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the Journal

American Academy of Clear Aligners

The Academy for Clear Aligner Therapy

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Editorial

Clarity

It's hard to avoid seeing it, and it really, really bothers me. On two large, in-your-face billboards right near my house, the faces of two lawyers smile at passersby beneath the headline **"YOUR SERIOUS INJURY ATTORNEYS."**

Does it mean that these attorneys only handle serious injuries? Or, does it mean that their office only features serious attorneys? Shouldn't lawyers be more careful in their usage? While stuck in traffic, I imagine potential clients calling this law office:

Caller: Hello, a truck ran through a red light, smashed into my car, and broke my finger. Can you help me?

Receptionist: No, I'm sorry, we only deal with serious injuries. Goodbye!

Or, perhaps:

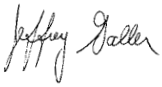
Caller: Hello, I'm looking for a good lawyer. I broke both legs, both arms, three ribs, and two vertebrae. I'd like to speak to one of your attorneys and explain how the accident happened. It's kind of a funny story.

Receptionist: I'm sorry, we can't help you. All of our lawyers are serious attorneys. Goodbye!

Okay, I probably have an overactive imagination and spend too much time in traffic. But then I think of how our incredible copyeditor, Marc Glasser, pores over each and every journal page, 3 or 4 times, before giving his approval. He lets not a single run-on sentence, dangling modifier, or misplaced comma get past him.

Our journal has, on multiple occasions, been awarded the coveted "Platinum Pencil" award from the American Academy of Dental Editors and Journalists.

Thank you, Marc, and don't be surprised if a certain law office asks you to edit its next series of highway billboards.



Dr. Jeffrey Galler
Editor

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the Journal
American Academy of Clear Aligners

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Jack's Corner

In the world of dental journalism,

WE ARE OLYMPIC GOLD

The American Academy of Dental Editors and Journalists recently announced its dental journalism awards for 2021.

In past years, our *Journal of the American Academy of Clear Aligners* has received the much-coveted Leadership Award and, on multiple occasions, the Platinum Pencil Award.

This year, we received the award for the Most Outstanding Cover, for our Summer 2020 edition of the *Journal*.

Special thanks to our cover illustrator, Tom Lange!

AMERICAN ACADEMY of CLEAR ALIGNERS

Case Reports

A Nonsurgical Approach to Reverse Anterior Overjet

by Sigrid Mojica, DMD

This case was a Golden Aligner finalist at GRC 2021 and a Semi-Finalist at the 2021 Invisalign Summit.

Dr. Sigrid Mojica graduated from the University of Puerto Rico School of Dental Medicine in 1994, and established a solo practice in Bayamon, Puerto Rico. Pursuing her profound interest in orthodontics and facial esthetics, she has in this century completed several one-year orthodontic courses covering both wire and clear aligner modalities. She became an Invisalign provider in 2005, and since then has completed over 1,000 Invisalign cases, making her the only Diamond Plus Top 1% Invisalign provider in Puerto Rico and the Caribbean. She now limits her orthodontic practice to Invisalign only. Dr. Mojica is quite concerned with function as well as esthetics. She is currently a member of the American Academy of Clear Aligners and an advocate of Dr. Galler's Continuing Education programs.

Abstract

This case demonstrates the successful use of clear aligners to treat multiple dentofacial deformities and malocclusions, which, after a patient's cessation of growth, are usually deemed too difficult to manage nonsurgically.

The present patient consulted with several orthodontists, who all agreed that her conditions would require surgical and orthodontic treatment. This dual modality was the only alternative that other clinicians had presented to this patient. It's well known that orthodontia along with surgery would produce the best results in cases such as this; but the patient and her parents rejected such surgical options owing to apprehension, costs, and the risks associated with surgery and anesthesia.

Figure 1: before and after treatment.

Diagnosis

Shaneiry, a 17-year-old woman with a noncontributory past medical history, was very self-conscious of her dentofacial problems, causing her much psychological suffering and personal insecurities.

She presented with a very complex dentofacial condition consisting of (**Figure 1**):

- Class III dentoalveolar malocclusion
- Mandibular prognathic appearance
- Maxillary and mandibular crowding
- Maxillary canting
- Midline discrepancy (maxillary midline 3 mm to patient's right)
- Blocked-out high cuspid (tooth #6)
- Reverse anterior overjet with anterior mandibular teeth retroclination

Several orthodontists had rejected Shaneiry for treatment because, as previously mentioned, maxillofacial surgery was out of the question to both patient and parents.

After taking initial records and evaluation, I privately consulted on this case with my maxillofacial surgeon, who recommended that I decline to treat this case if surgery would not be part of

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the treatment plan. He strongly believed this case required a surgical resolution, and since the patient and her relatives were reluctant to commit to surgery, he thought I should not accept the case.

Despite the surgeon's very strong recommendations, I chose to accept the challenge, since I've seen what Invisalign can achieve.

Treatment plan

I presented Shaneiry and her parents with 2 nonsurgical treatment plans:

1. **Nonextraction alternative:** This option required significant amounts of Interproximal Reduction, combined with maxillary expansion and restorative procedures, due to the residual spaces that would remain distal to the maxillary laterals.
2. **Extraction alternative:** This option required the extraction of anterior mandibular incisor #24, maxillary expansion, leveling, and other improvements in alignment, with no restorative procedures.

After I discussed both alternatives with patient and parents, they chose option #2, because it didn't require restorative procedures on the esthetic zone and would provide better long-term stability. We rejected an initial ClinCheck® treatment plan, which called for extraction of Shaneiry's first mandibular premolars (teeth #21 and #28), because it would have resulted in an unacceptable maxillary anterior overjet.

We developed an acceptable ClinCheck® strategy (**Figure 2**).

I extracted tooth #24 in order to enable correction of the anterior mandibular dentoalveolar crossbite, crowding, and profile pseudo-prognathic appearance (**Figure 3**). Immediately after, we used a temporary resin pontic on #24 during the first three months because of esthetic concerns. Treatment was continued using Perfect-A-Smile Pontic Paint to avoid interferences during space closure.

We used clear aligners and optimized attachments to:

- Level and align the arches
- Effect maxillary arch expansion to improve the pseudo-prognathic appearance (**Figure 3**)
- Bring blocked-out tooth #6 into the arch with gingival beveled extrusion attachments (**Figure 4**)

All of the above also aided in the midline correction (**Figure 5**).

We achieved correction of the mandibular crowding and anterior crossbite by means of the space provided by extracting tooth #24. Space closure was performed with the aid of 3-mm rectangular vertical attachments on teeth #23 and #25 for bodily movement, thus preventing tipping during this process.

To aid in anterior-posterior correction, we used 3.5-oz Class III elastics, and hooks on the mandibular canines and maxillary first molars. In this way we were able to transform a 1.3-mm reverse overjet into a positive 2-mm overjet (**Figure 6**).

Figure 2a-b: ClinCheck® planning of pre-op and post-op occlusion.

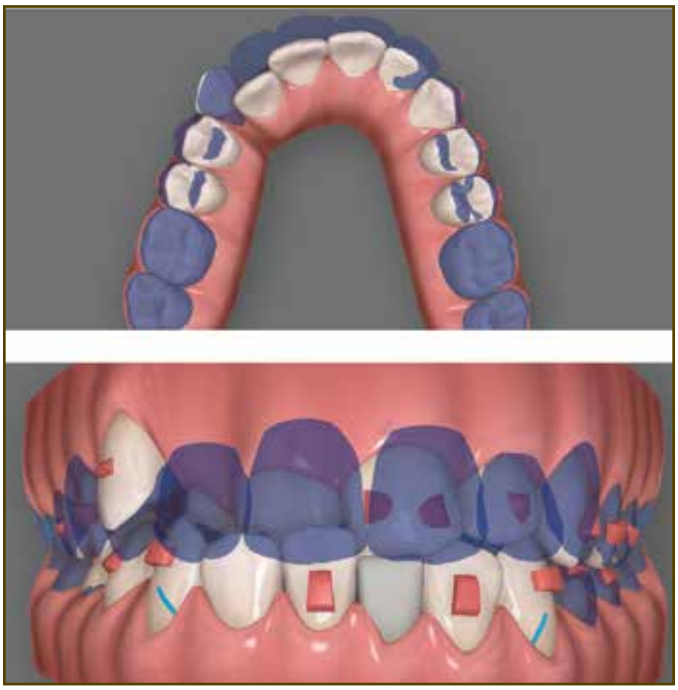

Figure 2c-d: maxillary and anterior superimposition showing final position in blue.

Figure 3: before and after. Note correction of pseudo-prognathic appearance.

We were able to correct the transverse constriction and maxillary canting by expansion (**Figure 7**), using optimized extrusion, rotation, and root control attachments. Retention was enhanced by the use of conventional rectangular horizontal attachments on premolars.

At aligner 15, we added bite ramps for overbite correction and to prevent the dreaded posterior open bite.

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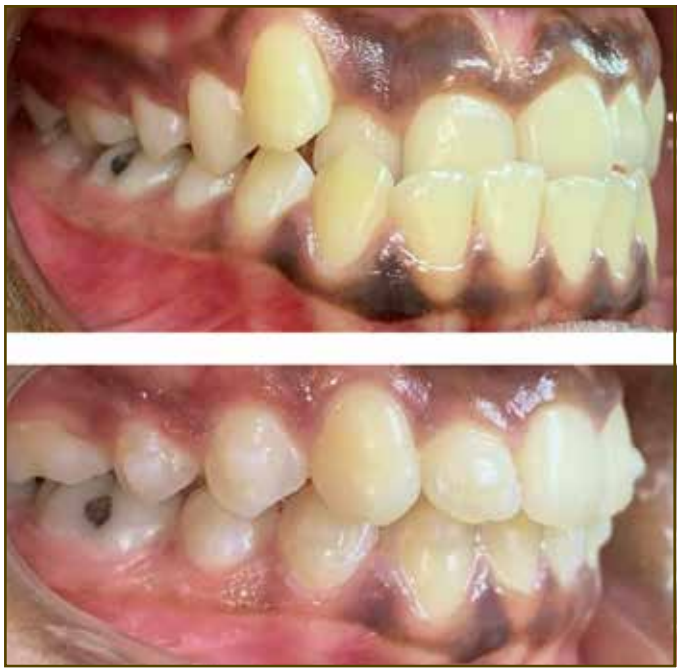

Figure 4: blocked-out tooth #6 was brought into proper position in the arch.

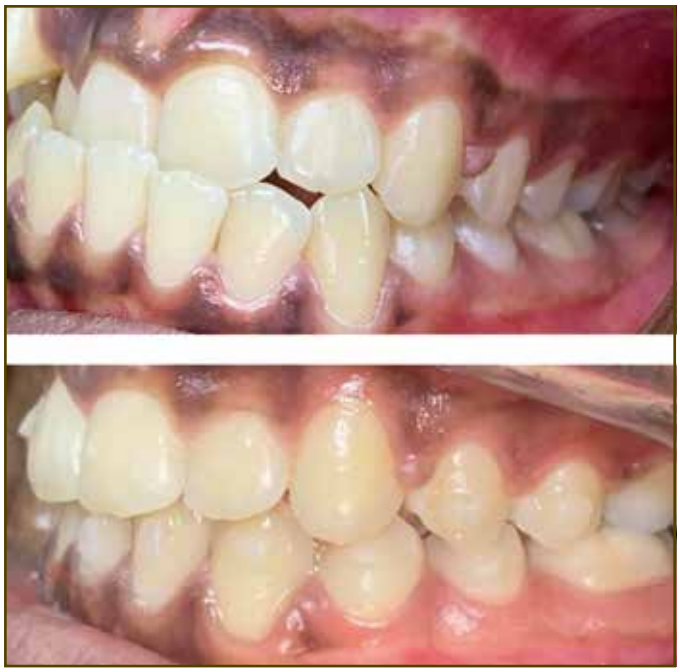

Figure 6: reverse overjet correction and Class I relationship achieved.

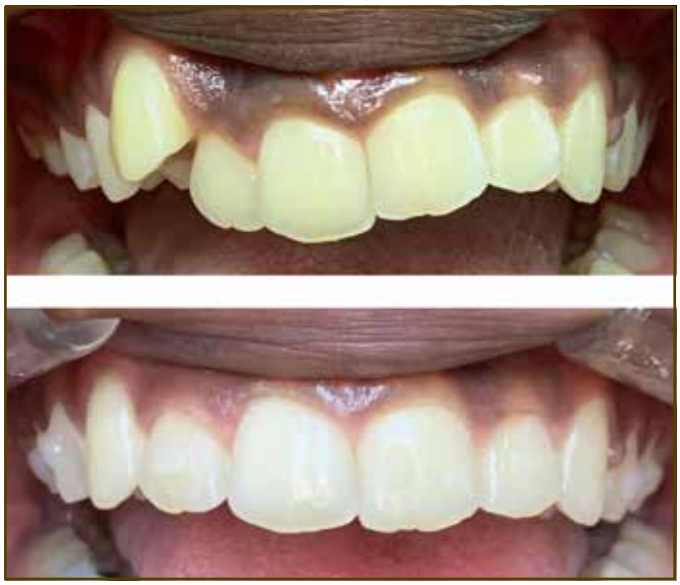

Figure 5: midline correction.

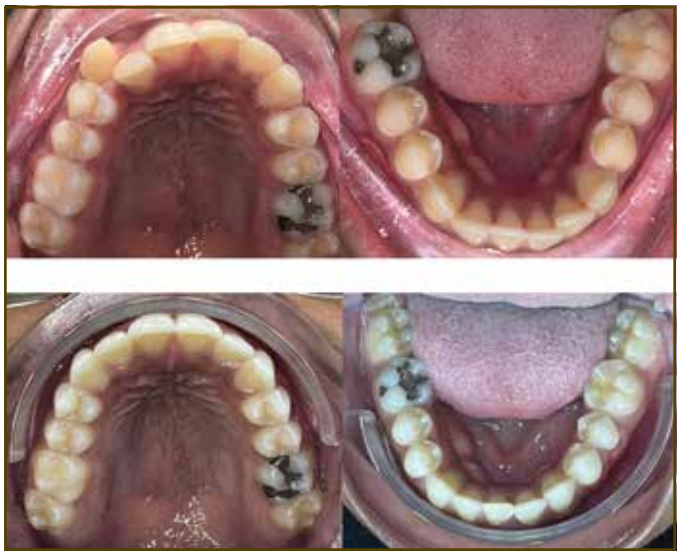

Figure 7: correction of the transverse constriction and maxillary canting via expansion.

We issued Munchies to Shaneiry and instructed her to use them to improve tooth movement predictability. The use of Munchies accelerated her treatment not only through optimizing the aligners' fit, but also by increasing levels of cytokines, thus achieving faster osteoblast and osteoclast exchange.

Treatment was completed in 9 months, with 24 initial aligners, followed by 8 additional Refinement aligners to assure treatment continuity through the COVID-19 pandemic lockdown months. We used the Opalescence Boost in-office teeth whitening system to provide a pleasing esthetic enhancement. For mandibular retention, we used an indirect bonded lingual bar, combined with Invisalign Vivera retainers for both the mandibular and maxillary arches.

Conclusion

Clinical results and cephalometric findings demonstrated a very marked improvement in Shaneiry's facial profile and esthetics, as well as occlusal relation and function.

This case demonstrates that clear aligners are a real, highly esthetic nonsurgical alternative for treating severe complex cases with a wide array of facial and occlusal problems, such as a borderline Class III dentoalveolar relationship, accompanied by maxillary problems such as canting and bimaxillary crowding.

Another advantage of treating this patient with Invisalign clear aligners was the non-interruption of treatment during

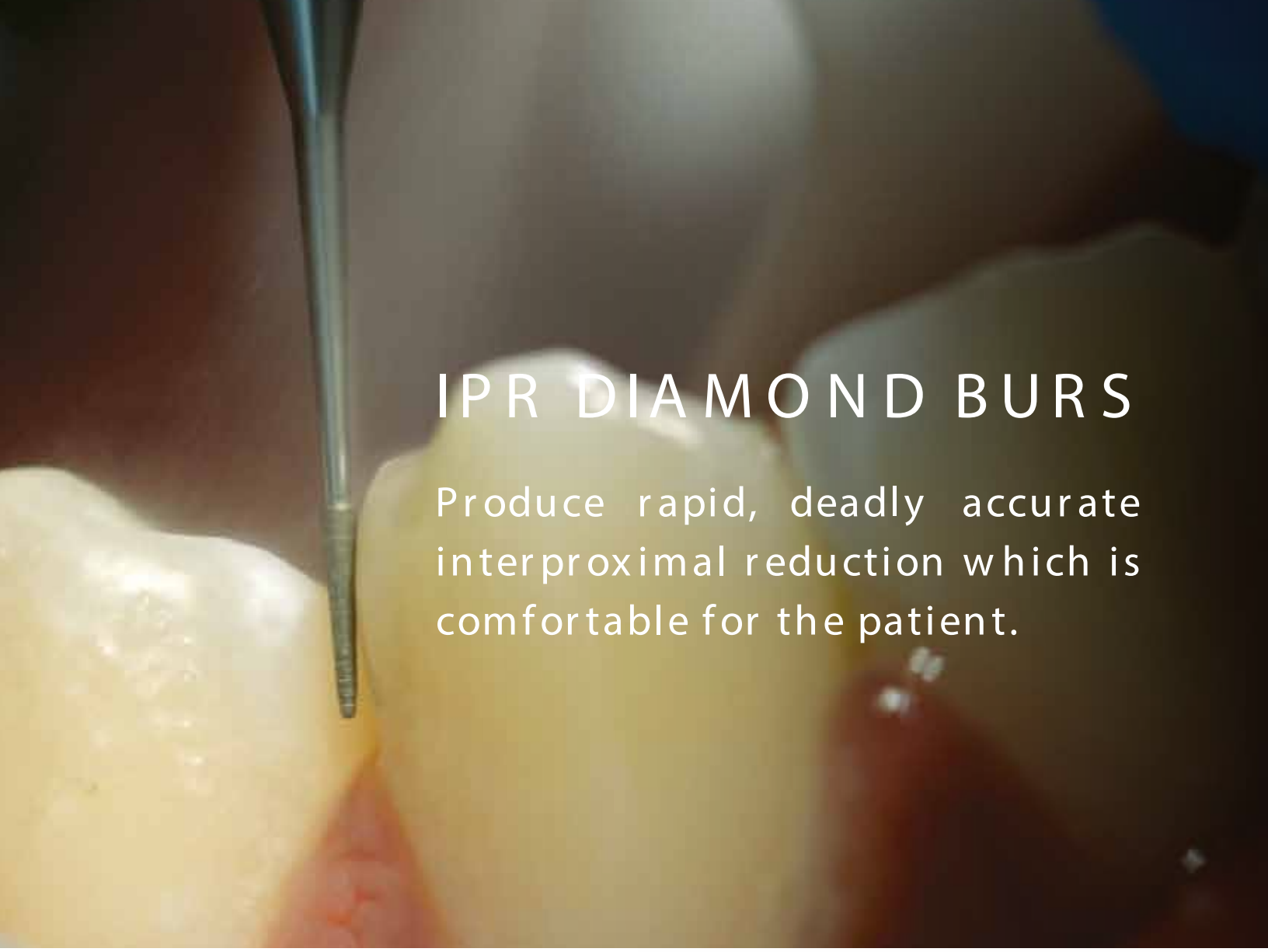

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Figure 8: life-changing beautiful smile.

the COVID-19 pandemic, since this modality, unlike wire orthodontics, doesn't require continuous adjustments and is not subject to emergencies. Also, we were able to perform some follow-up through Invisalign Virtual Care using the My Invisalign mobile app, which enabled me to remotely monitor and provide feedback on Shaneiry's treatment progress between in-office appointments.

If physical improvement was impressive, the self-esteem improvement was even more amazing, transforming an insecure, withdrawn teenager into a gregarious, outspoken, and happy young woman (**Figure 8**). This was the most gratifying outcome for both of us. Shaneiry is now more than a patient; she is my friend. ■

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April's Apnea

by Marija Mitic, DDS

I had just moved to Phoenix and taken over a practice. April was my first Invisalign patient in the practice (**Figure 1**). She had a severe overbite and crowding, and, upon closing, her lower incisors bit into her palate (**Figure 2**). Her lower left canine (tooth #22) was malpositioned buccally (**Figure 3**).

In addition, she was a mouth breather, with sleep apnea. She had narrow arches, and her gums were always red and swollen. It was very hard for her to maintain good oral hygiene. She had crowns on teeth #7 through #10, and an implant at #10, which made it very challenging to plan for all the needed intrusion.

Dr. Marija Mitic comes from a family of dentists, having grown up in a family dental practice with her grandfather and mother. She graduated from dental school in Serbia and worked with her mother for 3 years. After relocating in the United States, she entered the International Dentist Program at Loma Linda University. There her extraordinary clinical skills were recognized, as she was teaching on the clinical floor while in school. She graduated with honors for teaching in clinics.

Dr. Mitic is the owner and manager of two dental practices in Phoenix, Arizona. As a member of AACA, the Kois Center, and the gIDE Institute, she concentrates her practice mainly on occlusion principles. Her favorite cases are full-mouth rehabilitation, which she loves to start with Invisalign. She has completed advanced courses in Invisalign, including the Reingage course with Dr. Galler, as well as many advanced courses in oral surgery, implants, and facial esthetics. She loves to take and work on challenging cases, but also to give patients the best possible experience.

April's previous dentist didn't offer orthodontic treatment to his patients. In fact, no dentist had ever told her about Invisalign and how it could correct many, and possibly all, of the problems she was facing. I recommended Invisalign for so many reasons: sleep apnea, poor oral hygiene due to crowding, swollen gums, severe deep bite...name it! She was very excited about starting treatment.

We started a comprehensive course of Invisalign treatment on April. We instructed her to wear the first 4 trays for 2 weeks each, and the next 3 trays for 1 week each. After she had worn 7 trays, I didn't like how her teeth were progressing. She was not tracking in all areas.

Figure 1: before and after treatment. The preexisting crowns on teeth #7-10 will be replaced in the future.

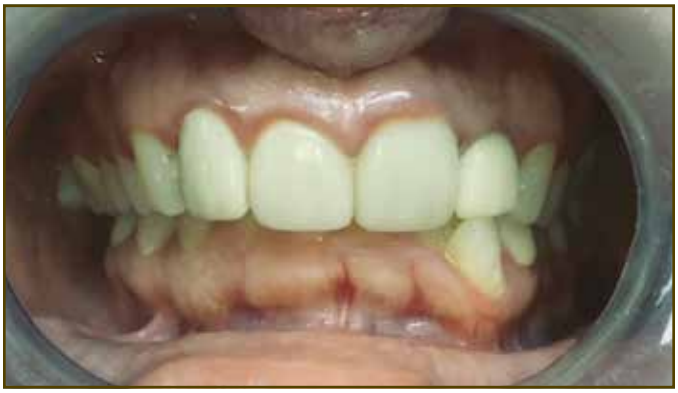

Figure 2: severe overbite and crowding, pre-treatment.

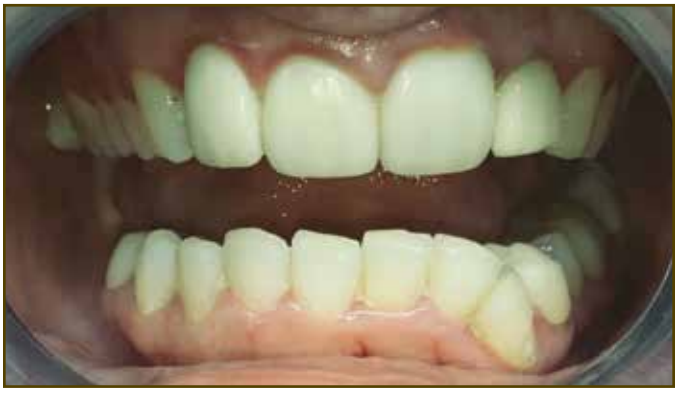

Figure 3: tooth #22 was locked out buccally, pre-treatment.

The worst area was the lower canine at tooth #22. It was positioned buccally and was in heavy occlusion with the #10 implant. Compliance was not a problem. I rescanned and ordered more trays, but this time I took extreme care choosing attachments and movements. I also concluded that she needed more time wearing each set of aligners, so I recommended that she wear each tray for 2 weeks.

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With the new series of aligners and the extended wear time, April progressed very, very well. After 10-ish trays she came in for one periodic visit looking very happy. She said that now she was sleeping much better, she didn't have dry mouth in the night, and she thought she was not breathing through her mouth any more. She stated that at last she felt rested in the morning. OMG, that was a pleasure to hear!

As I examined her, her gums looked much better. Also, she didn't have that gray hue under the eyes any more. This definitely meant that she was sleeping better and getting more oxygen. Just that improvement, and the correction of her sleep apnea, were enough to make us extremely happy.

We continued the treatment and she kept wearing trays for 14-day intervals. Amazingly, her gums tracked well as well. We did not get any black triangles nor recession. Interestingly, her gums came down on tooth #7 (**Figures 4 and 5**), which had originally had a very high gum line.

Implant #10 stayed perfectly unchanged. Because of the huge intrusion we were performing on April's front teeth, we expected that the implant crown would be longer in the end. We decided for the moment to just shorten crown #10 at the end of treatment. Eventually we will replace all four front crowns to achieve a more natural look and to have nicer papillae between teeth.

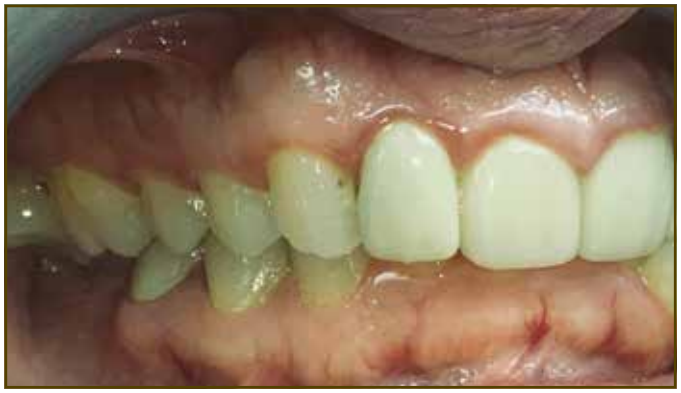

Figure 4: before treatment. Note high gum line on tooth #7.

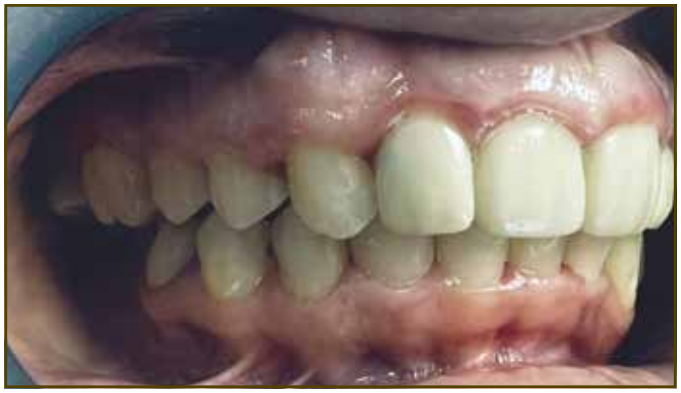

Figure 5: after treatment. Note how gum line on tooth #7 came down.

April's case was completed in 8 months (**Figures 6-7**). No Refinement was needed. We achieved so much for this patient. About 40% of the intrusion was done with Clear Aligner Therapy alone. The correction of April's sleep apnea was a huge success! In my opinion, given patients' compliance, the use of Munchies, and careful planning of attachments based on the techniques taught in Dr. Galler's advanced courses, anything is possible (**Figure 1**)! ■

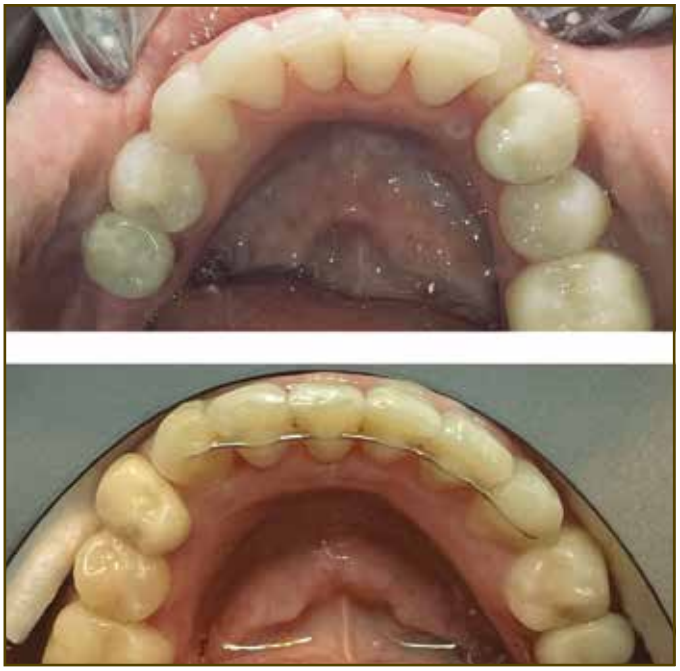

Figure 6: lower arch, before and after treatment.

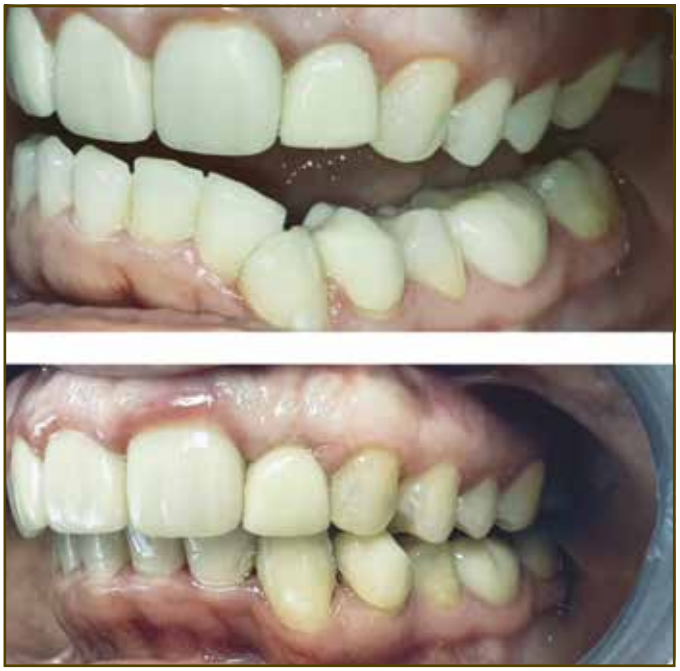

Figure 7: left lateral view, before and after treatment.

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SCHEDULE AT A GLANCE

WEDNESDAY—JUNE 29

12:00 pm: Convention Floor Open
Registration & Lunch

3:00 pm: Opening Session &
Award Ceremony

4:30 pm: Welcome Reception &
Convention Floor
Re-opens

9:00 pm: Comedy Show Featuring
Dr. David Galler
Dr. Josh Austin
Jim Gaffigan

THURSDAY—JUNE 30

7:00 am: Convention Floor Open (till 7pm)
Breakfast

8:00 am: Breakout Sessions (at the top of each hour)

12:00 pm: Lunch

1:30 pm: AACA Presents "The Next Big Thing"

9:00 pm: Encore Beach Club Nite Pool Party
(need badge for entry)

FRIDAY—JULY 1

7:00 am: Breakfast

8:00 am: Breakout Sessions (at the top of each hour)

12:00 pm: Convention Ends

1:30 pm: BONUS Workshops
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The $100,000 Invisalign Day: Plug & Play Systems for Your Big Event
Nate Jeal, DDS/Bao-Tran Nguyen, DMD

Boost Invisalign Case Acceptance With Emotional Dentistry and Facially Driven Orthodontics
Daniel Ramos, MsD/Lindi Rigo, DDS

Continuing Ed at the AACA

Clear Aligner Teen (CAT) Residency

by David S. Ostreicher, DDS, MS, MPH

Dr. David Ostreicher attended Columbia University School of Dental Medicine, where he received his dental degree and certificate of specialty in orthodontics. After dental school, he earned his MS in nutrition and a Master of Public Health from Columbia.

Dr. Ostreicher is professor emeritus at Columbia University and the University of New Haven. He is a member of the American Dental Association, American Association of Orthodontists, American Public Health Association, and the Honorary Dental Society (OKU), and has been president of the New York State Dental Association.

Dr. Ostreicher has published dozens of articles on dentistry and health, and served as editor of the journal *For Dentists Only*. His books, *Brush Your Teeth! and other simple ways to stay young and healthy* and *7 Reasons to Straighten Your Teeth*, are available at Amazon.com. Dr. Ostreicher is also a speaker for the National Bone Health Alliance and a lecturer for Align Technology. He is the orthodontist who teaches other dentists how to use Invisalign!

Dr. David lives in Syosset, N.Y. He has two daughters, Skye and Brie.

A group of 31 AACA members met in Las Vegas this March to attend the Clear Aligner Teen Residency program, an intensive training course. Teenagers are not just "little adults"; there are significant psychological and physiological differences.

We began by reviewing the social and psychological challenges of treating middle and high schoolers. We laid out and demonstrated some tools for improving compliance for this age group.

Next, we delved into growth and development. Growth of the maxillary and mandibular complex can either interfere with or greatly improve treatment outcome. Perhaps one of the most common mistakes a practitioner can make is under- or overestimating growth potentials. Therefore, we set forth some tricks to better estimate growth potential.

Slowly erupting teeth and impacted teeth can be most disruptive to treating teens with Invisalign. The course outlined several cases and provided tips and mechanisms to deal with such problems.

Understanding the importance of cephalometric analysis may be critical in the treatment of growing (and sometimes non-growing) patients. All participants learned the important landmarks and planes necessary to understand the complexities of ceph analysis. Each participant joined in performing a few cephalometric traces and completing an analysis.

One of the greatest challenges of teenage treatment is establishing a solid Class I occlusion as soon as possible. The program introduced the theory of "transverse first," as well as several mechanisms that can successfully be used in the growing population. We detailed and demonstrated the Invisalign Mandibular Advancement Appliance, class II elastics, and the Carriere Motion Appliance.

One opportunity that is open only in growing patients is rapid palatal expansion. We reviewed the biology involved, as well as the mechanics involved, and presented several cases.

In the end, the group agreed that they feel more comfortable, and look forward to, including more teens in their practice. ■

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Dr. David Ostreicher

Dr. Ostreicher received his Dental Degree and Certificate of Specialty in Orthodontics along with his Master's in Nutrition and Public Health from Columbia University.

- Professor emeritus at Columbia University and the University of New Haven
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Financial Management

You May Qualify for a Substantial R&D Tax Credit

by Corbin Rayburn

Corbin Rayburn, CEO/Founder of Medical Incentive Advisors, has worked in the financial services industry for the last 15 years. He holds a bachelor's degree in government and political science from the University of Texas. When he's not working, he enjoys spending time with his daughter and coaching baseball.

Abstract

This article will offer a very brief history of the research and development (R&D) tax credit before it reviews the qualifications for the credit, specifically as it relates to innovative dental practice owners. It expounds further about the IRS 4-part test, a key qualifying test for any R&D claim. The dental industry has transformed from analog to digital in a number of ways. Many of the changes required to compete in this industry qualify a business for the R&D tax credit. Seemingly mundane purchases for today's dentists, such as iTero scanners, 3D printers, and in-house milling units, might actually qualify them for immense tax savings.

Originating as part of the Economic Recovery Tax Act of 1981 (ERTA), the research and development tax credit has been providing tax incentives to innovative companies and industries who conduct business on U.S. soil ever since. In its 40-year history, the R&D tax credit has been renewed 15 times until it became permanent law as part of the 2015 PATH Act. It has been refined through its history to be easier to apply for and applies to most industries, including dentistry.

By IRS standards, any business engaging in qualified research activities (QRAs) is eligible to receive a portion of its qualified research expenses (QREs) in the form of a dollar-for-dollar tax refund of its qualifying expenses over the previous three years, or a tax deduction if the claim is made on time. These R&D tax credits can amount to savings on federal and state income tax and to the deduction of a practice's research and development costs.

(Note that a dollar-for-dollar tax refund may be more valuable than a tax deduction, as the latter's worth will depend on the tax rate you're paying. Be sure to consult your tax professional to determine how best to claim this benefit.)

Eligible qualified research activities must meet the following criteria, as outlined in the 4-part test from the IRS:

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1. Must be technological in nature;
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4. Should eliminate uncertainty.

Under these guidelines, it is fairly easy to see why dentists make such great R&D candidates. The aforementioned qualified research expenses are the accompanying expenses incurred as a result of taking part in any activities that meet the IRS 4-part test. These include employee wages paid for qualified services, costs of supplies associated with qualifying activities, third-party contract labor hired to engage in qualifying activities… and the list goes on.

The R&D tax credit is especially lucrative for dentists, as the majority have transformed the experience of getting dental work done primarily through the implementation or development of new technologies. It is critical to the success of a dental practice to constantly test and experiment with new technologies and streamline certain processes. For example, a dentist might incorporate an Align iTero scanner into his or her practice, thereby allowing him or her to create 3D digital scans of the patient. This technological solution in turn allows the dentist to monitor the patient's progress over time, eliminate the process of taking molds, and significantly lower the practice's redo/remake rates, as this machine is more accurate on a first-run basis.

Another example would be a dental practice conducting its own dental crown lab work in house. Through the implementation of technology such as CEREC CAD scanners and CAM milling units, dentists are able to create a process that takes hours as opposed to days. Each of these activities costs money to implement and maintain: the employee training that must take place, the change of work flows, the physical supplies that go into this process, etc. These expenses are what the R&D tax credit aims to recover for the business owner in order to incentivize additional expansion of the practice, hiring of additional personnel, and further research and experimentation.

"Only about 5% of all eligible businesses were claiming credits that they were entitled to."

Thanks to the Alternative Simplified Crediting method, the application process for this tax credit has become incredibly streamlined. In fact, at Medical Incentive Advisors, we evaluate and provide a concise estimate of what you are eligible to receive, for no upfront fees. It's worth noting that according to the IRS, as of 2017, only about 5% of all eligible businesses were claiming credits that they were entitled to. The overwhelming majority of dentists simply are not aware that they qualify to receive massive tax savings that other industries have been taking advantage of for years.

The R&D tax credit has the potential to provide dentists substantial tax savings and strengthen their financial health, thus allowing them new ways to innovate, design, test, evaluate, and improve as they practice dentistry. With the elimination of the "Discovery Rule" in 2003, the tax credit has been expanded; yet the vast majority of dental practices are not currently applying for it. The only question left is, Will you? ■

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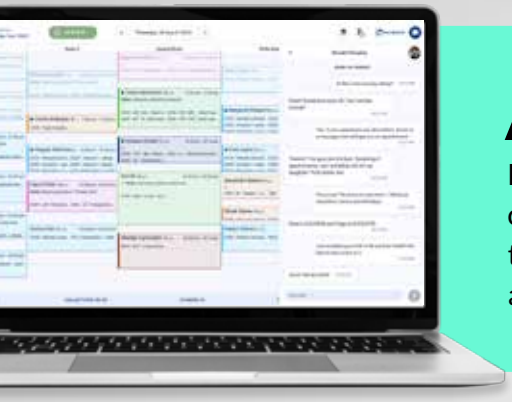

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Office Management

Welcome to the Elite Office Management Mastermind

by Ashley McGowan

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

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.

Managing a dental office can feel like battling a raging fire. Leading a team of different personalities, maintaining a budget, and handling patients, in a role that can seem isolating, often causes burnout. On Saturday, March 26, 2022, early in the morning, 21 individuals, who choose to look that blaze in the eye every day, decided to create an elite office management community.

Office managers from across America, including Puerto Rico and Canada, were presented with the unique opportunity to openly discuss all aspects of our offices, roles, and ambitions

with people who understand and can help find solutions and innovations.

Under the leadership of Dr. David Galler and the AACA, the first Elite Office Management Mastermind meeting not only opened a lifeline of communication among 21 hand-picked strangers, but led to the development of what will be an ever-growing office manager community.

"Managing a dental office can feel like battling a raging fire."

Over the next year, the Elite Office Management Mastermind group will be meeting three more times to again exchange ideas and design action plans. The Mastermind members have decades of combined office management experience, and many unique perspectives from managers with training in marketing, communications, and even engineering.

With Dr. Galler guiding the conversation, we will identify real-world problems and opportunities that exist in practices large

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and small. The strongest new ideas that emerge from these discussions will be shared with office managers all over the world through columns, group chats, and presentations.

Upcoming meetings will include appearances from some of the best minds in our industry. Previously we met Wendy Briggs, from the Team Training Institute, who shared invaluable tips for hiring in what we all know to be an impossible job market, and efficiently onboarding those new team members.

Lastly, the meetings will focus on how best to connect with managers in other offices who would greatly benefit not only from the insight of other seasoned professionals but from the support of peers. The mission of every meeting is to create a collaborative community for dental office managers, to provide all forms of support, and to develop skills to grow and energize our practices.

On that early Saturday morning in March we discovered a long list of common issues, interests, and themes happening now in our diverse practices. We knew other office managers would relate.

Of the many items discussed, analyzed, and joked about, 8 topics emerged for lectures at the Gallerite iCreate Convention hosted by the AACA. These topics include handling toxic employees, navigating the opportunity to become an Amazon affiliate, dealing with a "Karen," implementing new onboarding systems, and many more.

These presentations are created by elite office managers with firsthand experience, for interested office managers who may be looking for new ways to solve common problems, or even just a painfully relatable discussion.

In addition to hosting future presentations, the AACA will be opening its membership to office managers for the first time. The inclusion of office managers in the AACA is not only a benefit for the office managers who gain access to the community and original content, but an opportunity for the office manager perspective to be heard and respected among the established dentist board members.

New office manager members will have access to management-specific content created by the Elite Office Management Mastermind group. This content will include quarterly columns, webinars, symposiums, and digital group discussions.

Managing a dental office may feel like battling a raging fire, but with the support and knowledge of those who are in the trenches, fighting with you, there is hope for efficiency, profitability, and peace of mind. Dental office managers who join the AACA will find resources and guidance that can help them win this battle. ■

(for more information, see next page)

OFFICE MANAGER: SYMPOSIUM COURSES

All Gallerite iCreate Convention participants are invited to attend the office manager courses.

THURSDAY, JUNE 30TH

8:00 AM

Throw Out the Goodie Bags: How to Become an Amazon Affiliate
Alyssa Hall

9:00 AM

How to Deal With the Toxic Employee in the Office
Jaqueah Chatman

10:00 AM

The Orthodontic Insurance Game (US and Canada)
Sarah Pless, DDS/Geralyn Jackson

11:00 AM

How to Deal With Karen
Carolina Levya/Yami Rodriguez

FRIDAY, JULY 1ST

8:00 AM

The Red/Yellow/Green System for Onboarding New Hires
Deanna O'Connell

9:00 AM

The Office is ON FIRE! How to Multi-Task and Triage the Dental Day
Taelor Velasquez

10:00 AM

Closing Like a Pro
Shawn Cooper

11:00 AM

Donkey, Horse, Stallion, Unicorn: Learn How to Rank Each of Your Staff Members
Roksana Schwartz

Jack's Corner

by Jack Von Bulow, DDS

World Mental Health Day

Empathy and understanding take some training and self-exploration; seems like today, the extra attention is more important than ever. I wrote this piece back in 2021, but I haven't stopped reading it.

So, back on Sunday, October 10, World Mental Health Day was a big deal at Temple City Dental Care. The week of the tenth struck home because, in our eyes, the rest of the world (including patients, vendors, pedestrians, cyclists, clowns, and maybe even us) had gone crazy. And my co-workers and I videoed and shared our answers to the question, "What do you do for your mental health?" We published our collective individual responses to an Instagram story.

For me, there was no simple answer. My agonizing over finding an authentic answer seemed like a story in itself.

My first video response involved a Mr. Miyagi–type breathing exercise in relaxation and staying clear of the TV while the underachieving USC Trojans were playing a disappointing brand of college football. I thought my video was cute and funny. But the video wasn't so well received by my dental team. I was issued a do-over (just like in dental school). As I processed the review and the request, it occurred to me how disrespectful my answer had been for folks dealing with mental health challenges. But making light of serious stuff wasn't new to me; it was more like a reflexive survival response.

My do-over seemed to satisfy director/RDA Claudia, but me, not so much. I recited a laundry list of stuff that amounted to interests and hobbies that superficially distracted me from dealing with big-boy concerns that've never really disappeared or ceased to be troubling.

One Sunday morning when I was 20 years old, I received a call from the U. S. consulate in Mexico City; they told me the best big brother a kid could have had fallen off a building and died. Almost 8 years later and just into month 3 of my start-up dental practice, my dad suffered a fatal heart attack before my eyes. I know for sure I've never been the same since.

For more than 20 years, my world was about Mom: being her advocate, protector, and motivational speaker. Mom had lost a little girl before I was born and her mother when she was just a little kid.

My life was a model of imbalance. To make matters worse, my only real commitment (outside of Mom) was making every experience competitive, especially having the last word…no matter what.

After my mom passed away, my team became my family, the office became my home; it was everything. And even though I promised team leader Dani I wouldn't spend time in the office on weekends, care to take a guess where I was the Sunday morning I wrote this piece in 2021?

> *"What I do for my own mental health is and will always be a work in progress."*

In 2003, my office manager and I experienced the Landmark Forum. In front of a few hundred people, the program leader outed me as a "nice guy"; he shared that he could "already feel the knife in his back." So even though, in certain dental Continuing Education circles, I was "Smilin' Jack," maybe I wasn't the nice guy that showed up on the surface.

I was tasked to apologize to the people I'd made wrong (almost everyone with whom I'd ever spent 5 minutes). I even wrote letters of apology to my parents and brother. Today, I'm not close to batting 1.000, but I'm not afraid to apologize. And just like the *Journal*'s editor, I'm open to feedback.

The last 18 months have been challenging for us all, and that includes me. But the wake-up call I received almost 20 years ago, from a self-help program I dreaded but didn't think I needed, has hopefully made a difference.

Today, our practice's purpose is "making a world-class difference for others and making dentistry fun." Our core values are listed on a white board in the lunchroom. The acronym spells out FFEARLESS. The first two letters stand for "Family" and "Fun."

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New patients and team members are greeted with the notice that we're all going to need "a sense of humor"; we ask if it's okay to serve them in the context of family. A note: humor in dental school and in most continuing dental education programs is as rare as an LA Clippers NBA championship. (The AACA is the exception, not the rule.)

"My team became my family; the office became my home."

And I'm really not so sure how we measure good mental health. I was born into the concept of original sin. I carry enough guilt around for the Dodgers and the Giants. And I know I still suffer from approval addiction. But for me, I've learned that a mirror and the willingness to take a chance and trust feedback can make a difference.

So, what I do for my own mental health is and will always be a work in progress (ugh, I was in the office even on Super Bowl Sunday); a lack of balance in life remains, but I'm working on it. And rather than being the "nice guy" judge and jury, I'm making the effort to put myself in the other guy's shoes. I look at the screw-ups that will always happen (because we're human) as learning opportunities. I look and listen for humor. I spend more time listening and less time talking. I offer support. I take long walks and still carry my clubs.

The selfie video I recorded this morning and sent to director Claudia post-production was authentic; I doubt Claudia will use it…but I saved it. ■

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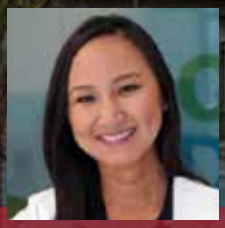

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