



# Perspective

## Newsletter

Fall 2007

A refreshing and realistic approach to the business of dentistry!



Dr. Steven Glassman  
*Using Invisalign in the  
General Practice*  
(page 22)

3 CE Hours/Month

# KISCO SELECT

Consulting Program  
(page 18)



Mr. Jay Geier  
*Would You Like To Know If  
Your Well-Paid Staff Is  
Under-Performing?*  
(page 12)

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Dr. Alan R. Grodin  
*The Power of Veneers*  
(page 20)



Dr. Jeffrey Hoos  
*Planting the "Dental" Seed*  
(page 8)



Dr. Joe Steven

Message from the Editor .....(page 2)

No Prima Donnas .....(page 4)

Efficiency Tips:

Gutta-Cut .....(page 16)

Can You Lie to a Druggie .....(page 26)



Dr. Craig Callen  
*The Secrets of a Million Dollar  
Blue Collar Practice:  
Part II*  
(backcover)

The **Kisco Perspective Newsletter** is a quarterly publication from the founder and president of KISCO, Dr. Joe Steven, Jr., who is a full time practicing dentist in Wichita, Kansas. For the last 18 years, he has been lecturing with Dr. Mark Troilo in presenting "The \$1,000,000 Staff" seminar to dental groups across the country. He also presents 3 other seminars: "Efficient-dentistry", "Efficient-prosthetics", and a new one called "Efficient-endo." This newsletter is intended to be an aid in helping develop a more successful and enjoyable dental practice through efficient and proven techniques.

# Using Invisalign in the General Practice

by Dr. Steven Glassman

Having been part of the "Cosmetic Revolution" in dentistry that occurred in the early 90's, I was (to say the least) a little skeptical about attending a workshop in December of 2002 about Invisalign and how it could be beneficial in a General Dental office. Like many general dentists, my orthodontic training was very limited in dental school, in fact we often joked that the answer to many of the multiple choice questions on our orthodontic exams was always D, "Refer to an Orthodontist." In cases where orthodontia was an inevitable component in the care and treatment of a patient, there was only one option: Refer the case out. So, in December of 2002, sitting in the back of the room with arms folded, a brash look on my face and a defiant attitude, I began to listen and was drawn unexpectedly into the speaker's words. What happened next, I can only describe as a complete paradigm shift; I started to see the amazing benefits my patients would receive, how Invisalign fit so seamlessly into the cosmetic practice and how it could potentially become very profitable to the practice if integrated correctly.

So, here I am, almost 5 years later and Invisalign has become a huge part of my practice. In fact, if you were to measure it as part of total revenues, it was about 22% of my production in 2006. For those of you who may not be up to speed with this technology, Invisalign is a series of removable aligners that a patient wears up to 22 hrs a day, removing them only for eating, drinking and oral hygiene. Each aligner is worn for 2 weeks, at which point the patient moves on to the next aligner in the series. The software used to create the aligners translates the impressions and bite registration into a 3-Dimensional digital model. This model allows doctors and patients to actually see the movements involved from virtu-

ally any angle as their projected treatment progresses from aligner to aligner. Typically, the patient is given 3 sets of aligners at a time and we see the patient every 6 weeks for short monitoring appointments. The research shows that as soon as the second molars are erupted, one is a candidate for Invisalign treatment. Because compliance is a big factor, I have found young patients harder to treat with this process, so older teens and adults of all ages make up the majority of my Invisalign cases. Patients are so excited and appreciative of this treatment that I really look forward to their appointments.

The types of cases that Invisalign is appropriate to treat are quite prevalent in the typical General Practice. I would divide them into 4 categories:

## 1. Crowding and Spacing:

According to a random sample of hygienists, they see 4 patients each day that have mandibular crowding. Many of these patients have indicated an interest in making their hygiene visits easier and are generally great candidates for the Invisalign treatment. While crowding issues may contribute to esthetic concerns or compromised periodontal health, spacing issues are usually esthetic in nature. Flared teeth that have spaces are among my favorite cases to treat. The movements are predictable, the visits very short (5-10 min) and the outcomes are dramatic.

**2. Orthodontic Relapse:** Many of the patients who are interested in Invisalign start out by saying, "I had braces when I was a kid and now my teeth have shifted." Shortly followed by "I just can't imagine going through that process with brackets and wires again as an adult!" These patients make ideal Invisalign candidates.

**3. Smile makeovers:** This term was

non-existent prior to 2002. The Extreme Makeover movement has created a huge interest in Cosmetic Dentistry. Many of the patients I see come in asking for this, not quite sure what treatment will be necessary, just knowing that they have a very clear idea of what they don't like about their smiles.

## 4. As a tool in restorative dentistry:

I now understand the value of Orthodontic movement in conjunction with cosmetic dentistry. To give you an example, a patient may need to redo an old crown on the Maxillary Anterior teeth and I notice that there is a deep bite or a narrow arch. With Invisalign, I can offer them the option for a much more comprehensive, more complete result, simply by using it in conjunction with the restorative treatment. In the case of Porcelain Veneers we can optimize the set up, using Invisalign to align the teeth first. This allows for a much more conservative prep (or no prep if you choose) that is minimally invasive.

## Most Common Questions

Besides the fact that the Aligners are virtually invisible and removable, how do they compare to traditional braces? While conventional braces generally move all the teeth connected to an arch wire, the aligners are designed to move specific teeth in specific ways, even independently from surrounding teeth if necessary. Movements like rotating lower incisors, tipping teeth in a facial or buccal direction, and intruding teeth are generally very predictable using Invisalign as the stand alone force system. Other movements that are not as predictable may require an attachment to be placed; these attachments are composite material bonded onto the surface to help "grab" the tooth and aid in certain movements. We might also consider auxiliaries like clear

(continued on page 24)

buttons bonded to the teeth and used in conjunction with clear elastics to facilitate movements like extrusion and translation. The treatment planning process with Invisalign factors in tooth movements in small, steady increments, each aligner creating between .20 and .25 mm of movement (4 mm - .5mm per month). Because of the controlled and predictable nature of these movements, patients report much less discomfort compared to traditional braces; 90 percent less discomfort according to one study. Patients often report that the aligners fit tightly at first and are very snug for the first 2 days, but by the third day they feel noticeably more comfortable.

The next most common question is about speech. The neuromuscular system is quite accommodating in this respect. Most patients, while initially reporting minor speech difficulty, acclimate quickly, and after only a few hours of wearing the aligners, feel perfectly normal speaking. In fact, many singers, newscasters, lawyers, salesmen and clergy for whom speaking is a vital part of their livelihood are pleasantly surprised by how easily the aligners are accommodated.

### Submitting Cases.

Once Certified (more on that later), Maxillary and Mandibular

full arch Polyvinyl impressions are taken along with a centric occlusion bite, and 8 digital photos (3 extra oral photos and 5 intra oral photos), these records, along with either a full set of x-rays or Panorex are sent to Align Technology. Only the impressions and bite record need to be sent physically to Align Technology in Santa Clara, California, the prescription, photographs and x-rays are sent digitally through their web-based interface. Once the impressions reach Santa Clara, they are scanned and the data (including the photos, x-rays, prescription form and now the digitized impressions) are sent electronically to San Jose, Costa Rica where a team of highly trained technicians use Align's proprietary software and input from the doctor to project tooth movement based on a data bank of predictable movements. Once the set up is finished, it is sent back to the doctor's inbox on the Invisalign website.

Once certified, the doctor receives a user name and password in order to log into the site to access the set ups in their inbox. The doctor studies the set up and either accepts it as-is or asks for changes. The setups are usually edited within one business day and sent back to doctor for approval. Once the setup is approved, the data is sent to Juarez,

Mexico where the actual fabrication is completed. Each stage of movement is represented by a clear polyurethane model from which the aligners are formed. The aligners are precisely trimmed, polished and packaged (each package is labeled with patient's name and stage of the aligners enclosed). The doctor generally receives the completed aligners about 28 days from impressions. The patient is then scheduled and treatment begins.

Currently there are about 25,000 GP's and 8,000 Orthodontists certified in North America. Certification happens at 2 levels. Certification I is designed for easy to moderate cases that a GP would see on a daily basis without the use of auxiliaries (composite bonded brackets). The course is changed regularly and involves a hands-on portion that allows the doctor to read and edit the software setups. Certification II is for the doctor that has done a number of cases and would like to learn to use the auxiliaries to treat more difficult cases. To sign up for a certification call 1-888-415-5951. My five years of incorporating Invisalign into my practice has created a more comprehensive approach to treating patients, is well received and brings a new profit center into my practice. ♦



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