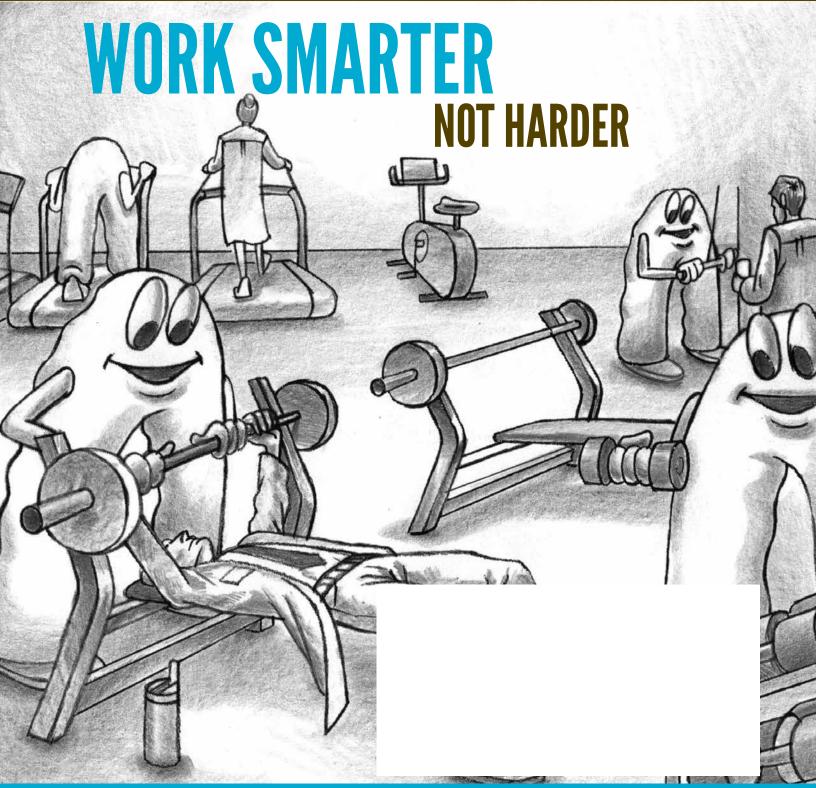


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Editorial Vindicating What We Always Believed

Dentists, especially members of the American Academy of Clear Aligners, have not only suspected that it was true, but also believed that it was true and claimed that it was true.

Have you seen the "Periodontal Health During Orthodontic Treatment With

Clear Aligners and Fixed Appliances" article in the August issue of the *Journal of the American Dental Association*?

The authors of the article performed a meta-analysis of many articles and studies and compared the periodontal health of patients with fixed orthodontic brackets and bands, versus those with Clear Aligner orthodontics.

Not surprisingly, they concluded that "clear aligners were better for periodontal health than fixed appliances and might be recommended for patients at high risk of developing gingivitis."

The authors discussed how

The demand for orthodontic treatment has increased in both adult and young patients. Fixed appliances are the most common and traditional treatment method used in contemporary orthodontics. However, placement of orthodontic brackets and bands usually makes proper plaque removal more challenging. The increases in food deposits and dental plaque often lead to enamel demineralization and gingival inflammation if patients cannot maintain good oral hygiene. In contrast, clear aligners have advantages such as esthetics, comfort, and convenience for oral hygiene because they are removable.

Isn't it reassuring to have solid science back up what we have always believed?

Dr. Jeffrey Galler Editor

Jeffrey Jaller



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Letter to the Editor

Dear Editor,

Your editorial in the Summer 2018 Journal ("Should I Stay or Should I Go?") was spot on.

I felt like he was telling my story, because I am going through that scenario right now. My 2 younger partners are married to each other and have decided to move out of southern California completely!

Their moving away leaves me high and dry, and I'm not sure if I have the energy to rebuild a 6-doctor and 9-chair practice at this stage of my life. I'm going through some uncertainties as I write this, and your editorial hit me upside the head this morning!

Dr. John Bunkers

Yours.

Case of the Month

Visit the "Case of the Month" section on the AACA website.

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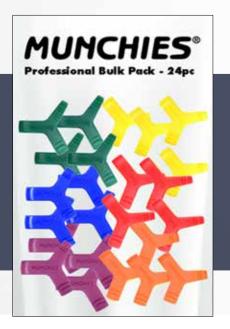


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Case Reports

Intrusion Into Occlusion

Why Invisalign Is the Appliance of Choice for Open- and for Deep-Bite Corrections

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.

Case #1—Using intrusion to treat an open bite

A despondent 26-year-old man came to our office. He presented with a Class I malocclusion, posterior crossbite, and significant anterior open bite of approximately 5 mm. The patient was only biting on the first and second molars (**Figure 1**). This bite was most likely the reason the patient had had root canal therapy and crowns on teeth #18 and #31.

The patient had previously consulted with 3 orthodontists to fix his teeth and bite. Two of them had told him unequivocally that he would require surgery to correct his open bite. The third orthodontist had conceded that Invisalign could improve the anterior open bite, but, he predicted, only by about 30%. The patient was unhappy with the options and outcomes he had been presented with, and hence came to us to seek yet another opinion.

This was clearly a challenging case. For me, Invisalign is generally the appliance of choice for anterior open bites. Many open bites present with spacing and flaring of teeth (**Figure 2**). Although the open bites in these cases visually appear more difficult and the results more dramatic, the resolution is relatively straightforward. By performing retraction of the flared and spaced anterior teeth, we can achieve "relative extrusion."

This patient, though, had no flaring of anterior teeth; therefore, more actual extrusion would be required. Of course, there is a limit to how much an anterior tooth can be safely extruded (2 to 3 mm) without affecting the vitality of the tooth and the health of the periodontium. Extrusion movements can also be achieved with traditional braces, maybe even more easily than with removable aligners.

The other method of anterior open-bite reduction is to intrude the posterior teeth that are in occlusion. The rough math is that every 1 mm of posterior intrusion leads to 2 mm of open-bite closure. Here is where Invisalign has the clear advantage in regard to posterior intrusion. The mechanics of the appliance (pushing rather than pulling) and the occlusal coverage of posterior teeth, coupled with the biting force of the patient on the posterior teeth, can aid in posterior intrusion and are more predictable than with traditional braces.

This patient also had a bilateral posterior crossbite. Although this often can be indicative of a jaw size discrepancy and the need for surgical intervention, it is actually the reason I felt this case could be treated noninvasively with Invisalign. The crossbite was a "soft" crossbite with the maxillary molars tipped in slightly. This caused the patient to bite on the buccal cusps of the teeth, creating an occlusal interference and adding to the anterior open-bite problem. With the ability to tip the maxillary molars out, intrude posterior teeth, and extrude anterior teeth, I felt I could offer the patient a good alternative to surgical treatment. Being a cautious dentist, I told him to expect a correction in the anterior open bite somewhere in the 70% range. His teeth would be straight and his bite improved, although likely not fully. Expected treatment time was in the 24-month range.

The initial ClinCheck treatment plan called for 19 sets of trays for open-bite and alignment correction. I realized that this was truly too optimistic, but even after the first aligner series was finished, the anterior open bite was significantly reduced (**Figure 3**). In the end, total treatment time was about







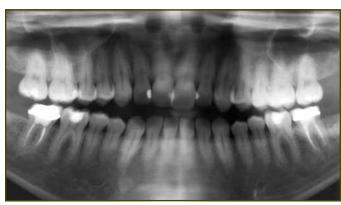


Figure 1: Class I malocclusion, posterior crossbite, and significant anterior open bite of approximately 5 mm. The patient was only biting on the first and second molars.



Figure 2: a completely different open bite case. Open bite cases like this, with spacing and flaring of teeth, appear more difficult, but the resolution is relatively straightforward. By performing retraction of the flared and spaced anterior teeth, we can achieve "relative extrusion."



Figure 3: Case #1 after first aligner series, before refinement.



Do you have an idea, treatment, or review that you feel your peers would benefit from? Contact editor@aacaligners.com to find out how to author articles in future issues of the Journal.

24 months, with a total of 51 sets of trays worn mostly at 14-day switch intervals to maximize biting force and posterior intrusion. The final result was better than I had anticipated, with full closure of the anterior open bite (**Figure 4**). The patient was extremely satisfied as well, and reminded me that other practitioners had told him that he was strictly a surgical case!

Case #2—Using intrusion to treat a deep overbite

Now, knowing the success and predictability of the intrusive forces of Invisalign, we can use Clear Aligner Treatment (CAT) to treat other challenging cases, such as anterior deep bites. Another male 26-year-old patient presented to my office with Class 1 malocclusion, with severe maxillary and mandibular crowding, a 100% overbite, and an increased curve of Spee. One more issue, and to me the most challenging, was the obvious severe slanting (canting) of the plane of occlusion (**Figure 5**). The patient, of course, just wanted to straighten his teeth and his crooked smile, without realizing the severity of the problem.

We treated this case in approximately 18 months, with no auxiliary temporary anchorage devices and only one refinement. The initial stage of treatment used 34 sets of trays (worn for 14-day intervals), and employed the Invisalign bite ramp feature—first on the canines and then (once the occlusion allowed) on the maxillary incisors. These bite ramps direct the biting forces of the patient to the anterior segment and aid in the intrusion of both the maxillary and mandibular anterior teeth.

According to the Invisalign movement assessment tool, both maxillary and mandibular anterior teeth (on the left side) were intruded 3 mm (for a combined total of 6 mm of intrusion). After only the initial set of trays, the deep bite and canted plane of occlusion were almost fully corrected (**Figure 6a-b**). A refinement of another 10 trays achieved even more correction by further settling the bite and leveling the plane of occlusion (**Figures 7**).

During its initial development, CAT was widely regarded as a novelty, capable only of satisfying the esthetic concerns of patients. Yet over the years, the evolution of the technology and of our knowledge of the mechanics of CAT have proven that even cases once deemed surgical, or in the realm of "hero-dontics," can now be treated predictably and in an esthetic manner for the patient. This opens new treatment options for both patients and the informed dentist. This is truly technology-driven dentistry of the 21st century.







Figure 4: Case #1: final result with full closure of the anterior open bite.



Keep up to date with the latest ideas and conversations in Clear Aligner Treatment by adding the AACA Forum to your RSS feeds – www.aacaligners.com



Figure 5: Case #2: Class I malocclusion, with severe maxillary and mandibular crowding, a 100% overbite, an increased curve of Spee, and severe slanting (canting) of the plane of occlusion.





Figure 6a-b: Case #2 before refinement, after only the initial set of trays. The deep bite and canted plane of occlusion were almost fully corrected.



Figure 7: Case #2 after refinement. Final result, with further settling of the bite and a more level plane of occlusion.

Using Invisalign to Create Ideal Space and Proportions for Implants and Crowns □

by Jeremy Kurtz, DDS

Lucy, a 32-year-old woman, presented at my office with a problem. She had been missing tooth #9 for several years, ever since she had been in an accident. Ever since, she had been wearing a flipper which she strongly disliked. She had maxillary and mandibular spacing, and even with the flipper, she had a large diastema between teeth #8 and #9 (**Figure 1**). She wanted to have an implant placed in the position of tooth #9, but she also wanted to close all the spaces and have equal-sized maxillary incisors. The current space where tooth #9 was missing was quite large (**Figure 2**).

Lucy was unsure where to begin. Should she get the implant placed first (because of her dislike for the denture), or would that work to the detriment of the orthodontic process? But if she were to do orthodontics first, then how would she replace her missing front tooth in the interim?

Luckily, with Invisalign and a fully digital process and treatment planning, all of the above goals and concerns could be achieved and addressed. We could achieve optimal orthodontic results while providing pleasing esthetics during the treatment process.

This was essentially a standard diastema closure case (though, of course, with one of the incisors creating the diastema missing!). Using the ClinCheck program, we could plan an equal-sized space for tooth #9 in advance of the treatment. The design of the pontic within the tray would embody the shape and the size of the future tooth #9 (**Figure 3**). Also, using the pontic material in the tray itself would allow for adequate tissue molding (**Figure 4**) and a good emergence profile, and enable the patient to be rid of her dreaded denture immediately.

After we explained all this to Lucy, she readily agreed. Being able to be rid of the denture immediately was the selling point for her. From an orthodontic point of view, this is not a very challenging case. It is a Class 1 molar case with maxillary and mandibular spacing, which Invisalign is well equipped to deal with. The implant and crown were a little more challenging, as additional grafting was required to fill in the deficient ridge and create a good emergence profile with a high smile line.

We completed the initial space closure with 21 sets of trays. At that point we placed the implant (**Figure 5**). We did a minor refinement of 10 sets of trays, which also served to retain and hold the position of the teeth until the implant was ready to be restored. Then, in lieu of impressions, we took a full digital scan using the iTero scanner, utilizing a scan body (**Figure 6**). Finally, we placed a custom-milled zirconia abutment and crown (**Figure 7**).



Figure 1: patient presented with a missing tooth #9 and a flipper in the edentulous space.



Figure 2: large edentulous space.

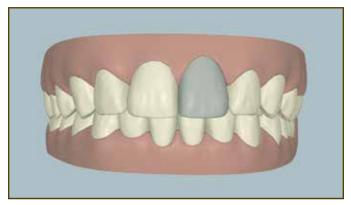


Figure 3: ClinCheck planning with the design of the pontic within the aligner trays, embodying the shape and size of the future implant supported crown.

Treating this case with traditional orthodontics would have made it very difficult to achieve exact space proportion and esthetics. Invisalign has the clear advantage in comprehensive (combination ortho-restorative) cases such as this one, because it allows for predictable outcomes and ease of use for both the patient and the dentist.



Figure 4: pontic material in the aligner trays allows for adequate tissue molding.



Figure 5: 1 week after implant placement (note sutures still in place). Healing is proceeding with aligner tray in place; note #9 pontic in the tray.



Figure 6: scan body in position, ready for iTero scan.







Figure 7: custom-milled zirconia abutment and crown.

Financial Management

Outside the Box

by Ralph Adorno



Chartered Life Underwriter Ralph S. Adorno is an independent financial professional with more than 46 years of experience in financial services. He serves clients whose net worths range from \$250,000 to \$1.5 billion. Using his proprietary Income-Legacy Planning method, he works with clients to

create, preserve, and maximize their wealth.

Mr. Adorno holds insurance licenses in 12 states and is a member of the Estate Planning Council and the National Association of Insurance and Financial Advisors. For more information about him, his firm, and the services they offer, visit: rsaretirement.com.

1. Five essential things to know about Social Security.

You'll qualify for benefits if you've worked at least 10 years or 40 quarters.

Date of birth determines whether your Full Retirement Age is age 65, 66, or 67.

You will get your full benefit, or 100%, if you wait until your Full Retirement Age.

If you take it before Full Retirement Age, you will receive a discounted (reduced) benefit.

Social Security is complicated. Talk with a professional who can guide you on the optimal time to take Social Security.

2. Be sure to add a waiver of payment to your next life insurance application!

Life is a series of unexpected events. One such event is a disability. A waiver of payment allows you to waive payment on your life insurance policy in the event of a disability, while the policy remains as is. The insurance company pays the amount on your behalf as long as you are disabled. Talk with your life insurance professional on the value of having this living benefit as part of your plan.

3. Have you had a pharmacy prescription filled lately?

Don't forget to ask, "If I paid cash, how much would the cost be?" There is a good chance that the money may be lower than your copay. Also, look online for discount coupons. The website www.goodrx.com is an excellent place to find many discounts on prescription drugs.

4. Six important things to know about Medigap (or Medicare Supplement) plans.

- These plans are standardized, supplemental government coverage sold by private insurance companies.
- These policies help fill the gaps on your share of expenses the share that Medicare doesn't cover.
- These policies pay only after original Medicare pays. They only pay if it is a Medicare-eligible expense.
- These plans work differently from Medicare Advantage plans, and you can buy one or the other but not both.
 Consult a professional for more information.
- These plans don't include Part D (the drug benefit). You can purchase that separately if you want.
- Plan pricing is geographically specific. Premiums vary depending on where you live.

5. What are your thoughts on using annuities as a strategy for retirement planning?

Here are David Blanchett's ideas. He is head of retirement research at Morningstar Investment.

"Outliving one's savings is one of the greatest fears among retirees. For example, a study by a major life company says that more retirees fear to outlive their resources (61%) versus death (39%) (2011). Annuities allow a retiree to shift longevity risk to an insurance company, to improve the overall efficiency and effectiveness of a retiree's portfolio. How? It's the certainty of lifetime income. The annuity's benefit, risk, and cost, within a total investment portfolio strategy, must be considered before determining the appropriate companies, amounts and annuity plans."



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6. Summertime is an excellent time to review your estate to make sure all the necessary documents are in order.

We suggest you work with an attorney to secure these documents. Let your loved ones know where the records are. Here's a list of 25 docs you need.

www.walshcollege.edu/upload/docs/library/lib25docs.pdf

7. Are you planning for retirement and don't know where to start?

An excellent place to start is determining your essential income. Essential income is money used to fund your lifestyle. You will need to review all of your recurring and variable monthly expenses to determine payments you need to live. You will want to do this using after-tax dollars. It is essential to add a cost-of-living increase to your numbers each year. This number can be significant, especially if you are young and several years away from retirement.

8. Don't forget the rule of 72 when factoring inflation in determining your essential income.

The rule of 72 is a simple formula that tells you the approximate amount of time needed for money to double. The formula is: 72 divided by rate of return = years to double. If you assume a 4% inflation rate, then it will take 18 years for your essential income to double. So if you are 50 years old and living on \$75,000 after tax, then you will need \$150,000 at age 68.

$$72 \div 8 = 9$$

For example, the Rule of 72 tells us that an investment earning a constant 8% rate of return should double approximately every 9 years.

9. Inflation—don't underestimate the real inflation percentage rate over an extended period.

The postage stamp is a good barometer of inflation. A first-class stamp increased to 50 cents in January of 2018. The same stamp cost 10 cents in 1975. The inflation rate over this forty-three-year period is 3.81%. Assuming you retire at age 65, and use the postage stamp inflation rate, the replacement cost of \$75,000 to live on will be \$191,000 at age 90.

10. Have you crossed the line?

You are probably familiar with the acronym DOB, but are you familiar with DOU? That is the date of uninsurability, which means the date when you apply for life, disability, or long-term care insurance, or in some cases health insurance, and are denied coverage. The insurance company is saying, "We looked at your health history, and we do not want to take the risk." Purchasing these policies before DOU is critical. All insurance companies do appraisals on the applicants, and not everyone qualifies for the coverage. You will never be younger or healthier than you are today.

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Practice Management

Three Ways to Minimize the Insurance Objection

by Amy Drewery



As the lead coach for Brady Group, LLC, Amy Drewery has been coaching dentists and their teams since 1999. Amy also teaches many Brady Group events, and is a contributing writer to the Brady Group blog and training materials. The Brady Group provides customized coaching focused

on increasing your net income, and decreasing stress, by incorporating systems and personally training your team to become partners in helping you achieve your vision. Members also learn to work smarter, not harder, allowing them to accomplish much more in less time at the office.

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If you'd like to receive Amy's complimentary electronic newsletter, just email her directly at **amy@bradygroupllc.com** and she will get you set up!

1. Don't be the first one to bring it up.

We often create our own objections, just by putting the spotlight on money, insurance, or our schedule. If you ask about insurance before the patient does, you are creating the objection, when maybe it wasn't even there to begin with. Once the "I" word enters the conversation, ask questions—don't give information.

"That's a great question; it sounds like insurance is a factor for you. Tell me more..."

"What if we find something that might be standing in the way of the goals you shared with us, but discover your plan isn't going to pay for the best solution?"

2. Don't prejudge just because patients ask about their insurance.

Always make the assumption that patients want the best, regardless. Just because they are asking, it doesn't necessarily mean they are basing their decisions on their insurance plan.

See, when you are all-knowing about their insurance, you come across as more in the know than the patient might be. If you think about it, you become more of an advocate for the insurance than for the patient or the practice.

3. Don't bad-mouth insurance.

In fact, compliment your patients when they bring it into the conversation, and be positive about their benefits.

Instead of saying, "You only have \$1000 maximum," try this...

"That's great news! Your plan provides a \$1000 supplement toward the dentistry you've chosen."

"Most patients find that their insurance is a good supplement—sort of a rebate."

"We have some great resources to help you with your remaining investment, if that's something you'd be interested in exploring."



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Pre-restorative Orthodontics

by Richard Schmidt, BSc, DDS

Dr. Richard Schmidt asserts that "Orthodontic treatment can enhance the long-term predictability of restorative dental treatment by positioning the teeth in their optimal location within the dental arches." In a poll of dentists, he identified the top 6 restorative challenges that dentists feel can be made easier with pre-restorative orthodontics. This is the third of his 6-part series of articles, discussing these challenges.



Dr. Richard Schmidt practices general dentistry in Brampton, Ontario. He has been in practice with his wife, Dr. Tamara Sosath, for 29 years. He has always had an interest in orthodontics and recently introduced Clear Aligner Therapy (Invisalign) as a treatment option for his patients to

establish a sound occlusion. In addition to treating teens with Invisalign, he is utilizing it to align teeth conservatively for rehabilitative restorative treatment.

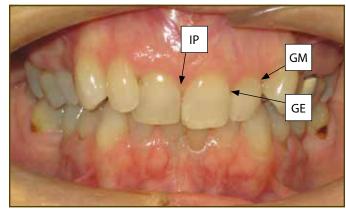


Figure 1: soft-tissue parameters.

Introduction

The successful outcome of dental treatment is dependent on many factors. The SPEAR Education model promotes the use of the acronym "EFSB." The diagnosis and treatment plan of a patient begins with "E," esthetics, followed by "F," function of the masticatory system; "S," structural integrity of the supporting teeth; and "B," biology of the oral cavity. For greater insight into the EFSB model, one can visit SPEAR Education.

The F, S, and B are usually of greatest concern to the dental clinician; however, these contributions to the restoration of the dentition are often seen by the patient as of little value. For many of our patients, the perceived value of E is of greatest priority, and if the aesthetic requirement is not fulfilled, the patient will voice his or her displeasure. The success of the aesthetic outcome is determined by the appearance of the

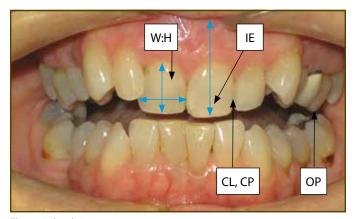


Figure 2: hard-tissue parameters.





Figure 3a: Case #1 before treatment. **Figure 3b:** Case #1 after minimally invasive treatment producing a functional and aesthetically pleasing result.

soft and hard tissues. The author will present cases using a simple-to-follow template.

Discussion

The framework for achieving an aesthetically pleasing result involves the positioning of the soft tissue, the gingiva, in harmony with the hard tissue, the tooth. The soft-tissue variables are as follows:

- the levels of the gingival margins (GM)
- the levels of the interdental papilla (IP)
- the size of the gingival embrasure (GE)

The author finds the fully retracted position with teeth in maximum intercuspation (MI) very helpful in assessing the soft-tissue relationships (**Figure 1**).

The guidelines for the soft-tissue variables are as follows:

Gingival margins

- maxillary central incisors should be level with the cuspids
- maxillary lateral incisors should be 0.5-1.0 mm incisal to the central incisors
- maxillary cuspids should be approximately 1.0 mm apical to the first premolar

Interdental papilla

 symmetrically level on both sides of the midline, with the midline papilla level with adjacent sites





Figure 4a: Case #2: the uneven soft-tissue parameters are very evident pre-treatment.

Figure 4b: Case #2 pre-treatment.

Gingival embrasure

 completely filled with soft tissue whenever possible, avoiding a large, dark space

The hard-tissue variables are as follows:

- incisal edge position relative to upper lip (IE)
- tooth proportion—crown width:height ratio (W:H)
- contact length and position (CL, CP)
- occlusal plane (OP)

To assess the hard tissues, the fully retracted, partially open position is the preferred view (**Figure 2**).

The guidelines for the hard tissues are:

- incisal edge positioning relative to the maxillary lip is age dependent
- preferred crown width: length ratio can range from 77% to 83%
- contact point dependent on shape of tooth
- contact length usually 50% of crown height
- occlusal plane should be level between right and left sides

In the presence of anterior incisal fracturing and chipping, conservative treatment can be rendered using conservative resin restorations and enameloplasty.

Many of the soft- and hard-tissue goals can be attained via periodontal surgery. However, the author prefers to treat these patients in a minimally invasive manner using clear aligner orthodontic treatment.





Figure 5: Case #2 after treatment; note the much improved soft- and hard-tissue harmony.





Figure 6: Case #3 before treatment; note unaesthetic, displeasing appearance.





Figure 7a: Case #3 after treatment but before refinement: after initial treatment, the patient requested additional apical positioning of the upper right central incisor's gingival margin relative to the upper left central.





Figure 7b: Case #3 final result.



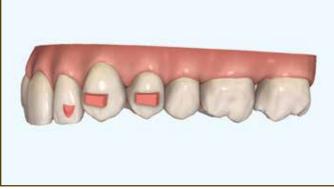


Figure 8: dental alveolar intrusion can be accomplished via horizontal attachments on adjacent teeth.

Case #1

Clyde, a 54-year-old father, presented to the office for an orthodontic consult after a young boy at the hockey arena commented, "Geez, you have ugly teeth." During his Invisalign treatment, we noted that his facial expression was different at each visit. He developed a "glow" of happiness and contentment. We approached him on this matter, and he shared with us how people noticed "something different" about him, even though the aligner treatment was not detectable. He was very pleased with the treatment and with the final result (Figures 3a-b).

Case #2

Marie, a 66-year-old grandmother, found our office online. Her chief complaint was "I am not happy with my smile" (**Figures 4a-b**). In order to create the necessary space to align her teeth with the minimum amount of IPR, we sequentially

distalized the maxillary posterior segments. Her initial treatment involved 89 aligners. However, at aligner 66, we noted poor incisal tracking of tooth #7 and took a second scan. The midcourse correction involved an additional 19 aligners. Both the patient and the author were very pleased with the result, considering the amount of challenging tooth movement in the case (**Figure 5**).

Case #3

Sarah, 23 years old, would be graduating from college shortly. In order to increase her chances of securing full-time employment, she wanted to improve her facial aesthetics by improving her smile. She opted for Invisalign treatment over conventional fixed appliances because of its aesthetic benefits. We restored her incisors with conservative resin restorations after the initial active phase of aligner treatment. Sarah is currently undergoing a refinement phase to position the gingiva of tooth #8 apically, level with that of tooth #9 Figures 6 and 7a-b).

The ability to level gingival margins nonsurgically is based upon the principle of dentoalveolar intrusion (DAI) and extrusion (DAE), as discussed in a previous article by the author. With the application of a light, continuous orthodontic force to a tooth, the entire periodontal complex, alveolar bone and gingiva, can move in a desired direction, resulting in the levelling of gingival margins. The DAI movement is supported by attachments on the adjacent teeth (**Figure 8**).

Conclusion

Achieving an aesthetically satisfying and pleasing result is very subjective. The old saying, "Beauty is in the eyes of the beholder," is of utmost importance in dentistry. In many instances, the dentist will compare the result to an unrealistic image of perfection and be displeased, but the patient will deem the result as acceptable and satisfactory. The guidelines presented in this article provide the clinician with a foundation for achieving the best possible aesthetic result.

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Social Media & Technology

Reputation Marketing: Getting the Visibility and Credibility Needed to Be Found Online

by Len Tau, DMD



Dr. Leonard F. Tau maintains a full-time private practice in Northeast Philadelphia focusing on general, cosmetic, reconstructive, and implant dentistry. He received his dental degree from Tufts University School of Dental Medicine in Boston, Mass., and a Certificate in Advanced

Education in General Dentistry at UMDNJ in Somerdale, N.J. Dr. Tau has had extensive training in cosmetic and reconstructive dentistry, including Invisalign.

In recent years Dr. Tau has focused his attention on the process of practice marketing, using tools that have not historically been available. His development of iSocial Reviews (now a part of BirdEye) has grown out of that intensive study. Dr. Tau consults with hundreds of dentists around the country, particularly in the area of reputation marketing. He can be reached at 215-292-2100 or drlentau@pcde.com.

Using the power of the Internet has become one of the biggest avenues that dentists look to in attracting new patients, after direct word-of-mouth referrals from existing patients. In order to succeed in the race to the top of a Google search, your practice needs both visibility and credibility, two different things that people often confuse. The easiest way to achieve both is to focus on reputation marketing, the process of getting your happy patients to talk about you online.

I have been teaching this terminology to dentists for years in my various seminars across the country. Reputation management has always meant the process of getting negative reviews off the first page of Google; I like to refer to it as reverse Search Engine Optimization (SEO). If online marketing companies tell you they will handle this kind of reputation



management, they are not focused on the most valuable asset in marketing: your happy patients.

Your happy patients are the strongest voice your practice has, and they are more than willing to share their experience with others. You just need to give them the ability to use that voice, as many have no idea how to leave a review for your practice online. Let's focus our attention on promoting your most valuable asset, your online reputation, to get that visibility and credibility that both you and Google are looking for.

There are 3 steps to reputation marketing: getting found; getting found in a compelling way; and monitoring and protecting your online reputation. For the purpose of this article I am going to focus on the first 2 steps: getting found (or visibility), and getting found in a compelling way (or credibility).

First and foremost, you need to understand how important online reputation is. A 2017 Bright Local survey revealed that 85% of consumers trust online reviews as much as personal recommendations; 93% of consumers read online reviews to

determine whether a local business is a good business; and 68% of consumers say that positive online reviews make them trust a business more. It's especially true in our space that if patients trust you, they are going to buy from you.

In the past, a patient who was referred to a dentist would just call the office and schedule an appointment. Now 87% of patients search online to find information about a practice, and 52% of the time they are looking at the practice's online reviews. Even if you are a "word of mouth" practice, if you ignore your online reputation, you are going to become less and less credible online.

Becoming visible means being found online. A local Google search—a search on "dentist Philadelphia," for example—will bring up a page with 1 or 2 paid ads, then a map with 3 sites marked, then detailed listings for those 3 sites (called the "map pack" or the "3-pack"), and then the rest of the results Google's algorithm found (called the organic results). Clearly, being highlighted in the map pack thrusts your practice into the patient's awareness and is the goal to shoot for.

Two of the most important criteria Google uses for ranking in the local map pack are consistent citations and online reviews. Before you spend lots of money on Google Adwords, social media, or even display advertising, you have to have a decent foundation of online reviews to get the best return on your investment.

Citations are the digital equivalent of the phone book; but it is not enough to be listed on only a couple of sites. Any mention of a business, by name, address, and phone number (NAP), on a website (other than the business's own), constitutes a citation. And the more places your business is cited—correctly and consistently—the more trust Google will have in your business, and the higher your business will generally rank in the race to get into the map pack.

If the citations also include a reference to your website (NAPW), that's even better—one more data point that helps the search engines connect to your business—but that isn't needed for the citation to count in the rankings. The value of a citation is the mention of your business; the more mentions, the more prominent your business appears to Google.

Note that your NAP needs to be consistent on all the sites in order for Google to trust your business. You want to make sure you have one and only one accurate listing on each of the sites. But don't worry about abbreviations (Suite vs. Ste, Road vs. Rd, New York vs. NY), as the major search engines are able to figure out what they mean. Once your citations are consistent, you become a more trustworthy business and become visible to those searching for a dentist in your area.

Now that you have achieved visibility, we need to focus on making you more credible. The easiest way to be found in a compelling way is to have more reviews than your competitors. There are many review sites, but the most important ones

that you should be focusing your attention on are Google, Facebook, Healthgrades and (depending on your location) Yelp.

Patients are more than happy to provide feedback about their experiences, and in most cases that feedback will be positive for your office, but you have to make it easy for them to do it. Simply asking for a review is not going to work in the long term, as your team has other things to do in the office, and patients have no idea how to do it, or even what to write. The best way to make it easy for your patients is to automate the process of sending review requests to them via text message.

Take a look at your mobile phone and see how many unread text messages you have, compared to how many unread emails you have in your inbox. I would bet that you have very few unread text messages—which is why that is the best avenue for the patient to receive the correspondence. By automating the process, you send the message to all patients within a certain period of time after they have been checked out of your practice management software.

Birdeye, an online reputation marketing company whose dental division I run, provides this service for your office, in addition to claiming your local citations. When the patients receive the text message on an Android phone, it directs them to your Google page to write a positive review (because every Android user automatically gets a Google or Gmail account). On an iPhone, we direct them to any 3 review sites of your choice. (I use Google, Facebook, and Healthgrades for my practice.) When patients click on Google, we open up the stars for them to provide a review on your Google My Business page. Once the review is left, you are able to cross-post the review to your social media sites and even your website. We currently automate the process to about 98% of the practice management software on the market.

A word of caution here for practices using iPads or tablets in their offices to try and collect online reviews while patients are on site: Google can see the IP address of where the review is coming from, and it's now against Yelp's policy to ask for reviews. So if Google notices a run of reviews coming from your practice IP, those reviews could get flagged as spam—and never published. And if Yelp catches wind of you soliciting reviews, you could watch not only your reviews but also your whole practice being moved to the Not Recommended section.

As you add more reviews to your Google My Business listing, you become a more credible office. That, combined now with the visibility you achieved through having consistent citations, gives you a much greater chance of being in the local 3-pack when a potential patient looks online for a dentist in your area. By giving your enthusiastic and satisfied patients an outlet to talk about your office online, you can use your most valuable asset, your happy patients, to acquire more new patients; and you will see the ROI of your other online marketing increase as well. It's very simple: your reputation matters. Focus on reputation marketing and you are destined to be successful.

Reingage News

Reingage Study Club News

Compiled by Jack Von Bulow, DDS, Reingage News Co-ordinator



It was great to see all the Galler Universe at GRC 2018! And we congratulate Hells Aligners for just squeezing out a victory, stealing the Empire Cup away. The Empire will Strick Back!

All in the Empire wish to thank; the Presidents, the Strategic Committee, KOL's, the lecturers, the sponsors, Hazel and John of Magic Global Entertainment, and in particular The Wolf himself for setting up and running an amazing event! And I remind u; If u benefit from AACA, Reingage, or the general Galler

Universe, take a moment of ur time to reach out to your President and learn how YOU can contribute back. See u all at GRC 2019.





Arch Madness is proud to recognize Dr. Hala Salama as one of our most engaged team members. She graduated from dental school in Egypt in 1987, received the fellowship of the Royal College of Dental Surgeons of England in 1999, and now owns her own practice, Clarity Dental, in Winnipeg. After recently focusing on many AACA courses and other disciplines, her goal is

to enhance the Invisalign side of her practice this year, as well as spend more time with her 3 daughters (the youngest of which is starting to drive now!) and lovely husband. Cheers to our hardworking and fun-loving friend Hala!





The Botex group enjoyed a mini-reunion at the Gallerite Reingage Convention in Las Vegas; the attendees all agreed it was the best Invisalign continuing education event they had ever experienced. We look forward to having all our group members attend next year.

At the meeting, awards were given out to the classes and individual doctors. One of the awards was the Golden Aligner award for the best case, in categories such as spacing, crowding, combo, or life-changing. Our very own president, Dr. Nick Cobb, won the Golden Aligner award for the best combo case (treating a patient with congenitally missing lateral incisors). Congratulations to Nick!

Family trips and vacations, including Dr. Sujata Basawaraj's amazing trip to Ecuador, also highlighted the summer.





It's been a busy summer for the Corkscrewers! Some have spent quality time away from the office with their families at the lake; one got married to the love of his life, and many of us were able to spend time together at the Gallerite Reingage Convention in Las Vegas—learning and bonding together as a "family." What

made the experience even more special was the overwhelming support and involvement of not only the Corkscrewer Gallerites, but their respective office teams as well. Nothing beats reminiscing and academic discussions catered by In-N-Out Burger and staff-led bartending in a beautiful Encore suite!

In other news, one of the Vancouver-based Corkscrewers, Dr. Andrea Dernisky, opened an Invisalign-only practice. She has high hopes of increasing awareness, education, and execution of effective, efficient Clear Aligner Therapy among an even larger percentage of the population.





Viva Las Vegas! And what a great Las Vegas conference it was.

It was awesome catching up with team members and reuniting with all of our Reingage family. It was an action-packed 2 days of learning and team-building. Those of you who were there learned from some of the top Invisalign minds.

I was honored to be among the speakers and appreciated seeing many of you in my lecture. Our recapture of the Cup is underway. Man, how time flies! It was 2014 when we took the greatest dental course ever.

Make sure you keep in touch; we are using email and WhatsApp. If you need some help climbing aboard, please reach out to me; we can definitely set you up! Happy fall, everyone!





The Capone Correctors were born earlier this year, and we are LOVING being a part of the Galler family. Many of us were at GRC in Las Vegas in July and had a blast. We learned a lot and went home motivated to implement everything we learned into our practices.

We are currently working on scheduling a study club to discuss how we can be even more productive providing Invisalign care while hitting some challenging goals.

During the past quarter, some of us have had Invisalign Days/Weeks that were very successful. Our group has also been taking advantage of all of the deals we've been offered as Gallerites.

A major shout-out to one of our very own, Tarun Agarwal! Tarun shared an awesome presentation on implementing sleep apnea treatment into our practices. Cheers to always learning!





For Chicago Style Deep Bite, another summer come and gone. School has started for our kids and grandkids of all ages.

Kim Zizic's son is a D2 at University of Illinois and well on his way to becoming a third-generation dentist. For many of us, this summer included attending the outstanding, first-ever GRC conference in Las Vegas in July. The conference hosted 1200 people, 46 lecturers, and 50 vendors; what an amazing learning experience and social

gathering it was! And it was awesome catching up with old friends and making new ones. If you missed out, make sure you mark your calendar for June 20-22, 2019!

And speaking of firsts, our friend David Meade welcomed his first grandchild, beautiful Sophia Rose, in August. Congrats, David.





Hello, Gallerites. This July in Las Vegas was one of the most memorable on record for the AACA. For the first time ever, the AACA hosted a sellout conference at the amazing Wynn Hotel.

The ClinCheck Cartel was strong in attendance at this event. Two of the Cartel came away with major awards. Dr. Karla Soto won

the award for Doctor of the Year, and Dr. Jose Abadin won an award for the Most Talented Invisalign ClinCheck Doctor in North America. The Cartel team also made a strong showing

in the race for the Galler Cup, finishing in second place after being in last place for most of the race. Congrats to all the Cartel!





Summer for the Empire Too was an exciting time. We were reunited at the first Gallerite Reingage Convention and enjoyed all the learning as well as the socializing. We celebrated one another's personal and clinical victories; and just hanging out together on Topgolf's putting green, we seemed closer than ever. It was

awesome meeting everyone's staff and interacting with them on both professional and social levels.

And... major congratulations to Dr. Ahmed Beheiry on the birth of his son, Rayan, and to Dr. Peter Harrison on the birth of his son, Luca Samuel.





During the last 3 months, Ghosts of POB has continued doing well. Through our chat, our relationships have solidified as we continue sharing our daily ups and downs, clinical advice, and even personal issues.

Ghosts reached the pinnacle of our young existence in July when 13 of us (and spouses and team members) visited Las Vegas and celebrated the GRC, the best-attended Invisalign event ever. We had an amazing experience, engaging one another and learning from top speakers in the Clear Aligner industry. We were even visited by Joe Hogan, CEO of Align Technologies.

Dr. Jessica Tendero did a terrific job with her Botox/Filler lecture; Dr. Michael Tran received a silver medal and Dr. David Bistritz and Dr. Aladino Valiente were awarded bronze medals for total cases started.

The Ghosts finished in fourth place for the freshman class and promise that next year we will lift the Cup. Last but not least, we toast the Ghosts on our first anniversary on August 23, 2018. GO GHOSTS!





This past quarter, our class was very busy; many of us attended GRC in Las Vegas. While at the event, we took many classes and learned a lot about acceleration and improving our ClinCheck outcomes. And we got to know each other better too; this was our first team get-together since our Reingage course.

We're really happy and proud, as our team won the Championship Belt for the new class Reingage top 60-day challenge. Our team completed over 380 cases during our first 60 days after Reingage.

At the end of GRC we all met at the Las Vegas Hofbrauhaus, where we celebrated an early Oktoberfest. Some of our members have also attended the Bioclear course, and some will attend in the future. Many of us are looking forward to meeting in Costa Rica this winter.

And a special shout-out to Jeff Powers, whose daughter just got engaged, and to Luke, who is getting ready to add another little member to his family





Hells Aligners had their favorite year ever. Everyone worked hard to make up for a sad loss to the Empire at last year's Summit... and we were rewarded for all our hard work by winning the sophomore Cup at GRC in Las Vegas in July. Woo hoo!

Our own team member, and a top contributor, John Bunkers, VP of the AACA, helped Dr. Galler put on a great awards ceremony.

Our own Michael Huguet was one of the outstanding lecturers at the event. Michael was also honored by joining John Bunkers and Scott Methven among the Key Opinion Leaders of our esteemed and growing organization. Our own William Truong not only led our team in numbers, but also was second in case acceptances in all of Gallerland. Great job, guys!

Scott Methven (also one of our top case providers) and his wife Melissa helped us organize a fun-filled evening at Topgolf on Friday evening of GRC. Thank you! What an amazing

culmination of the first half of 2018. What an amazing class, with pure class! We brought all our staff and families up to the stage to accept the award, as everyone on our teams is a contributing force in our personal and professional success. I know we will continue to strive to be on top and keep our success flowing for the second half of 2018. Congratulations, Hells Aligners!





The Hotlanta Stripperz had great representation at the AACA's GRC in Vegas. The conference gave us a great opportunity to catch up, collaborate, and learn so much to take our practices to the next level. We really enjoyed the

time spent together as a group on Friday night; it reminded us of all the important reasons why we exist as a group—to be a dental family that supports one another and helps make each day in our practice one that's worth showing up for!

And we are doing amazing things in our offices. The generosity that this group displays in providing care for patients is inspiring. We have hearts that go beyond the treatment we provide! We are family; we are fun; we are creative; we are loving; we are strong! We are the Hotlanta Stripperz!





The Houston Drillerz are riding high following GRC. We had a huge turnout and a great time in Vegas. We returned energized and united.

We continue to put up great case numbers, but more importantly, we continue to grow and learn as a group. We share highs and lows, birthdays, trips, events and, as always, what's for dinner.

We are thankful for our group and comradery, and thankful for the opportunities we've been given through Galler Nation. WE ARE FAMILY.

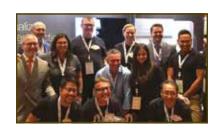




Invisalandia had a great time reuniting at the GRC in July. We had a big turnout! The following doctors attended the event: Carlo Arredondo, Chelsea Mortell Petisme, Geoff Skinner, Greg Shvartsman, Howard Shayne, Jessie Banks, James Peterson, Lisa Gallucci, Madhuri Vanama, Michelle Johnson, Negin Badr, Ryan Love, Shivani Kant, Niromi Fernando, and Lindsey Papac.

We all saw the GRC as a fantastic place to reconnect; it was one of the best events we've ever attended. Some felt the highlight was Dr. Galler's Dental Anxiety presentation, while others enjoyed the awards dinner and the Friday classes. We were especially proud to support one of our own, Dr. Geoff Skinner, who gave an informative presentation on Facebook and social media.

During the award ceremony, Dr. Skinner was named as Doc of the Year and Dr. Shivani Kant took home one of the Best Staff awards. Both awards are huge accomplishments and honors. Following the GRC, many Invisalandians headed to Topgolf, where we continued to socialize and get to know each other better. Big thanks to Dr. Galler and those who planned the GRC, a truly epic event.



Los Aligners

So for Los Aligners, July and the GRC were all about the Cup. Attending the groundbreaking event were Lennie Wong, Terri Pukanich, Rob Andrew, Bethany Tant, Murray

Knebel, Dima Oweis, Sam Lee, Alexie Aquil, Mike Jones and Jack Von Bulow.

And... what do you get when SoCal and Team Canada come together with an extra added pinch of Oregon and North Carolina? Yeah, you get an amazing group of cool, caring, highly skilled colleagues who now hold the coveted Galler Cup. We'll be sharing the Cup, Lord Stanley style.

We all met in Los Angeles over 3 years ago, and we've seen one another less than a handful of times since, but... hanging out together at Topgolf in Las Vegas just after GRC felt more like a family reunion that ended all too soon.





It's been a busy summer for all of Galler Nation, but especially for Mass Spikes members. We came together for our very first Reingage study club meeting, catching up and sharing our best practices. We all learned a tremendous amount from one another. The group plans to meet quarterly. GRC in Las Vegas was next, for some great learning and lots of fun! Then Tacoma, for the Bioclear course on finishing our Invisalign cases with finesse. Beautiful city, great food, great company. Looking forward to many, many more gatherings!





The Metroligners had an amazing year. The celebration at the GRC Awards Banquet was over the top for us. We won the Senior Galler Cup! We had 2 of the 7 Docs of the Year,

Frank Visintini and Brian Wilk. Two of the top producers in all of Galler Land are in our group, Stephen Liao (one of the ClinCheck Cowboys) and Eric Seidel (who just reached VIP status). Two others got mention as top producers, Adam Kratchman and Drew Fairweather.

It was an amazing night. Congrats all around for the Metroligners! GRC was capped off with another wonderful night together at Brad Garrett's Comedy Club. Such good people, so much fun, so much success!





This summer was a full one for the Mile High Munchies. First off, EIGHT Munchies attended the FIRST-ever Gallerite Reingage Convention. Las Vegas proved to be the city that never sleeps, and the Munchies took full advantage.

We enjoyed an amazing full day of nonstop lectures, followed by a fun-filled night spent at Topgolf. And we all hope Daniel is still working on his golf swing.

It was really great reconnecting and catching up with our classmates. However, we did miss those who couldn't attend. So mark your calendars for next year; June 20-22 at the Wynn in Las Vegas will be arriving before you know it!

And congratulations are in order for Dr. Scott Brody and Dr. Katie Coniglio on receiving the Top Doc Award at GRC for case starts over the past year. Dr. Daniel Kim and Dr. Jacob Brown purchased their first iTeros at GRC, and we cannot wait to see their case starts EXPLODE this next quarter. Good luck, guys!



Motor City Movers have been very busy. Many of our members have taken the Invisalign part of their practices to the next level and are killing it! Our group had 7 members in Las Vegas at GRC: Faline Davenport, Shawdi Assar, Dawn Kacy, Lora Lazovski, Liz Lewis, Arthur McCann, and Leslie Showalter. We learned a lot, and had a fun team dinner at the Sugar Factory on Friday evening after the learning was done. Good times...good times.



Our team member Alvin Daboul shared with our group that he is a published author. You can check out his book, *Keeping Your Mouth Healthy Before, During and After Chemotherapy*, on Amazon. Liz Lewis's team recently got to attend a presentation by Drs. Corey Anolik and Robin Bethell. She really enjoyed it and, I am sure, learned a lot!

We are nearing the 1-year anniversary of our Reingage course. We have a great group and lots of great things ahead. Cheers to the Motor City Movers!





The Northern Bites were proud to have representation from all over the country this summer as we gathered in Las Vegas for GRC. Noticeably missing was David Babin. His excuse?

"One round-the-world trip, one year, one backpack each. The King of the North has messaged me today to send a shout-out with a favorite picture so far. I've saved 1400 pictures to date and deleted easily 3 times that. We started our journey in the UK, and we've driven 6000 km

circumnavigating Ireland, Scotland, Wales, and much of England. I would surely recommend

to everyone a trip to the Wild Atlantic Way in Ireland, and the North 500 in Scotland. Two beautiful scenic routes filled with history and beauty. We've seen some amazing castles and gorgeous countryside, but family pics remind us of why we're doing this trip. Stonehenge has always been a bucket-list site for me, although not sure why, as my 13-year-old said, "Dad, it's nice and everything, but I'm just not that into looking at rocks!" I personally enjoyed looking at the rocks, and taking many pictures of the rocks, and learning the history of the area. We're going to try to see as many world heritage sites as we can on this trip around the world. I hope you are all keeping well. I encourage you all to consider planning a family adventure of your own."—world traveler David Babin





As summer in the Pacific Northwest passes, the NWA group reflects on prestige gained as well as unforgettable memories.

This summer saw the creation of the first AACA group continuing education conference... the GRC! Twelve of NWA's finest made it to Las Vegas and enjoyed a CE event of a lifetime—an experience that undoubtedly fired up our Invisalign engines.

Dr. Kory Wilson of Hayden, Idaho, who has seen tremendous Invisalign and practice growth year after year, brought his entire practice for some serious CE, role-playing, and fun! Dr. Olga Dontsova (of Portland, Oregon) and NWA president Dr. Arvind Petrie (of Tacoma, Washington) met in Seattle for another exceptional Spears seminar. Don't forget your occlusion, doctors: it's the foundation for a lifetime of healthy smiles. Cheers!



Recently the AACA made history in the dental world by delivering a first-class dental meeting in the beautiful Wynn hotel in Las Vegas! We broke all records by organizing the meeting in just 6 months and drawing excellent attendance. The meeting featured remarkable courses delivered by people from among our own groups and covering all major areas of Invisalign treatment, for dentists and their staff. For our part, our PR Reingage group sent a good delegation to the meeting. We all attended different lectures to get useful information to bring to our own practices and to share with some of our members that could not make it there.

As soon as we returned to Puerto Rico, we got together for a study group night to propagate our new knowledge. We took the notes from all the dentists that attended the meeting in Las Vegas and made a PowerPoint presentation to share with the rest of the group. We also brainstormed ideas and tactics in order to implement them in Puerto Rico's own economic reality. I want to express my gratitude to Dr. Maria Umpierre and Dr. Carlos Beltrán for helping me with this presentation. It was a night to help and to get help by sharing!





The Richmond Re-Aligners had an amazing time at GRC in Las Vegas, Nevada. Amit, Toussaint, Swati, Rimple, and Todd all received individual awards for their achievements. The Re-Aligners also received the Galler Cup for being the top freshman class in the Galler world. They also were tops among all

classes. It was great to see everyone in the group and catch up on their ever-changing lives.





The AACA is all about family, and a great highlight of GRC this July was the opportunity for many Rockin' Cavs members to reconnect with one another in person. After a full day of learning from excellent speakers, including Rockin' Cavs' own Chris Hart, our class partied it up in traditional Vegas style with dinner and a

show. We saw Michael Jackson ONE at the Mandalay Bay Resort, followed by dinner at the Lago restaurant with the iconic Bellagio fountain show in the background.

After Dr. Galler's recent scan body Tip Tuesday, Rockin' Cavaligner Jason Schermer had this helpful tip that we wanted to share: "If you have the iTero lab software, you can set yourself up as a lab to work directly with Zimmer Biomet to have abutments milled and shipped directly to you. This works especially well if you have a milling machine in your office. The STL file comes back before the abutment, so you can design and have the crown made before the abutment arrives. I can usually get turnaround time of around a week."





It gives me great pleasure to introduce the final addition to the Galler family. Appropriately, our group's name is Save the Best for Last. This group of amazing doctors collectively submitted 180 cases in the 60 days after the course. I'm so proud of their efforts; this was a 30% increase from before the course. The course was

a great success and is a true reflection of how Reingage has the power to influence positive change. Watch out, because we are coming for the Galler Cup!





The members of Shift Happens in Las Vegas have a LOT to be proud about! For several months, we were able to show off our 60-Day Champ belt. It traveled to 10 of our offices and was raised proudly for many amazing pictures.

We had half our class in attendance at GRC, which was a great reunion in the city where it all started for us. Although everyone not attending was missed, our hearts went out to Dr. Rahul

Kulshrestha, who was at home with his new baby girl, and Dr. Todd Leiker, who was acting as a leader for his class reunion.

We all were happy to celebrate our second-place finish for the freshman Galler Cup. Our tenacity for Invisalign helped us beat out 10 other strong teams. With the knowledge and excitement that we gained at GRC, we are sure that Las Vegas will be a lucky city again for us next year, as our eyes are set on the sophomore Cup!

Special congratulations go out to Dr. Palmi Testa, who was the standout winner of a Golden Aligner award. She made an amazing transformation for her patient! All GRC attendees were in awe of her methods and results. Congrats, Palmi! We are looking forward to seeing you and each other at the upcoming AACA CE events.





GRC gave some Str8up members the opportunity to celebrate 4 years of being together as a class. And many of us made the trip to Las Vegas. Some of the group took advantage of the special iTero pricing and finally cut ties with traditional impressions, joining those who have already gone digital.

In addition to enjoying all the academic and social events of GRC, we had a wonderful group dinner at Gordon Ramsay's Hell's Kitchen. It was great seeing Lindsay Costantino make it out at 33 weeks into her pregnancy; we all wish her the best as she nears her due date.

Thank you for all who could make it to GRC! And big-time congratulations to Phil Gaudin's son, Theo, who was baptized this September.





Straight Outta Brackets continues to be a group that encourages one another's successes professionally and personally; as a team, we offer advice with ClinChecks, office issues, and patient management.

Many of our members had an amazing time at GRC, learning so much about Invisalign care and also bonding with other Gallerites (especially at the Friday night Topgolf event).

Those who weren't able to attend GRC were definitely missed and missed out. But I know we're all looking forward to next year's convention!





June marked the 2-year anniversary of Super CarlsBad's formation at our Reingage course in Carlsbad, California...where "The Course That Changed Everything" took hold of our practices. Appropriately, 15 members of Super CarlsBad celebrated by reuniting in Las Vegas at GRC 2018! Drs. Erin Cherry and Kristen Ritzau were honored as "Top Doc" recipients, and the rest of the group left inspired to provide even more Invisalign care. After two

days of learning from the best Clear Aligner educators, we enjoyed a fun night out eating,

drinking, and playing at Topgolf. Thank you to Dr. Kristin Wade, who updated our logo and treated the class to new Super CarlsBad swag, including custom pins, stickers, and visors to display our class pride. Plus, a big shout-out to Dr. Jon Reagan, who represented the Gallerite family while doing dental mission work in Belize!





This past summer was all about the Gallerite Reingage Convention that was held in late July at the beautiful Wynn Resort in Las Vegas, Nevada. There was a lot of hype leading to the event, and it has been the talk of the dental community ever since.

Sweet Caraligners had a strong presence, with our very own Dr. Luis Camacho being one of the speakers at the convention. At the Awards Dinner, many Sweet Caraligners

were awarded for their excellent clinical achievements. Awards were presented to Drs. Rochelle Hackley, Luis Camacho, Daniel Stockburger, and Chris Angelopulos, just to name a few. On the final night of the conference, some members of Sweet Caralign joined Dr. Aladino Valiente and his group, Ghosts of POB, for a lovely dinner at Hell's Kitchen, in Caesars Palace (the sticky toffee pudding in particular is to die for). The group left GRC reinvigorated and ready to go back to their practices and provide some of the best clinical care in their respective communities.





We are very excited for our debut in Reingage News! Tri State Tippers is one of the newest Reingage chapters for 2018, established last April in Newark, New Jersey. Our elected president is Dr. Clarissa Moore. We are proud of our

case numbers in the 60 days following our class: our group managed to help 306 patients in only 60 days, and we were thrilled!

In spite of being newbies, Tippers had a great presence at the Gallerite Reingage Convention last July at the Wynn Hotel in Las Vegas. One of our members participated in the Golden Aligner contest and was voted a finalist in the Life Changer category. Many of us took advantage of the incredible deals during the convention and had the opportunity to add state-of-the-art technology to our offices. After all the excitement of the convention, with great lectures and camaraderie, Tippers had a fun group dinner at Hofbrauhaus in Las Vegas. We now look forward to a get-together in Costa Rica!





Dr. Rick Tabata and Dr. Sheena Sood attended the Gallerite Reingage Convention this year. Rick came with his wife Toby and then surprised his wife by flying in his daughter to meet our team at Topgolf. They also took the

opportunity to go on a trip and hike through the Grand Canyon. Spectacular!

Dr. Tabata took the opportunity to invest in a new iTero scanner and the new Glidewell

milling chamber, which is a definite game changer.

Dr. Sood brought her team to GRC in order to facilitate learning and to help improve her practice for her patients. Everyone had a great time and learned a lot of extremely useful information. Sheena was also grateful to receive the Reingage 2018 Doctor of the Year Award!

And in early July, Dr. Bradley Gee and his wife welcomed the newest addition to their beautiful family, Christian. Congratulations, Dr. Gee! He is a beautiful baby.





On May 3, 2018, at the beautiful Gaylord Texan Resort in Dallas, the lives of 35 dentists from 7 different states were forever changed. Under the tutelage of our very own Dr. David Galler, the Walker Texas Retainers group was born! The friendships formed during our time together were special; we all left the Reingage course with love and respect for each other, knowing our new family members will always be there with help and support. Refueled and fired up by Dr. Galler, the Walker Texas Retainers started 349 cases during the 60

days following the meeting! Simply put, "The Course That Changed Everything" was nothing short of reinvigorating and insightful, instilling confidence in our abilities to help our patients gain the smiles they've always dreamed of, using the latest, proven Clear Aligner Therapy techniques.

Amazingly, the energy and motivation cultivated during those two days in May continue to live on. Fourteen of the 35 Walker Texas Retainers, many with multiple staff members, attended the Gallerite Reingage Convention in Las Vegas. Many of us are already counting down the days to GRC 2019.





Checking in from Wicked Nation! July marked a REVOLUTION in dentistry as Gallerite doctors gathered in Las Vegas and enjoyed first-class accommodations, an amazing venue, and top-notch education. The AACA REVOLUTION also offered some outstanding special pricing on everything from Munchies to CBCT scanners.

The event provided an opportunity for our group to reconnect

and share our trials and triumphs! Wicked docs from Boston to Texas attended. We loved seeing old friends and learning. Our team dinner was at La Cave—an intimate wine bar where we could all unwind and enjoy the company.

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