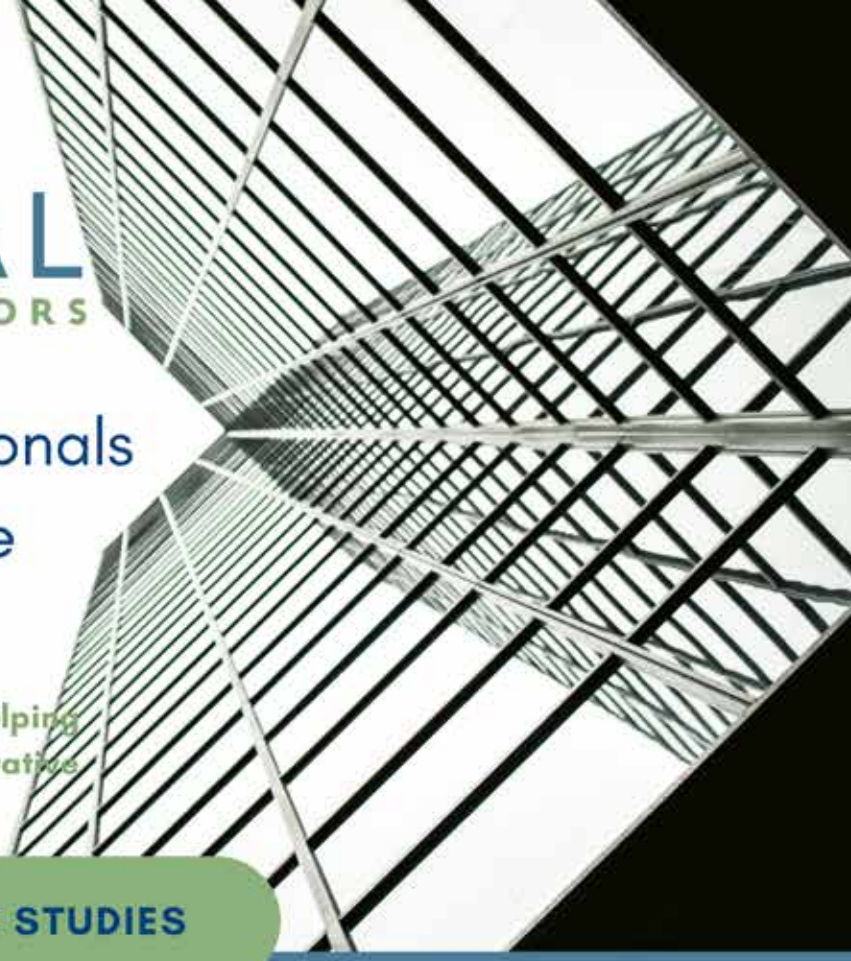

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Digital Trends

Digital Trends That Will Shape the Dental Industry in 2023

by Jordan Huneycutt

The dental profession in 2023 is navigating new ways out of the pandemic and into a potential recession. To achieve growth in this uncertain environment, dental practices need to invest in critical updates to their online presence and provide better on-page content.

— The Editors

Jordan Huneycutt, founder and CEO of GRO, has been an industry leader in digital technology for over a decade. Jordan has worked with thousands of companies over his tenure, ranging from Fortune 500 organizations to small practices. Jordan has been recognized for his work on a national level, earning several awards and certifications. GRO is the official digital marketing provider for the members of the AACA.

It is no secret that the dental industry is rapidly changing and adapting to new digital trends and transformations. With the advancement of recent trends, technologies, and emerging strategies, it can be difficult for dentists to keep up. Let's explore the different trends and technologies of 2023 that dentists should be aware of and how they can prepare for success.

The trends

Dental practices need to invest in critical updates to their online presence, with on-page content for growth in 2023 as the dental industry navigates new ways out of the pandemic and into a potential recession. Digital strategists should be intimately familiar with Google's recent **Helpful Content** algorithm update. This update has shifted Google's focus from promoting sponsored, generic content to an increased emphasis on quality, authentic content helpful for potential patients. Essentially, Google will be looking for genuine content on your website and other platforms that can create a positive experience for potential and existing patients of your practice.

The next major trend is focused on **AI content creation**. AI automation will create useful content pleasing to Google's new algorithms. Using AI will ensure patients have timely access to the most recent and relevant information about specific services and will result in more bookings from the ever-sought-out "quality patient."

The most impactful trend of 2023 comes from Google's **Local Services Ads**. Local Services Ads are the most effective way to help you connect with potential patients searching on Google for your services. In a nutshell, these ads will show up first on a Google search, and Google will *only charge you for real phone calls from potential patients looking for your specific practice areas*. That makes this the most effective ad spend on the internet. The dental category was not originally included in these ads, but was added at the start of 2023.

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Away From the Chair

On Gratitude; or, Fast and Fellowship

by Frances H. Yankie, DDS

For Dr. David Galler, the AACA, and my colleagues, instructors, friends, and family. I love you all.

Dr. Frances Yankie is a 1995 graduate of The University of the Pacific (UOP), Arthur A. Dugoni School of Dentistry. She earned her BA in 1989 from the University of California, Santa Barbara, where she studied biology, sociology, economics, and music.

Upon dental school graduation, Dr. Yankie was invited to be an instructor in the UOP Fixed Prosthodontics Department for 3 years while starting her practice in downtown San Francisco.

In 1998, she merged her growing San Francisco practice with a long-established dental practice in Mill Valley, California. Her dental practice showcases individualized, advanced patient care in a relaxing environment. She specializes in conservative restorations, Cerec, Invisalign, lasers (Fotona and diode), and a strong emphasis on periodontal health.

An AACA member since it was founded, Dr. Yankie is also a member of the American, Californian, and Marin County Dental Associations. She has served on the UOP Alumni and the College of Marin Dental Assisting Program boards for several years. She has also served at several philanthropic events through UOP for Kids in the Klinic, sponsoring underprivileged children to get necessary dental care.

Dr. Yankie lives in Marin County with two sons, Riley and Cole.

A few short years ago, we all experienced a few months of "sabbatical" time we hadn't planned.

Since I was on every American Academy of Clear Aligners (AACA) chat possible, I couldn't help but think we were "all in this together!" The comradery was huge, and I was so grateful for Dr. Galler, the AACA, and all my friends, colleagues, and mentors; they all helped me and so many others navigate some challenging times.

As I reflect on the generosity, I can't help but look back to the beginning of our organization and be thankful.

Where it started

A minority of members in our growing academy didn't experience the early days when the AACA established its roots. Starting in 2014, Dr. David Galler introduced Reingage, "the course that changed everything," across the USA, Canada, and Puerto Rico. Classes of 30 to 35 doctors grew into an AACO (now the AACA) membership of 300, then 1,000 within a few years. Today, AACA doctors account for a membership approaching 5,000. I was elected the president of Hell's Aligners, the San Francisco chapter, after our Reingage class in May 2015. In those days, Invisalign representatives would hand-select only a few of the most promising providers from their territory to attend the much-coveted Reingage course! As the AACO became the AACA in 2017, Dr. Galler added chapter presidents to its board of directors, along with other Key Opinion Leaders, to help support his leadership and the ever-growing Academy. And I can't even fully express how grateful

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I am to be a part of this revolution in dentistry and GP clear aligner orthodontics.

And even more, I'm next-level grateful to be part of the OG WhatsApp chat (just sayin'). The OG Presidents' chat comprises some of my best friends, and we virtually "chat" every day. We support one another through thick and thin, unscheduled "sabbaticals," and the general trials and tribulations specific to being a freakin' dentist!

A bucket for the not-so-chicken

Up until stay-safe-at-home COVID-19 measures came into effect for several months, my balance of life was often dictated by the squeakiest wheel. While we were away from the office, we engaged via Zoom chats with our board and our individual chapters. Some of us organized smaller groups to support retaining some measure of balance. I was lucky to be a part of a group that helped frame some balance in my life. And I took action to get some things checked off my bucket list while not being the workaholic dentist who got to my sons' baseball games in the third inning way too many times.

I jumped into the first item on my list: I got back into horseback riding and arranged for half-leasing a beautiful Andalusian, Ely (thank you, Karen Shaw). I started ground archery lessons to work on marksmanship in my backyard and on a range (thank you, Scott Bullard). Then, I found another instructor to combine the two arts, to do horse archery (thank you, Hilary Merrill). And… after driving past Sonoma Raceway at Sears Point 3 or 4 times per week to go to the horse barns, I drove inside one day with the intent of not leaving until I had signed up for a next-level driving experience.

Thank God they said that my personal vehicle (a Mercedes S 550 V-8, but huge) was "perfect" for the Performance Driving 1 course, or I might have been discouraged. It was the best! I was not deterred by being the only female of 12 students. I was not deterred when the instructors started calling my car the "Land Yacht" (the name has stuck…). I was not deterred when I was shown how to attach the "Sport" button and got a little scared flooring it around the blind corner of the famous "Carousel." Au contraire!... I was exhilarated and arranged added track days as often as I could, working with my amazing instructor (thank you, Dave Smith). Dave has 30 years' experience in the business with varied roles in so many types of racing (most recognizable: NASCAR), including Chief Mechanic (most recognizable: Indy Lights). It was so easy to feel supported in pursuing this new passion!

After 10 track days between Sonoma/Sears Point, Laguna Seca, and Thunderhill Raceways as a co-student, my classmate Andy earned his SCCA (Sports Car Club of America) race license and drove in his first races. Instructor Dave looked at me and said, "I bet you want to do that too, don't you?" … Of course! At least to get another goal checked off the bucket list… and then we will see after that!

While all the bucket list progress was going on, my business was recovering from all the "interesting" changes most of us had endured. And the AACA kept racing forward! The AACA was now offering a Fellowship designation that could be achieved through thorough case evaluation and testing. I already had the requirements for applying. And I loved the thought of one more achievement to add to the bucket list!

An unforeseen horse archery accident, resulting in a broken pelvis, sacrum, and rib, with hospital time and recovery time, threw a wrench into having any track days, riding, or brain power to finish my application for the AACA Fellowship for the first graduating class of 2021. But I was not going to miss out on making it happen for July 2022!

Get back on the horse

Like the AACA Fellowship, the SCCA's Novice Race License is only offered once a year. I was proud to finish the Fellowship submission and pass the test, to walk across the stage at the Gallerite Reunion Convention (GRC) in July 2022. Simultaneously, I was back to driving, and added 6 more track days before my first "race" and my SCCA graduation in February 2023.

I thought it would be fun to make AACA my "sponsor" for the event and had an embroidered AACA patch made for my driver's suit, stickers for my helmet, and decals for the car. It made me smile proudly when I brought my AACA Fellowship ring, Fellowship medal, and AACA Platinum ring, for a picture to honor my making it to the finish line on both accounts!

It makes me nostalgic to look at my past 8 years in this organization, the last 3 years in my personal life, and all the learning, support, love, and friendship I have been blessed with.

THANK YOU!

The future is bright; what's next? ■

Jack's Corner

by Jack Von Bulow, DDS

Why Dentistry? Part I

So, when I look back on 46 freakin' years in dentistry while also doing hard time as a small-business owner, Continuing Education student extraordinaire, CEO, clinician, consultant, citizen of the community, and—bless my heart—even a mentor, I wonder where I went wrong.

I've practiced restorative dentistry in our sleepy Southern California hamlet of Temple City (a Pasadena suburb) so long that shortly after I sold the dental practice, the mayor and city council invited me to speak at a monthly meeting. I'd consistently written content for local chamber and San Gabriel valley rags for 24 years. And when you publish stuff for over 2 decades, I think local political commentary becomes an understandable entitlement. Between you and me, I think the local pols just wanted to make sure I was leaving town.

The meeting marked the first time I'd shared my original plan right out loud in public: 20 years in, and out, and onto the Amalfi coast of Italy year-round (except for USC football season). Instead, the second 26 years of dental practice turned out being the most fun and rewarding. And I think John Lennon was on the money when he mused, "Life is what happens to you while you're busy making other plans."

But why dentistry?

Having an Impact

An opportunity that happened a little before I started ordering N95s, gowns, caps, and shields arrived by way of Impact Internships and its Health Science Immersion Program (HSIP). Somehow, the leader of the program dove into social media and an imaginary best-seller list, and chose me to represent dentistry. The program reaches out quarterly and provides fortunate students with a head start in life and a health science career journey. Quarterly I get to present to and mentor high school kids, some of whom might wind up being a research biochemist, a surgeon, a pharmacist, or your dentist.

The HSIP students learn about goal setting, creating a vision, understanding time management, collaborating to build and deliver a presentation, and exploring the Myers-Briggs personality profile. The students get to hear from a variety of university professors, graduate students, and health science and service professionals. These days, the students spend nine consecutive Saturdays at HSIP.

A frequent leadoff inquiry during my presentation Q&A is "Why?" Much of the content that follows answers the "How?" And I'm beyond awesome with "How?"; and it's cool when you have a library of mistakes that get to morph into teaching opportunities.

How now

My "How?" starts with a review of the path I took to becoming a dentist—and the students are totally amazed I can still remember being their age. I get eye rolls mentioning stuff like cursive writing, and my mention of "professional athlete" as a ninth-grade career choice always draws major laughs. When I show the future health scientists the slide rule I used in place of a computer (those were at least 3 decades into the future then), I can tell they're feeling sorry for me—and I know I have them in the palm of my hand.

Yeah, I assumed it was just a matter of choosing the right sport and a fun job for the off-season (the students also register shock that early L.A. Lakers players also sold life insurance). My high school basketball career began late-fall Mondays at 6 AM as part of the "D" team (better than F). I stood 5'6" and weighed 100 pounds; and I started…as a power forward. We were league champs. And little did I know, my high school roundball career had hit its apex (becoming a role player and finally landing at the end of the varsity bench). The growth spurt didn't happen. I had an early fear of large animals with small brains who consistently emotionally overreact, and I also had problems being upside down, so being a jockey or a gymnast was not an option. I needed a career change.

But is it art?

My aunt had a friend who was a commercial artist, and I thought I was the next Picasso. Sitting at a Mark Keppel High art table next to a kid named Bruno who was busy designing cars, drawing naked ladies, and (I thought) planning his next felony, I knew I needed career change #2. I went to a counselor for the first and last time and learned my aptitude for math was strong.

Science and math go together like Laurel and Hardy, Bennie and the Jets, and/or Marjorie Taylor Greene and Jewish space lasers. I thought it would be great to work in health science, but all I knew about health service was doctors, dentists, and disease. After reading William Nolen's *The Making of a Surgeon, A Surgeon's World,* and *Surgeon Under the Knife,* I concluded that being a physician took a long time, life balance would be a long shot, and you ended up with bypass surgery. I chose dentistry.

All the children are above average

At about this juncture in my HSIP presentation, I ask all the Zoom participants to guess my Cal State, L.A., first-quarter GPA. I'm beyond flattered when I see so many 3.8s and 3.9s, and even an occasional 4.0. Back before COVID-19 when the presentation was live and not virtually delivered, I'd throw out a USC T-shirt to the student who came closest without going over the exact number. And there was always one little punk kid who went sub-2.13 while wearing a little smug teenage nerd smile on his face.

I suspect we all have our own version of the "2.13" that returns to me in a whisper whenever I start assuming or when my being humble becomes a challenge. But it's also there to remind me that I listened to my mentor (my dad), focused, overcame an obstacle (me), and accomplished a life goal; if I could do that once, I can do it again. And so can every future healthcare provider sharing a Saturday afternoon screen. ■

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